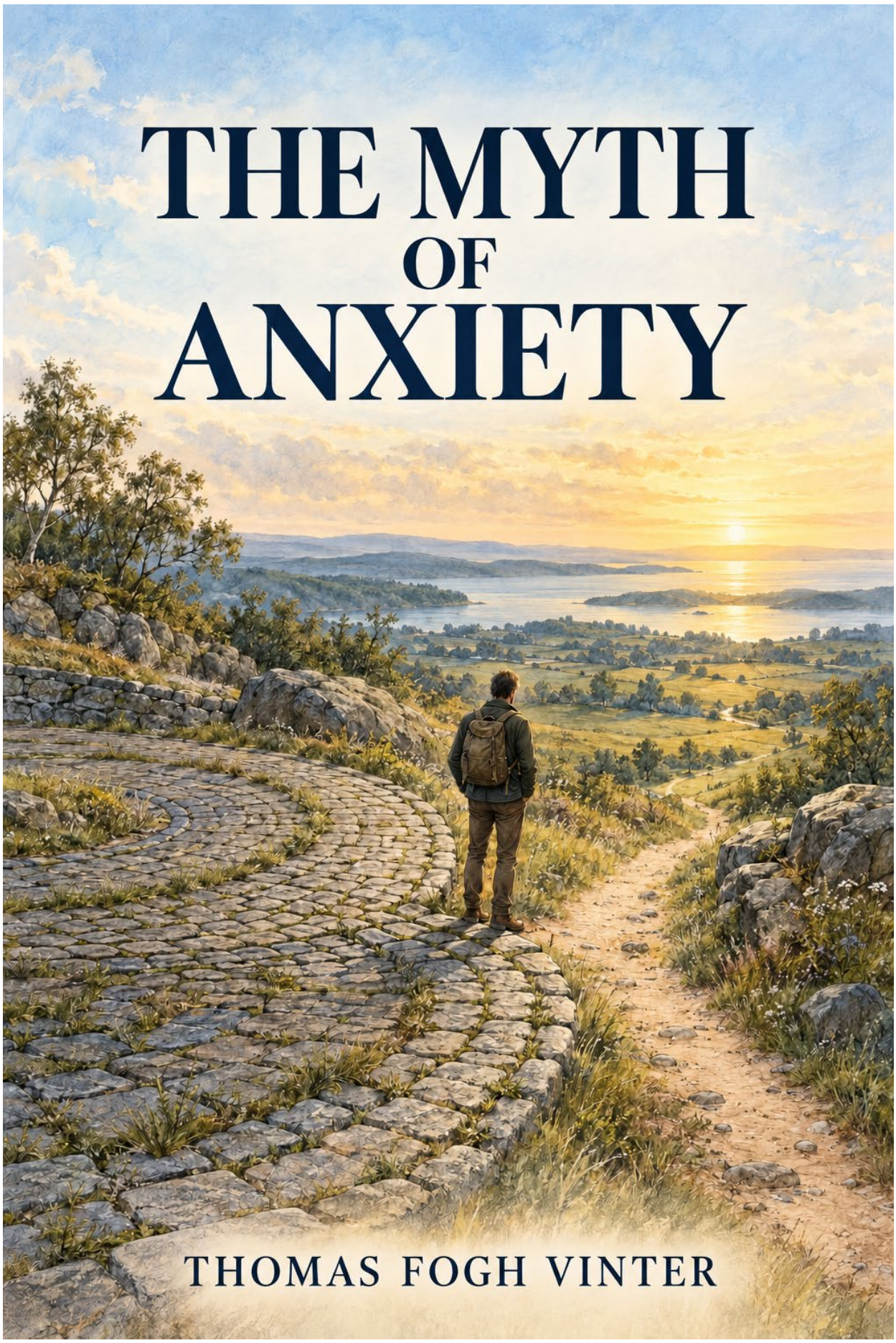
THE MYTH
OF
ANXIETY
THOMAS FOGH VINTER

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# Foreword

I write very directly and with conviction because I want to give you hope and the courage to act. I know from my own experience that even years of anxiety can be left behind.

No book or approach helps everyone. When I write in very definite terms about the path to freedom from anxiety, I am describing the process that, in my experience since 2018, has helped the most people most effectively. This book is here to help you work with that process. It is not a promise of the same result or the same pace for every reader. We are different. A lack of progress does not mean you do not want freedom from anxiety enough. I know you do. It may simply mean that this direct approach is not for you. There is only one way to find out. By trying what I describe.

Imagine you had never experienced anxiety. Would you be reading this?

Or imagine you experienced anxiety in a supermarket but forgot the episode shortly afterwards, just as we do with rational anxiety — fear.

Why do we forget rational anxiety but not irrational anxiety?

Why do we forget an episode where, for example, we encounter an aggressive dog and jump back against a wall to avoid it, but not an episode in a supermarket where we are standing still in a queue?

Both are triggered by the same process: a release of adrenaline in the body.

Consider this too. Why did you download this book?

Because you are ill?

Or because you want to avoid more anxiety?

Do you even think, “I am ill”? Or do you think, “I hope the anxiety does not come back” or “How can I avoid more anxiety?”

And isn't it also true that you see your doctor, take an SSRI or go to therapy precisely because you want to avoid more anxiety?

Surely you are not doing it because you think you are ill, have vulnerabilities or childhood trauma, or because of your genes.

For 38 years, all I thought about was how to avoid more anxiety. Never that I was ill. It was not an illness or a vulnerability I feared. It was always the prospect of reliving the unpleasant feeling the adrenaline symptoms created.

My claim, then, is this: Anxiety is not an illness, but a fear of experiencing it again.

Let's explore that.

| Everything in this book assumes that you have no physical or mental health condition. If you are unsure, see your doctor. |
|---|

# Introduction

I have written this book to help you understand the discomfort you experience and reduce the fear of it happening again. I have spent the past eight years investigating why I did not become free of anxiety for 38 years. What had I overlooked? I developed misinterpretation theory from my research and my own experiences. It led to me becoming free of anxiety, followed by thousands of others.

This is not a new truth about anxiety, but a different perspective. You can explore whether it makes sense to you and try it in your everyday life. The book offers an explanation and a practical approach if you are still looking for a way to let go of the fear of more anxiety.

Anxiety does not exist as a disease entity in nature.

There is no anxiety hormone or anxiety molecule that can be detected under a microscope or on a brain scan. Anxiety has no chemical formula and is therefore not, in itself, a biological or pathological entity.

Anxiety is a term we have used since the 1960s for unpleasant, irrational adrenaline symptoms. The symptoms are not, in themselves, an illness simply because they feel unpleasant.

That does not change the fact that irrational "anxiety" can feel extremely unpleasant and become a problem for the person experiencing it. I know that from my own experience after 38 years of anxiety symptoms and attacks.

The intensity of the experience does not make it any less real. This book aims to explain the bodily discomfort and give you a practical way to work with the fear of it happening again.

**The definition of anxiety in this book:**

Anxiety develops as a fear of experiencing the adrenaline discomfort again. Without this fear, the experