Thomas Fogh Vinter

ANXIETY-FREE

WITH THE MISINTERPRETATION THEORY



BECOME ANXIETY FREE WITHOUT MEDICINE



The misinterpretation theory vs. The theory of illness
Teaching, school - for all
The six main causes of anxiety for continued anxiety

Publisher: Generation-Anxiety.com

Thomas Fogh Vinter

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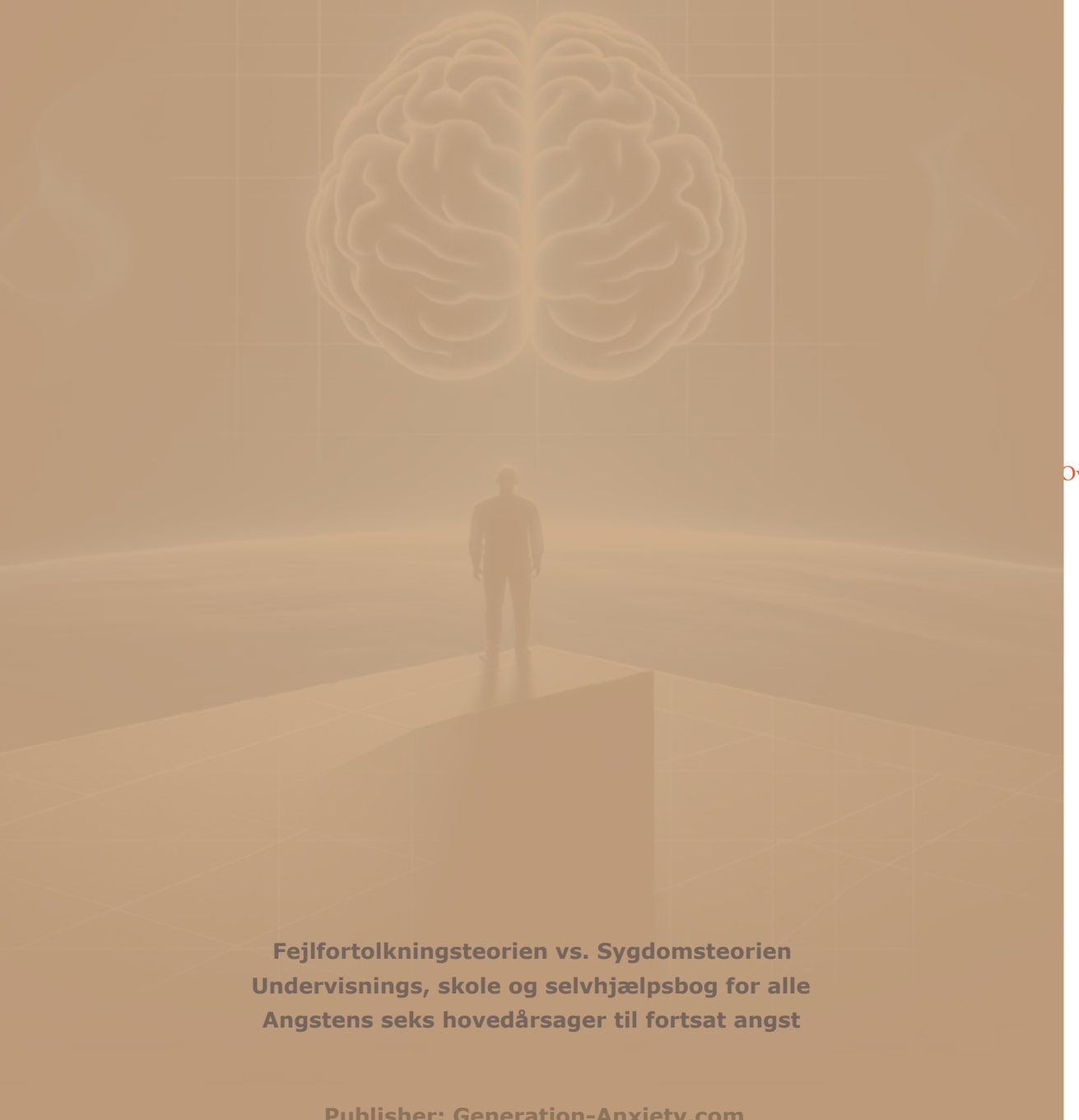

Fejlfortolkningsteorien vs. Sygdomsteorien
Undervisnings, skole og selvhjælpsbog for alle
Angstens seks hovedårsager til fortsat angst

Publisher: Generation-Anxiety.com

Oversættelse til spansk:

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Paraprofessional Anxiety Facilitator

Anxiety-Free

With the Misinterpretation Theory

You are not ill; you merely fear experiencing the discomfort of anxiety again.

It is this fear that creates all the problems with anxiety, not an illness.

Understand the six reasons why you have anxiety!

Generation-anxiety.com presents: The Anxiety Misinterpretation Theory.

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Disclaimer and Information about the Book

This is a professional AI-generated translation of the original Danish book. As such, there may be linguistic inaccuracies or stylistic inconsistencies. This translation has been produced using artificial intelligence to minimize costs and allow free access to the book for all interested readers. Our primary goal has been to convey the book's core message and information, even if linguistic perfection is secondary in this edition. We hope that the message of anxiety understanding still comes across clearly and helpfully.

This book is an informative and educational resource about anxiety and is not intended as a substitute for professional medical advice, diagnosis, or treatment. It is always recommended to follow your doctor's advice and, if necessary, seek professional help from psychologists or psychiatrists.

The book does not address anxiety related to somatic diseases or disorders.

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About Generation-Anxiety.com

Generation-Anxiety.com is a non-profit NGO that works voluntarily and free of charge to help individuals with anxiety globally. Our mission is to make anxiety treatment free and accessible to everyone, as we view anxiety as a societal issue affecting more than 10% of the world's population and their relatives. This requires rethinking effective treatment methods.

The book is free for individuals and private associations and their members.

Schools, professionals, and institutions can acquire affordable licenses based on the number of users.

About the Book

A textbook on anxiety with a clear purpose: to help those affected by anxiety overcome irrational anxiety challenges through rational thinking about irrational anxiety.

The book is primarily based on well-known scientific principles and partly on the author's 45 years of personal experience with irrational anxiety.

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

Scope of the Book's Focus

This book focuses exclusively on subsequent anxiety, i.e., the anxiety that arises as a consequence of the initial misinterpreted anxiety experience.

The book focuses on the fear of anxiety and the avoidance behavior and persistence that follow.

Who is the Book For?

This book is written for those seeking a new understanding of anxiety, especially if traditional treatments have not provided the lasting freedom you desire. With a background in logic, rationale, and user behavior from IT security, and based on 45 years of personal experience with anxiety and a journey to anxiety freedom, I present the 'Misinterpretation Theory.'

The book specifically addresses:

- Those who have struggled with irrational anxiety for a long time and are open to challenging the conventional perception of anxiety as an illness.

- Those who experience 'fear of anxiety'—the fear of re-experiencing unpleasant symptoms that keeps you in a vicious cycle.

- Those who want practical and cost-free tools to understand and overcome anxiety independently, without reliance on medication or long-term therapy.

- Professionals in health and care who wish to expand their understanding of anxiety and seek new perspectives to help patients who have not succeeded with standard methods.

Language and Expression

As I am not a professional writer, being IT-trained, there may be linguistic, stylistic, and formulation errors. I hope the message still comes across clearly.

About the Author

I won't say much about myself, as 40 years of anxiety would require several books to describe. It should be about what I can do for you.

I am not a healthcare professional. I have a background in IT and have worked with logic, rationale, and user behavior in IT security. Today, I am retired and enjoying my leisure time in Gran Canarias, a dream that became possible once I finally became free from anxiety. Indeed, it was this dream that prompted me to investigate why I hadn't been free from anxiety for four decades.

I used my logical and analytical skills to explore the mechanisms of anxiety to understand why I hadn't become anxiety-free after 38 years. Unfortunately, I didn't have the capacity to address the anxiety earlier, as it consumed a significant part of my daily life, something I

deeply regret today. I don't know more about psychiatric diagnoses than any other layperson. What I do know is about irrational anxiety, after 45 years of life experience with it and my 8 years of research into the universe of anxiety. This experience cannot be read or listened to; it took me nearly two years to break free from 38 years of misinformation about anxiety, from 2016 to 2018. My first attack was in 1979, and I still remember it clearly. That also reveals a bit about my age, 64 years.

It's important for me to mention we are equals, anxiety diagnosis or not. I am not better than you; I may just know some different things than you, and you certainly know things I don't. But we share a common challenge: the discomfort of anxiety. Chances are, I have experienced the same things as you with anxiety during my 38 years with anxiety symptoms and attacks, as anxiety always creates the same challenges for everyone. So, when I describe something, it's based on my own experienced knowledge that you can trust, not just theories.

I hope this book will give you hope and a new understanding of anxiety, so you too can become free. The texts in this book focus, as mentioned, only on the type of irrational anxiety that leads to fear of anxiety itself afterward. Not PTSD, OCD, GAD, phobias, somatic anxiety, or anxiety in children and adolescents.

The book has two purposes. The first is prevention: to inform and share scientifically accurate knowledge before anxiety even arises. Especially in the school system, it's important for young people to learn early on what the body might do when life gets tough. You will indeed feel many physical sensations throughout life, but they are due to completely natural reactions to things like stress, pressure, bullying, insecurity, etc.—life challenges we have lived with since we developed the ability to think. It's unpleasant chemistry, not illness. And precisely this knowledge will make all the difference for future generations. You are not ill just because you feel discomfort from time to time. The body knows the difference between emotional discomfort and real illness.

The second purpose is to help you achieve freedom from anxiety if you have already felt irrational anxiety in your own body. The book guides you through concrete knowledge and the changes you need to make to escape the clutches of anxiety again. It's important to understand what really happens when you experience anxiety symptoms and learn to react in a new way.

Disclaimer:

This book is advisory and will not help everyone. It is not a medical or clinical proof. This book does not cover all forms of irrational anxiety and symptoms. Irrational anxiety can be experienced very differently from person to person, and it's common to think, "My anxiety isn't like that." However, differences in experience do not change the fact that the underlying mechanism is almost always the same: a misinterpretation of the body's signals. The book does not provide a diagnosis and does not replace individual

assessment. It offers a different perspective, not a universal truth. All texts are of a general nature and do not necessarily cover all anxiety diagnoses. Please keep in mind while reading that I am not an author, but a citizen with an important message.

Professional editing has been omitted to keep the book's price low. I want everyone to have access to the material regardless of their financial situation.

Consider the following questions before we begin:

If you had to live with your anxiety as it is now for the rest of your life, how big of a problem would it be for you on a scale from 1 to 10?

What do you think is the real reason anxiety persists, perhaps for years, even when you're in treatment?

Reflect on whether your answers prompt you to explore other explanations.

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Introduction

Why another theory of anxiety? A misinterpretation theory.

Why would we even need another explanation for anxiety? Because the current one doesn't work for everyone. That's the reality. Far too many are not helped by the disease model, even though it's the only option they're presented with.

When a pill doesn't work, you try another. When a treatment doesn't help, you look for a new one. That's how it works in all other areas. We are offered choices.

But not when it comes to irrational anxiety. Here, you get one explanation: You are sick. It requires treatment.

But what if there are one or more other explanations that we just haven't taken the time to explore? What if another explanation makes more sense to many than the idea of illness?

Why shouldn't we ask that question? Why should anxiety be the only field where new thinking is not allowed?

Failing to do so unnecessarily keeps many in suffering.

This book asks the question and provides a concrete answer.

Another theory of anxiety requires another explanation.

This is a book of explanations. Not a treatment book.

The book will present a different understanding of anxiety, a rational and socio-economic alternative to the disease model.

Consider the following: Why does it take years to "treat" something, an anxiety attack, which lasted only a few minutes? What happens within us that makes us feel the need to see a doctor afterward? What convinces us that it's necessary to treat a 5-minute unpleasant experience for years? What can create such a frightening experience that it changes our entire life afterward? What is the concrete problem with experiencing irrational anxiety for the first time?

In the book, we distinguish between two types of anxiety. Rational anxiety, which is millions of years old, and irrational anxiety, which we assume arose as a consequence of our abstract thinking about 50,000 years ago.

When we refer to anxiety in this book, we always mean the irrational kind, as it is the one that leads to all the problems. Rational anxiety operates automatically and cannot be changed. But irrational anxiety can.

The correct term for diagnoses should therefore be irrational anxiety diagnoses and not just anxiety diagnoses.

It should thus be called: Irrational Panic Disorder, Irrational Social Anxiety, Irrational GAD, etc.

By calling irrational anxiety simply anxiety, we dilute the significant difference between irrational and rational anxiety.

I want to be clear about one thing: What is presented here in the book is not a new anxiety treatment. It is not a new miracle cure or an undiscovered truth. It is solely information and knowledge about anxiety. It is a scientific understanding of anxiety as we comprehend it today. An understanding that should lead you to change some things in your life after the initial experiences of anxiety.

Therefore, there is also nothing that can or should be proven with evidence, effectiveness measurements, or clinical trials, as if it were a treatment. Information does not need to be proven but learned and understood.

Nevertheless, we are often met with the demand for evidence because the healthcare system automatically thinks in terms of illness whenever someone talks about anxiety. They simply cannot imagine that anxiety might not be a disease that needs treatment. We aim to show something different.

When presenting a rational explanation instead of medical treatment, the automatic question becomes: "Does it work?" Work how? Information and knowledge? But that's the wrong question. The right question is: "Is the information and knowledge presented accurate?"

How do you convey something that has taken years to understand, something that has grown through reflection, observation, and personal experience with a challenging topic like anxiety? How do you share a theory that has not previously been fully formulated, an explanatory model that draws on some known ideas but is now gathered into a new whole under one name: The Misinterpretation Theory?

This book is my attempt to do just that. I have spent several years and many attempts to articulate this theory as clearly and simply as possible, without compromising the complexity of the content. For how do you write about something that is logical to oneself in a way that becomes just as clear to others? It hasn't been easy.

Therefore: This book is not suitable for speed reading. You may benefit from reading it aloud to yourself, as it will enhance your learning. It is written for immersion, reflection, and contemplation. Not because it is difficult, but because it presents a new understanding that will be unfamiliar and challenging for most and therefore requires reading with an open mind and patience.

My hope is that you will read it with curiosity and that along the way, you will discover how a new way of viewing anxiety, not as a disease but as a continuous misinterpretation, can make all the difference and finally set you, or those you help, free.

The purpose of the book: To describe an alternative approach to irrational anxiety. The Misinterpretation Theory was developed because I and millions of others have not experienced the effectiveness of the recognized disease model's treatment methods. I wanted to investigate what might be overlooked. I wanted to explore what we can do for the 60-80% who do not experience improvement. That a minority experiences effect is not good enough. Therefore, it is puzzling that more is not done for the approximately 80% who do not experience improvement.

The Misinterpretation Theory is another way to view anxiety for all those for whom the official methods have not worked.

Anxiety in a nutshell: Initial and subsequent anxiety according to the Misinterpretation Theory. Let me begin by explaining our Misinterpretation Theory and where it differs from the anxiety disease theory.

What creates the first anxiety experience? The short answer is a bodily reaction that is misinterpreted as dangerous. The first anxiety does not arise because you are sick, stressed, burdened by childhood, or have low serotonin or a serotonin dysfunction. We know this because anyone can experience this regardless of their physical or mental state.

It arises because: Your body reacts – for example, with heart palpitations, pressure, dizziness, or restlessness. This can be due to lack of sleep, caffeine, low blood sugar, heat, or plain excitement. You do not understand the reaction – because it comes "out of the blue" or feels different than usual. You begin to think: "Is something wrong?" "Is this dangerous?" "Am I about to die, lose control, have a panic attack?" Your thoughts create alarm in the brain – and the body reacts with even more stress chemicals (adrenaline, cortisol). You become afraid of the reaction – and that is precisely what constitutes the first anxiety.

The crucial point:

The initial anxiety is not caused by illness but by a misunderstanding of the body's signals, which anyone can make. It wasn't "anxiety" you felt—it was your body's reaction to your thought that something was wrong. It's not the body making a mistake, it's the meaning the brain assigns to the experience that's the error.

What happens next? When the brain perceives it as "dangerous," it stores it as a safety issue. The next time something similar is felt in the body, the brain remembers: "Watch out! This happened last time!" And thus begins the vicious cycle where you are now afraid of becoming afraid—not of the original experience.

Conclusion: The first anxiety starts as an innocent bodily reaction. Your interpretation of that reaction creates fear. The fear activates the body even more—and that becomes the actual "anxiety." The anxiety wasn't triggered by a disorder but by a misinterpretation.

What creates the subsequent anxiety? The subsequent anxiety arises because the brain has stored the first experience as dangerous. This means: The next time you feel even a little uneasy in your body, the stored meaning is reactivated: "Watch out—this led to something dangerous last time!" The body reacts again, this time faster and stronger, because the brain is trying to avoid a repeat. The new reaction confirms your fear: "It's happening again!" Thus begins a self-reinforcing spiral: **Symptom → Misinterpretation → Fear → More symptoms → Even stronger misinterpretation.**

It's not the anxiety that creates new anxiety—it's the meaning you've learned to assign to the body's reaction.

Why is there a difference between the first and subsequent experiences?

1. The first experience is bodily and misunderstood. It may have come "out of the blue." You didn't know about the phenomenon of "anxiety." You were afraid of what you felt—not of anxiety as a concept. You reacted spontaneously but without the linguistic system to understand it.

2. The subsequent experiences are mental, and expectation driven. Now you know you've "experienced anxiety before." You expect it could happen again. You monitor the body and assign meaning to even small signals. You're not afraid of the body, you're afraid of your interpretation of the body.

In short: First experience: Bodily shock, but without structure. Second and all subsequent: Mental reconstruction driven by memory, language, belief, and self-monitoring.

The real difference: Conclusion: It's not the first anxiety experience that makes you anxious. It's your interpretation of it afterward and the meaning you repeat in language, thought, and expectation. You're not trapped in the experience—you're trapped in the meaning.

When the illness model doesn't differentiate between the first anxiety experience and the subsequent ones, a fundamental misunderstanding occurs—and that error has far-reaching consequences for both the patient and treatment.

What the illness model does: It interprets all anxiety experiences the same: as symptoms of a mental disorder. It labels both the first experience and later repetitions as "anxiety disorder" or "anxiety illness." It assumes that anxiety comes from something within the person (an imbalance, genetic vulnerability, dysfunction). The result is that the initial misinterpretation is not corrected—instead, it is confirmed by the system.

Consequences of not distinguishing between the first and subsequent experience:

1. The misinterpretation becomes official. What started as a biological misunderstanding—e.g., "I'm having a heart attack"—is now deemed accurate enough to warrant a diagnosis. The patient is told: "Yes, you have anxiety. You are ill. It needs to be treated." Thus, the original interpretation is cemented as truth.

2. The system keeps the patient in a state of alert.

Because the system now confirms that the body cannot be trusted and that the symptoms are part of a "disorder," the brain learns:

"This is dangerous. Not just once – but every time."

Therefore, the brain will react even faster and stronger in the future.

3. Treatment Targets the Symptom – Not the Error

If one does not understand that it was only the first experience that created the entire system, they will:

- Prescribe medication to suppress the symptoms

- Teach the patient to live with the anxiety

- Discuss illness, control, and acceptance

But they never address the original turning point:

The day the body was misunderstood – and the brain began to warn against itself.

Why This is Catastrophic

Imagine this:

A child falls and gets hurt – but believes it is fatal.

Instead of explaining that it was not dangerous, the adults say:

"You have something serious. It needs treatment. Take care of yourself in the future."

This is what the illness model does. It creates chronic anxiety out of a single misunderstanding that is never corrected.

The Misinterpretation Theory Makes the Necessary Difference:

It asks: "What happened the first time?"

It says: "It wasn't dangerous – it was just misunderstood."

It separates experience from interpretation, and reaction from identity.

When this difference becomes clear, the chain is broken.

Anxiety can no longer reproduce itself because the fundamental error is removed.

Conclusion:

When the illness model does not distinguish between the first experience and the subsequent ones, it confuses cause with effect, and error with illness.

This means that:

- The patient is treated for something that is never dangerous.

- The treatment reinforces precisely the meaning that created the problem.

- The system ends up maintaining and worsening conditions that could have been stopped with one explanation.

Anxiety did not become chronic by itself. It was made chronic because no one saw the difference between the first time and all the subsequent ones.

Proof in 3 Steps:

1. The First Experience Occurs Without an "Anxiety Disorder."

The person has no diagnosis, no illness, no "anxiety disorder." They have never before felt a serotonin deficiency or dysfunction in the past.

It starts with a physical reaction (e.g., heart palpitations, dizziness).

The person becomes scared because they interpret the reaction as dangerous.

There was no illness – only an interpretation.

2. Subsequent Experiences Are Due to Expectation and Memory

The body reacts again – but now earlier and more intensely.

This happens because the brain remembers the first experience as dangerous.

The person monitors the body and expects danger.

The reaction is not a new illness – it is anxiety about the previous experience.

3. The System Misinterprets the Repetition as Evidence of Illness

The diagnosis is given only after several experiences.

But all the later experiences are due to the first misinterpretation. Had it not been misinterpreted, the anxiety would never have been experienced.

It is not the illness that creates the experiences.

It is the experience that creates the "illness."

Conclusion:

If anxiety were a disease, it would come from outside, as something the body itself activates.

But in reality, it arises because the brain learns to fear its own signals.

Therefore, anxiety is not a disease. It is a self-reinforcing misinterpretation.

Irrational anxiety is not a disease. It is a biological misunderstanding.

What we today call "anxiety disorders" are often completely normal, but intense bodily reactions that are misunderstood. When the body reacts with discomfort, it is due to a survival mechanism – not a disease. Yet we have made it precisely that: a diagnosis. Not just one, but many.

But what if this is a wrong assumption?

A disease theory without logic.

For decades, it has been claimed that anxiety is caused by a lack of serotonin. Later, the theory was updated to focus on "dysfunctions" in the brain—something invisible, immeasurable, yet still considered a disease. It sounds sophisticated, but does it hold up?

Try searching for symptoms of actual serotonin deficiency. You'll find that anxiety is barely mentioned. If you truly lacked serotonin, you would have far more severe issues than anxiety. Anxiety would be the least of your concerns.

So, is it dysfunctions that trigger anxiety? If that's the case, why doesn't medication work consistently? Why do millions experience symptoms for years despite medical treatment specifically designed to address the problem?

The answer is simple: The theory does not explain reality.

It's not a disease—it's memory.

People who experience anxiety do not feel a chemical imbalance. They feel discomfort. And that discomfort becomes embedded in memory. The brain learns that the experience was frightening—and therefore can trigger it again. Not because something is wrong, but because we instinctively try to avoid discomfort.

We don't fear the cause, but the feeling. Not what happened—but how it felt. That's what drives anxiety.

So, what do we do? We call it a disease, and we prescribe medication for something we cannot measure. When the medication doesn't work, we say it must be due to a dysfunction. But a dysfunction that cannot be seen, measured, or removed—what is it really?

A double deception

If we believe anxiety is caused by disease, we fall into a double error:

1. We think we are ill because we feel discomfort.

2. We take medication to remove the feeling of illness, which is precisely because we believe we are ill.

It is not necessary to treat the sensation of our body's chemistry. Nor is it pathological to fear something we once experienced as overwhelming. It is entirely human.

A new understanding is necessary.

We must dare to ask the most obvious question: _What if anxiety is not a disease?

What if we have learned to misunderstand our body's own signals, and that is what we call anxiety?

If that is true, we should not medicate. We should understand. And we should unlearn what we never should have learned: to fear our own discomfort.

Anxiety: Innate reaction or learned meaning?

It is often said that our fear and anxiety are innate states in the brain, inherited from animals. But what about irrational anxiety, which is what we perceive as a problem? Not the rational kind.

Fear and anxiety are not just automatic instincts but human emotions that can be shaped in the brain through thinking, evaluation, and interpretation—cognitive processes that only humans can create with the power of thought.

What we have inherited from animals is the ability to detect and react to danger, meaning the body's survival systems, including rational anxiety.

But that is entirely different from the conscious experience of being afraid or anxious. Animals react instinctively. Humans understand and attribute meaning. It is this difference that creates irrational anxiety, which is unique to us humans.

Therefore, it is important to distinguish between:

The physiological and behavioral reactions to danger (such as heart palpitations, fleeing, or tension)

And the actual experience of being afraid, which requires consciousness, language, and meaning.

Many treatments and theories have been based on observations of behavior, not on the internal experience. But if behavior and feelings stem from different systems, we must also understand and treat them separately.

For example, medication can reduce physiological unrest and make a person calmer without necessarily changing their feeling of anxiety. To change the feeling requires a shift in understanding, where misconceptions can be challenged and resolved with the help of others.

So, what does the medication affect?

Primarily:

Physiological symptoms, such as:

- Heart palpitations

- Inner unrest

- Muscle tension

- Sleep disturbances

Behavioral level, such as:

- Less restlessness

- Lower activation level (becoming calmer, sluggish, or flat)

What does the medication not affect?

- It does not change the meaning you attribute to the symptoms.

- It does not remove the misinterpretation: “I am sick,” “I am losing control,” “I am going insane.”

- It does not dissolve the vicious cycle where fearing anxiety reinforces it.

Conclusion:

Medication can calm the body, but it does not change your interpretation of the body's signals. It is precisely this interpretation that creates and perpetuates irrational anxiety. Therefore, one can take medication and still fear more irrational anxiety.

We should separate what the body does from what we experience, for it is not the body that creates irrational anxiety, but the way we interpret the body's signals.

Why anxiety today is psychological:

Irrational anxiety is unique among psychological disorders because it primarily creates discomfort and speculation rather than functional disturbances or distorted worldviews and thus cannot be considered a psychological disorder. For many forms of anxiety, we know the actual cause, which makes the ICD-10's removal of causal explanations problematic for some anxiety diagnoses. When anxiety is only categorized as symptoms, we lose something essential.

Anxiety symptoms are merely side effects of the real cause: our fear of more anxiety. Therefore, not all anxiety can be treated through symptom categorization alone.

Historical perspective:

Over time, anxiety has been classified as a mental illness due to a lack of knowledge in the past. What was not understood was that people's symptoms were due to the experience and fear of experiencing the discomfort that anxiety had created again. Little was known about the role of chemistry in creating discomfort, nor about our memory's reactivation of anxiety and the creation of thoughts and fear of anxiety. People naturally sought help for unpleasant experiences, but without understanding the role of discomfort and its creation of symptoms in irrational anxiety, the focus was solely on the subjective symptoms described by patients.

The body's chemistry and its role in symptom creation were overlooked when people misinterpreted harmless bodily signals. In the absence of visible causes and explanations, anxiety was misunderstood as a mental illness, not based on documentation, but simply because discomfort has always led us to seek medical help.

Conclusion:

Irrational anxiety has been "trapped" in psychiatry as a treatable fear of one's own discomfort, even though this understanding of the disease can be dismissed today with modern tests and knowledge. Anxiety diagnoses that create fear of more anxiety require a new cause-based classification rather than the current symptom-focused approach that mostly medicates completely normal misinterpretations simply because they are experienced as unpleasant.

Therefore, the question is: Do you want to suppress anxiety symptoms and fear more anxiety with medication, or do you want to learn to understand why you experience the discomfort and symptoms so you can let them go?

The latter is what this book is about. Understanding instead of fear and illness.

This concludes the introduction. All topics will be further illuminated.

Foreword

Is it a mental disorder to fear your own body's chemical discomfort?

This book is not about traditional anxiety treatment. Instead, we explore the fascinating chemical processes in the body that create the discomfort we fear experiencing again—what we call anxiety. By understanding how the body's neurochemistry works, we can begin to demystify irrational anxiety. The purpose of this book is to provide you with a deeper insight into the body's natural processes when you experience irrational anxiety and to explain why we fear the discomfort it creates. We believe that understanding anxiety is crucial before considering any treatment.

We won't discuss treatments, as anxiety is not a disease, but rather talk about making changes. It's a challenge that people are led to believe they are ill just because they have been in a life situation that triggered one of our protective mechanisms—irrational anxiety—since it is entirely rational to experience such unpleasant symptoms in certain situations to protect ourselves. The fact that there is nothing to protect us from, which is why we call it irrational anxiety, does not make it a disease but a normal misinterpretation of the unpleasant symptoms it causes.

Today, I often think, why should I have lived with pathologization, medication, and therapies for 38 years when, with simple changes after the first anxiety experience, one can become "anxiety-free" in a few weeks, as we know is possible today. Everything about irrational anxiety is about how it is handled afterward. If you are pathologized, you become ill. If you are informed about why, it feels unpleasant, you are reassured. Illness creates thoughts; reassurance creates peace.

Everything you have learned about anxiety might be wrong. Anxiety is a condition that ceases when you understand that it is not a disease. What does that mean? It means that anxiety neither requires medication, therapy, nor years of treatment. It requires something else, something more important: that you understand what anxiety really is. Why do you experience it? Why do you fear it, hate it, and try to avoid it. And why it keeps coming back, again and again.

Everything about anxiety revolves around one thing: the desire to avoid discomfort once you have felt it. Imagine, hypothetically, that anxiety is not a disease. Not a disorder. Not a

chemical imbalance, a genetic flaw, or a mental defect. Instead, imagine that the first irrational anxiety experience occurred because some bodily signals were misunderstood and therefore misinterpreted as dangerous, causing the amygdala to trigger anxiety chemistry, and you panicked.

Anxiety chemistry is what we experience as the unpleasant anxiety symptoms we want to avoid. The discomfort made us panic. Afterwards, anxiety continues due to the fear of more of the discomfort we panicked about, as well as the lack of information about the role of the chemistry and thus the discomfort in anxiety.

This book is based on a simple challenge to the way we currently understand and treat anxiety. For what if the whole problem is not the anxiety itself, but our fear and interpretation of it? What if what keeps anxiety alive is not something inside you, but the very idea that you are ill?

As mentioned, anxiety differs from all other psychological diagnoses. It is not about an altered perception of reality or persistent sadness. It is about one thing: discomfort. More precisely, the fear of feeling it again. But that fear can be explained. Not with medication or psychoanalysis, but with information and knowledge about the process that creates the discomfort so that you no longer fear it.

So, what is anxiety really? A disease? A mental disorder? Or merely fear of your own discomfort? Let's explore that. One can only overcome anxiety by confronting and letting go of the fear of its discomfort, as it is that fear that stops us from doing what we want.

What is anxiety really if we set aside the disease perspective? I spent eight years, from 2016 to 2024, analyzing my thousands of anxiety symptoms, hundreds of attacks, possible causes and triggers, and the role of discomfort in anxiety. Why didn't I become free from anxiety after nearly 40 years of irrational fear? The answer lies in this book, based on my extensive notes from those eight years. The book offers a unique insight into the processes and mechanisms of anxiety, which few have described.

Have you wondered why you haven't become free from anxiety yet? I wondered for 38 years. Why didn't it work, despite many treatments? One answer is that the disease model focuses on symptom management rather than cure. Irrational anxiety is viewed as a mental disorder, a brain defect one might have to live with. Many professionals believe in this old theory and think that anxiety should be medicated. But we have come a long way since the 1960s, and there are now more rational theories and methods.

Anxiety is not a disease in the scientific sense, as it is created by the body's chemistry. Anxiety arises when the amygdala sends a message to the adrenal glands to release, among other things, adrenaline into the body. It is a feeling that, like joy or anger, creates a state in the body. When we talk about anxiety, we mean irrational anxiety: fear without a

real threat. The understanding of irrational anxiety has been misunderstood for decades, leaving many in an unnecessary trap of fear and suffering.

I will argue that anxiety is a learning error, not a brain defect. The discomfort creates the learning error, as we misunderstand the role of discomfort in anxiety. We misinterpret harmless bodily signals as dangerous, which activates the body's alarm system. It feels very intense and unpleasant, but it is not dangerous or a disease. It is merely the body's own chemistry, like adrenaline and cortisol, creating the discomfort.

The most important thing to know is that the brain can only change through learning, not medication. To let go of anxiety, you must understand that what you feel does not mean danger. You are not sick but have experienced a natural, unpleasant reaction, a reaction that can be unlearned just as it was learned.

We acknowledge the usefulness of the disease model for some, but it is only useful because there are no alternatives in the healthcare system.

Part 1. Knowledge of Anxiety

Irrational anxiety creates an experience of illness because the many unpleasant symptoms are simultaneously triggered by the adrenaline from the amygdala. It feels intense and pathological, and afterward, we think: "How can something be so unpleasant without being a disease?" Therefore, we must be sick. But in reality, we confuse discomfort with danger, which is why we react with panic.

It is this feeling of illness that convinces us that something must be wrong, not an objective injury. Therefore, many go to the doctor, not because they are sick, but because they do not understand what they have experienced. They want to avoid the discomfort again.

And here is where the shift occurs. You go from having had a normal, but unpleasant anxiety reaction, perhaps without an obvious cause, to now having a mental disorder, simply because the experience could not be explained rationally in the past. The problem is not the cause, but the discomfort.

When something cannot be explained physically, it is interpreted as psychological. This has been the case for decades. It is this old assumption, from a time without neurological insight, that still influences our healthcare system. In the 1990s, this perception was integrated into the system, and it remains entrenched. Not because it is true, but because the system cannot easily change without consequences.

The issue is not with the patients. It is about the governmental societal structures that are difficult to change. As a result, millions still do not receive the help we could provide today if we dared to change the anxiety model and follow the knowledge we actually have and know works. As long as you believe anxiety is a disease, fear it again, and consider

discomfort dangerous, you will be treated for something that, in reality, only requires information and understanding. The misinterpretation could easily have been corrected by the doctor the first time you presented with anxiety symptoms. But as a society, we have chosen a different path. The long and complicated path.

This book is based on the following assumption: No one experiences irrational anxiety without first having misinterpreted some bodily signals or symptoms as dangerous.

Important Note on Responsibility, Guilt, and Misinterpretation

We understand that the topic of anxiety is deeply personal and can carry a heavy burden. This book presents an approach based on insights into the mechanisms of anxiety, particularly the misinterpretation theory, with the explicit aim of providing you with knowledge and empowerment to manage your anxiety. It is not the book's intention to make you feel guilty or to suggest that you are to blame for your anxiety.

Let us be clear from the outset: You are not to blame for your anxiety. Anxiety is a natural, biological mechanism that you do not control. It arises as a harmless chemical reaction, often triggered by an initial misunderstanding of the body's signals. This is a learning error in the brain's protection system, not a personal defect or "fault" of yours.

The approach in this book emphasizes that you can learn to respond differently, change your understanding of the body's signals, and thereby break the cycle that maintains anxiety. This is about taking responsibility for the process of unlearning a learned mechanism, not about being responsible for having anxiety in the first place.

We are acutely aware that the journey to change deeply ingrained thought patterns and reactions requires time, patience, and perseverance. It can be challenging to change your inner dialogue and stop misinterpreting the body's signals, especially if anxiety has been a part of your life for a long time.

If you experience difficulties, slow progress, or setbacks, this is not a sign of personal weakness, failure, or that you are "doing something wrong." It is a testament to how effectively the brain's learned mechanisms for protection and discomfort avoidance function. These mechanisms are strong, and it takes time and practice to redirect them.

Our goal is to provide you with a rational understanding and concrete tools to regain control over your experience of anxiety. This is a process towards anxiety freedom, driven by knowledge and action, not by blaming yourself for having a natural but misdirected reaction.

Remember, this book offers knowledge and information. It is not a substitute for professional medical advice, diagnosis, or treatment. It is always recommended to follow your doctor's recommendations and seek professional help if necessary. You are not alone in your challenges.

Chapter 1: The Book's Intentions

Before we truly embark on the journey towards living without anxiety, it is important that you, as a reader, understand the book's intentions, strengths, and limitations. I value honesty, openness, and clarity, especially when it comes to a topic that affects millions of people worldwide. Therefore, I will begin by explaining what you should be aware of as you read.

This book is built on two foundations: my personal experience with anxiety spanning nearly 45 years and extensive research into the biological, neurological, and psychological mechanisms of anxiety. I am not a psychologist, psychiatrist, or researcher, but I have a background in IT security, which provides a different approach. The methods in this book are not clinically validated, as there is nothing to validate, but they are based on rational thinking, scientific theory, and practical experience. If you are looking for a clinically well-documented method, this book does not offer that in the traditional sense. It presents an alternative understanding of anxiety that is valuable, especially if traditional treatments have not worked for you.

In this book, you will not find in-depth descriptions of recognized treatment methods such as Cognitive Behavioral Therapy (CBT), Metacognitive Therapy (MCT), Acceptance and Commitment Therapy (ACT), mindfulness, or medical treatment. I acknowledge their positive effects for many, but if you have previously tried these without sufficient effect, this book is for you. It offers an alternative explanatory model that can provide new tools, perspectives, and most importantly, new hope and knowledge.

I accept that anxiety can be complex and may be caused by trauma, social challenges, genetic factors, or psychiatric disorders. Our misinterpretation theory is primarily aimed at irrational anxiety and may not be sufficient for trauma with complex psychological aftereffects that require specialized treatment. This choice ensures a clear focus for those who suffer from anxiety about anxiety.

Repetition is incredibly important in learning. If I explain it only once, you will forget it when you close the book, and anxious thoughts will begin to return. We must avoid that from now on. So, have patience with the repetitions. For information to be stored in long-term memory, it requires repetition. Research shows that repetition is crucial for changing learned habits and thought patterns. That is why advertising and propaganda work so well. The message is repeated.

The book should be judged on its entirety, not on individual sentences, sections, or chapters. I do not underestimate the seriousness of anxiety or its debilitating effect. Anxiety can be extremely uncomfortable and limiting, as I experienced myself for far too many years. For some, our perspective may seem provocative, but I encourage you to consider it openly, as it may be the key to breaking free from anxiety.

It is important to emphasize that the book should not stand alone, especially with severe symptoms. I recommend combining the book's suggested changes with support from a therapist or other professional. The therapeutic relationship can be crucial in the process of becoming free from anxiety.

Book limitations:

- The life changes are not clinically validated through formal studies but are based on privately collected data since 2020.

- Acknowledges other treatment forms without elaborating on them.

- Focus is on irrational anxiety, not PTSD, GAD, OCD, or somatic diseases.

- Repetitions are used to support learning.

- Anxiety is seen as a biological reaction to a psychological misinterpretation, not a traditional illness.

Chapter 2: Expectations

This book is based on one central claim: Irrational anxiety is not a mental illness but the result of a misinterpretation of the body's own signals. When you feel dizziness, chest tingling, or other harmless bodily sensations and interpret them as signs of danger or illness, anxiety arises. Not because your body is sick, but because your interpretation is wrong. It is this misunderstanding that starts the vicious cycle: Anxiety about anxiety becomes the main problem.

Misinterpretations often arise during stressful periods of life when the body is already reacting with unease. However, even if you have an actual illness, anxiety still requires a misinterpretation to occur. The body sends signals, but it is your interpretation of them that determines whether you experience anxiety. Genetics and chemical factors in the brain can make you more vulnerable, but they are not the cause of anxiety. Without misinterpretation, there is no anxiety.

The purpose of this book is to fill the gap many experience in their search for help: they never receive an explanation that makes sense. They receive therapy, medication, and diagnoses, but not understanding. This is what this book provides you with: understanding.

Chapter 3: Our Understanding of Irrational Anxiety

Historically, people have sought medical help for inexplicable and uncomfortable bodily sensations. When we experience the discomfort that irrational anxiety brings, without understanding the cause, we naturally seek answers from health professionals. We assume that irrational anxiety has been regarded as a disease through this process: patients sought out doctors after overwhelming symptoms, and doctors attempted to develop explanatory models. In the absence of visible physical causes, theories about mental disorders emerged to explain these symptoms.

We believe that the first experience of irrational anxiety occurs in two steps: First, we misinterpret the body's normal signals in stressful situations. Then, we become afraid of these sensations, which triggers anxiety symptoms that are also misinterpreted and exacerbate the anxiety.

We assume here that irrational anxiety has existed as long as humans have had the capacity for complex thinking. In our modern society, it can often be linked to life situations, although the initial bodily signals can still be triggered by factors such as trauma, bullying, war, and other stressful experiences.

The essence of our theory is that previously, we experienced sudden, unpleasant bodily sensations without apparent danger and lacked the knowledge to understand that misinterpretation of these signals was the catalyst for anxiety symptoms.

Since physical symptoms were not visible during medical examinations, it was naturally assumed that the causes must be psychological, and anxiety was gradually defined as a disorder.

You will not find concrete techniques, cases, or exercises that you can apply directly in everyday life. Our method involves introducing three practical techniques into daily life, which will be discussed throughout the book. There is nothing to prove, but much to change in your life.

The Emergence of Irrational Anxiety and the Power of Language

Did language and thought emerge simultaneously in human development? This is a classic and profound question in both evolution, cognitive research, and philosophy.

Short answer: No, language and thought did not emerge simultaneously. Thoughts existed to some extent before language, but language revolutionized, shaped, and expanded thinking.

A bit more precisely:

1. Thought without language in early humans

Before humans had language, they had experiences, sensory impressions, and instincts. They also had basic problem-solving abilities:

"That branch can be used as a tool."

"There is danger from the sound behind me."

These are thoughts, but not reflective or named thinking.

2. The emergence of language

Around 50,000–100,000 years ago, humans began to develop symbolic communication:

First through sounds, gestures, and rituals

Later through words, sentences, and grammar

When language emerged, it changed the nature of thought. One could now:

Name feelings and ideas!

Remember and pass on knowledge.

Think in terms of cause and effect.

It was not just a tool; language created a new consciousness.

3. Language and thought became one system

After the emergence of language, human thinking began to become inner language:

We think in words.

We reflect with sentences.

We experience self-awareness as inner dialogue.

Therefore, one could say:

Language is not just something we use; it is the way we think.

Today: Can we think without language?

Yes, to a limited extent:

We can imagine images and feelings.

We can sense and act instinctively.

But complex thoughts, beliefs, and self-understanding require language.

For example:

You can feel anxiety without language.

But you can only fear your anxiety and interpret it as an illness because you have words, concepts, and sentences.

Therefore, misinterpretation in anxiety is also a linguistic event:

We learn to say, "I have anxiety" and only then do we believe we are ill.

The core of thought precedes language, but it is language that transforms thought into consciousness, interpretation, and identity.

Therefore, the phrase "I am not ill" is not just reassuring and convincing; it is a conscious linguistic tool that stops a misinterpretation that only exists because we have learned it linguistically.

Humans are the only animals that can think about their own thinking. They are also the only animals that develop irrational anxiety. The two are connected. It is not the body's reactions that create irrational anxiety; it is our interpretation of them. And that interpretation occurs in language.

Thus, a serotonin deficiency or a dysfunction, as it is now called, cannot create anxiety alone. Anxiety only arises from the misinterpretation of the symptoms these causes can create. If these causes are not misinterpreted, nothing more happens. No anxiety.

Without language, we would not be able to develop anxiety as we know it. We would feel uneasy, yes. We would flee from danger, yes. But we would not sit months or years later thinking: "What if it happens again?" or "There must be something wrong with me." That requires us to name, remember, and repeat.

Our discussion of anxiety since the 1980s has contributed to the problem. Anxiety has become the most negative word we know, and therefore, referring to oneself as my anxiety, I am anxious, etc., are the major culprits for continued anxiety. The brain remembers such self-references. The amygdala will think, okay, we are an anxious person, I better be more vigilant.

Thoughts only became dangerous when we acquired language.

Humans have always had emotions. But thoughts, as we understand them today, are only possible because we have language. Before language, we had instincts. But with language, we could for the first time:

- Name experiences (“This is anxiety”)

- Connect events (“Last time I had heart palpitations, I thought I was going to die”)

- Predict the future (“What if it happens again tomorrow?”)

- Generalize (“There is something wrong with me”)

This enabled us to learn from experience. But it also enabled us to misinterpret our own bodily signals and believe in the misinterpretation.

Language made anxiety possible and inevitable.

Anxiety does not just arise because we feel discomfort. It arises because we assign it meaning. And that meaning is linguistic.

A person without language might feel unease in their chest but would not be able to think: “This is panic. I am dying.” That thought requires a linguistic system where we have learned to associate words like “dangerous,” “illness,” “panic,” and “heart attack” with our bodily experience.

Once we have done that once, inserted language, and given the body a wrong meaning, we have taught the brain to misinterpret. And from then on, it will remember it. Recognize it. Fear it.

Anxiety as an inherent safety mechanism.

From an evolutionary perspective, it is no coincidence that we developed the ability for irrational anxiety. It has a function. Humans are the only animals that have developed an internal brake on their own thoughts.

When we have a thought like:

“I could jump off the balcony.”

or

“Maybe I am going insane.”

When a thought arises, the body reacts. Not because the thought is true, but because the body responds as if it could be. This physical reaction—adrenaline, heart palpitations, restlessness—acts as a kind of alarm. It says:

“Stop. Don’t do what you’re thinking.”

“Avoid acting on this.”

Anxiety thus becomes a sort of emergency stop, developed to prevent us from following thought patterns that could lead to actions harmful to ourselves or the group. However, the system can misfire, and it does.

The problem is that this alarm system cannot distinguish between real dangers and internal imaginings. When we have learned to react with anxiety to the body's signals because we previously interpreted them as dangerous, the entire system becomes mis-learned.

Anxiety no longer serves as a warning against action; it becomes a warning against experience. Against thoughts. Against symptoms. Against ourselves.

And the more we repeat the thought in language— "Something is wrong with me," "I'm going crazy," "I'm getting worse"—the stronger the belief becomes. And the more unconsciously the body reacts as if it's still trying to save us. From something that isn't dangerous.

Repetition is not just belief; it is the brain's way of learning.

The brain is not rational. It is associative. It remembers what is repeated, regardless of whether it is true or not. That's why repetitions like "I am not sick" work. Not because it's an affirmation, but because it's a new data source that, over time, overwrites the old misinterpretation.

We have a brain that can learn from our own thoughts. But this also means it can learn something wrong and believe it for a lifetime unless we actively unlearn it or the false information continues.

Conclusion: We are not trapped in anxiety; we are trapped in language.

We do not become anxious because we are sick. We become anxious because we have learned to interpret the body's signals as signs of danger and because we can repeat that interpretation to ourselves in language. This makes humans unique. But it also makes humans vulnerable.

Language gave us a consciousness that could shape the world.

But it also gave us a consciousness that could mis-form the world and believe in the error.

Chapter 4: Understanding What Anxiety Is

If you have found this book, it is likely because you experience anxiety, perhaps for many years. Maybe you have received a diagnosis, consulted doctors, psychologists, psychiatrists, tried medication, therapy, and more, but still haven't achieved freedom from anxiety. Maybe you've been told that anxiety is a mental illness you must learn to live with. I know how it feels to be trapped, isolated, alone, and convinced that you are sick. I also know how it feels when professional solutions don't work. It feels hopeless, unfair, and lonely. But from 2016 to 2018, I discovered something that changed my life. And that is what this book is about.

This book does not focus on fighting, reducing, accepting, or controlling anxiety, but on understanding its mechanisms. When you understand what irrational anxiety is, and not just what you've heard or believe, you can free yourself from it.

It is important to emphasize that I am not downplaying your experience. What you feel is very real, and the symptoms can be overwhelming and life-destroying. It feels dangerous, not because you are sick, but because we misinterpret the body's natural signals as dangerous.

You will learn about the complexity of anxiety and the many processes in the body and mind following an anxiety experience. We will explore:

- The two types of anxiety: rational and irrational.

- How irrational anxiety can be divided into reinforcing and external forms.

- The difference between initial anxiety and subsequent anxiety.

- The six main causes of maintaining anxiety.

- How misinterpretation of bodily signals is the root of irrational anxiety.

- How the body's chemistry creates the symptoms.

- That the problem is not the thoughts themselves, but that memory creates them.

- How memory maintains anxiety through learning.

- That avoidance behavior reinforces anxiety.

- How language influences the experience of anxiety.

- That beliefs about the danger of anxiety sustain it.

- Why anxiety has historically been treated as a disease.

- Why traditional treatment only helps a small portion.

Anxiety presents many challenges that need to be addressed to get a complete picture. Fortunately, anxiety can be unlearned by stopping the attribution of danger to the symptoms. We begin by understanding anxiety to be able to let go of it. Here, you won't find yet another method to reduce symptoms, but information and understanding that can prevent symptoms from arising by changing a few things in life. If you've tried all the recognized methods without success, it might be time to try something new.

The Cycle of Anxiety – Step by Step

Regardless of the cause of the anxiety experience, all anxiety begins like this.

First Experience

You suddenly feel something in your body.

You don't understand it and become afraid.

This activates the amygdala.

You panic over the discomfort from the symptoms.

The experience is stored in memory.

Second Time

Memory starts sending thoughts about the discomfort because we are coded to avoid discomfort.

The thoughts recreate the feeling. The brain recognizes the feeling.

The body reacts again.

The amygdala is activated.

The symptoms return.

This experience is also stored.

Third Time

The thoughts come faster.

The discomfort is felt earlier.

You barely have time to think before the body reacts.

The amygdala activates automatically.

The symptoms feel like a repetition.

It is stored again.

Fourth Time and Onward

You still don't understand what is happening.

You think it must be a disease.

But it's just your brain recognizing something old.

Something you misunderstood the first time.

And now it tries to protect you from it because it is coded to do so.

And it continues like this until thought creation is stopped.

The causes of anxiety do not change the process if the initial bodily signals and symptoms are misinterpreted. All causes will lead to the same anxiety process, as it is always the same. We talk about the cognitive diamond: Thoughts - Feelings - Body - Action. Thoughts create feelings which are felt in the body, and this creates an action. But what is missing from the cognitive diamond? Thought creation from memory. Without it, no subsequent anxiety. No thoughts. Or more precisely: What is missing is how memory creates the thoughts that start the whole process and create the diamond. Therefore, we work on avoiding thought creation, as it is the main problem in the creation of all subsequent anxiety. This means that if the initial anxiety was not misinterpreted, we would not experience more anxiety, which most people do not. Therefore, anxiety becomes a forward-looking problem, not because of disease, but because the first experience is misinterpreted as dangerous. We can therefore conclude that neither disease, serotonin deficiency, nor what is now called a dysfunction causes anxiety to continue. It is solely our misinterpretations of what we feel. This is the entire premise of this book. Anxiety is not created by disease, but by misinterpretations. We will support and attempt to prove this.

Chapter 5: The Misinterpretation Theory, a New Understanding of Anxiety

We need a new approach to anxiety that acknowledges the body's natural biology without pathologizing it. The misinterpretation theory suggests that anxiety is not caused by genetic diseases, mental disorders, or chemical imbalances, but rather by the misinterpretation of the body's natural signals and subsequent anxiety symptoms. By correcting these misinterpretations, one can become free from anxiety without medication or traditional forms of therapy.

Why does this approach work? It directly addresses the true cause of anxiety: You learn that the body's reactions are natural and harmless, even if they don't feel that way. When you stop misinterpreting the signals, the chemistry of anxiety is no longer triggered, and the anxiety disappears. There are no mysterious diseases involved, just a logical explanation that is easy to understand and apply.

Both theories can work together. It is important to have alternatives. As mentioned, historically, anxiety has been associated with the medical world, as it is natural to seek medical help for uncomfortable symptoms. Without a physical cause, the symptoms were categorized as "mental," making anxiety a psychiatric diagnosis rather than a biological reaction.

Economic interests: Since the 1980s, the biological disease model has gained significant support, influencing our treatment of anxiety. Biological explanations have dominated because they allow for specific medical treatment, but we should also consider the role of interpretation.

Scientific barriers: Traditional science and psychiatry view anxiety as a disease, which means research focuses on genetic factors, neurological changes, and chemical imbalances, rather than on the interpretation process.

As you read this, you may feel both hope and doubt. You might find it hard to believe that anxiety is not a disease, especially if you've struggled with it for a long time. But remember, the belief in anxiety as a disease can be part of the problem: As long as you believe you have a disease, you will fear your bodily signals. When you fear the body's signals, the chemistry of anxiety is activated. By letting go of the disease idea, you can face the body's signals with knowledge rather than fear. This requires courage, the courage to challenge everything you thought you knew about anxiety. But the reward is enormous: freedom from anxiety, because you can think rationally about the irrational anxiety.

The book's understanding of anxiety can revolutionize anxiety treatment if allowed. It can change how we view anxiety globally and help millions with an increased chance of becoming anxiety-free. We can relieve psychiatry and reduce the prevalence of irrational anxiety if we dare to think anew.

We can view irrational anxiety as a protective mechanism for our mental health. The suffering arises from a lack of knowledge about the role of misinterpretation in bodily signals and anxiety symptoms. But it requires us to dare to challenge established theories.

We must ask ourselves: Is anxiety really a disease, or have we misunderstood our biology simply because it is uncomfortable? Our body's chemistry is just trying to help us. When you understand the purpose of anxiety's discomfort, you can let go of anxiety completely.

The central problem with the disease theory: The traditional approach has historically not focused on the fact that genetic factors, biochemical imbalances, or other biological conditions alone cannot directly trigger anxiety. These factors can, as mentioned, only create physical sensations like dizziness, rapid heartbeat, pressure or tingling in the chest, nausea, and other symptoms. But these bodily signals are not anxiety in themselves; they are merely neutral physiological states.

The misunderstanding arises when the chemistry of anxiety (adrenaline, cortisol, etc.) is activated by misinterpreting bodily sensations as dangerous. Without this misinterpretation, the unpleasant chemical reactions cannot be triggered. This mechanism is rarely described in the classical disease model.

If you've been diagnosed with anxiety, have you become anxiety-free or just felt better through conventional treatment methods based on the disease model? If yes, that's great, and I'm happy for you. If not, why do you think it hasn't worked despite support, medication, therapy, and time?

Why is it so difficult to let go of anxiety?

For many, it starts with a traumatic experience where the body reacts inexplicably, creating fear. We become afraid of what's happening inside us, and from there, it becomes difficult. Why do the restlessness, anxiety, and reactions continue even when we know it's "just" anxiety? And why are so many prescribed medication that only starts working after 6–8 weeks when the situation feels urgent for already challenged individuals? Why haven't we implemented a method that stops anxiety after the first experience or even at the first doctor's visit, as we know we can today?

The most important thing I've learned is that techniques and treatments don't work if you don't first manage how, you misinterpret the body's signals and anxiety symptoms. Anxiety typically continues because one keeps misinterpreting the body's signals. As long as anxiety is seen as a disease, it will be experienced as something to be removed rather than understood.

It's important to understand that everything about anxiety can be traced back to one central component: discomfort. Regardless of the cause of anxiety, it's the discomfort that continues to challenge us.

No matter what reason you give for your anxiety, it can always be traced back to the initial discomfort. Without discomfort, you wouldn't have sought a doctor, taken medication, or gone to therapy. Discomfort is the anxiety. The fear of more discomfort drives us to seek help, take medication, go to therapy, and worry about experiencing it again. This fear affects our thoughts and behavior, leading to avoidance, negative self-talk, and isolation.

Consider: If anxiety weren't uncomfortable, would we do any of the above? The answer is likely no. Discomfort is the primary driver behind our reactions. The cause of anxiety merely acts as a trigger, but the problem lies in the discomfort we experience. This discomfort is common to all anxiety diagnoses involving fear of more anxiety. Therefore, it's crucial to focus on addressing the discomfort rather than merely identifying the cause.

Receiving a diagnosis based on the cause, such as panic or social anxiety, is not sufficient, as all diagnoses share the same challenge: the discomfort, which should be the focus. Even if the cause of anxiety is removed, the fear of discomfort will still be present. But if we can eliminate the discomfort, anxiety as we know it will no longer exist.

Our journey to release irrational anxiety begins with understanding why it arises as a problem in our lives. Think of irrational anxiety as a temporary and natural bodily reaction that is misinterpreted due to the discomfort it creates.

That's probably enough about discomfort. 😊

The truth is: If we don't fear anxiety, it's not a problem.

Our core idea is "misinterpretation rather than disease." The disease model views anxiety as a chronic condition requiring treatment. Our theory argues that anxiety is a natural reaction that "locks in" when we interpret it as dangerous.

Existing theories are often developed based on the best available data, but new understandings can change the picture. As mentioned, people seek out doctors due to the discomfort anxiety causes, which has led to a focus on symptoms and the development of various theories. Naturally, doctors look for symptoms that can explain a disease.

Our approach is different, which may create skepticism among readers and professionals. Therefore, it is important to test changes before discussing their effects.

Since our theory does not explain all forms of anxiety, we do not dismiss other mechanisms such as stress, trauma, or genetic vulnerability.

It is said that the problem arises when the anxiety reaction becomes too intense, lasts too long, or occurs inappropriately, affecting daily functioning and quality of life. In such cases, anxiety requires attention and understanding. Anxiety can be perceived as a mental disorder when it causes "clinically significant distress or impairment" in aspects of life, according to the DSM-5. This provides an understanding of irrational anxiety but overlooks why it occurs. Therefore, another approach is needed.

Chapter 6: The Belief in Anxiety

The belief in anxiety as a disease is strong, making it difficult to change the perception of those who suffer from anxiety. I have experienced this myself for 38 years and know how challenging it can be. Imagine a life without irrational anxiety. Would you think about it? This reflection shows that irrational anxiety only becomes a persistent problem if the first experience is misinterpreted, anchoring the anxiety in memory and the fear of further discomfort. It is this mechanism we need to understand to break free from the grip of anxiety. Without a learning process that anxiety is dangerous, anxiety would merely be a temporary reaction.

IMPORTANT: Imagine if the memory of past anxiety experiences were erased. Any new anxiety reaction would then feel like the first, without the expectation of anxiety returning.

This perspective reveals an important truth: Persistent anxiety is not about biological errors in the brain or complicated theories, but about a repeated fear reaction from memory.

Regardless of factors such as genetics, neurology, or alleged chemical imbalance, irrational anxiety cannot exist persistently unless the brain has learned to interpret it as dangerous. If a strong memory of the anxiety reaction is not created, it cannot be sustained. This confirms that anxiety is not a fixed biological disorder but a reaction that can be unlearned. Anxiety can only exist long-term through memory and expectation.

As mentioned, all irrational anxiety starts with a first experience. If this experience is not misinterpreted, the anxiety quickly disappears, as it does for most people. But if it is misinterpreted, a memory and an expectation that anxiety is dangerous are created, which sustains the problem. By stopping this misinterpretation, the entire anxiety problem can disappear, regardless of genetic or neurological factors.

The increased activity in the amygdala, highlighted in the research literature, is a result of repeated anxiety experiences, the persistent misinterpretation, and not the cause of the anxiety itself.

When a person uses medication to alleviate anxiety symptoms, the brain learns that anxiety is dangerous and requires an external solution. Medication can therefore, paradoxically, reinforce the perception of anxiety as something that needs to be medicated away. This can result in long-term medication use.

Before anxiety arose, there was nothing wrong. You were likely just facing life's challenges, as many do when the first bodily signals appear. It is crucial to understand that irrational anxiety exists because we assign it a dangerous meaning due to its chemical discomfort. The biggest obstacle to new knowledge about anxiety is not the lack of evidence, but the system's hesitation to accept new perspectives.

Chapter 7: Chemical Mechanisms Behind Anxiety

This book is about understanding the chemical mechanisms behind irrational anxiety that create the discomfort we fear. By gaining insight into how the body's neurochemistry contributes to our experiences of anxiety, we can better avoid irrational anxiety. The goal is to provide a deeper understanding of what happens in the body during irrational anxiety and why we fear the accompanying discomfort. We believe it is essential to understand anxiety before considering treatment.

There are questions we overlook, but which are essential for reducing irrational anxiety in the future. Why do we only experience discomfort during irrational anxiety symptoms, but not with rational anxiety, when both types result from the same chemical process? Why do we react differently to rational and irrational anxiety? What makes irrational anxiety

symptoms so uncomfortable? What creates the physical and psychological feelings of illness with irrational anxiety?

The difference between rational and irrational anxiety lies in their origin: Irrational anxiety stems from mental causes, while rational anxiety is a reaction to concrete physical threats. Rational anxiety is an instinctive reaction that has existed for millions of years as a protective mechanism against predators, among other things. In contrast, irrational anxiety is a newer development that seems unique to humans.

In the coming chapters, we will explore whether irrational anxiety can develop into a condition that requires treatment, and whether it can be genetically predisposed or related to imbalances in the brain, such as serotonin deficiency. We will also focus on how we can prevent irrational anxiety from becoming a persistent problem.

One thing is certain: The ability to think means we cannot completely avoid irrational anxiety. It is our reaction to the feeling of anxiety that determines whether it becomes problematic.

It is important to understand that anxiety is not dangerous, only uncomfortable. The challenge is that we often believe more in the feeling of anxiety than in the science that tells us we are not ill.

Our mental state when symptoms arise plays a crucial role. About 10% of the population reacts irrationally to the first symptoms and receives an anxiety diagnosis. Whether we face illness, trauma, genetic factors, or social conditions, it is our reaction to the symptoms that determines whether it becomes a problem. Anxiety only becomes problematic if we misinterpret it, regardless of what triggered the symptoms. The first experience of irrational anxiety is a side effect of other challenges and always has a cause, even when it feels sudden, as in panic attacks.

We will focus on understanding the complex mechanisms underlying anxiety, from the brain's structure and neurotransmitter systems to the behavioral patterns that maintain the symptoms.

Over the years, I have researched and tested evidence-based treatment methods such as cognitive behavioral therapy, exposure therapy, and relaxation techniques. I have followed the latest research in neurobiology and anxiety treatment to ensure that the information I share is up-to-date and relevant.

I have personally experienced anxiety attacks from 1979 to 2018—a period of 39 years. During this time, I was limited by agoraphobia and constant anxiety, which led to the loss of many important aspects of my life. Unfortunately, I did not take active steps to manage the anxiety and left it to the healthcare system, which failed to help me. Treatments described

as effective by professionals are often perceived differently by those suffering from anxiety, especially when results are lacking.

In 2016, I decided to investigate why I had not become anxiety-free after 37 years and what aspects of recognized treatments might be overlooked. It's not about defining the right or wrong anxiety theory or treatment; the central question is what actually works to achieve freedom from anxiety.

I have explored what might be overlooked, misunderstood, or misinterpreted in anxiety theory. It cannot only be attributed to our differences when a treatment doesn't work; there must be other factors involved. Through our research, we have answered these questions and incorporated the identified gaps into our treatment.

We acknowledge all mental health diagnoses and the need for more treatment options and resources. We also recognize that irrational anxiety can lead to real suffering and impairments, but only as long as anxiety symptoms continue to be misinterpreted.

We aim to shed light on the nature and fundamental causes of anxiety. Our brain is powerful, and everything we need is already present. The problem arises when we use this power to amplify anxiety instead of stopping it. Anxiety is created by misinterpretations in the brain, and therefore, it can also be stopped through rational reinterpretation. It is a human condition that we can all experience, and the symptoms are the same for everyone due to our shared biochemistry. The discomfort of anxiety is due to an internal chemical process in the body, not different diagnoses. Therefore, all anxiety feels the same. Unpleasant.

Research shows that our memory and the chemical discomfort that anxiety causes are central reasons why anxiety can be difficult to overcome. Without proper management from the start, anxiety can persist for many years.

I have gone through almost every aspect of anxiety, but I never considered why I experienced anxiety back in 1979 and why it became a daily problem. My focus was always on avoiding more discomfort, instead of investigating why the symptoms arose. I was never sick, or life challenged. Not even during my time with symptoms and attacks. I was just afraid of the discomfort like everyone else.

This raises the question: What is it about anxiety that makes it persist once you have experienced and misinterpreted it? Why can it feel impossible not to think about avoiding more discomfort? The answer lies in the fact that it is the discomfort that becomes the problem, not the cause of the original anxiety. By focusing on the discomfort, we do not solve the cause, and therefore, anxiety symptoms can continue for many years. Imagine if the solution is as simple as identifying and removing the cause, namely the fear of more discomfort, so there is nothing left to trigger the anxiety? What if anxiety symptoms only

continue because we rarely investigate the underlying causes but merely treat the symptoms?

It is important to understand that you are not weak just because you experience or live with anxiety. You are simply caught in the same trap as many others who experience persistent anxiety. The trap is a persistent misinterpretation of the unpleasant symptoms.

Through my many years of dealing with anxiety, I've learned that nothing will change unless you're willing to implement the necessary changes in your life to live without anxiety. Be aware that if you leave it to the healthcare system to "fix" your anxiety without taking active steps yourself, it may take a long time before you see results.

Even when my writings are evidence-based and, most importantly, scientifically accurate, it can be difficult for many with anxiety to imagine a perspective other than their belief in anxiety as a disease. Although I can demonstrate that anxiety is not a mental disorder, most people will still cling to this perception. Our conviction of anxiety as a disease is so strong that it overshadows alternative solutions to becoming anxiety-free.

Do yourself a favor by reading and rereading the parts that challenge you, so you can view them with more objectivity. Be critical, but don't let your first reaction be dismissal. Instead, consider whether there might be some truth in what is presented. What could the author's motivation be if you disagree? What is the purpose of this text if not to help you?

When we hear that anxiety arises from illness, genetics, trauma, or life's challenges, it's important to understand that these factors merely trigger the anxiety. They do not explain why the symptoms persist after the initial experience. It's about something other than just illness: it's about memory, our bodily reactions, and our ingrained desire to avoid discomfort. The treatment we receive is driven by our fear of experiencing more anxiety, not because we are sick.

Regardless of the cause of your anxiety, it can always be traced back to the initial misinterpretation of bodily signals. Afterwards, it's the fear of more discomfort that drives it. Therefore, it's crucial that we address and release the fear of more anxiety right after the first anxiety.

Let's take a step back and look at our lives before anxiety took a central role. Regardless of the form of anxiety we experience, whether it's a specific diagnosis or caused by trauma or neurochemical imbalances, there is a common process that creates discomfort for everyone. Our biochemistry is the same, and therefore the same anxiety reaction is triggered in all of us. Anxiety only becomes a problem when the uncomfortable feeling becomes conscious to us.

It's important to understand that repeated anxiety symptoms only occur if the initial experiences are misunderstood and stored in memory. Many misinterpret anxiety

symptoms as a serious threat because it's natural to avoid discomfort. When the body experiences discomfort, it automatically tries to avoid it, whether it's physical pain or psychological discomfort. The body reacts the same to all forms of discomfort, creating an internal conflict. The anxiety symptoms create discomfort, and at the same time, another bodily function tries to avoid the discomfort.

The problem arises when the body doesn't understand why it feels anxiety without an obvious threat. When adrenaline and other substances are released, it's impossible to stop the chemical reaction. Panic arises while the anxiety chemistry is active but subsides after a few minutes when the body burns off the adrenaline. What remains in memory is the anxiety-filled experience that the body has registered as a danger. This emotional reaction is stored as a learning experience because it was a negative experience for the brain.

What we misunderstand as illness is our irrational reaction to the discomfort that anxiety brings. Lack of knowledge about our natural reactions to discomfort contributes to this misunderstanding. It's not about the specific symptoms, but about the discomfort they create. We must therefore move away from focusing on the symptoms and instead understand the role of discomfort in irrational anxiety.

Our memory maintains anxiety by generating the thoughts that trigger symptoms and the discomfort we wish to avoid. This is not related to illness but rather a bodily desire to avoid discomfort. Once we realize that the symptoms are merely a temporary chemical reaction, we can learn to manage them without fear.

When discussing anxiety symptoms, it is crucial to distinguish between those caused by biological reactions like adrenaline and noradrenaline, and the more common symptoms caused by cortisol. The former can lead to panic attacks, while the latter are typically experienced in everyday life. Understanding this difference is important to avoid confusion between acute anxiety reactions and more general symptoms.

Many describe their experience as "I have anxiety" or "my anxiety" in situations without panic attacks. Here, it is important to recognize that it is not the intense anxiety of a panic attack, but thoughts and feelings triggered by cortisol, arising from the fear of further discomfort.

When stress hormones are released in the body, it can be challenging to think clearly. Research shows that our ability to make rational decisions and manage emotions can be affected under such circumstances (Siegel, 2010). Understanding this dynamic helps us distinguish between real anxiety symptoms and common experiences of nervousness and worry. By acknowledging these differences, we can better manage our anxiety and develop strategies for both acute and persistent symptoms.

Historically, humans have been aware of two forms of anxiety, an insight traceable back to ancient times. The Latin terms "Cura" and "Angustiae" describe worry anxiety,

characterized by mental concerns, and breathlessness or constriction anxiety, a more physical experience. In modern neurological research, we have developed the concepts of irrational and rational anxiety, with this book primarily focusing on irrational anxiety.

Humans have always sought help when anxiety becomes uncomfortable. In ancient times, there was a lack of understanding of the mechanisms underlying anxiety, leading to many theories. Today, we know that both rational and irrational anxiety arise from a similar process, created by the same body chemistry. These chemicals create the discomfort we associate with anxiety symptoms.

Although there is no physical pain associated with irrational anxiety, the chemical reactions in the body are so uncomfortable that we mistake them for signs of illness. It is important to understand that we do not seek medical help because we feel sick, but to avoid more anxiety and discomfort in the future. Unfortunately, many patients are unaware that their anxiety is a result of chemical reactions and not a signs of illness. It is essential to inform patients about what irrational anxiety is, how it arises, and why it feels uncomfortable.

Irrational anxiety is a normal and transient event that most people experience multiple times in their lives. Most do not register their anxiety as a panic attack; they simply regard it as an unpleasant experience and continue with their lives. Only those who misinterpret the initial symptoms experience recurring anxiety, as this misinterpretation continues without correct information. These misinterpretations create thoughts that keep anxiety in our consciousness, leading to an unfortunate cycle.

All anxiety symptoms are chemically conditioned. Without the release of chemicals in the body, symptoms would not occur. When we first experience anxiety and misinterpret it as illness, this experience is stored as a negative memory, including the physical sensations and the negative thoughts and feelings present during the original experience. The first episode of anxiety creates a sort of anxiety memory, which triggers subsequent anxiety.

From a psychological perspective, negative beliefs about anxiety play a central role in maintaining its symptoms. Much of the subsequent anxiety is linked to memory associations. Without these, we wouldn't experience anxiety; we wouldn't remember past episodes. Our thoughts and memories of previous anxiety create a cycle of fear and discomfort. It's a challenging cycle: a life that may have been difficult from the start becomes more complicated by anxiety. Unfortunately, the situation worsens as long as we view anxiety as a disease.

How does one become free from anxiety? Telling those who suffer from anxiety that they are ill because of their experiences does not help. Such an approach only leads to further worries. Instead, it is more beneficial to explain why anxiety is uncomfortable so they can realize that it is a misinterpretation of the body's chemical reactions.

Our research over eight years has shown that it is not the anxiety thoughts that need to be treated directly, but the process that creates them: memory. Imagine if it were possible to stop the creation of anxiety thoughts entirely. It was only when I developed a technique for this that I found freedom from anxiety. If only I had had this knowledge in the 1980s!

It is important to note that mental illness is characterized by a lack of self-awareness, while anxiety is marked by a strong belief in illness. This creates complexity because anxiety is about discomfort, while mental illness involves an altered perception of reality and being a danger to oneself or society, which those with anxiety are not.

Anxiety is unique because it is uncomfortable. It is our reaction and behavior towards this discomfort that makes it a disorder. It is therefore problematic to categorize anxiety as a mental disorder, as it is actually a chemically induced fear that we merely react to irrationally.

When experiencing irrational anxiety, one is not suffering from anything like other mental diagnoses, except for fearing the discomfort.

When discussing mental illness in connection with anxiety, the focus should be on the first anxiety experience, which can lead to fear of future anxiety attacks. Regardless of the causes of anxiety, the first experience must be misinterpreted to become a persistent problem. This applies to genetic and environmental factors as well. Without this misinterpretation, anxiety will not develop into a persistent problem, even in those with a genetic predisposition. One cannot develop anxiety about anxiety or repeated anxiety attacks without first having created a memory of previous anxiety experiences.

It is important to understand that a universal approach to treating anxiety can be found. Anxiety processes are the same for everyone, and therefore the method to achieve freedom from anxiety is also uniform.

We do not need scientific studies or complex theories to understand and manage anxiety. Instead, we can use our rational thinking to ask the right questions.

Modern treatment methods like medication and therapy have helped many for various reasons, but they are far from effective for everyone. The focus should be on understanding anxiety as a natural but recurring state that arises due to our memory, which creates the thoughts that produce symptoms.

Consider these questions: If anxiety were truly a real threat, why didn't I fear it before my first anxiety attack? Where does this fear come from? What makes anxiety scare me now, just because I have experienced it?

The changes we present have proven effective for most. We operate on the assumption that anxiety experiences are stored in memory and activate new symptoms through the thought patterns created by these uncomfortable memories.

Without an active anxiety memory, anxious thoughts wouldn't arise, and we could return to a time without anxiety. Therefore, it's necessary to "forget" or "overwrite" this memory. Our approach differs from medical and cognitive therapies by focusing on the underlying memory of past anxiety experiences.

Research shows that anxiety can be significantly managed with knowledge and information, especially if addressed early on, before anxiety becomes a misperceived illness. We focus on breaking the cycle of anxiety by working with one's memory and beliefs about anxiety, as these play a crucial role in maintaining anxiety.

It's not about avoiding anxiety or soothing symptoms but about transforming the memory that creates the thoughts keeping you in anxiety's grip. It's important to understand that all forms of irrational anxiety can be explained rationally.

When we experience symptoms, our thoughts start racing as we try to decode what's happening because we don't understand why the discomfort arises. These thoughts amplify anxiety by releasing more chemicals in the body. In most cases, irrational anxiety is created in our thoughts. From the moment symptoms are felt, thoughts begin to work without our awareness. Anxiety always has a cause, even if we don't always perceive it as such. It's only when symptoms become apparent that we become aware of the anxiety and react. At this point, it's crucial to understand that we're only feeling chemistry, not signs of illness.

As mentioned, Irrational anxiety is a byproduct of our ability to think. As humans, we can imagine future scenarios, worry about what others think, fantasize, and consider the consequences of our actions. These considerations can lead to avoidance behavior, such as when we think, "If I go there, I'll get anxious, so I'll stay home." This consequence calculation is just one of many reasons for avoidance behavior.

If we treated anxiety as a challenge rather than a disease, many diagnoses could be avoided. Anxiety evokes strong emotions in those who experience it. Each person has their unique experiences, thoughts, and perceptions of what anxiety is and how it affects us, making anxiety a complex and personal subject.

The initial medical assumptions are all based on patients' subjective descriptions and experiences of their symptoms. No one asked why it is experienced, only what and how it is experienced. When people's feelings are used for the development of theories instead of science, it is unfortunate.

But if anxiety is not a disease, what is the solution? The answer lies in rational thinking. When we understand the function of anxiety, we can stop fearing it. Letting go of disease thinking is a crucial step towards regaining control over our lives. However, this process requires a willingness to think differently than the common perception. My goal is not to impose a specific truth on anyone but to offer a rational understanding of anxiety.

For many years, I believed in the narrative of anxiety as a complex mental disorder and lived under the belief that I was ill. But I experienced a significant change when I became anxiety-free by following simple, rational strategies. This happened when I stopped viewing anxiety as a disease by implementing some simple changes I developed over a few years in my life.

My years of research have taught me that it is not illness that creates anxiety, but misunderstandings. These misunderstandings keep many trapped in a life filled with anxiety. If anxiety is a simple reaction, why do we make it so complicated? Why is anxiety considered complex just because it feels difficult and uncomfortable? Why do we assume anxiety is a disease when symptoms challenge us and we seek medical help? And why do we focus on treating symptoms without examining their cause?

The discomfort is the same, regardless of the diagnosis I received—panic disorder, health anxiety, or social anxiety. The problem has always been the fear of more anxiety. The diagnoses did not change the discomfort. This misunderstanding arises because we have not learned to see anxiety for what it is. We have not explored the connection between our discomfort, memory, and the desire to avoid the unpleasant. This is the source of the problem. Misinterpretations persist because we learn to fear the symptoms and believe we are "sick."

If anxiety were truly a disease, far more people would experience it as a persistent disorder, but that is not the case. Anxiety becomes more complicated because we ignore the simple answer. We try to explain anxiety as something mysterious and difficult to understand, requiring diagnoses and treatment. The truth is that anxiety arises because we learn to fear it. We become trapped in a pattern of avoidance and misunderstanding that sustains anxiety, and the healthcare system's approach has made it more complex.

Understanding and confronting anxiety is about changing our relationship with the symptoms, not just treating them. When we seek help, we often focus on the symptoms instead of the underlying causes. This is not a criticism of professionals but a call to view anxiety from a different perspective.

We need to simplify our understanding of anxiety. It does not arise because there is something fundamentally wrong with us, but because we misunderstand and fear our bodily reactions. We fear the discomfort of the symptoms and repeat misinterpretations. The strategies that helped me were simple. The first step was to abandon the belief that anxiety is a disease. This is where my life began to change, even after 38 years.

It is important to remember that anxiety does not have to be complicated. We are not sick; we are misinterpreting. We would never misinterpret the reaction to a rational fear created by the same symptoms due to the same body chemistry.

Chapter 8: Transforming Your Life

Imagine anxiety without discomfort, and it is no longer anxiety. It is not the discomfort itself but the desire to avoid it that keeps anxiety alive. The more we avoid discomfort, the more the body learns that it is dangerous, and it continues to react.

After eight years of research, we are convinced that irrational anxiety only exists while we misinterpret our body's signals. When we change this perception, the anxiety will disappear.

Many believe that the goal of anxiety treatment is to become completely free of anxiety. But anxiety is a natural part of life. When anxiety arises irrationally, it is often due to misunderstandings of other emotions or physical signals, such as a tingling in the chest.

We will focus on topics that sustain anxiety, such as fear of anxiety, avoidance behavior, entrenchment in anxiety, memory of anxiety, body chemistry, fear of discomfort, language about anxiety, and beliefs about anxiety.

These challenges make it difficult to let go of anxiety. We will take a closer look at what happens after the first symptoms or attacks of anxiety, as the problems typically begin here.

When experiencing irrational anxiety for the first time, memory associations are formed because it was a negative and unpleasant experience. It is crucial to remove these associations early after the initial anxiety experiences. Without this step, the memory associations will generate new anxious thoughts and symptoms, making it difficult to become completely free from anxiety. Medication cannot eliminate these associations, and recognized therapeutic approaches cannot remove them, as they primarily work with thought processes rather than directly with memory. Some therapies do address memory associations indirectly, but not in a way that can change or remove them.

These memory associations also shape our perception of anxiety as an illness, leading to negative self-talk such as "I have anxiety" or "my anxiety," which further reinforces the perception of illness. Negative self-talk is a significant barrier to overcoming anxiety.

By eliminating the memory of anxiety's discomfort, we can stop the belief in illness, significantly increasing the likelihood of becoming anxiety-free.

> The anxiety process can be described as follows: anxiety symptoms → reaction → behavior → memory associations → thoughts → renewed anxiety symptoms → identical reaction → identical behavior → new memory associations → new thoughts, and so on.

As an experiment, I invite you to participate in an exercise. If you have been diagnosed with anxiety, take a piece of paper and write: "I am not ill." Hold this paper in one hand as you

continue reading. The exercise is intended to challenge the beliefs that support your anxiety and will show you what keeps you stuck in it. If you do not wish to participate, you may choose to skip this step. For those without an anxiety diagnosis, participation is voluntary, but it can be a useful way to gain insight.



To achieve freedom from anxiety, it is necessary to understand the causes behind symptoms and anxiety attacks, especially the factors that maintain anxiety after the initial symptoms have been misinterpreted. Without insight into the underlying causes and mechanisms driving the discomfort and fear of further anxiety, achieving lasting change can be challenging.

Let's assume there are at least two theories about anxiety. The traditional theory focuses on illness and suffering. According to this theory, irrational anxiety is deeply rooted in past traumas or other psychological factors, making it necessary to treat the anxiety as it can negatively affect quality of life and functionality. Research has shown that anxiety can be caused by genetic predispositions, social conditions, or chemical imbalances in the brain. However, it's important to remember that it can be due to a thousand other things as well. Although these factors may play a role in the initial experience of irrational anxiety, they cannot be the cause of subsequent anxiety.

Anxiety is experienced as unpleasant by everyone, as it involves a similar chemical process in all individuals. Anxiety does not distinguish between diagnoses or illnesses; its purpose is to create discomfort to prompt the individual to react. The problem arises when there is no action taken on the anxiety, which often leads to panic. This reaction is stored as a negative experience because one reacted with panic instead of action.

Through experience, we have identified several steps to overcome anxiety. The first step is to accept that irrational anxiety does not necessarily mean one is sick. The next step involves learning to manage symptoms and anxiety attacks when they occur. This is crucial, as anxious thoughts will continue to arise unless one actively works to manage them. It involves becoming physically active when even the slightest symptoms are felt, rather than being overwhelmed by panic.

The third step involves reducing the focus on anxiety. Therefore, it is crucial to implement strategies immediately after the first anxiety attack that can minimize or prevent future

anxious thoughts. The key is to shift focus away from anxiety thoughts, and these strategies will be elaborated on.

The fourth step is to avoid negative self-talk. Avoid phrases like "I have anxiety" or "My anxiety." In general, the word "anxiety" should be avoided altogether. Such phrases reinforce to the subconscious that one has anxiety and create further thoughts about it. You feel, sense, or experience anxiety; you do not have it, and you are not it.

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

The path to overcoming anxiety is not more difficult for some than for others, as the nature of anxiety is the same for everyone. However, it may take longer for some than for others, depending on how deeply ingrained the anxiety is. But it is not more complicated; it simply requires more time.

Humans have a biological tendency to store unpleasant experiences, which can make anxiety a fixed part of consciousness. Work must be done to dampen the anxiety symptoms and the associated memories.

An appropriate time to start this work could be during the 6-8 weeks while waiting for the effect of prescribed medication, which is not guaranteed. If anxiety is seen as something unpleasant to be avoided, it can be challenging to manage.

The reaction to the discomfort is perceived as abnormal, even though it can be considered a rational response to an irrational feeling.

It is important to understand that anxiety symptoms and mental processes can be rationally explained through the body's chemistry. Irrational anxiety is a complex interaction between biological and psychological factors. When anxiety feels uncomfortable, it can lead to inappropriate reactions that may be mistaken for a mental disorder. In reality, it is a natural bodily response to stress.

Chapter 9: Understanding Irrational Anxiety Attacks

Let's explore how an irrational anxiety attack typically occurs. Imagine you are deeply engrossed in your thoughts, and suddenly you feel a tingling in your chest or dizziness. This experience can be frightening, and you begin to analyze what is happening in your body. Without an immediate explanation, your thoughts can create frightening scenarios. These

arise because you do not understand your bodily signals, which alarms the amygdala, the brain's threat response center.

Studies show that the amygdala activates the anxiety response. Traditional psychiatry sees this as a sign of illness, but it rather confirms that the amygdala is reacting to misinterpretations of the body's signals. The amygdala perceives fear scenarios as a threat, leading to the release of adrenaline and stress hormones. You may experience an intense sensation and believe that signals, like chest tingling, are signs of a heart attack, leading to panic. This misinterpretation of signals and anxiety symptoms results in an anxiety attack.

Fortunately, a panic attack passes quickly, but the experience leaves a lasting impression as a potential threat to your health. This happens because your reaction to the anxiety symptoms was marked by panic. The amygdala concludes that it must have missed a danger since you didn't respond appropriately and let panic take over. It stores negative experiences to learn from them and avoid future threats. Once anxiety is stored in memory, the amygdala is ready to react swiftly if a similar situation arises.

The problem is that the unpleasant experience makes you consider how to avoid it in the future. The desire to avoid discomfort is deeply ingrained in us. When memory triggers anxious thoughts, the body will try to act accordingly. But when adrenaline is released, it's hard to avoid panic, creating a new wave of anxiety. Memory generates forward-thinking thoughts that the amygdala reacts to, which can result in panic attacks. You repeat the same reaction because memory recalls your previous response.

The central issue after the first anxiety experience is the memory, which now generates anxious thoughts. This process cannot be completely stopped by medication or therapy, as it occurs before thoughts become conscious. It can only be effectively halted by learning to let go of the misinterpretation of anxiety symptoms. This is the skill we must acquire to become free from anxiety.

When we talk about anxiety, we can distinguish between rational and irrational anxiety. Irrational anxiety can be further divided into self-reinforcing and external irrational anxiety.

Self-reinforcing irrational anxiety occurs when bodily anxiety symptoms are mistakenly perceived as dangerous, creating further anxiety. This form is maintained through implicit memory, which automatically triggers new anxiety reactions at even small signals, resulting in a vicious cycle. Characteristics include a focus on bodily sensations and fear of the anxiety itself. Examples include panic disorder, agoraphobia, and social anxiety.

External irrational anxiety is directed towards specific objects, situations, or threats perceived as irrationally exaggerated. Here, the anxiety experience is about fear of external events or consequences. Characteristics include anxiety associated with specific situations or objects, and this anxiety rarely creates fear of the anxiety symptoms themselves. Examples include specific phobias, OCD, and generalized anxiety.

How can we improve treatment methods?

The answer lies in avoiding early misinterpretations of the body's signals and the subsequent anxiety experience. The most effective measure is to learn about irrational anxiety before it occurs. Therefore, knowledge about irrational anxiety and correct interpretation of bodily signals should be integrated into the school system. Such an approach could potentially reduce the number of anxiety diagnoses globally. Once anxiety is misinterpreted, it becomes harder to correct, as we see in society. Here, this book can play an important role in society is willing to listen.

After the first misinterpretations, it is essential to get correct information about irrational anxiety. It's not about diagnoses or medication, but about rational information that explains why irrational anxiety arises and how it can be alleviated. Knowing what anxiety is, is not enough. Without understanding why you experience anxiety, you can struggle with it for years.

During the first panic attack, you are rarely aware of the misunderstanding of bodily signals. Anxiety symptoms quickly take over attention, and you primarily remember these symptoms rather than the original signals. The cycle repeats when you continue to misinterpret the symptoms. Many are unaware of this process, leading to a lack of understanding of how their perception contributes to the persistence of anxiety.

It is important to understand that irrational anxiety symptoms have an underlying cause that can be traced back to the misinterpretation of the body's signals and subsequently to patterns of thoughts and emotions. The treatment of irrational anxiety often focuses on alleviating discomfort rather than addressing the root cause. As a result, anxiety is medicated, even though it is essentially a fear of further discomfort, not an actual illness.

What makes this fear problematic? The answer lies in our biological survival mechanisms. We are wired to avoid discomfort because historically, it has been associated with danger.

Chapter 10: Can Irrational Anxiety Really Stop Us?

In reality, there is nothing we cannot do as we did before because of anxiety. The limitation we experience is an illusion arising from the fear of reliving the discomfort that anxiety has previously caused. We still possess the same abilities and opportunities as before. The problem is not a real limitation but the fear of the body's reactions. Our instinct to avoid discomfort holds us back. Ultimately, it is not anxiety that stops us; it is the fear of our own body's chemistry. We avoid acting as we did before, not because we are ill, but to avoid discomfort. Continuing life as before anxiety may bring discomfort, that's all, but it is not dangerous. More on this bodily function later.

Irrational anxiety is a mental defense mechanism, not a disease. We should ask ourselves: Have we truly understood anxiety correctly, or did our quest for understanding stop too early? Have we become so convinced by theories of illness, genetics, and serotonin deficiency that we have failed to explore the subject more deeply? Is symptom treatment really the best we can offer, or have we overlooked something fundamental?

As long as we only try to suppress the symptoms of our fear of anxiety, we miss an important understanding. If repeated episodes of irrational anxiety were truly a disease, we would have found an effective treatment. Both rational and irrational anxiety are part of our biological defense system and cannot be cured, as they were never a disease. The pharmaceutical industry has exploited the opportunity to treat the symptoms of our fear of discomfort, even though this fear is natural. The assumption that anxiety is a disease arose because we observed how challenging it can be to confront our self-created anxiety discomfort.

It wasn't until the 1980s that we began to understand that the discomfort stems from our own chemistry and not from a disease. Without this understanding, our reaction to anxiety discomfort has mistakenly been regarded as a mental defect. The more rational truth is that anxiety is created by our consciousness and our interpretation of the discomfort that irrational anxiety induces. Only through this understanding can we free ourselves from anxiety once and for all.

It is difficult to argue against this claim without admitting that one is defending symptom treatment over a deeper understanding. Throughout this book, I will present evidence supporting the validity of this approach. There is no scientific documentation supporting the notion that irrational anxiety is caused by a disease or a defect in the brain. There is no basis to claim that it requires treatment or medication, quite the opposite.

All science points to the fact that irrational anxiety is a necessary part of our mental system, just as crucial for our mental well-being as rational anxiety is for our physical survival.

When we began to develop complex thoughts, we needed to protect ourselves from the mental pitfalls that this ability brought with it. Irrational anxiety acts as a stop sign in our minds. It prevents impulsive actions and ensures that we don't make decisions we later regret. Just as rational anxiety physically protects us by warning of dangers, irrational anxiety ensures that we consider the situation before acting.

Today, we live in a society that places new demands on our mental capacity. We are constantly bombarded with information, expectations, and complex social structures that our brains were not originally designed to handle. This creates a new form of mental strain that irrational anxiety responds to.

The problem is that anxiety feels uncomfortable because it is not linked to a concrete physical danger, and we therefore do not act, leaving the chemistry unburned. Without something visible to react to, we might mistakenly believe there is something wrong with us due to the discomfort the unburned chemistry creates.

Here arises the misunderstanding: The natural mental protection mechanism is mistaken for a disease simply because it feels uncomfortable. Understanding this dynamic is crucial for managing irrational anxiety. It is part of our complex mental system that helps us navigate a world full of challenges.

Anxiety is designed to feel uncomfortable; that is its primary function. If anxiety did not cause discomfort, we would tend to ignore it. The problem arises when we try to control anxiety rationally. We attempt to analyze it away, ignore it, or fight it, but this is a misunderstanding. We cannot rationally control something that is inherently irrational. When we fail in our attempts to control anxiety, we may end up panicking. We feel that we should be able to handle it, but in reality, we never had this ability. The solution is not to fight anxiety but to understand it in order to release it.

Irrational anxiety can hit us quickly, but if we misinterpret the experience, it can affect us for many years. Anxiety is designed to be uncomfortable to prompt us to react. When we do not react, a conflict arises between our physical symptoms—signaling danger—and the fact that we do not observe any real threat.

Once we believe that anxiety has serious consequences, we begin to avoid situations where we fear anxiety will arise again. This creates a vicious cycle where the fear of anxiety sustains it.

A typical course of irrational anxiety might look like this: First, one experiences anxiety. Then, one visits a doctor, possibly receives an anxiety diagnosis, and is prescribed medication to prevent future anxiety symptoms. When we return home alone, we are left with the responsibility of managing the fear of more anxiety and the medication. Unfortunately, many do what most do: nothing. We wait and hope that the medication will work. It is our hope for improvement that motivates us to take the medication. We have this hope with all treatments.

The problem arises if we do not notice any effect after several months. Then we seek the doctor again and receive new medication, which might work, and we hope again. SSRIs like Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, and Sertraline have small but important differences in chemical structure, half-life, effect, and side effects. It should work if we have a serotonin deficiency. But no one knows if they have it, as it is never tested for, for the simple reason that it cannot be tested in the brain of living people. More on this problem later.

What is missing in the anxiety process that causes the fear of more anxiety persisting for years for most people? It is the fear we try to treat, as it triggers new symptoms. Fear arises through our thoughts, and therefore many treatment methods attempt to calm them. Unfortunately, this has limited effect, as thoughts cannot be stopped or manipulated once they have emerged. They can, however, be subdued with medication, but only with benzodiazepines, not SSRIs. It is important to understand that it is the creation of thoughts that needs to be addressed to achieve freedom from anxiety. It is not the thoughts themselves, but the way they are created that causes the problems. This thought creation occurs in the part of memory that contains previous unpleasant anxiety experiences and is responsible for the development of anxiety about anxiety. If we could remove our fear of the discomfort or just the discomfort of anxiety, it would likely no longer be a problem.

This perspective has been central in my 8-year quest to understand what makes irrational anxiety so frightening. Anxiety symptoms, which can lead to panic, create a feeling that one cannot live with it and therefore must seek medical help. But what do we really fear about anxiety, beyond the discomfort it brings? Isn't our fear largely rooted in ignorance about what irrational anxiety is? A fear perhaps created by pathologization? Ignorance about the processes occurring in our bodies when we experience irrational anxiety symptoms, including the chemical reactions involved? We have the problem because we are not properly informed the first time we visit the doctor. But how can the doctor and other professionals inform us when they only learn about diagnoses and diseases in their education?

It is worth considering why we fear experiencing irrational anxiety again. Why does the discomfort linger in our memory? Could it be a central problem that we remember this discomfort because we have experienced it and subsequently misinterpreted it? To support this claim, consider what would happen if one experienced anxiety symptoms and could not think about them. Would it be a problem afterward as it is today? Therefore, we can say with great certainty that irrational anxiety did not exist before we could think. And this also explains why we are the only species that can experience irrational anxiety.

Without the ability to think, we would still only react instinctively, as with rational anxiety, by fighting or fleeing, like most other animals. Irrational anxiety challenges us in new ways. With thoughts, we can now suddenly plan, assess consequences, think creatively, and imagine "what if" scenarios. These thinking possibilities can activate irrational anxiety, which prevents us from making poor decisions that could harm us. Instead of physical strength, it is now intelligence and diplomacy that provide power through the power of thought. Historically, it has been important to be part of communities, as exclusion could be life-threatening, just like in animal groups. Irrational anxiety can help us avoid threatening social situations. Conflicts and decisions are central to our lives, and our ability to think rationally prevents impulsive actions.

In the Stone Age, life was simple, but with more complex societies, new challenges arose. Laws and rules could create anxiety about others' perceptions of us if we did not follow norms. We began to seek recognition, and when it was absent, it could lead to irrational anxiety. These examples show that irrational anxiety is not caused by illness but functions as a protective mechanism against negative behavior.

Today, our technological society imposes numerous demands: education, work, family, and online presence. Everything feels like a competition, which can challenge us mentally, especially when we fail to meet expectations. Our self-image can suffer, and we experience stress-related symptoms.

Anxiety is a complex collection of reactions stemming from the body's biochemistry. It's important to understand that anxiety doesn't manifest as a single symptom; it's a whole spectrum of experiences. Feeling anxious is not a flaw but a natural part of our human experience. When we experience panic or discomfort, our body is functioning as it should. Just as we cannot ignore pain, it's impossible to ignore anxiety. Both reactions protect us, and it would be dangerous to overlook them.

Our perception of failure often arises because we are aware of the thoughts and symptoms that accompany anxiety. Through my experience with anxiety symptoms, I've learned an important lesson: What you can think, anxiety can create. There are no symptoms that anxiety cannot induce. Fortunately, symptoms are just that—symptoms. They are not an indicator that something is wrong with you. Anxiety can feel irrational, especially because it differs from other psychological diagnoses. It exists only within the individual, not in the situation or object, which merely serve as triggers.

No situations are inherently dangerous; it's our thoughts about them that activate new symptoms due to memories of past unpleasant experiences. Irrational anxiety is largely based on internal memory traces created by past experiences. These memories lead to future anxiety thoughts. To break this cycle, it's necessary to "erase" these memories, which in practice means stopping thinking about the anxiety. However, this is easier said than done. I will therefore discuss how to work towards this goal.

Since our misinterpretations cause anxiety, we can also choose to reinterpret those symptoms.

This process is cognitive and conscious, meaning we can use the same mechanism to break the anxiety by changing our perception. It requires time, attention, and practice to systematically implement this change, as anxiety is a stubborn opponent.

Let's reflect on an important insight: Why did we not experience anxiety before we first encountered it? Before the first experience, the feeling did not exist in our consciousness, as there was no memory of a triggering event to activate the unpleasant chemical processes we associate with anxiety. Once the brain encounters a threat, it stores this

experience as a reference for the future. This means that anxiety can arise as a mechanism to avoid danger, based on past experiences rather than a current threat.

We cannot feel anxiety until we face a situation that activates this mechanism. The experience of anxiety is due to biological reactions and chemical processes that we become aware of because they cause conscious discomfort.

Irrational anxiety cannot be avoided as long as there is an active memory of past unpleasant experiences. Again, anxiety is not tied to a specific situation or object. It exists only within the individual, 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 anxiety exists in memory, it will be present in all environments, but it is only triggered when the brain associate's places, thoughts, or situations with it.

Would we experience repeated irrational anxiety if we didn't have memories of it? Many people encounter anxiety repeatedly in the same situations, suggesting that memories play a central role in our experience of anxiety. Anxiety diagnoses are primarily based on an individual's subjective experiences, meaning what we report to the doctor. This contrasts with the assumption that diagnoses should be based on objective and physiological deviations. Regardless of the symptoms we experience, they are triggered by our conscious or unconscious thoughts about avoiding past, unpleasant, and irrational anxiety experiences. Each time we experience or misinterpret irrational anxiety, we strengthen the mental connections between anxiety and memory. Over time, irrational anxiety will always trigger the same symptoms for everyone, as the underlying chemical processes are uniform. It is merely the situation in which they arise that differs and what diagnoses are based on. But as mentioned, this does not change the main problem with all anxiety, the fear of discomfort, as this is what we all have in common and therefore what should be addressed. Not thoughts or a chemical imbalance.

Challenging life situations. It's not about job, intelligence, or social status, but about the emotional state one is in when the first irrational symptoms occur. While an unemployed person with a positive attitude is likely not to misinterpret the symptoms, while a wealthy person with personal problems may be more inclined to do so. Genetic factors can contribute but are not a guarantee that one will develop anxiety. Even with a genetic predisposition, it is the life situation and the ability to manage bodily signals and symptoms that determine whether anxiety becomes problematic.

The body uses irrational anxiety as a warning in non-life-threatening situations such as stress, overthinking, speculation, and worries. This happens when the body assesses that there is a need for a break from speculations, resulting in symptoms of irrational anxiety and causing us to pause and reflect. When experiencing anxiety, it would be more accurate to refer to it as irrational anxiety rather than just anxiety, as this formulation is precise and simultaneously sounds less frightening. Similarly, diagnoses, as previously

mentioned, could be referred to as irrational anxiety diagnoses. For example, one might choose to say: "I have irrational social anxiety" or "I have irrational health anxiety," as it sounds less frightening and dangerous to the amygdala.

It is relevant to consider whether anxiety becomes a persistent problem due to its classification as a mental disorder or because past unpleasant experiences with anxiety are stored in memory. As mentioned before, apologies for the repetitions, but it is important. Both rational and irrational anxiety arise due to the same chemical reactions in the body. When the amygdala is activated, it sends signals to parts of the adrenal glands to produce stress hormones, which are transported through the blood to various organs that respond to them. Without these substances, anxiety and the associated symptoms would not occur.

The chemical composition forms the basis for the anxiety experience. Adrenaline, also known as epinephrine, affects multiple organs and systems in the body simultaneously. It increases heart rate and pumping power, resulting in a rise in blood pressure. Therefore, one cannot faint during a panic attack, even though it may feel that way. It dilates the airways to improve oxygen supply, stimulates the breakdown of glycogen to glucose in the liver, and enhances blood flow to skeletal muscles to increase muscle strength. Furthermore, it dilates the pupils to improve vision during stressful situations and reduces blood flow to the gastrointestinal tract, inhibiting digestive activity.

The function of adrenaline is to prepare the body for a "fight or flight" response, which helps manage sudden dangers. Additionally, we might experience a hide, play dead, or surrender response. This process occurs automatically, without the possibility of conscious control.

The chemistry of anxiety leads to a significant change in the body's state, known as an anxiety state. There are many such states, like when the body shakes with anger in an "angry" state or trembles with joy in a "love" state. All these states, or emotions, are created by the body's chemistry. We cannot feel anything without a chemical release first.

We fear anxiety symptoms because we recognize them from memory. Anxiety can be exhausting as it involves a struggle against the body's own chemical reactions. A typical anxiety attack lasts 2-5 minutes, which is the time it takes for adrenaline to break down. However, complete calm occurs after about half an hour due to cortisol, which takes longer to metabolize. Fortunately, the adrenaline feeling passes quickly. It's important to remember that anxiety is temporary and only experienced while the chemical substances are present in the body.

Whether anxiety arises as a physical reaction, as a result of external stressors, or in specific situations, the storage and interpretation of the initial experience in memory play a central role in the persistence of anxiety.

Instead of focusing on diagnoses and medication, we should understand and process early anxiety experiences. By changing our approach to irrational anxiety, we can break the cycle that arises from stored memories. When we look at the first experience of irrational anxiety, it becomes clear that the brain misinterprets the symptoms because it is unprepared. If we ignore the first anxiety experience, even though it is difficult, nothing dangerous will be stored, and we can continue life without problems.

By addressing the roots of persistent anxiety, namely the initial memories and our interpretation of them, we can break the cycle. This requires a new understanding, as well as the courage and willingness to challenge common assumptions about illnesses and disorders that have not effectively resolved anxiety issues.

Irrational anxiety can be avoided by processing the memories, no matter how long one has suffered from them or what diagnosis one has received.

After a thorough "erasure" of anxiety memories, one might still experience anxiety. Erasing memory is just a metaphor I will explain later. You cannot erase memory. In such cases, the experience will resemble the first anxiety, as there are no longer stored anxiety memories. Therefore, it is essential not to misinterpret these new experiences.

To understand and manage irrational anxiety, it is crucial to begin with the first anxiety experience that was misunderstood. Regardless of what anxiety symptoms or diagnoses one may have; they all have roots in memory. This can be confirmed as these challenges did not exist before the first anxiety experience.

It is important to understand that irrational anxiety is not about illness but about an inappropriate reaction to the body's signals and chemistry. It is the continued misinterpretations that cause anxiety to develop and appear as an illness.

Chapter 11: Important Information About Anxiety

When faced with irrational anxiety, it can be beneficial to ask oneself reflective questions: What do you think triggered your anxiety? Why do you constantly experience new symptoms after the first experience?

We seek treatment for physical injuries and serious illnesses because they are life-threatening or painful. But why is it important to treat irrational anxiety when it is "only" uncomfortable? What makes anxiety so serious that it requires our attention?

The causes of persistent irrational anxiety include the aforementioned memory of past unpleasant experiences, our reactions to the anxiety, and the thoughts we have about these experiences. Particularly, our beliefs and inner dialogue about being "sick" play a central role. At Generation-Anxiety, we work to inform future generations about anxiety so they can apply rational thinking when facing it. Our goal is to prepare everyone on how to

manage anxiety, so it doesn't develop into a problem. By reducing the need for treatment, resources can be redirected towards prevention and education, which can prevent the development of "anxiety disorders" from the outset.

When discussing the development of an anxiety disorder, it occurs due to a continuation of misinterpreting symptoms. We know this because, without misinterpretations, anxiety symptoms would cease. A particular issue we wish to address is that today's treatments often come too late: Traditional methods focus on anxiety after it has arisen, instead of preventing misinterpretations in schools, as we recommend. Therefore, this book emphasizes the importance of introducing anxiety education in schools, as early and accurate information will reduce future anxiety among young people.

Anxiety arises when the brain (amygdala) assesses something as dangerous. It is a misconception that anxiety arises out of the blue, as some professionals claim in cases like panic anxiety. Even panic anxiety has a rational cause and a trigger. The same goes for our other emotions, joy, anger, etc. We can experience anxiety symptoms without an obvious cause, but there is always a reason, even if it may be unconscious. Our emotions and symptoms always have underlying causes, which can be individual and varied. This knowledge can be useful for future analysis of your symptoms. What was I doing, what was I thinking, and what situation was I in when the anxiety arose? Under what circumstances do I normally experience symptoms?

The brain's assessment of danger is based on past experiences and reactions to specific situations or objects. What has previously been misinterpreted can continue to create problems. Examples can include misinterpretation of driving, public transport, social gatherings, giving presentations, standing in line, or shopping.

At Generation-Anxiety, we work with three types of anxiety. Rational anxiety arises from life-threatening situations, typically triggering a fight-or-flight response. Irrational anxiety occurs in challenging situations without a direct physical threat. Finally, anxiety-like states refer 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 may not necessarily be a genuine anxiety reaction occurring. The difference between these states lies in the body's chemical composition: Adrenaline is released during rational and irrational anxiety, while cortisol dominates during anxiety-like states.

How would we define anxiety if we didn't consider it a disease? This question has rarely been thoroughly explored, as current treatment methods are largely based on professionals' perceptions of disease. What could anxiety be if we assume it is not caused by genetic factors, brain imbalances, trauma, social conditions, mental states, or other recognized causes? Let's explore this hypothesis.

Consider the following statement: "Anxiety is not a disease." This is a provocative statement, but let's explore and test the idea that irrational anxiety does not necessarily have to be considered a disease.

As someone with many years of experience with anxiety, I have witnessed its impact and tried various treatments. I know what it means to live with anxiety and struggle with it. Today, I understand that I have never been ill because of the anxiety itself. We perceive anxiety as an illness because the body's chemical reactions create unpleasant symptoms that we react to irrationally, challenging us mentally.

Recalling memories of past anxiety experiences can be overwhelming. The truth is, without remembering the discomfort of anxiety, each experience would feel like the first. How could we fear anxiety without remembering its discomfort? When we think, talk, read, hear, or write about anxiety, we can create a self-reinforcing spiral that makes the symptoms more prominent. It is important to be aware that you can significantly reduce symptoms by not thinking, talking, reading, hearing, or writing about anxiety.

To understand recurring anxiety, we can divide anxiety triggers into two categories: the first experience and subsequent episodes. The first experience has an external trigger, such as a stressful situation, while subsequent episodes are triggered by internal factors like negative thoughts or the fear of recurrence. After the first experience, the focus shifts to the fear of recurrence, which becomes the dominant issue. The initial symptoms occur unexpectedly, while the subsequent anxiety is constantly anticipated as we continuously scan for symptoms of it.

By looking at anxiety from a non-medical perspective, one can develop a treatment method involving rational and logical thinking. Doctors are trained to identify symptoms according to established diagnoses, while a layperson might explore non-medical causes and ask rational questions such as: What did I experience? Where did it come from? Why did it occur? What could the logical explanation be?

When medication and cognitive therapies were developed, it was not explored whether there could be a natural, non-medical explanation for recurring irrational anxiety. This is understandable, as we seek medical help for anxiety, but it is unfortunate that other explanations are rarely considered.

Many are unaware that we have an encoded, million-year-old mechanism that helps us avoid discomfort, activated after the first anxiety experience. It is controlled from the brainstem and central nervous system. This reaction prompts us to seek medical help, as the body wants to avoid further discomfort. **It is unlikely that one will visit a doctor if anxiety did not cause discomfort.**

Persistent negative thoughts evoke symptoms of illness, as one constantly monitors oneself for signs of symptoms in an attempt to avoid discomfort. Anxiety constructs

frightening stories and exaggerates symptoms as a protective mechanism, keeping one constantly aware of them. Regardless of the symptoms you experience, the thought: "Is it the anxiety?" quickly arises.

To overcome anxiety, it is necessary to change our fear of experiencing it again. We do not live with the anxiety itself, but with the thoughts and fear of experiencing the symptoms again. It is these mental constructs that are the source of our suffering.

Chapter 12: Subsequent Irrational Anxiety: The Six Causes

To break the vicious cycle of irrational anxiety, it is crucial to understand its causes. A central factor is our perception of anxiety and illness. When we interpret anxiety symptoms as signs of serious illness, our fear and worry intensify, further amplifying the anxiety.

The memory of past discomfort plays a significant role in how we experience and manage anxiety. After each anxiety experience, both the experience and our reactions are stored in memory.

Fear of anxiety, known as "anxiety about anxiety" or meta-anxiety, typically arises after the first panic attack. This fear can be so pervasive that merely thinking about experiencing anxiety again can trigger symptoms.

Our choice of words regarding anxiety significantly impacts our mental state. Using negative expressions like "I have anxiety" or "my anxiety" can sustain and intensify irrational anxiety. By adjusting our language to more positive or neutral terms, we can change thought patterns and reduce anxiety. Negative self-talk has a greater influence than many realize and heavily contributes to persistent anxiety.

It is unhelpful to take ownership of anxiety, as it is not an inseparable part of our identity. Instead, we should view it as a temporary chemical reaction in the body. The wait for anxiety-reducing medication can feel long, and the time could be used more constructively. A challenge arises when a medical diagnosis is required to obtain medication, which can create a conflicting experience: the patient is told they are not ill, while the diagnosis suggests otherwise. Ideally, diagnoses should be avoided in the initial stages of treatment.

The experience of anxiety is unique to each person, but the feeling of anxiety is the same for everyone, regardless of cause or diagnosis. Irrational anxiety cannot be separated from the fear of further anxiety, as this fear drives our reactions. Instead of seeking help based on the cause of the anxiety, we seek help to alleviate the discomfort anxiety creates. Understanding where the fear of more anxiety originates is crucial. We will address this later.

Our memory holds many beliefs and assumptions that influence our reactions. These beliefs create an illusion that something threatening will happen, even when it is not the case, leading to an expectation of experiencing anxiety again in previously anxiety-filled situations. As a result, many avoid these places, not because they are dangerous, but because our memory signals they are.

Imagine a situation without memories of past anxiety. Would it be possible to move freely in such areas? The answer is yes. Without memories of the past, we could navigate freely and without fear. This applies whether you are in supermarkets, buses, cars, open spaces, or schools. The truth is: memories of past anxiety are the source of the problem. Anxiety does not arise because of the situation itself, but because of the fear of experiencing anxiety in that context.

Anxiety has a protective function that can make us stay home because it feels safer. Anxiety about anxiety can bind us to the home as a protective mechanism, which can be traced back to the panic that occurs during the first panic attack. Although panic is common, it is not rationally appropriate.

Anxious thoughts form unconsciously from memory, making them difficult to consciously influence, and we cannot have two thoughts simultaneously. Documenting thoughts does not change them the next time they arise.

Beliefs, on the other hand, can change other beliefs, as they are more fixed memory images. They are stored in our memory, like belief in a god or political views, which are difficult to change. Negative beliefs such as "I am ill" or "I suffer from anxiety" are irrational but can be changed over time with persistence.

Anxiety is primarily triggered by the limbic brain, which can only register and react, not think.

Rational anxiety is activated when danger is detected by structures like the amygdala, which explains why anxiety always has a trigger. Irrational anxiety, on the other hand, is initiated by thoughts, and when these thoughts stop, the anxiety disappears. Pain functions in a similar way; we forget it when it's gone. The same applies to anxiety. No one talks about anxiety when it's no longer a problem. That's why we don't see anxiety-free groups online. The need isn't there when anxiety no longer dominates.

Treatment methods won't be effective unless you change your belief about being ill or having anxiety. Once we've experienced irrational anxiety, it affects our beliefs. Although anxiety isn't dangerous, the brain interprets it differently due to reactions like panic and fear. Past reactions are retained as the correct way to handle situations, and the first experience of anxiety becomes a template for future reactions.

The brain doesn't distinguish between rational and irrational anxiety; it simply reacts to perceived danger signals. Even a thought about an anxiety-inducing situation, like an exam, can trigger a strong reaction. Imagine a person experiencing anxiety for the first time during an exam. The intense fear and panic are stored in memory as a negative experience. At the next exam, this reaction can be automatically triggered because the brain has learned that it is appropriate. In fact, just the thought of a future exam can trigger similar symptoms.

To manage this anxiety, visualization can be effective. A simple A4 sheet with the text "I am not ill" can serve as a tool to shift focus and remind you that you are healthy in anxiety-provoking situations. It's recommended to place the sheet visibly with exam materials so it's accessible during the exam. Holding the sheet in your hand can provide extra reassurance. It's a good idea to start using this sheet several months before the exam, so you gradually become aware that your worries are just a flurry of thoughts and not a real illness. Many may be skeptical of this method, so it's important to try it to experience its effect. The goal is not to activate the memory's stored anxiety "images," and this is done by changing focus.

Next time you leave your home, you can try the technique. Hold a note in your hand that says, "I am not ill," while you, for example, go shopping. Through our research, we tried many phrases from cognitive therapy, but they didn't address the anxiety directly. When we introduced "I am not ill," we experienced significant results. The phrase is powerful because it directly contradicts the perception of anxiety as an illness. "I am strong," "I can do this," etc., do not.

If one is not ill, how can one have anxiety? The phrase needs to be tried to understand its strength. It's difficult for many to use at first because it contradicts being ill with anxiety. Try saying, "I am not ill, but I have anxiety." It doesn't make sense.

It's important to shift attention away from anxiety thoughts. A note in hand is an effective method for this. The time you spend repeating the phrase helps avoid scanning the body for symptoms. The method doesn't change your thoughts directly but your belief that you suffer from anxiety. Saying "I am not ill" will, over a short time, remind you that you are healthy and help shift focus from anxiety thoughts. By communicating to yourself that you are not ill, you indirectly signal that you do not suffer from anxiety, as anxiety is perceived as an illness. The phrase works really well. Much more on these changes later.

Our techniques focus on changing the perception of anxiety or illness and emphasize that thoughts do not hold significance. Once this mindset is accepted, thoughts will diminish, reducing symptoms and consequently the fear of anxiety itself. When the main issue is addressed, other problems typically follow suit.

Our technique differs from other cognitive approaches by being applicable both at home and outside, around the clock. It is always available and with you. This represents a new approach to anxiety treatment. Often, we learn the theory at home or in therapy but forget it

the moment chemistry takes over. Our method helps maintain focus. Make sure to always carry a note with the text "I am not sick" when you leave home. A concrete reminder can be invaluable when symptoms arise.

We explore how irrational anxiety can be managed by increasing awareness and implementing simple, effective strategies. A powerful method is to engage in physical actions at the slightest symptom of anything, as it will quickly burn off the chemistry of anxiety. Simple on-the-spot jumps work well. A note with the message "I am not sick" can change thought patterns and bring us back to the present.

Research shows that physical reminders can stabilize emotions and reduce anxiety (Rachman, 1990). By combining this technique with awareness of surroundings, we can make it harder for anxiety to trigger. Your phone can also play a role. Consider setting "I am not sick" as your phone background to reduce anxious thoughts. Next time you go out, try taking a note with you. This simple step can provide control and strength, reducing irrational anxiety.

Chapter 13: Understanding Anxiety During Doctor Visits

Anxiety can feel overwhelming, especially when it arises suddenly without an obvious cause. To better understand potential triggers before contacting a doctor, it can be helpful to ask yourself reflective questions: What has recently happened in my life that could have contributed to the anxiety symptoms? What stressors have triggered the symptoms? Have I experienced sudden illness? Could this be a natural protective mechanism of the mind? Is it the result of prolonged negative speculation? Why do I feel the need to consult a doctor? What are my thoughts on the situation?

These reflections can help identify possible causes and ease communication with healthcare professionals. It is important to understand how thoughts can create anxiety. Negative thoughts often generate more negative thoughts, as the brain seeks confirmation of the current emotional state. When a person experiences anxiety, the brain typically finds additional worries to confirm this feeling. This explains why it can be difficult to think positively during anxiety. The brain can become trapped in a vicious cycle of negative thoughts and physical reactions, making anxiety a self-fulfilling prophecy. Repeated anxious thoughts can trigger the same unpleasant chemical reactions.

To create change, it is important to challenge existing beliefs about anxiety as an illness. Just as negative thoughts can keep you in an anxious state, positive thoughts can create a more optimistic future. Our approach is designed to support this process.

Anxiety has been regarded by philosophers like Kierkegaard and Freud as a natural part of life that everyone can experience. They did not see it as a disease but as an integral aspect of human existence. This perspective suggests that anxiety can be a reaction to circumstances that require attention and understanding. It raises the question: Should irrational anxiety always be treated, or can it sometimes simply be understood and accepted? Which perspective is more justified—the philosophical, the psychiatric, or perhaps a more modern view? Could it be that anxiety represents something we fail to acknowledge due to our disease-oriented approach?

Chapter 14: The Beliefs of Anxiety and the Fear of More Anxiety

The belief that one suffers from anxiety can, in itself, trigger symptoms. There are both positive and negative beliefs, with anxiety typically perceived as negative. Many people, including myself for many years, have held an unfortunate belief about anxiety. It is important to understand that this belief does not necessarily reflect reality. Anxiety is linked to our perception of our condition, and changing this perception can be challenging. Although recognized methods for treating anxiety focus on changing and restructuring our thoughts, I have found that it is the belief about anxiety that has the most significant impact on our well-being. This belief can evoke feelings of illness. How can one overcome anxiety when constantly feeling anxious and unwell?

It is not new that even the most ingrained beliefs can be challenged and changed through new information or insights that can alter our perspective. The more time one invests in creating a new, positive belief, the less time is spent focusing on anxiety. However, it should be emphasized that the brain is not easily convinced of the absence of anxiety, which is why it takes time to establish new, positive beliefs about one's health. Regardless of what one believes, it is possible to be convinced of the opposite. This depends on the time and method used.

A significant characteristic of beliefs is that they do not need to be objectively true to influence our convictions. Our perception creates beliefs and determines their validity. I have identified two central beliefs about anxiety.

The first is that anxiety is considered a disease. Here, one perceives oneself as ill and believes something is wrong. The symptoms of anxiety are seen as the result of a disease.

The second belief is that anxiety is a feeling and not a real disease. In this case, one does not consider oneself ill and finds nothing wrong. Anxiety is perceived as a feeling and a state rather than something one has or is, and the symptoms are viewed as a result of irrational thoughts about anxiety.

Which belief one chooses to hold significantly influences one's perception of anxiety. Neither of these beliefs is scientifically proven, although some argue that the first is.

Treatments and diagnoses for anxiety are based on assumptions rather than solid science, making it up to the individual to decide whether they believe they suffer from anxiety. The choice affects our approach to managing anxiety.

Over time, the beliefs about anxiety creep into our consciousness as quiet truths. Receiving a diagnosis, taking medication, or visiting a psychologist can unconsciously convince one that they are ill. Many wonder about the need for treatment and medication if there is no actual disease, which can lead to the conclusion that one must be ill.

Anxiety is not considered a specific disease, although it is treated as such. The diagnosis is given as an anxiety disorder because anxiety, at its core, is a feeling that triggers a physiological response. It is our thoughts and beliefs that can create illness or distress, not the anxiety itself. The unpleasant feeling of anxiety and its symptoms can lead to a belief that something serious is wrong or that one is losing one’s mind. However, it is important to remember that you are neither dying nor going insane.

Chapter 15: Fear of Anxiety (Agoraphobia)

Fear of anxiety, or the fear of experiencing anxiety, arises after previous unpleasant experiences with anxiety symptoms. Agoraphobia is an intense fear of open or public places where it may be difficult to escape or get help. Fear of anxiety is a fear of future anxiety symptoms. The problem lies in the thoughts and perceptions associated with the possibility of experiencing anxiety again. Negative thoughts about anxiety prevent us from confronting it, making exposure therapy challenging.

It can be helpful to consider how our perception of anxiety symptoms affects our fear. Fear of anxiety is a belief that can be changed. It creates anticipatory anxiety, as we fear that the anxiety will return. To explore your own beliefs about anxiety, you can perform a simple exercise.

Read and repeat the following statements several times:

- *I am not sick*.

- *There is nothing wrong with me*.

- *I do not have anxiety, but challenges*.

- *I feel healthy but challenged by irrational anxiety thoughts*.

If you can say these statements aloud and truly mean them, it is a step towards reducing your anxiety over time. If this is not possible, it may indicate strong beliefs about anxiety

that can amplify your symptoms. Experience shows that many unpleasant symptoms can be reduced when one accepts that they are not sick. By repeatedly telling oneself that they are healthy, one can begin to soothe the negative beliefs that create anxiety. It is important to see the fear, or the fear of anxiety, as the real problem, rather than the anxiety itself.

Chapter 16: Our Thoughts and Feelings

Emotions are complex psychophysiological experiences that arise through our interaction with the environment. They respond to our thoughts and behaviors and can be defined as reactions to both internal and external stimuli. There are four primary survival emotions: nervousness, fear, anxiety, and feelings of being scared. Nervousness and fear function as warnings, while anxiety and feelings of being scared motivate us to act. In addition to these basic emotions, we also experience a wide range of other emotions such as joy, anger, hatred, and sorrow. These emotions arise as a result of the release of chemicals in the body, including dopamine, cortisol, and adrenaline. Without these chemicals, our ability to experience emotions would be severely limited, as they form the foundation of our emotional reactions.

Humans' biological predisposition to selective attention can intensify anxiety by focusing on anxiety symptoms while ignoring other stimuli. This can lead to an unchecked development of anxiety-related thoughts. It is important to understand that our thoughts have a direct impact on our emotions. For example, thoughts about vomiting can cause nervousness, which can escalate to fear and eventually anxiety. Saying "I have anxiety about vomiting" reinforces the feeling that something is wrong. A more accurate description would be "I am nervous about vomiting."

The brain operates through three primary types of emotions: rational, emotional, and instinctual feelings. Rational feelings help regulate emotional feelings such as anger and sorrow. Instinctual feelings, like anxiety, are automatic reactions that cannot be controlled by rational feelings. Research suggests that men generally display fewer emotions, which can be attributed to genetic predispositions, while women more often react to their emotions. This may partly explain the higher prevalence of irrational anxiety among women.

Regardless of the emotions we experience, they result from the release of chemicals in the body, even in mild everyday situations and intense anxiety symptoms. Emotions exist solely because of this biochemistry.

Thoughts are complex chemical processes in the brain that occur unconsciously and can disappear quickly, making them difficult to remember. They are unique as they are shaped by our individual awareness of the world. We have both conscious and unconscious thoughts, where the conscious ones can act as a barrier against anxiety, but most remain unconscious.

Many people experience periods without anxiety when they are deeply engaged in other activities. For example, counting from one hundred to zero or moving both little toes simultaneously can make it difficult to have anxiety-filled thoughts. This shows that anxiety only arises when we give it space.

Thought patterns tend to build on each other. When we think of one thing, more thoughts follow quickly. This is a challenge with anxiety; once we start thinking about it, the thoughts continue in that direction. Rumination accelerates because negative thoughts have a faster cycle than neutral ones.

As we read, the brain constantly forms thoughts about the content and evaluates it against our beliefs. This can lead to agreement or disagreement. If we strongly disagree, we may want to stop reading, but that can prevent us from learning something new. Confronting disagreeable information is part of the learning process that protects against misinformation.

When we say, "I am not anxious," the brain rejects the statement because it has evidence to the contrary. We experience our thoughts as real and react to them. The content depends on our current emotional state. Thoughts are context dependent.

As mentioned, there are several types of thoughts: consciousness and unconscious, with the latter making up about 90% of our thought content. We generate around 60,000 thoughts daily. Thoughts are formed from memory, emotions, imagination, reactions, and previous thoughts. Past thought patterns influence future thoughts until the underlying issue is resolved.

Breaking the negative spiral of anxiety requires awareness and practice. By stopping negative thoughts, we can reduce anxiety, lessen depression, and alleviate stress. This process is possible but requires time and effort.

Our thoughts directly affect our emotions and create reactions. A thought about a loved one can fill us with joy, while memories of loss bring sorrow. Thinking about someone who has irritated us can make us feel anger. These emotions are manageable. When we think about anxiety, fear arises, which can quickly trigger an overwhelming reaction. Fear cannot be controlled once it is felt.

It is difficult to hold a single thought for an extended period, as thoughts constantly shift with our current situation. When we experience anxiety, it can create a self-reinforcing cycle, where small, fleeting anxiety-related thoughts develop into a persistent stream of worries. Each new thought builds on the previous one, and soon we are trapped in a labyrinth of anxiety.

It's important to understand that anxiety symptoms are often linked to past experiences that resurface in the present. These memories can influence our future and create a

feedback loop of negative thoughts. For instance, a negative experience at work can lead to morning anxiety, affecting the entire day.

It's fascinating to observe how thoughts come and go, especially in the quiet moments before sleep, when the brain processes the day's impressions and decides which to store in memory. When we reflect on the future, we use memories from the past as reference points. Thoughts can consist of mental images, scents, and sounds from things that aren't physically present but can still be visualized.

If thoughts become too intense, the brain's rational functions are activated to assess their validity. This ability to control our actions and emotions is crucial for our mental health. Negative thoughts are a normal part of the human experience, as our brains often focus on the negative as a protective mechanism. If we only registered positive thoughts, we might overlook important warning signs.

When we're in love, we might overlook negative traits in our partner, which only become apparent later. Negative memories are stored in memory as protection against repeating past mistakes. Anxiety thoughts stem from unconscious beliefs about our fears.

We can't stop thinking; our thoughts are a constant stream. But we can learn to steer our conscious thoughts in a more positive direction, which can influence our unconscious thoughts.

When we experience anxiety, negative memories are automatically activated, reinforcing our worries. It's important to understand that we can guide our thoughts in a more constructive direction. Although it can be challenging, it's possible to learn to focus less on anxiety. This requires support through verbal and visual affirmations, which we at Generation-Anxiety call Cognitive Conviction Technique (CCT).

Imagine no longer dwelling on anxiety. It may seem utopian, but with the right approach and tools, it can become a reality. By applying CCT, you can process your beliefs about anxiety and change your experience of it.

Chapter 17: Avoidance Behavior and Entrapment: The Path to Imprisonment

When I talk about "imprisonment," I think of the isolation many experience at home due to anxiety. Anxiety often triggers avoidance behavior, which can be one of the most challenging aspects of irrational anxiety. I lived with this behavior for many years without being aware of it. **It's important to understand that anxiety and avoidance behavior are linked; they rarely exist without each other**.

But why do we develop avoidance behavior? It's the body's natural defense mechanism. When we experience anxiety in a place, the brain registers it as a threat and stores the experience as dangerous. This can happen anywhere; for example, if you've had anxiety symptoms in a gathering or a supermarket, you might start avoiding these places. The problem is that when we avoid these situations, we confirm to our brain that they are dangerous. Over time, this can lead to avoiding almost everything, and I can relate to this, as I lived like this for nearly 40 years.

Avoidance behavior is a significant challenge and can be difficult to break free from. An overlooked consequence of our anxiety behavior is entrapment. It often occurs when a doctor prescribes medication without sufficient information about the anxiety condition. This can lead to a fear of forgetting the medication, creating a medication prison. Entrapment stems from a lack of understanding of the mechanisms that affect us.

It is essential to remember that anxiety is a state, not a disease. Only you can break this hold. Psychological entrapment can only be overcome through rational thoughts and reflections. Unfortunately, entrapment is rarely mentioned by professionals, but it is a vital part of the anxiety issue.

Consider: How often do you choose to stay home to avoid triggering symptoms? And how quickly do you turn back if you've forgotten your medication? Understanding these mechanisms is an important step toward breaking the cycle of avoidance behavior.

Chapter 18: Anxiety, the Forbidden Word

Anxiety is not something you have or are, even though it may be tempting to use the word that way. It is a concept we have created to describe unpleasant feelings, often triggered by adrenaline. The word "anxiety" carries a negative connotation, which can make it difficult to maintain a positive outlook when we experience it. This term evokes negative associations that we have linked to various problems.

A common misconception is to refer to irrational anxiety simply as "anxiety," which can confuse and amplify the experience. It is important to understand that anxiety should signal a rational reaction, but this is rarely the case in everyday life. Many experience anxiety repeatedly due to the way we talk about both anxiety and us. Therefore, it is crucial to create a positive internal narrative, as negative self-talk can unconsciously reinforce anxiety.

It is not necessary to prepare for future anxiety by using the word "anxiety." If you feel the need to refer to it, you can phrase it as "the irrational anxiety I am experiencing right now" or "the irrational anxiety I feel at the moment." By using time-specific expressions, you limit anxiety to a temporary experience. It is important to understand that anxiety is not an identity. One feels, experiences, or senses anxiety.

Minimize the mention of anxiety unless necessary, such as during a medical consultation. Talking and thinking about anxiety can bring it to life. Imagine a situation without focusing on anxiety. Phrases like "I have anxiety" or "I am anxious" do not help if the goal is to become anxiety-free. Ideally, it would be best to avoid the word anxiety altogether and instead use "challenges."

Although "I don't have anxiety" could work as a positive affirmation, it can be difficult to believe at first. No matter how many times you repeat it, your body and thoughts may tell you otherwise. The subconscious part of the mind can quickly doubt when you deny anxiety, which can lead to increased focus on it.

The brain responds better to questions than to denials. Instead of saying "I don't have anxiety," it is more effective to ask questions like "What is anxiety?" "Why do I have anxiety?" or "When will the anxiety disappear?" This prompts the brain to think and seek solutions.

The brain perceives anxiety as a feeling. When talking about anxiety, you can use phrases like "I am challenged by my thoughts" or "I have challenges with my thoughts as they create unpleasant feelings." By changing the way we talk about anxiety, we can more easily manage it as a temporary reaction that we can learn to control. The amygdala reacts to signals without understanding thoughts.

The amygdala constantly monitors our environment for potential threats. When we experience anxiety, it triggers an automatic fear response that motivates us to act.

It is important to understand how anxiety can affect our behavior and well-being. When we experience irrational anxiety without any real danger, our body can react in a confusing way. The expected reaction doesn't occur, which can lead to further confusion and discomfort. Our body and mind can become even more anxious because they don't understand why we aren't reacting as we "should." It's not uncommon to become more afraid of the feeling of anxiety itself than of the situation that triggered it. This can lead to a vicious cycle where the desire to avoid anxiety becomes more prominent than the desire to confront the triggering situations.

To break this cycle, it's crucial to change our internal dialogue. Instead of saying we "have" or "are" anxious, we can phrase it more neutrally by saying, "I am experiencing a chemical reaction." This approach can help us distance ourselves from the anxiety. Understanding anxiety as a chemical reaction is also supported by research in psychological and neurobiological fields.

What would you rather say to yourself?



Remember: The language we use about ourselves shapes our entire internal experience.

I can guarantee you that you will not experience more anxiety by using the phrase, "I am not sick." The same cannot be said for the other phrase.

Chapter 19: The Causality of Anxiety

The brain learns what you do many times.

Everything has a causal relationship. We talk about anxiety as a disease, something one "has," that "comes," and must be "treated." But we rarely ask: How does irrational anxiety actually arise? That question is about causality, not how it feels or how one reacts, but what truly causes the anxiety. Without a clear causal chain, we risk treating symptoms and misinterpreting, ending up with an incorrect model.

Causality is about cause and effect. When we say, "I have anxiety," we really mean that something is causing our body and psyche to react intensely. But what is this "something"? Illness, genetics, chemistry, or upbringing? The healthcare system can only guess, as no one can point to a clear, measurable cause.

Our misinterpretation theory offers an explanation: Anxiety arises when the body reacts to a misunderstanding. The causal chain is as follows: You feel a physical signal, interpret it as dangerous, the amygdala perceives it as a threat, adrenaline is released, and you experience symptoms, which you also interpret as dangerous. Anxiety arises.

It all begins with an erroneous meaning you assign to a signal. There is no chemical error, genetic defect, or mental disorder, but a causal chain that starts with a misinterpretation. This theory can be tested by asking people what they felt before the anxiety, what they thought it meant, and what happened afterward. Anxiety never arises "out of the blue." There is always a preceding signal, a thought, and a reaction. This causal chain is important because it can be changed.

The disease model hides the causes. When we say, "It is a disorder," we stop at the diagnosis. The disease theory says that anxiety arises due to something wrong within you, like a chemical imbalance, genetic vulnerability, congenital brain dysfunction, or an

uncontrollable mental disorder. The problem is that the disease theory does not explain what triggers anxiety in each specific case. You are simply told, "that's how it is, you have a disorder," without a concrete causal chain or explanation of why the anxiety starts right now.

The Misinterpretation Theory, on the other hand, provides you with a map of your experience, allowing you to see each step, stop the spiral, and act. The Disease Theory removes this map, giving you a diagnosis and treatment but never a concrete explanation of why anxiety begins. Therefore, the Disease Theory leads to powerlessness, while the Misinterpretation Theory offers insight and the possibility of action. If you understand the Misinterpretation Theory, anxiety becomes an understandable consequence of a misreaction that you can learn to change. When you see the chain of causation, you can stop it and alter the reaction, so anxiety is no longer something you "have," but something you once misunderstood.

The Disease Model prevents us from asking what really happened within you, and we begin treatment without understanding. Without knowing the cause, we cannot solve the problem. When you know the causality, you regain your power to act.

When you understand that it was a misunderstanding of a signal, something important happens: You stop being afraid of the signal, the amygdala is not activated, adrenaline is not released, and new symptoms do not arise. The anxiety does not occur.

You are never trapped by anxiety if you know the mechanism. Anxiety is not mysterious or "something that just happens." It is an understandable and predictable chain reaction that you can influence, stop, and reverse. But only if you dare to ask the crucial question: What creates my anxiety, and where does it start? When you see it clearly, you understand that the answer is not medication, but causal clarity.

It is easy to substantiate the Misinterpretation Theory as opposed to the Disease Theory. But no one is interested. And unfortunately, this leaves all anxiety patients with false hopes for many years into the future, something I experienced myself for 38 years, as the system does not easily change regardless of patient safety considerations.

Chapter 20: At the Doctor

When you first experience irrational anxiety, it can feel both intense and overwhelming. The first step towards managing this anxiety is simple: Visit your doctor to rule out a physical cause. If the doctor confirms that you are physically healthy, you can take a deep breath and relax. It was not a heart attack, not a neurological disorder, and not a serious illness. It was merely a chemical process in your body, triggered by your own interpretation of the body's signals.

When the doctor considers diagnosing anxiety, it is important to reflect on whether it is the right step for you. For the doctor, it may seem like a logical decision, as that is what they are trained to do. But research shows that diagnoses can worsen anxiety, as they can cement an identity as an "anxiety sufferer." This identity can lead to a constant focus on the anxiety, which intensifies the experience of symptoms. Statistically, anxiety can worsen after a diagnosis, not because the diagnosis itself creates anxiety, but because it changes one's self-perception. You go from being a person who has experienced harmless irrational anxiety to being a person with an "anxiety disorder."

The most important thing is to determine whether you are physically healthy. If so, there is no reason to worry, as the discomfort is due to misunderstandings. If the doctor talks about "effective treatments," you should ask for documentation. Ask if there is evidence that previous patients with anxiety have become free of anxiety through these treatments. If medication is suggested, ask for documentation that it will make you anxiety-free. If the answer is no, ask about the real likelihood of becoming anxiety-free. The doctor may mention that treatments do not work the same for everyone, which is often used as a reassurance.

Remember, medication only alleviates symptoms and is not a cure. There is no medical cure for irrational anxiety because it is not considered a medical illness. If there were a cure, people wouldn't be taking medication for years without relief.

When you leave the doctor's office with proof that you are physically healthy, the next step is to find peace in knowing you are not sick but have misunderstood the body's chemical processes.

How do you handle future anxiety symptoms? Remind yourself that you are healthy; your brain will try to convince you otherwise, but you have the doctor's evidence. Avoid analyzing the symptoms; the more you focus on them, the stronger they will feel. It can be challenging when anxiety symptoms take over your thoughts, but if you let go of the fear, the anxiety will subside, as it only persists through your attention.

It's important to remember that you can be free of anxiety again. You've been there before, so it's natural to rediscover this state. Doctors often focus on treating irrational anxiety, even though it is a side effect of another underlying issue. Unfortunately, this issue is often overlooked in favor of symptom treatment.

Many professionals look for signs of illness in anxiety because that's their training. But as a patient, you seek explanation and solution to avoid more symptoms. It's natural to ask questions like: "Why did I experience anxiety the first time? Why do I have anxiety now? Why do I feel sick? Why is it so uncomfortable?" These questions should form the basis of treatment.

Diagnoses, genetic predisposition, or chemical imbalances are less relevant to the fundamental problem, the discomfort.

It's not effective to prescribe medication that might work in six to eight weeks when patients need immediate help.

The interesting thing about irrational anxiety is that it follows a pattern for everyone. It starts with an apparently innocent event, a bodily signal like chest tightness or dizziness. For many, these signals are harmless and disappear on their own. But for some, a serious misinterpretation of these signals can occur, leading to a vicious cycle of irrational anxiety.

It is the repeated misinterpretations of bodily signals that are the primary cause of persistent anxiety. This understanding has significant implications for the treatment of anxiety. If anxiety is maintained through misinterpretations, it is necessary to focus on correcting these. Research shows that it's about accepting that bodily signals can be uncomfortable but are natural and harmless.

Next time you experience a symptom, remember that it is natural and harmless, just a part of the body's chemistry. Regardless of the form of irrational anxiety you experience, it is crucial to understand the mechanism: the misinterpretation of bodily signals.

Imagine a typical consultation with the doctor: You arrive after experiencing anxiety symptoms. After an examination and discussion of your symptoms, as well as an anxiety test, you receive a diagnosis and perhaps a prescription for medication or an offer of other treatment.

An ideal consultation. Imagine the doctor saying: "Yes, you have experienced irrational anxiety symptoms. But there is no need to worry. What you have felt is the body's chemistry, which can feel uncomfortable. This feeling is what we call anxiety. We can rule out that you are sick. What you have experienced is just a natural reaction."

The problem is that this experience is now stored in your memory because it was so unpleasant. It's important to stop the negative thoughts about anxiety before they become a problem. Let's work on releasing your anxiety memory. Remember, it was only stored because you reacted inappropriately to the anxiety state created by adrenaline and other substances. Your brain perceived it as a negative reaction, which it is programmed to remember. I hope I've reassured you.

The first step is to understand that you are not ill. It's crucial that anxiety memories do not take over your thoughts. Tell yourself that it was just the chemistry of anxiety that confused you. Now try repeating: "I am not ill. It was just the chemistry of anxiety that tricked me because of the discomfort." It's okay to say this because you are demonstrably not ill, just challenged by the discomfort of anxiety.

How does it feel to say that? Was it difficult? It can be challenging at first to believe that you are not ill. I understand that. But I assure you, there is nothing physically wrong with you. It's important to understand that you are not ill, but rather challenged by the discomfort of anxiety, just like many others with anxiety symptoms. We all react the same way to anxiety with a fear of recurrence, which is completely normal.

If you start to believe that you are ill because of the anxiety, it will be harder to convince yourself otherwise later. Therefore, it's crucial to acknowledge that you are not ill, but emotionally challenged by the chemical discomfort that anxiety creates. I can assure you that it is possible to change this if you follow my advice. When you get home, consider making posters with the text "I am not ill" and hang them in visible places in your home. This will help you think less about anxiety, as you actively push anxiety thoughts into the background.

We only think about anxiety because the discomfort made us feel ill. When you focus on anxiety, the discomfort is felt, so it's important to approach it rationally. It's about convincing ourselves that we weren't ill after all. Since the discomfort can be overwhelming after an experience, the phrase "I am not ill" will be helpful. For the future, the most important thing is that you leave here with one clear thought: "I am not ill. It was just the anxiety I felt as chemical discomfort." If you can repeat this to yourself, you will find that the anxiety diminishes over a short period, especially since you are in the early stages of your journey.

The doctor continues: This method is not necessarily recognized in the established treatment system, as it does not include medication or therapy. It's important to mention that even doctors can experience irrational anxiety. If you are unsure whether what I've told you will work, I can prescribe medication for a limited period. As you may have heard, this is normal, and it can help you feel more secure. However, be aware that the medication can take up to two months before you experience an effect, and the effect is not guaranteed. It's also important to consider the possible side effects and how many of them you are willing to accept.

I recommend that you spend the next two months convincing yourself that you are not ill, as I have described. Make the posters and incorporate the verbal use of the phrase "I am not ill" into your daily life. Over time, your anxiety thoughts will likely disappear because you no longer trigger them. If the posters and the phrase have no effect after two months, you can continue with the medication until we schedule a new meeting. I hope the medication will have a positive effect on you within this period.

If it turns out that none of the mentioned methods provide the desired effect, you might consider recognized cognitive methods. However, it is important to note that these are self-funded and can have long waiting times, especially with psychologists and private

psychiatrists. Therefore, it is crucial to assess how severe you perceive your anxiety challenges to be.

I encourage you to call me once a week so I can keep track of how things are going. If you need it, we can also have a deeper conversation about the anxiety and the challenges it brings. You can book a new appointment when you leave, or we can have an online consultation. Before you go, I will give you a new informational brochure about anxiety, which contains all the knowledge I have outlined here. It will be very helpful if you read it multiple times.

Our Memory

Memory is one of the brain's most essential functions and plays a crucial role in our daily lives. It enables our ability to learn, remember experiences, and navigate our surroundings. Through memories, we can reflect on experiences and adapt behavior in future situations, creating security and predictability in life.

When it comes to anxiety, memory can exacerbate the problem by recalling unpleasant experiences, creating a vicious cycle of negative thoughts and reactions. A simple model illustrates this cycle: Anxiety → Memory → Thoughts → More Anxiety. This model shows how memory maintains anxiety and underscores the vicious cycle. Although it may be tempting to "erase" memories, it is important to understand that memory cannot be directly erased.

Forgetting is a natural process that helps us prioritize information by allowing less relevant memories to fade over time. When we do not focus on anxiety-related memories, they gradually lose their strength and place in memory.

Repetition is a key factor in how memories remain active. The more often we recall an experience through thoughts, the more ingrained it becomes in memory. Working with stored anxiety experiences in memory is therefore crucial. The longer one has suffered from anxiety, the more ingrained these memories become, making them harder to change. When you read an article, you may only remember a fraction of the content, but with repeated reading, the information becomes more permanently stored in long-term memory. This process, known as learning, also applies to reactions to anxiety.

We have an inherent memory defense mechanism that protects us from changing learned negative memories, such as the belief that snakes and lions are dangerous. This mechanism makes it challenging to change the negative memories associated with anxiety. After a long time with anxiety, it may seem impossible to imagine being free of anxiety, especially with many memories of past anxiety experiences.

Memory functions through two fundamental systems: conscious and unconscious memory. These systems constantly work together and form the basis of our experiences, thoughts, and feelings, including anxiety. The conscious memory is the part we can actively

think about, recall, and analyze. When we think about a vacation or reflect on an experience, it is the conscious memory that is active. Everything we think, read, write, or talk about is stored here and can be retrieved later.

Psychological research shows that by processing our memories, we can change the brain's response to anxiety situations. It's about taking control of memory and creating new, positive connections that replace old, negative patterns.

The unconscious memory stores experiences and reactions that we are not aware of and operates automatically. When we experience anxiety, these feelings are stored in the unconscious memory, meaning that even forgotten situations can affect us. This memory is responsible for unconscious anxiety thoughts that influence our emotions and bodily reactions. The symptoms of anxiety stem from an unconscious thought process that can become conscious and explain our reactions.

As long as we focus on anxiety, our conscious memory will continue to create unconscious anxiety experiences. The most effective way to break this cycle is by stopping conscious anxiety thoughts. By avoiding thinking, talking, reading, or writing about anxiety, the brain will stop storing new anxiety experiences, and the old anxiety thoughts will fade over time.

Memory can be divided into three types: sensory memory, short-term memory, and long-term memory. Sensory memory records impressions from the senses for a short time. Only a small portion of these impressions is registered, depending on our attention, and transferred to short-term memory. Short-term memory acts as a temporary storage unit where information can be lost or replaced unless it is repeated and given meaning, which transfers it to long-term memory. Working memory, a part of short-term memory, helps process new information in collaboration with long-term memory.

Long-term memory stores information for hours or a lifetime and contains knowledge, memories, and skills. Information from short-term memory typically activates known knowledge in long-term memory, which has an enormous capacity to store information.

When we experience anxiety, sensory memory records the initial feelings and muscle movements, which are stored in short-term memory. Working memory then searches long-term memory for similar experiences. If previous anxiety experiences are stored, the new situation is also stored there. This can be complex, as long-term memory can reinforce the fear of repetition, making it difficult to let go of anxiety.

When we assess whether we have experienced something similar before, this memory is retrieved and influences our current thoughts. If anxiety were only stored briefly, it might be less burdensome. However, the body's panic reaction is perceived as a threat and is therefore stored in long-term memory. Memory is crucial for anxiety experiences, as past memories can trigger anxiety.

The feeling of anxiety is activated by the amygdala in the face of potential danger, while other parts of the brain determine the reaction and which aspects should be stored. Elements of the anxiety experience are stored in both the amygdala and the hippocampus.

Our memory does not record everything, as it is constantly changing. It consists of networks of nerve cells that develop, meaning that memory is not static. When we recall something, information is retrieved from different areas of the brain, but changes in neural pathways can mean we do not have an exact reproduction. The brain makes an educated guess based on available information.

This dynamic is important in the treatment of anxiety. The brain's ability to form new neural pathways makes it plastic and capable of change. Experiential and learning memory are located in different areas, ensuring the preservation of learned material. When we recall an experience, memory can be altered by new neural pathways, which can lead to original experiences changing or being forgotten. We constantly reconstruct our memories, including anxiety experiences.

Negative thoughts can create persistent false memories that overshadow actual experiences. Research indicates that the brain often stores more negative than positive experiences as a protective mechanism. By systematically altering our memories of anxiety, we can reduce anxiety levels and, over time, completely "forget" the anxiety. Individuals without irrational anxiety do not have such unpleasant memories.

Memory is stored as electrical impulses in the brain, creating internal images through connections between brain cells. When we think, these networks are activated, and we become aware of our thoughts or memories. When the thought disappears, the connections are turned off, meaning thoughts and memories only exist briefly. Our life experiences are influenced by the malleability of memory, so we only remember fragments of our experiences. As a result, we forget many things over time. The ability to form new memory networks explains why many people have numerous thoughts and memories about anxiety. Each time a new thought about anxiety arises, a new memory image is formed, which can lead to more thoughts on the same subject. These thoughts are also stored in memory. Therefore, it is crucial to stop the formation of anxiety thoughts entirely, rather than just altering them. By understanding this process, we can take control of our memory, and the experiences associated with anxiety. Research in neuroplasticity shows that changes in thought patterns can lead to a more positive and less anxious state.

Finally, a thought. Would we accept painkillers that take 4-8 weeks to work? So why do we accept this with SSRI medication, especially at the start of the most vulnerable period with the first anxiety experience fresh in memory, when quick relief is needed, not a lengthy and uncertain waiting period. A waiting period that will only reinforce the anxiety spiral.

Let's dispel the myth of a heart attack during anxiety. Almost everyone who experiences a panic attack misinterprets their heartbeat due to adrenaline. I did it myself the first time. But is it possible to have a heart attack during a panic attack, as it feels? Especially when you're young? Theoretically yes, but in reality, no.

The heart's perspective in anxiety. From bird to blue whale. From vertebrates to dinosaurs. From grams to kilos. Evolutionary: How old is the heart in the development of life? The heart is over 500 million years old. The first animals with something resembling a heart appeared about 500–600 million years ago, in early invertebrates. It wasn't a "heart" as we know it, but a primitive pumping organ that could circulate fluid throughout the body. The heart of fish (one atrium and one ventricle) developed around 500 million years ago, marking the beginning of the true heart in vertebrates. Amphibians and reptiles developed more advanced hearts with three chambers. Birds and mammals, including us, acquired a four-chambered heart about 250–300 million years ago, the most efficient system for separating oxygenated and deoxygenated blood.

Conclusion: The heart, as an organ, is not just old; it is one of nature's oldest and most well-tested inventions. So next time you feel your heart beating, remember: It's 500 million years of evolution that has refined it to perfection. The heart doesn't just stop on its own. Panic attacks or anxiety itself do not increase the risk of heart attacks. In fact, adrenaline makes it stronger. That's the process you're feeling. Consider this: The heart has already been beating for about 8 months before you were born. The heart came long before the brain, both in you and in evolution.

You can relax. What you're feeling is called pulse regulation, not heart disease. This very capacity is what makes the heart so efficient and reliable. It shows that the heart is in top form.

Chapter 21: Modern Anxiety

Labeling anxiety as irrational anxiety, as it truly is, can be a step towards reducing its impact. Today, most cases of irrational anxiety arise in response to challenges in modern society, rather than past traumas. It is the stress from our technological and social lifestyle that triggers anxiety, not necessarily childhood traumas that still need to be misinterpreted to trigger adrenaline. Which they cannot. It seems unlikely that approximately 350 million people worldwide would suddenly be afflicted with anxiety due to serotonin deficiency or other reasons within 25 years if anxiety were solely considered a disease. It is more likely that societal changes, including the spread of technology, have created new challenges that our psyche is not prepared for.

A challenge within anxiety research is that studies are conducted under the assumption that irrational anxiety is a disease. There are no studies exploring irrational anxiety without

the disease concept, which hinders progress in understanding anxiety. If we build treatment on a misunderstanding of anxiety, how can we expect effective treatments?

Many assume that treatment, especially long-term, is the key to overcoming anxiety. But what if the treatment and diagnosis actually reinforce the anxiety? Who suffers more: a person in years of treatment or one without treatment? The one in constant treatment often experiences greater anxiety intensity because the awareness of anxiety is maintained and reinforced through diagnosis and persistent attention.

The treatment constantly focuses on the anxiety, preventing the brain from "forgetting" it. When we are frequently reminded of our anxiety through therapy, medication, or self-help strategies, the perception that anxiety is a threat requiring concern is reinforced.

In contrast, a person without treatment experiences anxiety differently. Anxiety may come and go, but without a fixed perception of themselves as ill, anxiety does not hold the same power over their life.

I know this because I have experienced both sides. The time without an anxiety diagnosis was significantly better than after receiving a diagnosis in 1995, 16 years after my first attack. Without diagnosis and treatment, anxiety does not become a constant focus. Months or years could pass between anxiety experiences because the brain does not maintain anxiety through daily thinking and treatment. I lived with anxiety without making it a central issue.

When anxiety is not considered a disease, it appears as a temporary unpleasant experience rather than a lifelong affliction. Unfortunately, the statement that "what works for one person does not necessarily work for everyone" is used as an excuse for medical treatment and long-term therapy when it is ineffective.

Anxiety operates according to universal mechanisms in the brain. There is no "individual" biology requiring different solutions. Anxiety is a natural protective mechanism that is only sustained when we give it attention. Personally, I only experienced anxiety when I focused on it. After receiving a diagnosis, I was plagued by anxious thoughts almost daily.

Knowing what anxiety is led to many more worries than when I knew nothing about it.

Chapter 22: Is Anxiety a Disease?

Let's examine this:

I can briefly argue that the experience of irrational anxiety has nothing to do with disease or imbalances in the brain but is solely due to cognitive misinterpretations.

You have a serotonin deficiency or are genetically predisposed to anxiety. Suddenly, you feel some annoying bodily signals and subsequently experience a panic attack.

You do not have a serotonin deficiency and are not genetically predisposed to anxiety. Suddenly, you feel some annoying bodily signals and subsequently experience a panic attack.

Why do both experience panic attacks?

Because both were triggered by a cognitive misinterpretation of the initial bodily signals. The misinterpretation sent alarm signals to the amygdala, which activated adrenaline. It is the adrenaline you feel as the unpleasant symptoms that ultimately lead to a panic attack.

How can someone without a serotonin deficiency experience the same as someone with it? How can someone without a physical illness have the same experience as someone with it? What do all these scenarios have in common? Beyond illness or not, and serotonin deficiency or not.

A misinterpretation of the body's signals or symptoms. It is this cognitive misinterpretation that, as mentioned, sends danger signals and thus activates the amygdala. Not serotonin deficiency. Not a physical injury. Not a defect in the brain. None of these causes create or constitute a real threat to the amygdala and therefore cannot activate it, but a misinterpretation can and does.

The truth is that the experience of irrational anxiety cannot be a disease because it is an instinctive survival feeling. Just like rational anxiety. If illness could activate anxiety without interpretation, the amygdala would react to any physical imbalance, and the whole system would collapse. It does not. Therefore, the misinterpretation must be the triggering factor.

It would remove the entire purpose of anxiety and be life-threatening if anxiety could activate itself by or from illness. It is solely us humans who create that connection because we previously lacked a better explanation. The reality is likely that irrational anxiety was simply misunderstood in the past because we did not understand its purpose.

Irrational anxiety can be triggered inappropriately if we misunderstand what we feel. But it is still not a disease. It is still a normal alarm reaction, just triggered without reason that we did not understand.

Irrational anxiety is nothing other than rational anxiety without cause. It is the same physiological process; we have just given it two different names. But if one wants to pathologize one simply because one does not understand the cause, one must also pathologize the other. And that does not make sense.

Repetitions because they are important.

Most will not hear it. Even fewer will accept it. Anxiety is not a disease. If one is not open to this possibility, it will prevent one from becoming free of anxiety.

The problem is that the truth about anxiety can be harder to accept than the lie. Such is the strength of anxiety's conviction.

In this chapter, I will argue that irrational anxiety should not be considered a disease. I understand that this statement may seem provocative, but I encourage you to reflect on it after you have read further. I will explain the psychological mechanisms behind irrational anxiety and show how this understanding can ease the path out of anxiety's grip.

Anxiety challenges: Memory stores anxiety as a threat, the amygdala activates faster, anticipatory anxiety creates a vicious cycle, avoidance maintains anxiety, and discomfort challenges us mentally.

Irrational anxiety typically starts with a trigger that creates bodily signals. A situation in your life can trigger reactions such as stress, worry, or physical discomfort like dizziness, heart palpitations, or a sense of unreality. These bodily sensations are misinterpreted as dangerous. Instead of seeing them as harmless signals from the body, your reaction convinces your brain that there is a serious threat present. This can manifest as fear of a serious illness, fainting, loss of control, or similar.

When the amygdala reacts, it sends alarm signals to the body, resulting in physical symptoms such as intense heart palpitations, hyperventilation, trembling, sweating, and dizziness. These symptoms are often misinterpreted as life-threatening, which convinces the brain that there is a threat, leading to the first anxiety attack. What was not dangerous is now perceived as a real threat due to these errors.

It is crucial to understand that the initial misinterpretation of bodily signals is key to avoiding anxiety symptoms. The more frequently these errors occur, the stronger the connection becomes between the discomfort of anxiety and a sense of danger. Fear of the anxiety itself adds further complexity, as the memory of the discomfort intensifies.

This condition is not a disease but a result of the body's chemistry that induces discomfort if no physical action is taken. With rational anxiety, we typically act, which helps break down the anxiety chemistry. With irrational anxiety, this action is missing because there is no concrete danger to act upon. Without action, we panic over the discomfort created by adrenaline.

Although illnesses can create bodily signals like fever or hormonal changes, it is our misinterpretation of these signals that triggers anxiety symptoms, not the illness itself. Irrational anxiety persists only if there has been an initial misinterpretation of bodily signals, thoughts, or situations. Without this misinterpretation, the amygdala would not have learned that an anxiety reaction was necessary.

This highlights that irrational anxiety does not stem from a defect in the brain, a chemical imbalance, or a chronic disorder. Repeated irrational anxiety is a consequence of misinterpretations that have been reinforced over time. Anxiety can be unlearned, just as it was learned through misinterpretations. Repeated irrational anxiety cannot exist without an initial misinterpretation that made the experience dangerous.

If you disagree, consider your own experiences and how misinterpretations may have played a role in your anxiety. A serious consequence of the biological model of anxiety is that individuals without proper knowledge may believe they suffer from a chronic illness or brain disorder, leading to hopelessness and unnecessary fear. When people are told that their anxiety is due to a biological defect, they may mistakenly believe they will never overcome it and thus seek medical treatment instead of addressing their own misinterpretations, which in reality sustain the anxiety.

But why does repeated anxiety require an initial misinterpretation? The brain cannot fear something it has never experienced as threatening. Irrational anxiety arises and is maintained only if the brain has learned to associate certain experiences with a real threat.

A fundamental rule is to stop feeding anxiety with thoughts. The more we reflect on our anxiety, the more we reinforce it. When we try to fight it, we give it greater significance, and when we focus on it, it becomes more embedded in our memory.

Scientifically, anxiety is not classified as a disease, as it is a reaction to the body's chemistry and cannot be related to an underlying illness, no matter how intense the symptoms are. We believe that irrational anxiety should not be categorized as a psychiatric or medical condition, but rather as a psychological phenomenon that challenges us mentally and involves uncontrollable emotions.

Historically, anxiety has been considered a mental disorder because it is unpleasant, and many seek medical help. Irrational anxiety is a relatively new phenomenon that requires a new understanding and approach. It signals challenges or conflicts in our lives that require attention. Ignoring these can lead to the experience of irrational anxiety.

The paradox of irrational anxiety is that it both originates from and is sustained by our thoughts. Anxiety is a chemical state where the body reacts with a defense mechanism against discomfort. Therefore, anxiety diagnoses are classified as state diagnoses, not disease diagnoses. A state is temporary and cannot be maintained constantly. We cannot be anxious all the time, just as we cannot be perpetually angry or happy. Anxiety is merely one of these physical states that diminishes over time.

A challenge in understanding anxiety is the assumption that medication and therapy are the only effective treatment methods. Some treatments are evidence-based, but none are effective for everyone. This is due to the treatment method, not the patient. Evidence

merely indicates that something has been effective for some under certain circumstances, without necessarily explaining why.

It is crucial to address irrational anxiety quickly after the first experiences. The best effort can be made immediately after the first attack, as the anxiety is not deeply rooted in one's beliefs. Therefore, it is important to develop materials with accurate information about the first bodily signals, anxiety symptoms, and attacks, as well as how to avoid further anxiety afterward. This material should also include information about what happens in the body to prevent misinterpretation of new symptoms such as illness. It should be available in the healthcare system, especially with doctors, who are the first to encounter patients with irrational anxiety.

Medication helps some, while diagnoses help fewer. If medication and diagnoses were truly the solution, more people would be anxiety-free. Instead, experiences from large online communities show that many who have undergone traditional treatment still struggle with anxiety. For example, the Facebook group Anxiety Support India has over 5 million members, while a WeChat group in China has more than 6.6 million users. Similar, though smaller, groups exist in the USA, Mexico, and Brazil, where thousands share their frustrations over the ineffectiveness of medication.

The existence of these groups can be explained by: The treatments do not work. If medication were the solution, people would not seek alternative answers. As mentioned, there are no groups for those who have become anxiety-free, unlike other disease groups, which in my experience is because anxiety is no longer a problem when it is no longer experienced.

My task in the rest of the book will be to convince you that you do not have anxiety. A difficult task. But the fact is, just as you teach yourself to have anxiety by saying, my anxiety, I have anxiety, or I am anxious, you must now learn not to have anxiety anymore by saying and thinking something else.

Chapter 23: My First Anxiety Attack

This is a story about how wrong things can go if you misunderstand anxiety symptoms the first time, they are experienced. Suddenly, I was lying on the floor shouting while my colleagues looked at me. Two of them held me down, and 911 was called. It was 1979, and I was 19 years old. This experience is connected to everything I have later experienced with anxiety.

If you have experienced irrational anxiety, I am sure your first anxiety attack also scared you. Perhaps you also misinterpreted what you felt and panicked, just as I did. This happens when we do not understand what is happening with our body and emotions. We become frightened, fear the worst, and end up in panic. My reaction triggered a chemical

reaction throughout my body, namely anxiety. It happened because my body interpreted my reaction as a great danger. The body only wanted to help by sending me into an anxiety state so I could escape from the danger that might be there. But there was no real danger.

So why did it happen anyway? I was convinced that I was going to die, and that belief took root deep within me. From then on, my thoughts were: "Oh no, just let it not happen again." The fear of fear itself was now firmly planted in my memory. It was allowed to dominate and ruin my life for many years. I became afraid of being afraid. So, I became afraid. Of everything. We think about anxiety to avoid it. But when we think about anxiety, we get it. If you say, "I don't want to have anxiety" or "I must not get anxious," you are very likely to experience it.

Today, I have waited about 15,000 days for something to happen that can never happen, namely, dying from a panic attack. I was convinced that I would die today or tomorrow. I could feel it. That's how it was for about 35 years. But as you can read here, I did not die. And neither will you from irrational anxiety. I became a "victim" of random coincidences that my brain misunderstood as causal connections due to my reaction to what I felt. The first panic attack is a coincidence of various circumstances and overlaps. If the initial anxiety symptoms are misinterpreted, the subsequent symptoms will be too. It's a psychological predisposition.

If I could travel back to 1979 with the knowledge I have now, I probably would never have experienced anxiety. But I can't (yet). I would have told myself: "Hmm, so there's a little twinge? It's probably just that darn chest muscle or nerve that's 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 doesn't "just" stop on its own. Especially 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 times and will likely continue flawlessly for the next billion beats. Therefore, I know it takes more than a thought, a symptom, or a feeling to stop the heart. The heart is pure engineering from nature's side, just like the rest of the body. It doesn't stop during a panic attack. What deceives us, among other things, is the adrenaline.

Due to my lack of knowledge, I panicked over the nervous muscle or nerve, which changed my life. I lived in a constant "state of anxiety." No matter what I did—meetings, work, picking up/dropping off kids, driving, shopping, visits—everything happened in anxiety. It's a wonder I completed my IT education, as I had symptoms every day. The worst was during presentations, where I often rushed out of the room. It was insane. This is also when my self-medication with alcohol began, lasting about 8 years. This state of anxiety continued until 2017. The above is a brief summary.

Try to think back to your first attack or anxiety symptoms. Could you have acted differently? I'm quite sure you could have.

"What if I hadn't misinterpreted that day?" I often think. My life would probably have looked different. After so many years, it's hard to imagine a life without limitations, but I'm only beginning to experience it. The frightening thing is that my life choices after the first anxiety attack were driven by my emotions rather than my desires. The fear of anxiety constantly held back my wishes, so I chose the easy and safe paths. I felt I had no other options, and the fear took over. It has had significant consequences, not just for me, but also for those around me. I lived a very limited life for many years without free choices. It only became easier when I understood that I wasn't ill, what triggers an anxiety attack, and that it isn't dangerous. You can't die from it.

In 1979, people didn't know much about anxiety. You were categorized as paranoid, schizophrenic, or manic-depressive. I lived in ignorance of my symptoms for 16 years (1979-1995). No doctor could explain my condition, and I was always told that nothing was wrong with me. But I could feel that something was off. Back in the 1980s and 90s, there was no internet, no anxiety associations, or social media, so it wasn't talked about. There was no one to share it with. So, I went through it alone, which probably wasn't healthy. I lived with the attacks and symptoms as best as I could, but it was a significant burden for both my family and me. The first time I heard the word anxiety was in 1995, in connection with a test at my doctor's office. Diagnosis: panic disorder. I was prescribed Seroxat, one of the first antidepressants in Denmark. However, they didn't help with the anxiety but caused more problems due to the side effects. From having no physical symptoms, I now had physical limitations due to medication for something the doctor said was psychological. After my first attack at work in 1979, I was taken to the hospital by ambulance. After an hour of examination, I was told that nothing was wrong. I was on sick leave for three weeks. I couldn't do anything. I just sat in my room. I was referred to a psychiatrist and given Stesolid for "bad nerves," which it wasn't. It was the first of many symptom treatments I received. That's how I lived until some unpleasant experiences in 2016 made me stop and investigate the matter myself. This led to me finally overcoming the anxiety. I share my story so younger readers (maybe you?) can learn from it and avoid ending up like I did. Stuck without taking responsibility. With this book, you get the knowledge I have lacked for so many years. I also share my story to show that it wasn't long ago that we were alone with our anxiety without help.

Chapter 24: Our Desire to Avoid Discomfort

Humans have a natural instinct to avoid discomfort, a mechanism that protects us from danger and helps us make decisions that promote our well-being. This instinct is activated when we recall past unpleasant experiences. These memories carry the anxiety and discomfort we strive to avoid. No thoughts, medication, or known therapies can change this fundamental process. Therefore, anxiety continues to be a part of our lives. The only real solution is to "erase" the memory of past anxiety experiences to avoid future anxiety and discomfort. To understand why irrational anxiety occurs, we can simplify it to the fact that

anxiety symptoms and attacks reappear because memory triggers thoughts of past unpleasant experiences. The memory of anxiety is the main problem, as it triggers further anxiety through the thoughts the memories create.

How do we know that memory triggers subsequent anxiety? If all memories of anxiety were erased, one would not remember experiencing irrational anxiety. Without the memory of anxiety, one is free from anxiety. The conclusion must be that nothing fundamentally changes as long as the memory of past anxiety discomfort is not addressed.

There are two statements about anxiety diagnoses we should consider: First, there is no single cause of anxiety, which requires individualized treatment. Second, we are all different, and what works for one person may not work for another. Many claim that there is no universal solution to anxiety, but this view is a misconception. It is simply because one cannot or will not see it.

By focusing solely on individualized treatment, many risk remaining trapped in their condition for years. When practitioners cannot explain why a treatment does not work, it is easier to say, "We are all different," than to question the treatment method. Just because a treatment works for some does not mean it is the right approach. Some are also helped by placebo pills.

When we individualize anxiety treatment, we overlook a common cause: the erroneous belief that anxiety is dangerous and must be avoided. Whether it is social phobia or panic disorder, it is the fear of anxiety that drives the condition. This forms the basis of our method for anxiety management. Consider some reflective questions: What do you know about your anxiety? Why do we react to anxiety symptoms the way we do? What lies behind our fear of something we know cannot harm us? What makes anxiety symptoms so frightening that we fear them again? What creates the thoughts that arise after an anxiety-filled episode, and why is it difficult to let them pass?

Anxiety's unpleasant symptoms cannot harm us. They are merely a temporary bodily reaction that will disappear. So why do we fear it? Because the chemical response can feel like a real threat. The key is to avoid triggering this reaction unnecessarily by minimizing focus on anxiety through excessive thinking, conversations, reading, or writing about it, unless necessary.

Ask yourself: What can anxiety really do to me? The answer is: **nothing**. It is only a transient chemical reaction that feels real but does not pose a real threat. Although anxiety is about feelings, feelings are not objective truths. They can feel real, but that does not mean there is a real danger.

If anxiety cannot harm us, why do we fear it? The answer lies in our tendency to believe in our feelings and react automatically to them. When we fear the feeling of anxiety, it persists. But if we can learn to say that we are not afraid of the feeling, the anxiety will

diminish. Anxiety arises because we fear it. We signal to our brain that anxiety is important through our thoughts and reactions. This causes the amygdala to perceive our fear as a real danger and activate the anxiety response again.

Start by reminding yourself: "I am not sick, as it is only body chemistry that cannot harm me. It just feels that way." You will find that anxiety responds less. As a useful tool, you can write this sentence down and keep it handy. It is a simple but effective method to reduce anxiety.

Chapter 25: Wishes for the Future

Why Change is Necessary

When people return to the healthcare system year after year with the same symptoms, the cost is enormous: lost joy of life, poor workplace well-being, school absenteeism, sick leave, early retirement, overuse of medication, and billions in healthcare expenses. Trust in the system erodes, and many give up seeking help.

Imagine a world where children learn to interpret the chemistry of bodily signals before they learn mathematics. Where the first medical consultation neutralizes the fear of anxiety instead of labeling it. Where people can freely opt out of a diagnosis once they feel better.

Imagine you have anxiety. Not just a fleeting moment of discomfort, but persistent fear, recurring symptoms, a growing worry about failing, losing control, becoming ill. You seek help. You receive a diagnosis. Perhaps medication. You are told that it's something you'll likely have to learn to live with. You try. For years. And you do not become free of anxiety.

This is the reality for up to 80% of those who seek help for anxiety. And it should make us pause.

If the treatment isn't effective enough for the majority, perhaps it's not us who are failing, but the model.

A new model could hypothetically propose: Anxiety is not a disease. Anxiety is not a mental disorder. Anxiety is a misinterpretation of natural body chemistry.

We don't need to abolish everything old, but we must open the door to the new. The misinterpretation theory shows that anxiety is neither mysterious nor incurable; it is a learning error that can be corrected. Now it is our responsibility to provide people with the tools.

Here are six random suggestions for a different kind of help.

1. Anxiety First Aid Kits for Everyone

Prevention should start long before the first diagnosis. Imagine all young people receiving an "Anxiety First Aid Kit" in school. Not with medication, but with knowledge. The kit contains small physical and digital tools:

– A note with the sentence "I am not sick" to hang up. (like those you find in this book)

– A simple explanation of the body's chemistry and how misinterpretation creates anxiety. (body signal → misinterpretation → chemistry → discomfort → persistence).

– Exercises for grounding, breathing, and de-escalation.

– Short videos or animations explaining anxiety as bodily chemistry, not a mental disorder.

The point is to provide tools before anxiety arises, so the first attack doesn't become the start of a pathological process, but an understandable, temporary, albeit unpleasant, experience.

The goal is prevention. To equip everyone with tools to stop anxiety before it becomes entrenched as chronic fear or a belief in illness. Just because you feel bad doesn't mean you have anxiety.

2. A New Reaction in the Doctor's Consultation

When someone experiences a panic attack for the first time, the primary response from the healthcare system should not be an immediate diagnosis, but a standardized "demystification protocol." The doctor should still conduct a thorough physical examination to rule out illness, but instead of landing on the diagnosis of anxiety, intensive information based on the misinterpretation theory is provided: A clear explanation that the symptoms are a natural but misinterpreted reaction, along with concrete instructions for managing the discomfort (e.g., via the "desired consultation" model from this book). The goal is to prevent the first experience of anxiety from being stored as an illness in memory.

It is crucial that anxiety is not referred to as a disease or disorder from the outset, but as a chemical reaction of the body.

A clear written action plan for the next time the body reacts is provided.

Concrete advice on how to handle it.

What could have started a diagnosis career is instead stopped with understanding. It changes the entire future of the patient and society.

3. Therapy Forms Against the Fear of Fear

Replacing anxiety thoughts with conscious affirmations (“I am not sick”)

Shifting focus from symptom suppression to memory editing.

Irrational anxiety is one thing. The fear that it will return is what sustains it.

We need changes that address this mechanism.

4. Technological Tools in Your Pocket

Imagine if you had an app that could:

Calm you down. Send push notifications with the phrase: “I’m not sick, it’s just my body’s chemistry.”

Digital solutions can provide millions of people with access to help without waiting times. The misinterpretation theory is particularly well-suited for this because it is simple, logical, and easy to learn. It becomes scalable help in your pocket, 24/7/365.

5. Independent Research into Alternative Models

We should deliberately allocate research funds to independent studies that thoroughly examine alternative models such as the misinterpretation theory and compare their effectiveness with traditional methods.

The focus should be on models that do not start with a disease framework.

This must be done without influence from the pharmaceutical industry to ensure credibility and avoid publication bias. The aim is to uncover which models best suit different individuals, so help can be more precisely targeted from the start, not after 4-8 weeks.

6. A Way Out of the Diagnosis

Far too many remain stuck with the diagnosis of “anxiety.” Not because they still have it, but because no one has shown them that it’s possible to move on.

We need to develop a "de-diagnosis pathway" in the healthcare system, where patients who wish to can receive help to step out of the anxiety diagnosis that we currently carry for life.

Conclusion: What Now?

Perhaps it’s not either-or. Perhaps it’s both-and.

If one model has dominated for 50 years, and 60 - 80% still do not find relief, what do we have to lose?

We’re not saying that all the old methods should be discarded. We’re simply suggesting: Maybe there’s something more needed for the many. For those who still experience anxiety. For those tired of feeling wrong. For those who never received an explanation that made sense.

It’s about broadening our perspective and giving people who don’t benefit from the existing system a new chance, a new hope. And most importantly, a new choice.

Living with Anxiety

Before asking how to live with anxiety, one should ask: Why live with anxiety at all?

There is no physical or psychological reason for it. Anxiety doesn’t change us. You’re not flawed after a panic attack. Everything returns to normal. The only thing that has changed is that you’ve experienced the irrational discomfort of anxiety. There was never any physical danger, as with rational anxiety. You were merely afraid of your own feelings.

Anxiety is an expert at creating symptoms of illness that aren’t there. That’s why we call them anxiety symptoms, not illness symptoms. It looks like real illness, but it isn’t. It’s only an imitation.

Are Diagnoses Helpful?

So, what happens when a person is told they “Have anxiety”? They may have just experienced a panic attack and now fear its recurrence. But with the diagnosis, they become convinced they are now sick. Just because some find it helpful to receive a diagnosis shouldn’t ruin it for the majority who don’t benefit from being labeled as patients. Perhaps it could be made voluntary. Those who don’t want medication have no need for a diagnosis.

The Disease Theory

Perhaps the most debated theory in the history of anxiety is the idea that anxiety is a brain disease. It pathologizes healthy people based on an assumption. The assumption was made because some needed a disease narrative to sell medication they otherwise couldn’t sell. Patients weren’t considered back then. And now it’s too late. Millions today suffer from side effects of medication that didn’t remove the anxiety. This only reinforces the claim that serotonin deficiency might not be the correct explanation.

So, what is it like to live with anxiety?

It is highly individual. It entirely depends on how you interpret what you experience. But one thing we all have in common: we fear the recurrence. This makes living with anxiety stressful. We fear the next attack, the next symptom. We fear having to go out the door. We stress over shopping. We stress everything, including the doctor's visit where we seek help. Ironically, what we seek help for—to avoid more anxiety—is often what stresses us the most afterward because suddenly we feel ill after the doctor's visit.

Pathologization keeps us trapped.

Anxiety has so many consequences that it's hard to know where to begin. But the worst is that we become pathologized. This makes it nearly impossible to become free of anxiety again. We see this clearly in the statistics. Therefore, when people contact us, we start with the most important thing: removing the pathologization created by the healthcare system. This is the first step towards becoming free of anxiety.

What a paradox: The system pathologizes you. We try to make you well. How can it be so turned upside down? Ask the healthcare system: How am I ever supposed to get well when I'm repeatedly told that I'm sick?

A provocative but substantiated claim

The traditional understanding of anxiety as a disease might be wrong. It is a strong claim, yes, but history is full of examples where established professionals are mistaken. Medicine is a field that, like all others, evolves, and our understanding of mental states is no exception.

The current disease model of anxiety overlooks two crucial factors that point in a completely different direction:

1. The evolutionary origin of anxiety: A reaction to thought dangers

Irrational anxiety arose as a protection against our own challenging abstract thoughts. This idea, widely discussed in evolutionary psychology and neuroscience, and which you can find countless articles about online, points to a crucial turning point in human development about 50,000 years ago. Back then, we developed the ability for complex, abstract thinking.

Before this development, we did not have irrational anxiety, as its mechanisms simply cannot be triggered without thought activity. Therefore, irrational anxiety is not triggered by genetics or chemical imbalances in the brain. It is, on the contrary, a deeply rooted evolutionary response to thought danger signals. It is designed to warn us of potential dangers we construct in our minds.

2. Our encoded protection against discomfort

The second overlooked factor is our fundamental, encoded protection against experiencing discomfort. Humans are instinctively programmed to avoid pain and discomfort. When we experience the intense physiological experience we call anxiety, our natural reaction is to want to avoid it happening again.

It is precisely this combination—an evolutionary alarm reacting to thought dangers and our fundamental urge to avoid discomfort—that creates anxiety. It is not a disease in a biological sense but a mis-calibrated protection mechanism.

Misinterpretation: The key to the mechanism of anxiety

It is always a bodily signal or symptom that we misinterpret through thoughts. This misinterpretation triggers anxiety because our brain, especially the amygdala, reacts to the perceived danger our thoughts create.

Irrational anxiety cannot be triggered without a thought danger signal. Anxiety is triggered by the interpretation we make of a signal, not by an inherent biological error. This mechanism is fundamentally different from rational anxiety, which arises as a response to a real danger.

Why does the current model persists.

If this understanding gains traction, it fundamentally challenges the biomedical disease model of anxiety that many doctors, psychologists, and psychiatrists adhere to. Recognizing that anxiety is a profound misinterpretation rather than a disease would:

Undermine the foundation of many diagnoses and medical treatments: If anxiety is not a disease, the need for medication that treats a "chemical imbalance" disappears.

Liberate the patient from a disease identity: Imagine the relief of knowing that you are not "sick" but rather "misunderstanding" your own reactions.

Require a new focus in treatment: Instead of symptom management, the focus would shift to understanding and correcting the thought processes that create irrational fear.

It is crucial to emphasize that the widespread idea of a simple "serotonin deficiency" as the cause of depression and indirectly also anxiety has never been definitively proven. In fact, it has faced significant scientific opposition over the years. Yet, this myth is often maintained as a simple explanation. Why should a new, potentially more accurate understanding of anxiety need to be more thoroughly substantiated than established theories that lack solid evidence?

This is not merely a critique but an urgent observation that deserves serious investigation. A deeper understanding of anxiety as an evolutionarily rooted, thought-based misinterpretation reinforced by our natural avoidance of discomfort could revolutionize how we prevent and manage anxiety in the future.

Why Anxiety is Still Considered a Disease

If we look back in history, all the way to ancient times, we find the explanation for why anxiety is today considered a mental illness. Back when people first tried to understand irrational anxiety, they did not have access to the explanations we have today. They were unaware of the brain's interpretation of signals, alarm memory, and how the body naturally reacts to perceived dangers. In this explanatory void, anxiety was labeled as mental, and over time, psychiatry took ownership of it due to this ignorance.

This created a historical misconnection: anxiety = mental disorder. "We don't know what it is, so it must be mental." But this connection does not rest on biological evidence, only on assumptions based on subjective descriptions from patients. The problem now is to extricate anxiety from psychiatry, despite the fact that there has never been a shred of evidence presented that irrational anxiety is caused by a disease state in the brain or any other illness.

Today's knowledge about anxiety is vastly different from when the disease model was created about 50 years ago with help from the pharmaceutical industry. The advent of medication cemented anxiety as a mental illness. The die was cast for anxiety. We now know that the body reacts normally and that it is the interpretation of these reactions that creates panic. We know that understanding can heal, and that treatment often perpetuates. That alone should be enough to pose the question: Why is irrational anxiety still in psychiatry?

But psychiatry has no interest in relinquishing anxiety. Anxiety is one of its most prevalent diagnoses, a source of economic revenue, and justification for treatment. Admitting that anxiety is not a disease would require a reevaluation of its entire self-conception.

The most striking aspect, however, is that no professionals over time have seemingly asked the most obvious question: Are the original theories about anxiety even true? When you look at the low recovery rates and the endless debates about the ineffectiveness and dangers of medication, this should be the first thing investigated. Instead, the same models and assumptions are repeated, or new theories are developed based on old assumptions, generation after generation, without the demand for proof, causing great suffering for many who come into contact with the healthcare system through years of unnecessary medical treatment.

In no other industry would it be acceptable for a treatment system to be based on undocumented theories proposed by a handful of authorities without ongoing scrutiny. Yet in psychiatry, this happens every day, and the result is that hundreds of millions are trapped in a false understanding: that much anxiety is a disease that needs treatment, rather than a misinterpretation that can be unlearned in a few weeks, as we know it can be today.

Introduction to: Center for Anxiety Understanding. An Alternative to Diagnoses

Imagine if one day, in psychiatry, most anxiety could be "cured" the very first time a patient walked through the door.

Imagine if it required neither medication, diagnoses, therapy, nor long-term courses.

Imagine if all it took was an explanation. An understanding. Imagine if anxiety wasn't something you had to learn to live with, but something you could quickly see through.

Imagine if we could remove the very idea that anxiety is a disease and thereby eliminate what creates the most anxiety of all: the fear of experiencing the discomfort again because you believe you are sick.

Imagine if someone said:

“What you’re feeling isn’t dangerous. It’s your body reacting, and you’re just misinterpreting it due to the discomfort created by body chemistry. You’ve simply misinterpreted the meaning of the discomfort you felt, just like many others. Now let me explain why it happened.”

Imagine a psychiatry where the first contact removed the disease identity before it took hold.

Imagine if we could calm people immediately. Not with treatment plans, but with logic and knowledge.

Imagine if we could cure 50% of all first-time type 1 anxiety patients with a single sentence:

“You’re not sick; you’ve misinterpreted some signals or symptoms in your body. That’s why you felt the discomfort. Let us explain it to you.”

Imagine if we took this approach seriously. Imagine if we established a Center for Anxiety Understanding next to the treatment center or clinic.

A place where anxiety processes are taught. About fear. About interpretation. About memory. About the role of discomfort in anxiety. And more.

A place where you enter with unease and leave with calm.

Imagine how many lives could be "saved." How many years could be gained. How fewer people would be on sick leave and retire, but most importantly, how much we could save societally.

This is not just a thought. It is a real possibility already if we choose it as a society.

Imagine if Denmark once again led the way and could become the happiest country, not because of hygge, but because Type 1 anxiety was almost eradicated, thus showing the way for the entire world with innovative thinking through the misinterpretation theory.

What if this approach worked for just 20%?

To be continued while you ponder this.

Part 2. The Method

Chapter 26: Examination of Irrational Anxiety.

The Serotonin Myth: How Anxiety Became a Disease.

In this section, I present texts that are important for the debate on anxiety and provide a more nuanced picture than just disease, diagnoses, medication, and therapies. The book challenges the theory of disease in irrational anxiety, a theory that didn't help me for 38 years. Not to mention the millions of others.

The Disease Model of Anxiety: A Rational Analysis of the Serotonin Deficiency and Genetics Theory

There is no definitive disease model for anxiety – and this should be a cause for concern.

If irrational anxiety is a disease, where is the disease description?

A disease requires a clear and coherent theoretical model that explains:

- What it is (physiological or structural)

- How it arises

- How it differs from normal function

- How it can be objectively detected

- How it can be cured or treated

This does not exist for anxiety. Instead, there are a series of loose hypotheses (serotonin deficiency, trauma, heredity, cognitive dysfunction) that often contradict each other or lack evidence.

Rather than explaining what anxiety is, the DSM and ICD merely describe how anxiety is experienced and how long the symptoms last. The diagnoses are descriptions of symptoms, not disease models.

One cannot call anxiety a "disease" and prescribe SSRIs without documenting a disease mechanism, having a biological marker, or a valid test. Yet, this is precisely what happens. It is justified solely with the statement, "Anxiety is a chemical imbalance," without being able to substantiate this claim.

Calling anxiety, a disease has practical advantages: It activates insurance, sick leave benefits, and support schemes, provides access to psychiatric treatment and medication,

and legitimizes the prescription of drugs. However, this does not mean that anxiety is a disease in the classical medical sense.

The main problem is that we perceive it as a disease due to body chemicals like adrenaline and cortisol and simultaneously prescribe chemical treatment as if it were a disease.

When psychiatry cannot present a theory that can be tested and potentially disproven, document objective findings, or explain mechanisms, it moves away from science and into belief. What we have are treatment models without a disease model.

For example, a claim like "Anxiety is due to a hidden psychological imbalance we cannot measure" cannot be tested or disproven because there is no way to determine if it is incorrect. Therefore, it is not considered a scientific theory but a belief or assumption.

Conclusion:

Anxiety is currently treated as a disease without anyone presenting a concrete and unified disease model. We treat an unpleasant chemically induced bodily experience as a defect, prescribe medication based on a hypothesis, and maintain diagnoses without causal explanation. This is the standard.

This is in stark contrast to our misinterpretation theory, which can be falsified (without being false), and it is precisely this that makes it scientifically and logically sustainable.

This was not a criticism but a description of reality.

For over four decades, millions of people have been medicated based on a theoretical premise, leading to dependency and side effects, as well as a neglect of understanding the psychological and learning-related causes of anxiety. The pharmaceutical industry has promoted a theory that supports their products rather than the long-term health of patients, which is a serious violation of medical ethical principles and patients' right to informed consent.

The following texts will explore the serotonin deficiency theory and its alleged connection to anxiety. We will highlight the scientific shortcomings of the theory, its origins, and the interests that have promoted it, often at the expense of patients' understanding of their condition and the possibility of effective treatment.

The Origin and Function of Serotonin

Before we discuss the serotonin deficiency theory, it's important to understand serotonin itself. Serotonin (5-hydroxytryptamine or 5-HT) is a neurotransmitter that plays a role in many physiological processes. Approximately 90-95% of the body's serotonin is produced in the gut, not the brain. In the gut, serotonin regulates intestinal function and signals between the gut and the nervous system. Research shows that the gut-brain axis is more

complex and significant for our mental health than previously thought, but this is overlooked in the simplified serotonin deficiency model.

In the brain, serotonin is involved in regulating mood, sleep, appetite, and cognitive function, but it is just one of many neurotransmitters in a complex network.

Serotonin Deficiency: A Physiological Impossibility

The amygdala does not react to low serotonin levels or genetics, but to danger. The claim of "serotonin deficiency" as a cause of anxiety disorders is problematic. A true deficiency in serotonin would have severe physical consequences, not just anxiety or depression. Serotonin is crucial for basic physiological functions, and a real deficiency would lead to life-threatening symptoms.

Even small differences in serotonin levels cannot explain the episodic nature of anxiety. If low serotonin caused anxiety, individuals with this "deficiency" would experience constant anxiety, which is not the case. This contradicts our understanding of the amygdala's function. People with the same serotonin levels can experience varying degrees of anxiety or none at all, indicating that serotonin is not the decisive factor. For the amygdala to trigger anxiety, it must first detect a potential threat. Genetic variations or serotonin levels do not constitute such a threat and therefore cannot directly trigger the release of chemicals.

The Originators of the Theory and Conflicts of Interest

Who developed the serotonin deficiency theory? Although no single person can be credited with this theory, several key figures contributed to its spread. In 1967, British psychiatrist Alec Coppen proposed the early serotonin hypothesis for depression. Dr. Joseph Schildkraut suggested in 1965 that depression could be related to decreased activity of certain neurotransmitters, including norepinephrine, which was later expanded to include serotonin. Dr. Arvid Carlsson, a Nobel laureate for his research on dopamine, also contributed to the understanding of neurotransmitters, including serotonin. In 1987, the FDA in the United States approved fluoxetine (Prozac), the first SSRI.

In the 1990s, pharmaceutical companies like Eli Lilly, the manufacturer of Prozac, aggressively marketed the idea of "chemical imbalance" to create a market for their product. This theory was not established through scientific trials but emerged after the medication was patented, which contradicts normal scientific practice. Many researchers who supported the theory had financial ties to the pharmaceutical industry, a conflict of interest that has rarely received sufficient attention.

The consequences of this misguided medication are extensive. The idea that anxiety is caused by serotonin deficiency or genetic factors has led to the massive medication of millions of people over several decades. This focus on biochemical "imbalances" has

overlooked the real psychological, social, and environmental factors that trigger anxiety, delaying or preventing many patients' recovery.

SSRI medications have significant side effects, including sexual dysfunction, weight gain, sleep disturbances, and in some cases, increased anxiety or suicidal thoughts. Additionally, discontinuing the medication can lead to severe withdrawal symptoms, which I have also experienced. Economically, billions of dollars have been spent on medication based on a theory without scientific basis, while research into the real causes of anxiety has been directly lacking.

There are serious ethical issues with promoting a disease model without a solid scientific foundation. Millions of patients have been prescribed medication based on a misleading explanation, which has reinforced the stigma of anxiety as a "brain disease." The pharmaceutical industry has profited enormously from promoting a model that requires lifelong medication based on misleading data.

The serotonin deficiency theory as an explanation for anxiety is both scientifically dubious and physiologically impossible. Anxiety arises as a reaction to perceived dangers, not as a direct result of neurotransmitter levels or genetics. By understanding anxiety as an adaptive response to perceived threats, we can develop more effective and ethically sound treatment strategies that address the real causes of the challenges. Reducing anxiety to a "chemical imbalance" has been an effective marketing narrative but a poor scientific explanation that has worsened the situation for millions of people.

If anyone still believes that anxiety is a disease, they must explain how genetics or serotonin deficiency can trigger anxiety without first misinterpreting the body's signals. How does adrenaline enter the body in the case of serotonin deficiency without a trigger that serotonin deficiency cannot initiate?

As long as the disease model is maintained, the anxiety problem will not be solved, as the model pathologizes and prevents people from believing in their own abilities and alternative explanations. This is due to a reliance on the authority of a system that perpetuates a flawed narrative.

We know from experience that when other theories of anxiety are presented, they are always dismissed by the healthcare system due to a lack of evidence. And for that reason, they always overlook themselves. **For if 20% experience an effect from a treatment, it must also be evidence that 80% do not, as seen with the disease model.** See appendix.

The central question is whether it is a real treatment to prescribe medication that might work in 6-8 weeks when one could start treatment immediately instead of leaving vulnerable patients to wait passively for an uncertain effect.

Diagnoses were developed because anxiety symptoms are uncomfortable, not because of disease. If the symptoms were not uncomfortable, we would not seek medical help. The truth is, without the discomfort, there is nothing left to create anxiety about anxiety. Symptoms only arise with the release of body chemistry, not disease.

If the discomfort of anxiety is explained rationally early on, it is likely that no further symptoms will arise. When one understands that the discomfort of anxiety is due to body chemistry and not disease, one fears it less. Anxiety is only a problem because it is uncomfortable. The cause is secondary, as all causes create the same discomfort that we seek help to avoid.

If serotonin deficiency or genetics could be proven to lead to the discomfort of anxiety, medication would make sense. But that is not the case.

All causes lead to the same discomfort. Anxiety diagnoses address the same symptom, discomfort, because it is the same chemistry that creates them. The situation in which they arise is irrelevant. The discomfort is the problem in all anxiety.

The problem with anxiety is that it creates discomfort that we do not understand why it arises. Therefore, we panic and end up in an anxiety attack.

Regardless of whether one believes that anxiety is due to genetics, serotonin deficiency, or something else, as mentioned, one only seeks medical help to avoid discomfort, not the cause. The cause can only trigger the process that creates the discomfort but not create it. Adrenaline, among other things, does that.

Without a mental misinterpretation of serotonin deficiency or genetics as a "danger," no anxiety reaction occurs. Anxiety requires focus on what one feels, not on serotonin deficiency.

The disease model has the weakness of not considering future conditions. While it might have been a plausible explanation in the 1980s and 1990s, when there were few anxiety diagnoses, the number of diagnoses increased significantly from the year 2000 onwards. It is unlikely that 300 million people suddenly developed a serotonin deficiency or another illness over 25 years. Therefore, it is more likely that the cause is another factor.

The healthcare system has developed a disease model for anxiety that it cannot solve itself. Because anxiety is perceived as a disease, research has ignored the body's chemistry and interpretation as a cause. The misinterpretation theory, presented in this book, shows that anxiety is a biological protection mechanism, not a defect. The real cause of anxiety's persistence is discomfort, memory, language, thoughts, and avoidance behavior.

I can dismiss disease as the cause of anxiety, at least in my case, and this probably applies to many others as well. Looking back at my anxiety attacks over 38 years, it is clear that there was a common trigger: a sudden discomfort in the body, often tingling and prickling in

the head, which I misinterpreted, triggering the anxiety attack. Later, during my research period, I began to simply shake my head when I felt this tingling, and the symptoms disappeared because I did not give them attention as before but dismissed them with my head shaking. I have not had a single attack since, only symptoms since I introduced this technique.

How is it possible after 38 years of irrational anxiety? If you're up for it, you can try shaking your head now to experience the sensation. It feels special because the blood is "thrown" around in the head. It is completely harmless and stops anxiety because you quickly focus on something other than the symptoms. You thereby do not signal danger to the amygdala, and therefore no chemistry is triggered. Some might say it only works for me, but I can dismiss that, as it has been part of our technique since 2020.

Irrational anxiety is about signaling danger or not to the amygdala. Without a danger signal, it is not possible to trigger anxiety chemistry. The same applies to rational anxiety. Without a real danger, there is no anxiety. In this way, anxiety is primitive. If you signal danger with symptoms, you experience anxiety. If you do not signal danger, you feel nothing. That is why most people do not have anxiety. They do not signal danger with bodily signals or small symptoms. But a person with anxiety fears the discomfort and is therefore always on guard, which causes the symptoms to arise. It is a normal psychological process.

I still had small symptoms, but they never became uncomfortable, as I just shook my head. It stopped my anxiety from being misinterpreted. To become completely free of anxiety, more is naturally required, namely understanding anxiety and changing the perception of it as a disease. If you believe you are sick with anxiety, it becomes difficult to become anxiety-free. I have experienced this for 38 years.

Why did we develop the ability to experience irrational anxiety alongside our thinking as the only species, as we in the generation anxiety assume? Does it have an evolutionary function that can help us in different situations, but which we no longer consider because it may not be relevant in our modern society and is therefore now seen as a problem? We will later explore what that function might be.

Irrational anxiety becomes problematic because today we are misinformed and pathologized by the system. Historical reasons make it difficult to change this perception, as a new understanding of anxiety would have major consequences for the healthcare system. Therefore, the misinformation continues. Many in the healthcare system are aware of the problem, but the system does not allow changes in treatment.

Did people in the past experience more or less irrational anxiety without our modern treatments? Can we even change irrational anxiety at all?

Discomfort is the foundation of anxiety's function. Without discomfort, anxiety does not exist. Without discomfort, anxiety has no purpose. All anxiety starts anew due to the fear of

new discomfort. No trauma, childhood memories, genetics, or serotonin deficiency can directly trigger the first anxiety without a misinterpretation of these causes. This can only happen when the amygdala detects a threat, which these causes cannot provoke. We consider this physically impossible. Many people without previous issues experience anxiety, just like those with life challenges. This is due to a lack of knowledge about the chemistry of anxiety and the surprise it brings the first time.

Conclusion of the scientific review

Analysis: Can serotonin deficiency trigger anxiety?

When it becomes clear that serotonin deficiency cannot directly explain anxiety, psychiatry typically adjusts the explanation. It is no longer said that anxiety is due to low serotonin, but that low serotonin increases vulnerability to reacting with anxiety, for example, by making one more prone to misinterpret bodily signals. This may sound plausible, but it doesn't actually say anything. It's just a way to preserve a theory that couldn't be proven initially by making it so vague that it can no longer be disproven. That is not science. If serotonin deficiency merely makes you more prone to misinterpretation but does not create anxiety, then it is still not an explanation. It's just another of many hypotheses proposed over the last 60 years. Moreover, serotonin deficiency cannot be measured in the brain. This makes it impossible to say who has it, when it occurs, and how it relates to anxiety. One cannot document that people with anxiety have low serotonin or that people with low serotonin have anxiety. Thus, the entire argument is useless.

The most important thing is this:

Misinterpretation of bodily signals does not require a biological predisposition. It merely requires a misunderstanding, a completely ordinary human misunderstanding that leads to a misinterpretation. You can panic just because you think a chest pain means a heart attack. You can believe you're losing control just because you feel dizzy. It doesn't require a chemical imbalance. It only requires that you don't understand why you're experiencing the discomfort.

As long as psychiatry insists on searching for invisible, immeasurable errors in the brain, they ignore the obvious: Irrational anxiety does not start in or with serotonin; it starts with a thought that is misinterpreted as dangerous.

Facts:

Anxiety arises acutely and concretely, always as a reaction to an experience, a bodily sensation, or a thought. The amygdala is activated when something is interpreted as dangerous. Serotonin is not a threat or danger; it is a neurotransmitter, and low levels cannot in themselves trigger an amygdala response. Anxiety requires a psychological interpretation of danger, not just a chemical imbalance. Therefore, serotonin deficiency

cannot be the primary cause of anxiety, as it cannot directly activate the body's alarm system (amygdala). It lacks the crucial trigger function.

What does this mean for medication (SSRIs)?

SSRIs prolong the time existing serotonin is active in the brain, but:

The effect often occurs only after several weeks, which doesn't make sense if anxiety is due to a "deficiency." Many experience no effect, and in blind tests, the difference from placebo is very small. SSRIs do not remove the cause of anxiety because they do not change the psychological interpretation, which is the actual trigger.

This conclusion does not mean that no one feels relief. SSRIs can:

Dampen emotional intensity for some (through a blunted emotional life). Act as a placebo effect because the patient believes it helps. Provide temporary calm, but without resolving the misinterpretations that create the anxiety.

It is accurate to say that most patients are prescribed SSRI medication for anxiety symptoms without an objective measurement confirming a serotonin deficiency. So how do we know if the medication will be effective?

An important question is: How do SSRIs actually affect us if we do not suffer from a serotonin deficiency? Unfortunately, this is never examined or discussed. The most problematic aspect is that the vast majority are prescribed strong medication without being tested for any deficiency at all.

As mentioned at the beginning: After much criticism of the serotonin deficiency theory, the conversation has shifted to discussing dysfunction or imbalance in the serotonin system to justify the theory.

Thus, when the disease theory refers to serotonin in connection with anxiety and depression, it typically means a functional disorder or imbalance in the serotonergic system in the brain, especially in areas most relevant to emotional regulation and stress response.

It is not so much the simple serotonin deficiency that defines it as a disease anymore, but the complex dysfunction in biological mechanisms that lead to symptoms and reduced quality of life. So, we move from one incorrect assumption to another equally undocumented assumption, instead of relying on facts.

But what does it mean to have a serotonin dysfunction? That is, the serotonin system does not function optimally, but without necessarily having a deficiency?

Serotonin is a neurotransmitter, not a happiness molecule. Serotonin does not create emotions but regulates processes that affect how emotions are experienced and processed.

A serotonin dysfunction can make you more sensitive, impulsive, and less tolerant of discomfort, but it cannot in itself create anxiety. Anxiety arises when the body's signals are misinterpreted as dangerous, and this requires linguistic thoughts—not a chemical imbalance. Serotonin is a filter, not an alarm. Anxiety is not biologically created but meaning-created.

Meaning does not arise in the brain—it arises in language.

A serotonin dysfunction is just another "extended" serotonin theory that shows how far one is willing to go to maintain the serotonin and genetics theory.

Understanding anxiety shows why so many become anxiety-free when they understand that it is merely their own body's chemistry that scares them.

Part 3. The Solution.

Did you know that irrational anxiety is probably the most widespread "disease" and at the same time the one with the lowest cure rate, if measured by the lasting effect of medication and therapy?

Could it be because anxiety is not a disease but is treated as one? Just a thought.

Chapter 27: Our Method

The system does not change, so we must.

A theory is considered scientific when it presents clear hypotheses that can be tested and, in principle, disproven through observation and systematic investigation.

Let's examine the two models. (with reference to Popper and the mechanism behind both initial and recurring anxiety)

In the philosophy of science, especially as formulated by Karl Popper, a theory is considered scientific when it presents hypotheses that are falsifiable—that is, they can be tested and, in principle, disproven through systematic observations or experiments (Popper, The Logic of Scientific Discovery, 1959).

The Misinterpretation Theory

The misinterpretation theory meets this criterion. The theory presents a clear and testable explanation for the development of irrational anxiety in otherwise healthy individuals, without resorting to biological or genetic assumptions. At the same time, it explains how to avoid misinterpreting subsequent anxiety about anxiety.

The Mechanism Behind Irrational Anxiety:

The first irrational anxiety arises when an individual misinterprets harmless bodily signals (e.g., heart palpitations, dizziness, chest tightness) as signs of danger. This interpretation activates the body's alarm system (amygdala and sympathetic nervous system), triggering further symptoms, not because the body is ill, but because it is responding normally to a misinterpretation.

The experience of this discomfort is often stored in memory as something threatening and uncontrollable. When the individual later feels similar signals, the memory automatically links them to the previous anxiety experience. This creates a secondary fear: the fear of experiencing anxiety again. This fear of anxiety is enough to activate the same bodily reaction, even without any new external or internal threat.

This creates a self-reinforcing cycle where the individual gradually learns that their own bodily signals are dangerous—not due to a biological defect, but because of a cognitive misinterpretation that is repeated and entrenched through past experiences.

Scientific Testability:

The theory can be tested and potentially refuted if it can be demonstrated that:

- Irrational anxiety can arise without any negative interpretation of bodily signals.

- Individuals without any fear of symptoms, and with a correct understanding of their discomfort, still develop panic anxiety.

- A documented biological mechanism can explain and cure irrational anxiety independently of interpretation and memory.

If these conditions are proven, the theory must be revised or discarded. Thus, it meets Popper's criteria for falsifiability and can therefore be considered scientific.

Conclusion:

The misinterpretation theory is a scientific model for irrational anxiety. It offers an observable, psychologically and neurobiologically plausible explanation that can be tested and potentially refuted, thereby adhering to the fundamental principles of science.

The Disease Model:

Firstly, there is no single entry or official definition of the "anxiety disease model," only fragments of hypothetical explanations. This is because the disease model for anxiety is not a formally defined theory, but a widespread mindset and implicit framework used in psychiatry and healthcare.

What the Disease Model Claims:

The disease model defines anxiety as a mental disorder or brain disease triggered by one or more of the following factors:

- Biochemical imbalance (typically in the serotonin, GABA, or norepinephrine systems)

- Genetic vulnerability (hereditary predispositions)

- Neurofunctional disturbances (e.g., overactive amygdala)

- Life circumstances and trauma as triggering factors

The model is used as an explanation in psychiatric practice and forms the basis for treatment with SSRIs, benzodiazepines, and psychotherapy.

Why the Model Cannot Be Considered Scientific:

- No definitive causal explanation

The model describes a broad range of possible causes without being able to pinpoint which applies in a specific case. It is therefore impossible to test or confirm what causes an individual's anxiety disorder. This makes the model non-specific and non-testable.

- Biochemical hypotheses cannot be verified

The theory of serotonin deficiency has never been confirmed by measurements in the brains of patients with anxiety. There is no biomarker that can demonstrate that this imbalance is the cause. Therefore, the theory is not empirically testable in practice and thus not falsifiable.

- Negative treatment outcomes do not weaken the theory

When treatment does not work, it is typically explained by "therapy resistance" or "individual variation," not that the model might be incorrect. Thus, the theory protects itself from being refuted and remains practically immune to counterevidence, which Popper considered the opposite of science.

Treatment Given Despite Absence of Disease Evidence

The claim of a "hidden mental disorder" is often used to justify treatment, even though there is no objective test, measurement, or biological finding. Essentially, treatment is based on a hypothesis, not a verified disease.

Consequence:

When a theory cannot propose clear, testable hypotheses and does not offer mechanisms that can be confirmed or refuted, it must be classified as metaphysical or ideological rather than scientific. The disease model for anxiety, therefore, does not present itself as a truly scientific explanation but rather as a loosely constructed framework used in the treatment system without empirical verifiability.

Conclusion:

The disease model for anxiety does not meet Popper's criterion of falsifiability. It does not propose testable hypotheses, does not allow itself to be disproven by data, and operates with invisible mechanisms that cannot be demonstrated in individual cases. Thus, it is not scientific rigor but authority and tradition that uphold the model.

There is no single source where you can look up the anxiety disease model because:

- It is not formally articulated.

- It is not testable as a comprehensive theory.

- It is based on assumptions from multiple fields (biology, psychology, medicine) but lacks a coherent model.

Reference:

Popper, K. (1959). *The Logic of Scientific Discovery*. London: Hutchinson.

Moncrieff, J. et al. (2022). *The serotonin theory of depression: a systematic umbrella review of the evidence*. Molecular Psychiatry.

What Happens When the Serotonin Deficiency Theory is Criticized?

From "Deficiency" to "Dysfunction."

Since serotonin deficiency could not be documented, and its origin was unclear, the explanation was altered: Now anxiety might be due to a dysfunction in the serotonin system. It sounds more sophisticated but says even less.

Something to Consider:

If one believes that serotonin deficiency or dysfunction is the cause of anxiety, one must also be able to explain why the deficiency or dysfunction occurs. If this cannot be

explained, then the serotonin deficiency or dysfunction is not an explanatory theory but merely an observation, a consequence without a causal explanation.

Therefore: A genuine theory should not only point to an effect but also explain the cause of the effect.

What is a dysfunction? What does abnormal serotonin function mean? What is normal? None of this is defined.

"You have anxiety because your serotonin system is not functioning optimally."

"How do you know that?"

"Because you have anxiety."

This is circular reasoning. The explanation explains nothing but protects itself from being disproven.

The original serotonin deficiency theory has largely been abandoned in modern research precisely because it can neither be substantiated nor aligns with the symptomatology. Instead, attempts have been made to salvage the theory by adjusting its formulation, making it less concrete and thus harder to disprove. It is now often called:

- "Serotonin dysfunction hypothesis"

- "Disturbance in serotonergic transmission"

- "Abnormal regulation of serotonin pathways"

Fancy words that say nothing.

Stop the Creation of Anxiety Thoughts

When individuals approach us at Generation-Anxiety, we always start by addressing the disease beliefs about anxiety that may have been created by the healthcare system before beginning the process towards becoming anxiety-free. It is not possible to become completely free of anxiety if one believes they are ill.

Solution:

Stop the creation of anxiety thoughts, not the thoughts themselves. Without anxiety thoughts, there is no anxiety. We cannot directly control or stop anxiety thoughts, but we can break the cycle that creates them. By removing the fear of anxiety, we also remove the need to think about it. Imagine that the next time you experience anxiety symptoms, you can say to yourself: "Now I feel my body's chemistry again. I'll just jump on the spot to burn off this chemistry."

Our method, developed by Generation-Anxiety.com between 2016 and 2020, was created in response to the limited results from existing anxiety treatment methods that the author experienced over 38 years of anxiety treatment. Rather than being a traditional treatment, it is a lifestyle change aimed at restoring mental state after living with irrational anxiety. The method focuses on transforming negative thinking about anxiety into a more positive or neutral approach. It requires neither scientific validation nor justification, as it simply describes changes to be made in daily life. These changes can be implemented by anyone without cost or medication.

The method addresses the widespread issue of the memory of anxiety's discomfort, which many experience after misinterpreted episodes of irrational anxiety. It is designed to ease the transition from negative to positive thinking and can be applied at home, making it accessible around the clock. This provides an alternative for those who have given up on conventional treatment forms.

While Cognitive Behavioral Therapy (CBT) and medical treatment have contributed to symptom reduction, medical treatment can take time before its effects are felt, which can be problematic. Our method focuses on the memory of past anxiety experiences and the beliefs that sustain the feeling of illness. It assumes that beliefs and memories maintain persistent anxiety. By reprogramming the brain's response to anxiety memories, the method offers a new way to manage anxiety, as a supplement or alternative to existing methods.

The method views anxiety as a psychological process triggered by the fear of repeated anxiety, not a mental illness. The fear of more anxiety is at the core of all anxiety disorders, and it is this fear we aim to address. Irrational anxiety is maintained by erroneous interpretations, avoidance behavior, and excessive attention to non-existent threats.

Reducing the anxiety about anxiety itself is an effective method, as this "Meta-anxiety" sustains anxiety states. By eliminating the fear of anxiety, the cycle that maintains anxiety across diagnoses is broken. The differences between anxiety diagnoses primarily consist of small variations in symptoms and triggers, but the core problem is our misinterpretations of symptoms, avoidance behavior, and fear of recurrence. When we experience anxiety, our neocortex, responsible for rationality, can partially or completely shut down because chemicals related to anxiety are released. This leads to misinterpretations, which are universal for all anxiety diagnoses. Although symptoms and causes may vary, the underlying process behind irrational anxiety is the same.

Anxiety diagnoses have more in common than differences, as the fear is always directed towards more anxiety, not the specific situation that triggers it. Triggers like social anxiety or health anxiety merely define how the anxiety manifests. Therefore, anxiety can be seen as a unified diagnosis, "fear of more irrational anxiety," which is constant across diagnoses and

what we aim to treat. All anxiety diagnoses manifest physically with the same symptoms due to our uniform body chemistry.

Our approach focuses on stopping the creation of thoughts that lead to symptoms, not just treating the symptoms. If one can stop the formation of thoughts, the anxiety will cease.

There is no universal solution. Medication, cognitive behavioral therapy (CBT), and metacognitive therapy (MCT) can be useful but also challenging, as they can keep us trapped in anxiety by constantly reminding us of it.

It is important to remember that even after an unpleasant anxiety attack, nothing inside us has changed. It was merely chemistry, that is, emotions. Anxiety often becomes a disorder because we do not change our erroneous interpretations of the unpleasant chemical symptoms.

If misinterpretations were corrected early, for example through information, many anxiety diagnoses could be avoided. It is essential to inform patients about their experiences and the underlying causes, rather than just diagnosing and prescribed medication. We believe that irrational anxiety always has a rational cause, which a doctor could easily explain in a short time during the first consultation. The anxiety spiral continues only as long as we feed it with misinterpretations. It is crucial to understand that anxiety exists because we maintain it ourselves. Medication and therapies can be helpful, but to achieve freedom from anxiety, it is necessary to avoid misinterpreting symptoms. By stopping the formation of distressing memories and thoughts about anxiety, we can break the cycle. Without past memories of anxiety, new anxiety cannot be triggered. Anxiety memories are created only after the first distressing experience.

Chapter 28: What Does the Research Say About the Method?

Our method represents an innovative approach to treating anxiety, based on solid principles in psychology and neuroscience. Research shows that these principles can influence how we manage anxiety. Self-affirmation has a well-documented effect. Studies show that it can change thought patterns and beliefs. Research in the "Journal of Cognitive Therapy and Research" indicates that repeated self-affirmation can reduce negative automatic thoughts associated with anxiety disorders. Memory also plays a central role in anxiety reactions. Neuroscientific studies, such as those in "Nature Neuroscience," demonstrate that memories of past anxiety experiences can trigger new reactions without real danger. This supports the method's focus on altering negative memories. Avoiding negative labels, such as "I have anxiety," is also important. Research shows that using negative expressions reinforces feelings of helplessness and perpetuates anxiety. Studies from the American Psychological Association suggest that adjusting language can

positively impact self-perception and mental health. These research-based principles show that our method is grounded in well-documented psychological mechanisms, explaining its effectiveness.

To reinforce these principles, we at Generation-Anxiety.com have added tools such as the verbal and visual use of the "I am not sick" poster method, small notes for exposure, and background images for use on digital devices, as well as an app. We have added these tools because the mentioned principles alone were not enough to achieve lasting freedom from anxiety. The combination of visual and verbal self-affirmation and the use of small notes during exposure has significantly improved the method's effectiveness. It is important to emphasize that the method has a broad application range that extends beyond the treatment of irrational anxiety.

Chapter 29: Practical Methods to Overcome Anxiety

Our approach to anxiety management can be compared to cognitive restructuring, a well-established form of therapy. Although it is not identical to cognitive behavioral therapy (CBT), it is the most relevant scientific parallel. The method is designed to be effective for all anxiety diagnoses, as they share certain common challenges, but can be tailored to the individual diagnosis. Cognitive therapies are not optimal, as they are one-to-one therapies and can be expensive, time-consuming, and require a therapeutic relationship, which is not always available. With over 350 million people suffering from anxiety globally, there is a need for a more accessible solution. A one-for-all solution.

Our method addresses this need. It enables sustained freedom from anxiety in a cost-effective manner without the need for medication, expensive therapy sessions, or complicated programs. The material is freely accessible to almost everyone at no cost. The method is active and available around the clock, as it is implemented in the patient's daily life, which is crucial for success. Unlike other therapies based on scheduled sessions with intervals of a week or more, you are never left alone with your anxiety.

As mentioned, the method uses visual and verbal repetitions of positive affirmations, transformative learning, and exposure, which shift focus and thereby minimize anxious thoughts. It is a particularly effective approach that will offer new hope to those who have tried traditional methods without success.

The method was developed in an unconventional way. Instead of theorizing, it was first tested in practice. It originated from an impulsive idea: What if you hang posters in your home? We wanted to see what would happen if one could avoid triggering the discomfort of anxiety. The concept is simple and does not seek to delve into the details of anxiety or change thoughts. The method is designed to be tried, not discussed. The goal is to eliminate the memory of anxiety rather than understand all the causes of it.

When we experience something unpleasant for the first time, our brain forms a strong memory trace, associated with thoughts, feelings, and bodily reactions as part of our survival mechanism. It is these anxiety-related memory traces that we aim to address.

Our extensive testing period showed that by "overwriting" anxiety-related memories, we can return the brain to a neutral state, free from anxiety. However, this requires sustained effort. By "removing" the discomfort, the fear of anxiety is also removed. The goal is therefore to eliminate the discomfort associated with anxiety from one's consciousness.

Anxiety makes us feel ill, and this belief is stored in memory. Thus, we have two elements stored: past anxiety experiences and the belief of illness, which is what triggers future anxiety. It is crucial to convince oneself that one is not ill after the first anxiety experiences, no matter how uncomfortable it was. Without this conviction, anxiety will persist, as the thought of illness will trigger new symptoms. Saying "I am not ill" has proven to have a significant effect, as it helps change the internal dialogue that feeds anxiety.

To avoid "feeding the anxiety," it is important to be aware of your inner self-talk. Notice when you unconsciously repeat phrases like "I am anxious" and change this habit, especially online. An effective method is to replace negative statements with more neutral formulations, such as "I am not ill. It is merely chemical reactions like adrenaline and cortisol causing my discomfort." This creates a clear separation between your identity and the anxiety you experience, emphasizing that it is not a physical or mental flaw but body chemistry.

Breaking old thought patterns requires persistence, and repetition is a key component of this process. It is important to use both visual and verbal support. Over time, your brain will become accustomed to the new language and beliefs, which is supported by research in neuroplasticity. The brain has a remarkable ability to change, forming new neural connections and reorganizing existing ones in response to our thoughts, actions, and experiences.

When we stop "feeding" anxious thoughts and focus on more neutral or positive ones, the brain's networks change. For instance, when you reframe the thought to "it's just chemistry," the neural pathways previously associated with "I have anxiety" gradually become less active. This means that when these old neural connections are no longer activated, the connection weakens.

The importance of changing our inner dialogue cannot be underestimated. Although it may seem trivial, our self-help can be the key to freedom from anxiety. Shifting from statements like "I am anxious" to "It's just anxiety chemistry" creates a psychological distance that reduces catastrophic thinking.

While it may seem simple to replace negative thoughts with rational statements, it requires gradual practice. Old habits run on "autopilot," but by harnessing the brain's plasticity, you can create a new "autopilot" with more appropriate thoughts.

Practical advice to reinforce this process includes reframing statements like "I am anxious." Use self-soothing phrases like "It's just chemistry" or "I am not sick" to create mental calm. Repeated practice is crucial. The more often you change the negative self-talk, the quicker the brain will favor the new pathways. Over a short period, you will notice a significant difference in your daily life.

For those experiencing "debilitating," "extreme," or high anxiety, it's important to recognize that it is also just anxiety chemistry and not a serious, persistent condition.

Freeing yourself from the thought of being "sick" is central to overcoming anxiety. When you think "I am sick," it keeps you in a passive role and undermines the belief in recovery.

The phrase "I am not sick" contrasts with the idea that "anxiety = illness." By stopping seeing yourself as sick, you open up to a more positive perception of body and mind, where anxiety is viewed as a temporary chemical reaction in the body. This change will reduce anxiety, as you no longer identify as "anxiety-stricken," but see it as a biological or chemical phenomenon that can be changed or avoided.

The phrase "I am not sick" helps shift focus away from anxiety-inducing thoughts and symptoms. You cannot think both "I have anxiety" and "I am not sick." Which one you choose determines your state of mind.

It can be challenging to think of something else when anxiety thoughts arise, making it important to practice making this phrase an automatic response. Repetition is key.

By reminding yourself "I am not sick" and placing posters with this text in your home, you can challenge negative beliefs and change your memory of past anxiety experiences. Every time you say or see the phrase, you reinforce a positive belief in your brain.

It's quite simple: Why would I experience anxiety if I know I'm not sick?

With such a mindset, anxiety thoughts stop over time. You can compare it to saying, I have anxiety, I am anxious, my anxiety.

I just want you to understand the power of words.

As mentioned, It's impossible to think "I have anxiety" and "I am not sick" simultaneously, as it creates cognitive dissonance. Saying "I have anxiety, but I am not sick" may seem paradoxical because it combines positive and negative statements. The brain often chooses the negative belief, so it's important to focus on the positive phrase.

When posters with "I am not sick" hang in your home, your focus shifts, and your awareness is challenged by the conflicting statements. "I am not sick" becomes the dominant belief, while "I have anxiety" exists only in your memory without triggering anxiety, as long as you maintain focus on the positive. Over time, the negative phrase will be forgotten because it is no longer used.

However, it is not enough just to have posters hanging. Anxiety is persistent and easily resists attempts to convince it of its absence due to the brain's negative bias. Therefore, verbal positive self-talk is also necessary.

When you are not focusing on "I am not sick," old beliefs can return. It takes many positive beliefs to remove one negative. This process can be slow, but by telling yourself that you are not sick, you also indicate that you do not have anxiety, as anxiety is described as an illness. And that makes all the difference.

Through the brain's plasticity, previous anxiety memories can gradually be "overwritten," as the new belief gains more focus and is perceived as the truth. In a short time, the anxiety memory will become less prominent because it is not activated as often.

When we are convinced that we no longer have anxiety, and therefore do not consider ourselves sick, our goal is achieved. Irrational anxiety may occur again later in life, but by then, you will have the necessary knowledge to handle it.

Many are skeptical of this approach because they do not understand the deeper effect of combining the verbal statement "I am not sick" with visual posters and small notes when leaving home. It is misunderstood as merely positive thinking, but it is an effective conviction technique against anxiety. Repetition is central to this method. When something is heard repeatedly, one begins to believe it, a psychological fact. The method is based on transformative learning, which changes a belief through new experiences, from "I have anxiety" to "I do not have anxiety."

Unlike other methods that change thought patterns, our method takes a step back in the anxiety process, to before anxiety thoughts arise. That is what makes all the difference.

The goal is to address the fear of anxiety, which causes anxiety-filled thoughts. The primary goal is not necessarily to become completely free of anxiety but to convince oneself that one is not sick just because one experiences anxiety symptoms.

It is about avoiding misinterpreting symptoms as signs of illness, as this will reduce them over time. It is important to understand that persistent misinterpretations of anxiety symptoms as illness maintain the anxiety. Therefore, it is essential to break this misinterpretation.

The method works by changing our mindset and language about anxiety, which affects our beliefs. When we stop focusing on the negative, the brain loses interest, and we gradually

experience fewer anxiety thoughts. The process of forgetting is gradual, so be patient and do not be discouraged if the results are not immediate. They will come.

When we focus less on negative episodes, the brain creates space for other experiences. Initially, it may be difficult to avoid anxiety-filled thoughts, but by repeatedly saying "I am not sick," you will reduce them.

The more often you repeat this phrase, the fewer anxiety thoughts and symptoms you will experience. By avoiding the word "anxiety," you will experience a positive change in your life situation. The change in beliefs occurs through the repetition of positive statements, which helps transform negative perceptions of anxiety into more positive and realistic ones.

Every time you use a positive statement, you have not used a negative one.

The method is based on prolonged and repeated positive learning to reprogram the brain so that it no longer recalls past anxiety experiences. Focusing on positive affirmations also reduces the tendency to scan oneself for symptoms, thereby diminishing anxiety's influence. Research shows that repetition is an effective method for creating new beliefs. When a statement is heard often enough, we unconsciously begin to believe it. Similarly, the phrase "I am not ill" works in the same way. When repeated sufficiently, the brain starts to accept it as truth, and the perception of anxiety as an illness will fade.

Beliefs are shaped by our awareness of events. When anxiety is perceived as unpleasant, it can lead to a perception of illness. The mind interprets symptoms as signs of illness, which can create a sense of danger. Therefore, it is necessary to change the belief about illness rather than just focusing on thoughts. The method is effective because it systematically alters the negative beliefs and thought patterns that maintain anxiety. When our beliefs change, our thoughts adjust accordingly, and anxious thoughts can be eliminated.

Our experience shows that people who have experienced irrational anxiety need simple and clear instructions, not diagnoses, medication, or prolonged treatment. They need reassurance here and now, not in 6-8 weeks. They need information and an understanding that their symptoms are due to misunderstandings and misinterpretations of their body's chemical reactions. This method is highly effective as it creates a sense of support from day one. Many recognized treatment methods can leave individuals feeling isolated, which can exacerbate anxiety. After six years of thorough testing, we have concluded that effective anxiety treatment must be active and available around the clock. Without this availability, one risks spending too much time alone with anxious thoughts, especially between therapy sessions or during breaks from medication. The waiting time leads to more unnecessary and anxiety-filled speculations.

Therefore, it is essential to implement a method that can be used at home and on personal devices. Our approach allows individuals to "carry" their anxiety treatment with them, which is crucial in challenging situations. Our method offers exactly this: anxiety treatment

24/7/365. The constant focus on achieving anxiety freedom is crucial. It is important to note that this method does not follow a traditional treatment plan, as there is nothing to treat, but rather something to change instead of curing a disease.

It is important to understand that it is not necessarily the patient's fault if a treatment does not work. Anxiety treatments can be inadequate in their design, theory, and development. I hope you are now thinking, "I can do something here and now."

Chapter 30: What is Transformative Learning?

Our brains protect us from new information, especially those we find uncomfortable or disagree with. This is called transformative learning and refers to the process where we change our beliefs through learning. Accepting new information that contradicts our existing beliefs requires repeated exposure and reflection. A key example is the belief, "I have anxiety." Anxiety-related beliefs are deeply rooted and can be particularly problematic. Realizing that anxiety is not necessarily a disease requires a fundamental change in our perception. This acceptance can raise questions like: "Who am I without anxiety?", "What kind of person will I become?" and "What will my life look like without anxiety?"

To transform our understanding of anxiety, it's necessary to challenge the assumptions we've previously attached to it. Learning about the actual process behind anxiety can be overwhelming, as it requires us to revise our view of anxiety as a disease or a personal flaw.

Although the journey may seem daunting, it's important to remember that perseverance leads to success. Helping those trapped in their beliefs about anxiety is challenging, as these beliefs can prevent them from accepting help.

The statement "I am not sick" may seem simple, but it is profound. Anxiety and its symptoms can create a feeling of constant illness. When we feel sick, we often focus on these feelings, which reinforces them. Saying "I am not sick" challenges the negative beliefs that arise with statements like "I have anxiety" or "I am anxious." This phrase can be difficult to say at first, but its power lies in its ability to change our internal dialogue. Other positive affirmations like "I am strong" or "I can handle this" are also important, but they don't specifically address the feeling of illness as "I am not sick" does.

The purpose of repeating "I am not sick" is to reduce the focus on anxiety and decrease negative language, which becomes easier when one does not identify as sick. Different thoughts arise depending on which statement you use.

Saying "I have anxiety" promotes negative thoughts, while "I am not sick" fosters a more positive mental attitude. Imagine how it could impact your life if you focused solely

on "I am not sick" instead of "I have anxiety." Which statement would be more beneficial? Which approach would most likely reduce anxiety?

Visual reminders, like posters with "I am not sick," serve as constant reminders of this positive thought. Repetition of positive affirmations supports an optimistic mindset, while negative statements have a detrimental effect.

However, it's important to understand that positive thinking doesn't work in isolation; it must be accompanied by concrete actions to create real change. This method is not a simplification of anxiety disorders but a supplement to the existing toolkit.

When we repeat "I am not sick," it creates a conflict with previous beliefs about anxiety as a disease. This makes it harder to identify with statements like "I have anxiety," because the brain cannot hold conflicting beliefs simultaneously. Over time, the repetition of "I am not sick" will weaken the old belief, and one will begin to accept that anxiety is merely a chemical experience, not a disease. This practice is well-documented in psychological research.

Freedom from anxiety doesn't require willpower, but correct information.

Chapter 31: We Can Do What We Want If We Choose To

An interesting question is: Can an anxiety diagnosis prevent us from doing what we want? No. We can do what we want if we choose to. When we experience anxiety, nothing physically changes in our ability to act. Anxiety primarily consists of thoughts that create feelings, which are generated by the body's own chemistry, providing no physical limitations. Therefore, we can still do as before if we choose to. It only feels impossible, but it is not. But why does it feel impossible?

When we experience anxiety, this feeling is stored in memory as a protective mechanism, trying to prevent us from reliving past discomfort. Memory creates thoughts like: "Remember how uncomfortable it was last time. Let's avoid it again." Therefore, our instinctive reaction becomes to avoid the situation to protect ourselves from previously unpleasant feelings.

This limitation in our freedom to act is not due to a physical barrier or an actual reduction in our abilities but stems from memory and the desire to avoid discomfort. Had we not experienced anxiety as unpleasant the first time, it would never have developed into avoidance of certain actions. Therefore, the cause of anxiety is not the problem, as all triggering factors will lead to the same fear of discomfort afterward.

Thus, it is not the anxiety diagnosis itself that is the problem, but the fear of the body's reaction, an internal mental protection mechanism trying to keep us from potentially unpleasant experiences.

The truth is that our abilities and opportunities remain unchanged despite anxiety, as it is merely body chemistry. There was nothing physical about anxiety that could stop us. We know this because we act very physically when we experience anxiety. Anxiety is coded to make us act physically to avoid the danger that triggered the anxiety. Our limitations are solely due to the body's natural aversion to discomfort.

When we believe we cannot do something, it is an illusion caused by the fear of discomfort. So, the question must be: Why is anxiety considered a disease when it fundamentally concerns the fear of new discomfort?

Conclusion: Anxiety is caused by the fear of discomfort, but when this fear becomes exaggerated, uncontrollable, and limiting, it is classified as a disease. It is the extent and consequences of the reaction, not the feeling of fear itself, that determine whether anxiety is considered a disease. This happens because the discomfort has not been handled correctly from the start, leading to ongoing problems with irrational anxiety.

We have chosen to pathologize it instead of learning about the role and significance of discomfort in anxiety. We treat the symptoms in an attempt to avoid it, which is almost impossible, as I experienced myself over 37 years. No treatment can remove the fear of discomfort; only you can do that. Treatment can, in some cases, reduce the fear of more discomfort.

The rational method to overcome the fear of discomfort and regain a normal life without anxiety will be presented later in the book. It is possible to live without anxiety, just as we did before.

When I became aware during my research period that it was the fear of discomfort that stopped me from doing all the things I used to do, I used my notes again. I wrote a somewhat harsh message to myself. "I can do what I want, but I don't dare because of the discomfort it will cause if I try."

And that is the essence of fear of anxiety. We do not want or dare to confront the discomfort because of the discomfort it will cause. It is memory speaking to you here because it has stored the first unpleasant anxiety experience.

But no one should tell me that I don't dare. Not even myself. From that day, I learned an important lesson about anxiety. Can you guess what it is? The answer is at the end of the book.

If you are now unsure about this claim, you can try going outside and confronting one of your anxiety situations to see if anything happens other than a feeling of discomfort. I can assure you 100% that nothing further will happen.

The above does not mean that one should or should attempt to confront their challenges, as it is difficult, but simply be aware that you can do what you want if you want, as there is nothing physical stopping you, but rather a mental belief that we cannot, that stops us.

Remember, you become free when you choose to act despite the anxiety. Yes, it is uncomfortable, but nothing more. The truth is, you are not controlled by anxiety, but by your choices in the face of anxiety.

Chapter 32: What You Have Learned in This Book About Anxiety

You have learned about the two types of anxiety: rational and irrational, and how irrational anxiety can be divided into reinforcing and external. The difference between initial anxiety and subsequent anxiety has been highlighted, along with the six main causes of anxiety maintenance. Misinterpretation of bodily signals and anxiety symptoms is the root of irrational anxiety, and even in illness, it is this misinterpretation that makes anxiety a persistent problem. The body's own chemistry creates unpleasant symptoms, and it is not the thoughts but the memory's thought-creation that sustains the anxiety.

Avoidance behavior is a major amplifier of anxiety, and the way you talk about anxiety linguistically affects whether it is experienced as an identity or as temporary. Beliefs about the danger of anxiety keep it alive. Genetics, brain chemistry, and social conditions only affect the interpretation of anxiety, not the triggering of anxiety. Traditional treatment helps only about 20%, while 80% do not experience lasting improvement. See appendix.

You have learned that anxiety does not arise from illness but from the misinterpretation of the body's natural signals and symptoms. Transformative learning and a new understanding can lead to freedom from anxiety. Anxiety can be unlearned by stopping attributing danger to the symptoms. Repeated misinterpretation over activates the amygdala and the nervous system, but this can be halted. Medication may have dull symptoms, without us fully understanding why, but it does not change the brain's learning and therefore does not lead to freedom from anxiety.

The misinterpretation theory supplements and challenges other theories to find new solutions. Reading the chapters multiple times can reinforce learning, as repetition promotes understanding. We will now use this knowledge to improve your likelihood of becoming free from anxiety.

Chapter 33: How is the method tested?

This is not a treatment. These are simple changes to be implemented in your daily life.

Anxiety makes us feel sick due to the discomfort it causes. Those feelings convince us that we are ill. This is reinforced when we seek help and possibly receive a diagnosis and medication. Therefore, our primary goal is to eliminate this perception of illness. As mentioned, it only exists because anxiety is experienced as a disease. But it is not a disease, only a belief in illness. It is incredibly important to understand and accept this.

We will explore whether we can change your perception of anxiety. Through eight years of research, I have gained insights into irrational anxiety that have helped me live anxiety-free. Irrational anxiety cannot exist without misinterpretation, as anxiety requires a mental process to be sustained. Without an interpretation that turns a situation, bodily sensation, or thought into a threat, the anxiety will disappear. When the brain does not assess a sensation or thought as dangerous, the anxiety cannot persist. Anxiety becomes chronic when fear is maintained through repeated misinterpretations. And this only happens because one has not been correctly informed about anxiety. Without new misinterpretations, the anxiety will gradually fade, as the brain will no longer perceive it as a threat. This is identical to rational anxiety: when a real threat is removed, the anxiety disappears. The essence of irrational anxiety is that without misinterpretation, it ceases automatically.

We will now focus on stopping the misinterpretations so that the anxiety can cease.

Let's now look at strategies to avoid further misinterpretations. Note that the statement "I am not ill" is intended for anxiety diagnoses that involve fear of the anxiety itself, not for PTSD, OCD, GAD, or anxiety as part of other disorders. The key to becoming free from anxiety is to stop thinking about the anxiety, which can be difficult when you've experienced it. This is why the phrase "I am not ill" is effective, as it contradicts the belief of being sick with anxiety. The phrase needs to be tested to understand its power.

Think about it. Why shouldn't one say "I am not ill" when it's demonstrably true? It's important to accept that all the symptoms you feel are created by the body's chemistry, for a reason. Not illness. Just because it feels uncomfortable doesn't make it an illness. We don't consider the feeling of joy a disease, so why consider the feeling of anxiety as one just because it's uncomfortable? Because discomfort challenges us. It has led humans to define it as a disease in the past, without being willing to change this misunderstanding in the present system.

Discomfort is the only reason anxiety is defined as diagnoses today. We know this because if anxiety weren't uncomfortable, we wouldn't perceive it as a problem. When you say, "I am not ill," you remove attention from the anxiety and begin to question your belief in being sick

with anxiety. It can be challenging to say the phrase aloud, as it conflicts with established beliefs, and visual reminders are recommended to support this process.

It's not enough to simply repeat the phrase as a positive affirmation. It's about integrating the change into your life so that it becomes visible in your home and daily life. Anxiety symptoms arise when you focus on the anxiety. Therefore, the phrase "I am not ill" should be used constantly to divert attention from anxious thoughts and strengthen the belief that it's not an illness. It should become part of your new self.

The phrase has two important functions: It reminds you that anxiety is not an illness, which calms the mind, and it shifts focus away from the anxiety. By repeating "I am not ill," you avoid thinking about the anxiety, as the brain can only focus on one thought at a time. It's also important to avoid the word "anxiety," as it keeps you in an unnecessary spiral. For your well-being, it's essential to shift focus from "I have anxiety" to "I am not ill," even if you feel anxious.

A step-by-step guide is not necessary, as we are not talking about a treatment but a few changes in your life. Just follow these three steps: 1. Make posters, 2. Create small notes with "I am not ill" to carry with you, and 3. Repeat the phrase aloud, many times, to yourself daily. Live as you usually do while the method works in the subconscious.

It is recommended to remove the word anxiety from your vocabulary to ease the process of reducing symptoms. Consider trying the method, especially if other treatments have not been effective. The method focuses on the fear of anxiety and simplified treatment by addressing the common fear of discomfort in all diagnoses. If you are already in treatment, our method can be used alongside it. Saying "I am not ill" will have a significant psychological effect. The words we choose affect our thoughts and feelings. Positive statements can create a more pleasant feeling. By repeating that you are not ill, even when experiencing symptoms, you can change your focus.

In the beginning, there may be symptoms, but over time, altered thought patterns will lead to fewer. It is crucial to be clear about the method before you start. If you have doubts, it might not be the right choice at the moment. Inner resistance to the method will naturally hinder its effectiveness.

To fully benefit, it is important to understand what the method entails and why it works, unlike medication, which is taken without a clear understanding. Let's get started.

Here are our recommendations: Begin with paper, preferably A4 or larger, and later a canvas measuring 60 x 80 cm, along with acrylic paint in a color of your choice and a brush. These materials can be found at your local hardware store. Alternatively, you can use a pencil, pen, or markers.

Write on the paper or canvas: "I am not sick" or "I am not sick, just thought-challenged." Repeat these sentences aloud daily. The more often you do it, the quicker you will see results. Hang the paper or posters with the text "I am not sick" in your home and continue with your daily activities. The more posters, the better.

Read the book multiple times to gain a deeper understanding of the method. If possible, stay home for the first two weeks to get used to the positive messages without interruptions. Before you go out, the phrase "I am not sick" should be embedded in your consciousness—like a tune you can't get out of your head. Learn to focus on the thought that you are not sick.

Many with anxiety think: "What if I really get sick one day? Then I can't just say it's nothing. That I'm not sick. That would be irresponsible." But that thought is itself an expression of anxiety. When you are truly sick, you can feel it. The feeling is different from anxiety symptoms. In my 40 years with anxiety, I was never in doubt when I was actually sick. The body feels different. It's a different kind of discomfort.

When we are physically ill, we don't have the classic anxiety symptoms. The body shifts focus to the illness because it is a real threat. It tries to heal, not to alarm. You can feel anxiety related to illness, but it is a more rational concern that disappears when you are well again. It's a kind of "rational irrational anxiety" that everyone can experience.

After about two weeks, many will feel more secure going outside. It will be helpful to have a note with the phrase in your pocket so you can focus on it instead of the anxiety. If you don't notice improvement, you can repeat the process after a week or two until you feel more comfortable. Regardless of the symptoms you may experience, the posters will be a great help in reducing them and the associated thoughts. These posters are useful for anyone with anxiety challenges.

Imagine having these posters hanging in your home for a year. Will it decrease or increase your anxiety issues?



LIVING ROOM



BEDROOM



BATHROOM

This is how my home looked for several years. The posters made all the difference. This method can also be beneficial for lighter mental challenges like depression and stress, as it promotes a more positive daily life. The duration to achieve anxiety-free living with this method varies from person to person. Some achieve results quickly, while others may need extra support. The most important thing is to take the first step, as this is the most challenging part of the process.

You may still encounter previous anxiety triggers outside the home, but they will not affect you in the same way after working with this method. Returning home after an anxiety episode can mean you still carry worries from outside. However, the method changes your ability to recognize that you are not sick when you see the posters at home. This shift in perspective will reduce anxiety and lessen worries.

This method works because the brain cannot ignore the massive positive information: "I am not sick," and over time, it will start to believe it. Carrying a note with the phrase "I am not sick" in your pocket can alleviate acute anxiety symptoms by focusing on this message. Posters create a positive atmosphere, making it difficult to maintain the thought "I have anxiety" when you constantly see "I am not sick." It's not about ignoring the anxiety but about changing how we relate to it.

The method involves repeating the phrase "I am not sick," regardless of how you feel. It is effective because it helps shift focus from anxiety to the awareness that you are not sick. It's important to avoid triggering memories of anxiety by focusing on something more constructive.

Let's try the method in practice. This experiment is voluntary, but I encourage you to participate if you are motivated. Keep a note with "I am not sick" in your hand as much as possible. It doesn't matter what you think of the idea now. As with many approaches to personal development, it's necessary to try the methods to see their effect. If you can find the motivation to follow this instruction, you will find that anxiety quickly diminishes because you shift focus from the anxiety to the note. It may be hard to believe, but it's worth trying. I insist because I have seen how it has helped many others, and I wish the same for you.

If you are skeptical, it's even more important to try the method. It may be criticized by professionals since anxiety is considered complex, but the most reliable way to find out if something works is to test it. It is effective because it makes it clear that there is no physical or mental defect. Ultimately, anxiety is about avoiding discomfort.

Summary: Take some paper and write "I am not sick" on it. Hang the notes in various places around your home. The more places, the better. Use Post-its if necessary. Put them on mirrors, kitchen cabinets, nightstands, refrigerators, TV screens, computer monitors, and the back of your mobile or tablet. Repeat the phrase "I am not sick" to yourself as often as possible every day.

When you feel ready, you can go to the nearest hardware store and buy canvases, preferably in the size of 60 x 80 cm, along with black acrylic paint and a brush. I recommend these dimensions as they have shown to provide the best results compared to an A4 sheet through extensive testing.

Paint "I am not sick" on the canvases and place them strategically in your home. Also, take a note with this phrase with you when you leave home and hold it in your hand, even if it gets crumpled.

It can be challenging to manage symptoms in public spaces, which can worsen anxiety. Respond immediately to the slightest symptoms, no matter where you are. Actions like jumping in place or making small movements will naturally reduce anxiety.

When we constantly experience anxiety symptoms, we often focus on the anxiety itself out of fear of worsening. It is recommended to carry a note with "I am not sick" with you everywhere. This note can be placed strategically depending on your type of anxiety. For example, it can be placed on the car windshield for driving anxiety or held in hand for social anxiety. The note can also be useful for health anxiety and panic anxiety.

The purpose of the note is to distract from the onset of anxiety symptoms. Distraction is an effective technique that helps shift focus away from the symptoms. Although it may be perceived as avoidance behavior, the note allows you to engage in activities you would otherwise avoid. The method is simple, but its potential to change your focus and experience of anxiety is significant.

Although the method is simple and effective, changing deeply ingrained beliefs can take time and require persistence. Relapses or unexpected reactions may occur, especially during stressful periods. For some, the change may take longer, particularly if anxiety has been a part of life for many years. Be patient.

Another challenge is avoiding negative labels. It is important to change the language around symptoms and focus on altering habitual expressions. Gradual changes in language use will help, and reminders like posters or notes will be useful to remember to say: "I am not sick" instead of "anxious."

Lack of motivation can arise, especially when results are not immediately visible. Reread the chapters that inspired you and make a list of the small progress you have achieved. Every change, no matter how small, is a step forward. Changing deeply ingrained anxiety beliefs requires time and patience, but it is possible.

In my own journey towards becoming anxiety-free, I stopped using the word "anxiety" and began referring to it as a "chemical challenge." This change was significant; "I am anxious" became "I am challenged." Avoiding writing and talking about anxiety will have a positive impact on your life situation. By applying the techniques I have presented, you can significantly increase your chance of overcoming anxiety.

It is important to understand that you are not sick, but challenged, just as I was. The specific challenge you face is the fear of experiencing unpleasant anxiety symptoms again. I have provided you with information, knowledge, and tools to tackle this challenge, and now it is up to you to apply them in your daily life.

This text aims to show that you have the power to make a difference in your life. Research shows that activating your own resources and strategies can lead to significant improvements in mental health (Kuhl & Beckmann, 1994). Do you remember the text: "We can do what we want"? Let's complete it so you understand that you can do what you want. Many might think: "I can't. You don't know how debilitating anxiety is for me." But trust me, I understand it after decades of anxiety and its limitations.

What holds us back is the body's natural protective mechanism. Our memory creates thoughts that evoke fear of discomfort, and our instinct is to avoid it. Think of it as having burned yourself on a hot stove. Next time, you will automatically avoid touching it. It's the same with anxiety. Once we have experienced the discomfort of anxiety, the body will try to avoid it again. For the body, the origin of the discomfort is not crucial. It reacts to all discomfort to avoid it. Therefore, it is important to understand that it is not the anxiety that stops us, but the fear of the discomfort it brings. If we could remove this fear, we could do anything, as there would be nothing to fear. We must accept that our reaction to anxiety is a protective mechanism, not a disease. It is the body's chemistry that creates anxiety symptoms, and they are always time limited. It is important to stop giving anxiety unnecessary attention and instead focus on changing your mindset.

I can assure you that there is nothing dangerous about confronting situations that trigger anxiety. It may feel frightening, but the worst thing that can happen is a feeling of discomfort. Your thoughts are merely trying to stop you by reminding you of this. Remember, it is feelings, not actual danger, which limit us. Your anxiety is no worse than anyone else's. We all experience the same bodily chemistry and discomfort but interpret it differently.

I have personally overcome the discomfort of anxiety after many years, and I know others can too, because we all function in the same way. It's about learning how to do it. Although we experience anxiety differently, it is the fear of discomfort that unites us. Therefore, we must work with the discomfort. If we can stop the anxiety-filled thoughts, everything else will fall into place. The goal is to return to the state we were in before anxiety hit us. A state without memories of the unpleasant.

Chapter 34: Seeking help is a strength, not a weakness.

Acquiring knowledge and tools is the first step towards managing anxiety. The next, and most challenging, step is to translate this knowledge into action. Anxiety can be a deeply rooted companion, and when it is constantly present, it can feel impossible to break free from its grip. The purpose of this book is to guide you in applying methods and techniques to effectively manage anxiety.

It's natural to feel that you don't possess the same willpower as others. Many may find themselves giving up along the way. Without willpower, information and knowledge can seem insufficient. This is where the importance of support comes into play. Involving a partner, friend, or family member can be an invaluable help in your journey to implement the described techniques. Most people are willing to support, even if they may not know all the details. Empathy enables us to understand and share others' feelings. Would you ignore a friend who asked for help? Probably not, and your friend wouldn't ignore you if you needed support.

It's important to overcome the fear of reaching out for help, as many are willing to step in. Isolating yourself with anxiety can worsen the situation, and it can feel overwhelming to take the step out into the world. Therefore, it is crucial to seek help and support. Sometimes it requires trying new methods when familiar approaches no longer work. Waiting passively can lead to stagnation. Research shows that a combination of strategies is necessary to overcome anxiety (Klein, 2016). It's not just the methods we describe here that can help you; your own motivation and willingness to actively work towards an anxiety-free life are crucial. This requires a persistent effort.

The only thing left now is to try the methods we've discussed if you haven't already started. I hope you have the note from the book's introduction in hand and are ready to take the steps towards change. If not, please take out the note now. Many may wish to discuss our method from a scientific perspective and demand evidence and data. However, it's important to understand that the method is based on rational thinking about an irrational challenge and our own beliefs. This is not traditional science, but rather a practical approach to tackling anxiety.

In your journey to overcome anxiety, it is crucial to remember that you are not alone, and there is support available.

Chapter 35: Conclusion

Which model of anxiety do you choose to subscribe to? Do you view anxiety as a mental disorder requiring long-term medication or extensive therapy? Or do you embrace a more descriptive approach, where anxiety is understood as a misinterpretation of unpleasant symptoms, creating persistent memory traces and subsequent anxiety?

I have presented an alternative understanding of anxiety, which opens up a new path to overcoming it. The essential shift is moving from seeing oneself as ill to recognizing that experiencing symptoms or thoughts does not necessarily mean you are sick. When you can tell yourself, "I am not sick," you will experience a significant boost in your daily self-confidence.

We have examined the traditional perception of anxiety and concluded that irrational anxiety can be seen as a chemical reaction in the body, maintained by memory traces from past unpleasant experiences. The problem does not lie in the symptoms themselves but in the belief that these symptoms indicate illness.

The method I have presented focuses on changing these fundamental beliefs. By rewriting negative beliefs, one can break free from anxiety. Through simple self-affirmations, exposure without reaction, and avoiding negative labels, you can begin to change the entrenched perceptions of anxiety as a disease. With the newfound knowledge and tools, we have discussed, you can work on altering your perception of anxiety and reducing the limitations that irrational anxiety imposes.

It is crucial that we open up to alternative theories and methods, especially when current treatments are only effective for a fraction of those challenged by anxiety. We should strive for a broader dialogue that includes both professionals and non-professionals to explore different approaches and methods for treating irrational anxiety.

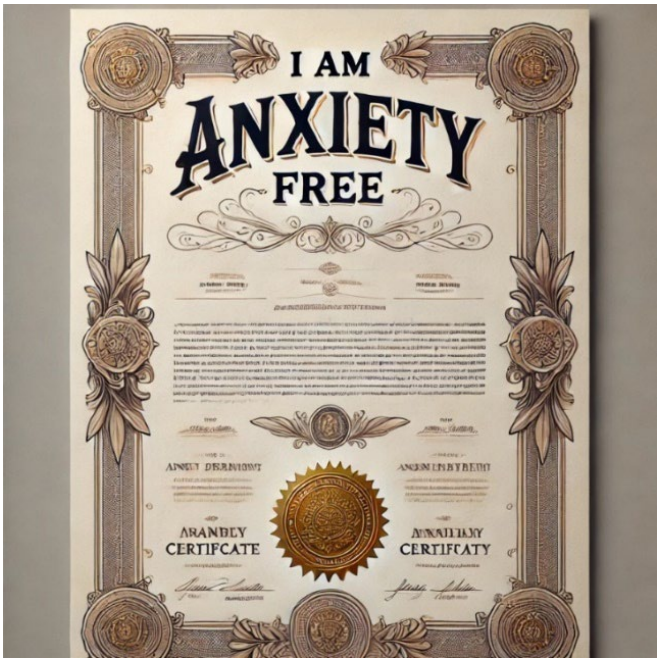
There will surely be those who argue that if it were so simple to become anxiety-free by applying the presented method, everyone would be anxiety-free. My experience and the

feedback I have received since 2020 indicate that an extremely high percentage experience significant improvement. The challenge lies in getting people to test the method, as many have been told that anxiety is a condition requiring medical treatment. It is understandable that many find it easier to accept a diagnosis rather than consider the possibility that there could be a more rational explanation for their anxiety.

I encourage you to try this method if you have an anxiety diagnosis. You can choose to dismiss it after two months, which is the necessary timeframe to assess its effect. I look forward to hearing your thoughts and suggestions.

Some will point out that my approach overlooks the complex social, genetic, and psychological factors said to be associated with anxiety. However, it is important to note that while these factors play a role, it requires a misinterpretation of the anxiety for it to become problematic. Even childhood traumas, which can trigger the initial symptoms, must be misinterpreted to create lasting problems.

The "I am Anxiety-Free" diploma is a powerful tool with a profound psychological impact, designed specifically for individuals with anxiety diagnoses where the fear of anxiety is a significant part of the experience. It is not intended for those with PTSD, OCD, GAD, or anxiety resulting from other disorders.



Achieving freedom from anxiety can have a remarkable impact on one's self-esteem and confidence. To ensure I remained anxiety-free, I hung up a certificate affirming my condition. Every time I saw it, I was reminded of my victory over anxiety, which filled me with joy and pride. The phrase "I am anxiety-free" is a powerful contradiction to negative beliefs and is effective because of its positive message.

Being able to tell yourself that you no longer fear anxiety or its unpleasant symptoms is a milestone. When you can say "I am anxiety-free" and genuinely believe it, it marks a significant transformation. This certificate is your acknowledgment for the day you feel ready to consider yourself anxiety-free. Print it out, hang it up, and let it be a constant reminder of your journey toward freedom from anxiety. Also, consider placing it alongside posters affirming that you are not ill, for additional psychological support.

Who wouldn't want to be able to say "I am anxiety-free" to family, friends, and most importantly, to themselves? The insights from this book are only valuable if they are put into action. Understanding anxiety is not enough. It requires an active effort to implement the tools and techniques presented. Research shows that active participation in one's own anxiety treatment can lead to lasting improvements (Hofmann et al., 2012). Take these steps and experience the transformation.

Remember, the only thing that has told you that you have anxiety is your own fear of experiencing the discomfort again. But that is not anxiety; it is merely an ingrained fear of experiencing discomfort again, just as we fear many other unpleasant things. Everything you feel is chemically created and not a real danger or illness.

Chapter 36: A Crucial Call to Action

When the recognized ways of treating anxiety do not help the individual, why does our healthcare system insist that they are the only way? Why don't we open up and offer other perspectives, other ways to help, when up to 60 to 80 percent demonstrably do not receive the help, they need and expect?

What good reason can there be not to offer another explanation, especially to those who have already tried everything without becoming better permanently? None. These people have nothing to lose. They have already lost faith in the help they were promised by a system that was supposed to help them.

Just look at the thousands, even millions of people seeking support in online anxiety groups. It is a cry for help from those who have lost faith in the system. They have nowhere else to turn when the known treatment does not work because the system does not catch them but leaves them on years-long medical symptom treatment. These groups exist precisely because the system fails.

And let's be completely honest: We don't need more trials to see that the current "knowledge" does not match reality. If that knowledge were so strong, why do so many receive no help? Knowledge is about what works in practice. When practice fails on such a large scale, we must dare to try something else. Perhaps the lack of effect simply means that our fundamental understanding of anxiety is wrong for a great many patients.

It's not about replacing one method with another. It's about making room for other understandings when the common understanding is not effective enough. It's about genuine choices. The option to choose something else when what was chosen for you is demonstrably not good enough. It's about giving the choice back to those who have to live with it when a treatment doesn't work, because they are the ones who feel the lack of effect.

As long as we see these online anxiety groups growing with their millions of disappointed users, we know that something fundamental isn't working well enough. Therefore, we have a responsibility to change the way we approach anxiety—or at the very least, offer something different.

If we genuinely want to help people with anxiety, we must ask ourselves the inevitable question: What do we have to lose by offering a new understanding to those who never found help in the old ways? The answer remains: Nothing. But individuals and society as a whole have everything to gain. Continuing as we are can only be seen as an active choice to maintain suffering.

The Way Forward: What Can We Do?

Imagine if the entire healthcare system had a special folder, built on the ideas from this or other books, that they could distribute, for instance, after half a year without results from known methods. It wouldn't be a replacement, but a new hope, which is what drives all anxiety treatments in the first place. It would be a sign of genuine compassion, patient consideration, and foresight. And if it doesn't work either, nothing is lost, as they were already in that position.

Conclusion: Since patients have already been left to their own devices with their medication, it should be an easy choice to offer a different understanding. Anything new would bring hope. You now have knowledge that most people with anxiety do not. Therefore, use what you have learned. What will help you talk more about your symptoms or discussing how you misinterpret your symptoms?

Chapter 37: Anxiety Education in the School System

Why should we first learn, and perhaps even learn incorrectly, about anxiety when we've experienced it and become afraid of it?

I am not a healthcare professional, but I have an opinion based on my 45 years of experience with irrational anxiety. Unfortunately, I've dealt with anxiety more than most people will in their lifetime. And it's sad that it ended up that way because it wasn't necessary.

As I've mentioned several times, irrational anxiety should not be regarded as a disease but rather as a result of the body's chemical processes. It's important that children and young people, as well as everyone else, understand this from an early age.

We must start in a completely different place if we want to combat the growing distress among children and young people. Not in psychiatry. Not in the pill bottle. But in education. Children should not first learn about anxiety when it has already become entrenched as a diagnosis; they should learn about emotions before they misunderstand them. In puberty, when emotions are flooding in and out of the body, they need explanations—not medical explanations, but human ones.

Love, anger, joy, and anxiety have one thing in common: they are bodily chemistry activated by thoughts, senses, and situations. They feel intense, especially for young people in puberty, but they are not dangerous. When young people understand this, they do not misinterpret the discomfort as something pathological. This is precisely where misunderstandings begin: when expressions of emotion are pathologized.

Imagine if, instead, we said to a child: "That was quite a strong reaction, but it was just your body's chemistry, and now it's over. We all experience it." The child would then understand that emotions, even the uncomfortable ones, can come and go without receiving a diagnosis, without medication.

But that's not what we do today.

How do you know if a child has a serotonin deficiency or a genetic predisposition to anxiety? You don't, because it can't be reliably measured. Yet diagnoses and SSRIs are prescribed without testing for chemical deficiencies, as if the discomfort were due to a specific chemical error.

But children are not born with anxiety. They are born with emotions. It is only when they perceive these emotions as dangerous that anxiety can begin. It is the memory of the first anxiety experience that becomes the problem, not the chemistry itself.

Therefore, it is not the anxiety itself that needs to be treated, but the interpretation of it. If children understand that anxiety is merely chemistry, they learn not to fear the feeling, and then anxiety stops taking hold.

Anxiety treatment today is essentially about hope. We prescribe medication and send people to therapy because we hope it works, not because we know what we are doing. If we did, the recovery rates would be much higher.

SSRIs attempt to lift the mood so that one becomes "happier" and thus does not focus as much on the anxiety. This makes sense for depression, which is indeed about lowered mood. But anxiety is not about mood; it is about memory and fear of repetition. And serotonin does not change the content of fear.

The biggest mistake in understanding anxiety has been that professionals have focused on the symptoms: heart palpitations, restlessness, sleep problems. From this, they have deduced that something is wrong inside, perhaps a serotonin deficiency, perhaps a mental disorder. But they have overlooked what creates the symptoms: namely, misinterpretations of the body's signals.

If you believe your heart is about to explode, the body will react. Not because you are ill, but because you think you are in danger. And if this happens enough times, the brain stores it in memory as something to be avoided. And thus begins the fear of fear.

We have created a system that makes children and young people afraid of their own feelings. It is time we turn this around. We need to teach them that discomfort is not dangerous, that feelings are chemistry that the body produces and burns off. The worst thing one can do is begin to fear the feelings themselves.

The question must be: What exactly are we calling a disease when we talk about anxiety? What is the measurable, documented defect we are trying to treat? If no one can answer clearly, then we must conclude the only logical thing: that anxiety is not a disease. And therefore, we should not treat it as one. We must understand it and teach others the same, especially children and young people. For the sake of the children, for the parents, for the future, and for society.

It is crucial to invest in education about irrational anxiety, especially in primary schools, to manage it from the start. Today, anxiety develops uncontrollably because it is pathologized through diagnoses and symptom treatments, which exacerbates the problem instead of solving it. We should therefore focus on a more rational approach to anxiety that challenges the dominant disease theory, which neither has nor can solve the problem.

Imagine a world where everyone understood that anxiety is an unpleasant but harmless chemical reaction in the body. If people knew that anxiety is not a disease, fewer would fear it at the first experience. By not attributing excessive significance to the first anxiety experience or misinterpreting it as dangerous, the likelihood of persistent anxiety is reduced.

The key is to change focus after an anxiety reaction. Instead of analyzing the symptoms and worrying, we should understand that it was merely a temporary chemical reaction in the body. We must recognize that we were not ill but merely misunderstood the body's signals, which created the discomfort. When an anxiety reaction is misinterpreted, it can be difficult to change perception because the brain associate’s anxiety with danger due to the discomfort it creates.

Therefore, it is important to educate children and young people about the understanding of irrational anxiety before they experience the first symptoms.

Imagine two scenarios: In the first, schools teach that anxiety is a chemical process experienced as unpleasant. That we misinterpret our body's signals as danger, and therefore feel the discomfort adrenaline creates, and that one is not ill. Would this reduce the number of anxiety diagnoses among young people?

In the other approach, anxiety is taught as a traditional concept, where it is viewed as a genetic disorder or an imbalance in the brain, essentially a condition requiring diagnosis and medical treatment. Would this change the number of diagnoses?

Anxiety is a mechanism designed to protect us in life-threatening situations, not a state we should repeatedly experience without danger. When irrational anxiety returns, it is not due to a bodily malfunction but rather our memory and misinterpretation of the experience.

It's time to reassess how we teach about anxiety, not as a disease, but as a natural yet misinterpreted process that can arise in challenging life situations. It is crucial to understand that experiencing one or more irrational anxiety attacks does not mean something is wrong with you. Being able to say, "I am not ill, it was just my own, albeit unpleasant, anxiety chemistry that I misinterpreted," will reduce the fear of anxiety.

By implementing this approach in the educational system, we can create a generation with a healthier understanding of anxiety, better equipped to handle it. Research shows that early intervention and accurate information can significantly reduce anxiety levels (Hofmann et al., 2012). Let us work towards a future where anxiety is seen as a natural part of being human, even if it is experienced as unpleasant, knowing that it is entirely harmless to us.

Let's teach why anxiety feels unpleasant, so we avoid misinterpreting it. We should understand the chemistry of anxiety and the body's natural defense against discomfort. It is important to educate the younger generation about the pitfalls of anxiety, as described in this book.

Sick Leave or Disability Pension Due to Anxiety – Why?

In 2017-18, I became free from anxiety thanks to having the right knowledge about it. This raises an important question: If I had had access to this knowledge back in 1979, what would have prevented me from overcoming anxiety then? Was it really necessary for me to live with anxiety for 38 years because of a theory of illness that never truly fit me, but seemed to fit the healthcare system's framework better?

When I finally became free from anxiety in 2018, I began to reflect on all those years of sick leave and social withdrawal. I was overwhelmed by a deep sense of guilt when I thought

about all the periods where I withdrew from work and daily life. Back then, I had learned to see irrational anxiety as an illness, and this led me to say no to many opportunities and let anxiety control my life. I accepted, without question, the professional explanation that I was ill, and that medication and therapy were the solution. Now, I can see that many of those periods of sick leave could have been avoided if I'd just had the knowledge I have today.

Anxiety Is Not Necessarily an Illness

Today, I know I was never truly "ill" just because I experienced irrational anxiety. There is a deeper dimension here that society often overlooks. The number of people on sick leave due to anxiety increases every year, even though there are many forms of treatment—most of them based on the assumption that anxiety is a disease. But this assumption does not necessarily solve the problem.

If we changed our understanding of anxiety and stopped seeing it as an illness, we would probably see fewer people going on sick leave. It is rarely the anxiety itself that makes us step back from life, but rather the fear of experiencing that discomfort again. If medication and other treatments truly cured anxiety, we wouldn't be seeing an increase in the number of diagnoses—but we are.

As I've said before, anxiety only gains power over us when we misinterpret the uncomfortable symptoms. If we avoid this misinterpretation, we can continue living without major problems. It's not the anxiety itself we fear, but the discomfort it brings—and that fear is what leads us to withdraw from work, social situations, and everyday life.

What Is It That We Really Fear?

This raises a key question: What is it, exactly, that we fear about anxiety, to the point where we let it take over our lives? What catastrophic scenarios do we imagine when we feel anxious—apart from the discomfort that we can't explain but simply want to avoid?

Often, sick leave isn't about a real physical illness, but about the wish to avoid the feeling of anxiety. Next time you consider calling in sick because of anxiety, ask yourself: What exactly is it about anxiety that makes me feel I need to stay home? Is there a real danger, or is it simply the wish to avoid discomfort? The more precisely you can answer this, the clearer it becomes that anxiety is not an illness but an experience that only gains power over us when we try to avoid it.

We often go on sick leave because the anxiety is never stopped, and so it's allowed to grow and affect our daily lives. The "illness" does not just disappear, and one can become even more caught in anxiety's web—even with treatment. Many people are signed off sick with anxiety because they don't understand what irrational anxiety really is, and instead interpret the symptoms as signs of illness.

Education and Information as a Solution

If we began to educate patients about the mechanisms of anxiety, many cases of sick leave and early retirement could be avoided. If the discomfort itself disappeared, there would be no anxiety left to fear, and therefore no reason for sick leave. That's why it's so important to address the discomfort we experience—not just the symptoms.

The chemistry of anxiety can affect many of the body's organs, making us feel abnormal or ill. Tragically, many people who have struggled with irrational anxiety for years end up on a disability pension, simply because the anxiety was never understood or treated correctly. This is sad, because anxiety does not cause permanent damage—neither physical nor psychological. Yet some end up on a pension because, over many years, they have been convinced that they are sick and incapable.

I myself lived under this belief for almost 40 years and was offered a pension several times, but I refused. I know what it's like, and that's why I can write about it. Research shows that the right understanding of irrational anxiety can lead to much more effective coping strategies and reduce the need for sick leave (see, for example, Clark & Beck, 2012). It is time to challenge the traditional perception of anxiety as a disease, and instead see it as an uncomfortable experience that we can learn to handle.

The Role of Society and the System

Sadly, sick leave due to anxiety is a complex problem, deeply connected to society's view of anxiety as an illness. The healthcare system has contributed to this problem by focusing on diagnosis and treatment, but without addressing the underlying causes. In this way, the system itself helps keep people trapped in sick leave.

When we present well-documented methods for dealing with anxiety, we often encounter resistance from the system, which still sees anxiety as a chronic condition. Sometimes it even seems as if society prefers to live with these limitations rather than admit that anxiety can be understood and managed rationally. This resistance is deeply rooted in the belief that anxiety requires medical treatment and is something you just have to live with. And when that message is repeated again and again, people start to believe it.

The Way Forward

The solution is to learn to understand irrational anxiety rationally, and recognize what it is—and what it isn't. Psychiatry classifies irrational anxiety as a mental disorder, not necessarily because it's the truth, but because it is an accepted assumption. We must ask ourselves: Is it rational to treat and medicate something as a disease when it hasn't been fully documented and is based on assumptions? Can we rethink our understanding of psychiatric diagnoses, which are often based on symptom descriptions rather than biological tests?

We should question a system that diagnoses millions with anxiety and prescribes medication that only relieves symptoms without solving the actual problem. The idea that irrational anxiety is a disease is largely based on interpretations made by a small group of people fifty or sixty years ago—not on solid scientific evidence.

If irrational anxiety truly were a disease, how could rational methods then remove irrational fear without difficulty?

For professionals working in the public sector who encounter people who believe they are so ill with anxiety that they apply for a pension, we can offer guidance on how to approach these cases and ensure that they receive accurate information about anxiety. This will benefit both the healthcare system and those living with anxiety.

Ideally, every workplace and institution should have access to a rational anxiety manual to help prevent sick leave and early retirement. A template for such a manual can be requested by contacting the author or visiting our website. When people call in sick or seek disability pension, it is often about the fear of experiencing anxiety again—not about a real illness.

This text is controversial, but I have tried to explain my experiences and perspectives as honestly and gently as possible.

Chapter 38: What You Can Take Away from the Book

Anxiety is a natural part of life, but it is important to understand that it is not dangerous, just uncomfortable. Many mistakenly believe in the feeling of anxiety instead of the scientific understanding. Freedom from anxiety is not about being completely free of anxiety but about letting go of the fear of it. Fear keeps anxiety in our lives, and persistent anxiety is due to an ingrained fear reaction. If we could "erase" the memory of past anxiety experiences, we would be free from anxiety.

Anxiety does not arise because something is wrong with us, but because we fear the unpleasant symptoms. It is about understanding anxiety as a temporary state, influenced by past experiences and thoughts. Many maintain anxiety because they do not understand what is happening to them. It is a state, not a disease. Breaking the cycle requires rational thoughts. Irrational anxiety thrives only through misinterpretations. Without them, anxiety would be experienced as a temporary reaction that disappears when the threat is gone. The solution is not to fight anxiety but to understand it as a form of protection.

To avoid unnecessary triggers of anxiety's chemical reaction, it is important not to give it undue attention. To break the cycle of anxiety, we must stop feeding it with thoughts.

Understanding the true nature of anxiety requires letting go of disease thinking. When we see anxiety as a disease, we render ourselves powerless. It is possible to change our belief about being sick and anxious if we choose to.

Memory plays a central role in maintaining anxiety. Therefore, it is necessary to work with past anxiety experiences. The longer one has suffered from anxiety, the more ingrained the memories become. It might be a good idea to involve a close person in the process of implementing the described changes.

It is crucial to respond physically to the slightest signs of anxiety symptoms. Whether anxiety arises rationally or irrationally, it demands action. The fear of anxiety can be "forgotten" by transforming memory into a more rational and positive perception. This transformation is due to the brain's plasticity, which allows new neural pathways to form, altering our experience. Therefore, anxiety can be "forgotten" if it is no longer fed.

We can help in elaborating on the book's texts as well as developing educational materials and work plans. Now you know that anxiety is not a disease. You have learned how the body reacts, why it happens, and how to avoid repeating the mistake. Your next task is to hold onto this knowledge, repeat it, and apply it every time old thought patterns emerge. Even though you understand it now, the brain will try to revert to its old conclusions, especially if you feel discomfort again.

But instead of reacting with fear, you should now react with knowledge. Tell yourself: "It's not dangerous. It's just my body's chemistry. Therefore, I'm not sick." This is not just a sentence; it is an antidote to misinterpretation. Every time you choose this sentence over catastrophic thinking, you weaken the old anxiety memory. You teach the brain that discomfort should not be interpreted as danger.

For those with an anxiety diagnosis where treatment has not been effective: If this book does not motivate you to consider the mentioned changes, I have not conveyed the message well enough. I hope the book can still be a useful tool for you or someone you know.

One last encouragement. I have seen the significant difference that changes in daily life make for people, and I will do everything I can to get you to try it. It costs you nothing but time. If you are in doubt about the method's effectiveness, test it yourself. Continue exactly as you have for the next two weeks and see if there is an improvement. If you notice progress, it is fantastic. If not, try the next two weeks with our method, and read the book thoroughly again. Then you can decide which approach works best for you. You gain certainty without losing anything.

The alternative is to do nothing because you don't believe in it. But what if, in five years, you find yourself in the same place, still tired of the anxiety, as is likely, ready to try anything... and then discover that the method works? That's exactly how I waited. For 38 years. I

became so tired of living with anxiety, and I deeply regret wasting all those years. It could have been avoided if I had received the right information earlier.

One thing I can say for sure: Anxiety does not disappear on its own. This is something I, and thousands of others, have learned over decades. The conclusion of this book is that it is necessary to be informed rather than pathologized when we approach the doctor with the first signs of anxiety. Viewing a normal feeling, such as irrational anxiety, as a disease simply because it is unpleasant shows a lack of understanding of what anxiety truly is.

The truth about anxiety is that if it weren't unpleasant, it wouldn't be called a disease, mental disorder, serotonin deficiency, etc. One would never approach a doctor. Why would you if it didn't feel unpleasant? Therefore, we know that it is the discomfort that needs to be addressed, not all sorts of disease concepts and assumptions. If one does not fear re-experiencing anxiety discomfort, one does not have anxiety. This is something I and Thousands of others can attest to.







What do you think? Would you wear such a T-shirt, drink from the cup, or use the mobile cover if they existed? Consider the psychological impact it would have on you.

Conclusion:

You now understand that irrational anxiety is not a disease but a misinterpretation. You have learned how the body reacts, what triggers anxiety symptoms, and how your reactions and interpretations maintain the problem. It's not about chemistry, trauma, or genetics, but about how you understand and interpret the body's signals.

This book has shown you that it's not the symptoms that are the problem, but your assessment of them. As long as you believe that the discomfort is a sign of something dangerous, the anxiety will return. But when you know that the discomfort is merely a result of the body's chemistry and does not mean you are ill, the anxiety loses its power.

Your task moving forward is simple:

Avoid misinterpreting discomfort (symptoms).

Avoid labelling it as a disease (you are not anxious, you feel anxiety).

Avoid reinforcing the old belief with your language, behavior, and thoughts.

When you feel the slightest symptom, remind yourself: "I am not ill. It's just body chemistry."

Irrational anxiety requires attention to survive. When you deny it that, it fades away. What you have gained here is not a technique to practice. It is not a method to believe in. It is knowledge and explanation. A new way to understand irrational anxiety.

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 along.

Thomas Fogh Vinter

P.S. "I can do what I want, but I dare not, cannot, or will not because of the discomfort I am convinced will arise if I try." I hope this sentence helps you see what anxiety is and does to you. It creates a belief that stops you because it created discomfort in the past that you did not understand. Now you do. It was not dangerous, just body chemistry.

P.P.S. You can find much more information on our website.

Answer: Our fear of discomfort controls us.

Part 4. Appendix

Appendix 1. Recovery Rates for Various Anxiety Treatments

This appendix contains a table showing the healing rates for various anxiety treatments as well as the percentage of anxiety sufferers who receive these treatments. The table below presents data from the Anxiety and Depression Association of America (ADAA). It applies to the USA.

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 various 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 portion of those seeking treatment. Medication, especially SSRIs and SNRIs, is 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 (SSRIs) for anxiety, the Number Needed to Treat (NNT) is an important tool. It helps us understand how many individuals need to be treated for one to achieve noticeable improvement.

What is NNT for anxiety treatments?

CBT: The NNT is approximately 5. This means that for every 5 people who receive CBT, one will experience significant improvement compared to the control group.

MCT: Like CBT, MCT has an NNT of about 5, making it equally (in)effective as a treatment.

SSRI: Medications like SSRIs have an NNT (Number Needed to Treat) of about 7, which means that for every 7 people treated, one will experience significant improvement.

What does it mean in practice?

For every 1000 people treated:

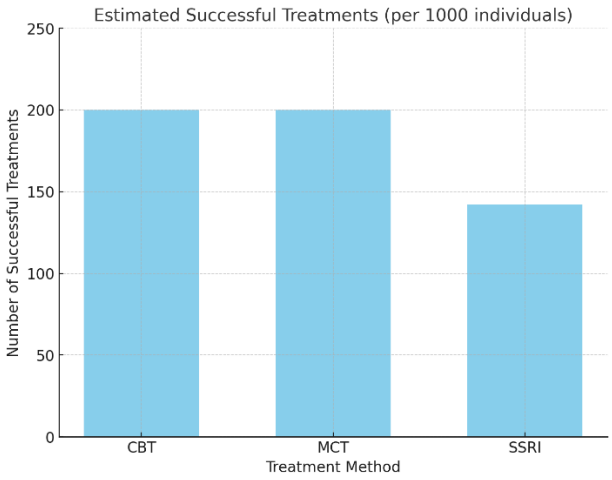
CBT and MCT will help approximately 200 people achieve noticeable improvements.

SSRIs will help about 142 people.

While therapies appear to be slightly more effective than medication, the choice may depend on individual needs, preferences, and side effects. For instance, medication might 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 treatment options are. It assists patients and therapists in making informed choices and evaluates 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 a 20% or lesser effect can be considered an effective treatment. Where should 80% who do not experience any effect go afterwards? What options do they have?

Here are some relevant sources for further reading on 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 foundation for further exploring NNT and the effectiveness of treatment methods.

As you can see, there is much left to be desired from the recognized treatments if they are to make a real difference. It is puzzling how such high NNT (Number Needed to Treat) figures can be called evidence. If the evidence shows an effect in 20%, then it must also show a lack of effect in 80%, which is the figure we should focus on reducing.

Cognitive therapy thus helps about 20% of those suffering from anxiety, but why doesn't it help more? Our clear answer is that it overlooks misinterpretation as the cause of anxiety, which is precisely where the strength of Misinterpretation Theory lies.

We would very much like to see more focus and effort put into helping all those who do not benefit from recognized treatments, as well as those who are left on years-long medical symptom management.

These NNT figures also show that scientific validity is incredibly low for what can be described as evidence.

The most important thing is probably to consider why the evidence is so weak for anxiety treatment.

Appendix 2: On sick leave or retired due to anxiety. Why?

In 2018, when I finally became free from anxiety, I began to reflect on the many years and countless episodes during which I had been on sick leave. A deep sense of guilt overwhelmed me when I thought about the periods in which I had withdrawn from work and everyday life. I had learned to view irrational anxiety as an illness, and this led me to decline numerous opportunities and allowed the anxiety to limit me. I unhesitatingly accepted the professional explanation that I was ill, and that the only solution was medication and therapy. What is most frightening is that I now realize that these periods could have been avoided. Had I possessed the knowledge and understanding of irrational anxiety in 1979 that I have today, I could have spared myself decades of unnecessary sick leaves and the burden I placed on the healthcare system with my frequent doctor visits.

Today, I understand that I have never been ill, simply because I experienced irrational anxiety. There is a deeper dimension beyond illness that our society overlooks when it comes to irrational anxiety.

Statistically, the number of sick leaves due to anxiety increases year by year, even though there are many treatment options, medical solutions, and therapeutic methods available, all based on the same assumption: that anxiety is a disease. We must challenge this assumption, as it does not solve the problem of anxiety.

If we changed our perception of anxiety as a disease, we would likely see a significant decrease in the number of sick leaves. It is not the anxiety itself that causes us to call in sick, but the fear of experiencing it again. If medication, which assumes of illness, truly cured anxiety, we would not see an increase in the number of anxiety diagnoses – but we do.

As we have learned throughout this book, anxiety only gains power if we misinterpret the discomfort it creates. If we avoid this misinterpretation, we can continue to live without problems.

We do not fear the illness itself, but rather the discomfort that anxiety brings. This discomfort is so overwhelming that we choose to withdraw from work, social situations, and everyday life in order to avoid it, rather than confronting it rationally.

This raises the question: What exactly is it that we fear anxiety, so much so that we let it destroy our lives?

What scenarios do we imagine when we experience anxiety – beyond the discomfort we can't explain and wish to avoid?

Why do we call in sick? Because we want to avoid the discomfort that anxiety brings. It's not about an actual physical illness, but about the fear of the feeling itself. Fear of chemistry of anxiety.

Next time you consider calling in sick due to anxiety, pause for a moment. Ask yourself: What exactly is it about irrational anxiety that makes me feel the need to stay home? Be specific in your answer. Is it about a real danger, or is it about the desire to avoid the feeling? The more precise your response, the clearer it becomes that anxiety is not an illness, but an experience that only gains power over us when we avoid it.

One becomes sick-listed because the anxiety is not stopped and thus is allowed to increasingly destroy our lives as the years pass. The "illness" does not disappear on its own. In fact, one becomes sicker and sicker over time, which is contrary to what should happen given all the treatments that are available. One becomes more and more trapped in the web of anxiety.

So why does the need for sick leave arise? Is it because the treatments work, or because they don't work?

Many people are signed off to work with anxiety because they do not understand what irrational anxiety actually is. They have never been informed, only medicated. They view the symptoms as signs that something is wrong, rather than as the chemistry that it really is, and therefore believe they are ill.

If we began to educate patients about the mechanisms of anxiety, as explained in this book, most sick leaves and pensions could be avoided. For most people, it's not about an actual illness; it's about an indefinable fear of the anxiety itself – the discomfort it brings.

The truth is that if this discomfort did not exist, there would be no anxiety to fear, and thus no reason for sick leave.

Therefore, we know that it is not illness, but the fear of discomfort that stops us. Thus, it is the discomfort we experience that is most important to address.

The chemistry of anxiety affects many of the body's organs simultaneously, which is what makes us feel abnormal and therefore perceive it as an illness.

Tragically, many who have suffered from irrational anxiety for years end up being granted some form of pension because the anxiety was not addressed correctly from the beginning but was treated as a disease. This development is sad, as anxiety is not a disease that destroys the body or mind. It causes no lasting damage, either physically or mentally.

So why do some people receive a pension due to anxiety? The answer is simple: Receiving a pension is a lengthy process, and those who are considered are individuals who have been convinced by the healthcare system for years that they are ill. They have lived with the anxiety for so long that it has taken complete control over their lives.

I, the author, lived with this control for nearly 40 years and was offered a pension several times but declined the offer.

So, I know what it is, and that is precisely why I can afford to write about it. Research shows that a correct understanding of irrational fear can lead to more effective coping strategies and thus reduce the need for sick leave (see, for example, Clark & Beck, 2012). It is time to challenge the traditional view of anxiety as an illness and instead see it as an unpleasant experience that we can learn to manage.

Unfortunately, sick leave due to anxiety is a complex issue, rooted in the widespread perception of anxiety as an illness that prevents people from functioning in their daily lives. It might be hard to admit, but the healthcare system has contributed to this problem by adopting a disease model that focuses on diagnoses and treatment without addressing the underlying issues.

The healthcare system's approach to anxiety is often based on a disease model, which does not always provide a lasting solution. This approach overlooks the importance of understanding anxiety as a natural human reaction that can be explained rationally.

Even when we present well-documented methods to overcome anxiety, we encounter resistance from the healthcare system. Many insist on maintaining the belief that anxiety is an incurable disorder. It seems as though parts of society prefer to live with limitations

rather than acknowledge that anxiety can be understood and managed. This resistance is rooted in deep-seated convictions. We are constantly met with the message that anxiety is a disease requiring medical treatment and that it is chronic. When such information is repeated sufficiently, many begin to believe it.

The solution, however, is the same for everyone: to learn to understand irrational anxiety rationally and, most importantly, what it is not. Psychiatry has classified irrational anxiety as a mental disorder, not necessarily because it is accurate, but because it is an assumption that has been accepted. This raises the question: Is it rational to treat and medicate something as a disease when it is not 100% confirmed and is based on assumptions? Could it make sense to rethink how we understand mental diagnoses when they often rely on descriptions of symptoms rather than biological tests?

We must ask ourselves what justifies a system that results in millions being diagnosed with anxiety and placed on medication that only alleviates the symptoms without addressing the underlying issues? The notion that irrational anxiety is a disease is based on interpretations made by a small group of people 50 years ago, rather than on solid scientific evidence. If we learn to understand anxiety symptoms rationally, we can break the vicious cycle of misinterpretations and avoidance behavior.

If irrational anxiety is truly a disease, how and why can rational methods eliminate this irrational fear without much difficulty?

For those working in the public sector who encounter individuals who believe their anxiety is so severe that they qualify for disability pension, we can provide guidance on how to handle such situations and help them resolve their anxiety once and for all. This will not only benefit the healthcare system but also those suffering from anxiety. We aim to help reduce anxiety in both private and public settings.

Ideally, all businesses and institutions should have access to a rational anxiety manual that can help prevent sick leave and retirements.

A template for a rational anxiety manual can be requested by contacting the author or visiting our website.

When individuals call in sick or apply for a pension, it is related to our fear of experiencing anxiety again.

This text is, of course, very controversial. I have tried to explain it as clearly and gently as possible.

Appendix 3. Psychiatry: What and who is it?

Psychiatry is the medical specialty that deals with the diagnosis, treatment, and prevention of mental disorders. The history and methods of psychiatry are controversial, as they often rely on theories and models without a solid biological or scientific basis. Who defines psychiatry?

Psychiatry is a discipline influenced by several powerful actors:

- Psychiatric organizations like the APA and WHO set diagnostic manuals.

- The pharmaceutical industry funds research and promotes medical treatment.

- Society and politics determine which behavior patterns are considered pathological.

- Psychiatrists themselves disagree on the understanding and treatment of mental disorders.

Psychiatry is a complex field, shaped by both science and societal trends. Mental issues, such as anxiety, are often reactions to life situations rather than brain diseases but have been pathologized in modern times. Psychiatry differs from other medical disciplines because mental illnesses lack objective biomarkers. Unlike physical diseases, mental disorders cannot be measured with biological tests. Diagnoses are based on observations and interviews.

Psychiatry uses DSM-5 and ICD-10/11 for diagnosis, but these classifications are not scientifically based. Diagnoses are made based on symptoms, and many overlap, making them subjective. For example, sadness and sleep problems can lead to a depression diagnosis, while anxiety and concentration difficulties can lead to a diagnosis of generalized anxiety disorder.

Treatment includes psychotherapy, talk therapy, and medication. Medications often rely on untested hypotheses, while therapy can help understand thoughts and behaviors. Psychiatry treatment focuses more on symptoms than causes.

Diagnoses can be harmful as they may create a negative self-perception. Researchers like Irving Kirsch and Joanna Moncrieff have shown that antidepressants do not work better than placebos. The pharmaceutical industry funds most psychiatric research, leading to conflicts of interest. For example, "Social Anxiety Disorder" was introduced in the DSM simultaneously with the launch of Zoloft, and the ADHD diagnosis was expanded, leading to increased medication use.

New diagnoses like adult ADHD and "Gaming Disorder" have emerged, but the question remains whether addiction to video games is truly a disease. The most important lesson is that psychiatry's mistake lies in turning normal human reactions into diseases. Many

mental issues can be resolved without medication if people receive the right knowledge and understanding of their symptoms.

In some cases, people receive unnecessary diagnoses and treatment. It also happens that psychiatry treats people for something they do not have or fails to provide treatment due to waiting times, as seen in the lawsuits that arise. These claims can be verified online.

Disclaimer: This overview is general and not exhaustive, and it applies only to anxiety-related diagnoses.

Appendix 4. Alternative Anxiety Assessment

I cannot criticize the system without offering a better suggestion. So here it is.

The current disease model for anxiety, as we have seen, has serious limitations. It pathologizes people who are merely experiencing a natural, albeit unpleasant, bodily chemistry for various reasons. After decades of treatment, experience, and in-depth research, I propose that it is high time to rethink how we approach people with anxiety in the healthcare system. An alternative anxiety assessment based on the Misinterpretation Theory is not only possible but necessary to help millions achieve genuine freedom from anxiety.

The Misinterpretation Theory defines irrational anxiety based on its mechanism, not its symptom list. This is crucial. In my view, and based on the understanding I have gained after 38 years of personal experience and 8 years of intensive research, irrational anxiety is divided into four primary categories:

Type 1: Irrational anxiety that creates anxiety about more anxiety.

This is the most central and frequent form of anxiety – and the one often misinterpreted as a disease. It typically begins with a physical reaction: sudden dizziness, chest tightness, heat in the head, flickering vision. These signals are interpreted as dangerous: Is it a heart attack? Am I dying? Am I falling apart?

This interpretation sends a signal to the brain that there is danger – and the body goes into alert mode. The heart beats faster. Breathing becomes shallow. Thinking becomes panicked. The person believes it's the symptoms that are the problem – but in reality, it's the interpretation that triggered it all.

The episode is then stored in memory. The next time a similar signal arises; the alarm is activated more quickly. Over time, the person becomes afraid of the anxiety itself – and develops what we call panic disorder, health anxiety, agoraphobia, GAD.

But according to the misinterpretation theory, there is nothing wrong. There is just a mistake in how the body is understood. It is not a disease – it is a learned misreaction. And it can be unlearned.

Type 2: Irrational anxiety that does not create anxiety about more anxiety – speculative "anxiety."

In this type of anxiety, it is not the body that raises the alarm – but the thoughts. The person imagines a future situation and thinks: What if...? It could be performance, social interaction, exams, responsibility, loss, uncertainty. The body does not necessarily react violently, but action becomes paralyzed.

Typically, one tries to control everything with thinking: over-preparing, avoiding, perfecting, withdrawing. But the more one tries to think their way out of anxiety, the more stuck they become. Because one seeks security in something that cannot be controlled – the future.

The misinterpretation theory sees this type as a kind of mental avoidance. It should not be treated with reassurance or therapy – it should be met with action. Not exposure in the psychological sense, but rejection of the idea that anxiety means something dangerous. Worry is not a disease. It disappears when one acts.

Type 3: Rational anxiety – the body's healthy warning system

Sometimes anxiety is rational. When you stand close to a train, walk alone in the dark, experience threats or accidents – the body reacts with fight/flight. It is evolution's safety system. This type of anxiety is not dangerous. It should not be dampened or interpreted as a problem. It should be understood and allowed.

The mistake occurs when one does not distinguish between this type and the irrational types. When one believes that all anxiety is a sign of illness. The misinterpretation theory insists on this distinction: sometimes the body is wiser than the brain. We should not treat it – we should learn to listen to the right signals.

Type 4: Existential irrational anxiety – the original anxiety

This type of anxiety is not directed at a specific situation or bodily sensation. It arises as a diffuse unease, a feeling of meaninglessness, emptiness, or loss of control. The person may not necessarily be able to articulate it but feels that something is wrong – without being able to pinpoint what.

It is precisely this type of anxiety that, according to the misinterpretation theory, is the original source of irrational anxiety in human development. When humans began to develop advanced consciousness, metacognition, and the ability to think in terms of time and death, a new vulnerability emerged. We became capable of imagining the future,

acknowledging our mortality, and asking questions that had no answers: Who am I? What is the meaning? What happens when I die?

Existential Anxiety: Understanding Its Roots and Impact

Existential anxiety is neither logical nor rational—but it is real. It does not originate from the body, but from consciousness. And because we cannot control or eliminate it, we attempt to divert it. We focus on the body, and every time we feel something we don't understand, we interpret it as dangerous. Thus, Type 1—irrational anxiety—emerges as a secondary defense mechanism against the original existential unease.

Existential Unease → Misinterpretation of Bodily Signals → Irrational Anxiety

It is within this chain that modern anxiety disorders arise. Not as a mental illness, but as a consequence of having a body coded for survival and a brain coded to ask questions it cannot answer.

Therefore, this type should not be treated but recognized. It is not a disorder, but a consequence of being human.

References and Resources:

YouTube:

https://www.youtube.com/@taperclinic

https://www.youtube.com/@Mad-in-America

Relevant Links to Research on Anxiety, Memory, and Neuroscience:

1. Joseph LeDoux's forskning om angst og amygdala
2. Stress' effekt på hukommelse og adfærd, Jelena Radulovic
3. Neurovidenskabelig psykologi ved Aarhus Universitet
4. National Institute of Mental Health (NIMH), Angstforskning
5. The Brain and Behavior Research Foundation, Angstforskning
6. Journal of Cognitive Neuroscience, Artikler om hukommelse og angst

Evidence:

- LeDoux, J. E. (2015). "Anxious: Using the Brain to Understand and Treat Fear and Anxiety". LeDoux explains that anxiety is a natural defense mechanism developed to protect us from danger. He argues that anxiety itself is not a disease, but a functional response that becomes problematic when misinterpreted.

- Marks, I. M. (1987). "Fears, Phobias and Rituals: Panic, Anxiety, and Their Disorders". Marks describes how anxiety is not a dysfunctional state, but a biologically adaptive mechanism that helps us survive by preparing us for potential threats.

- Nesse, R. M., & Williams, G. C. (1995). "Why We Get Sick: The New Science of Darwinian Medicine". The book argues that many so-called "mental illnesses," including anxiety, are evolutionary strategies that arose to protect us, not to make us ill.

- Piet, J., & Hougaard, E. (2011). "The effect of mindfulness-based cognitive therapy for prevention of relapse in recurrent major depressive disorder: A systematic review and meta-analysis" (Clinical Psychology Review). This meta-analysis shows that constant focus on anxiety and depression can worsen the condition because the brain continues to treat these thoughts as important.

- Nolen-Hoeksema, S. (2000). "The Role of Rumination in Depressive Disorders and Mixed Anxiety/Depressive Symptoms" (Journal of Abnormal Psychology). The research shows that the more we ruminate on negative thoughts, the stronger they become. This also applies to anxiety.

- Kinderman, P. (2014). "A Prescription for Psychiatry: Why We Need a Whole New Approach to Mental Health and Wellbeing". Kinderman criticizes the psychiatric diagnostic system for reinforcing problems by locking people into a disease identity, where they maintain an anxiety disorder through constant treatment and focus.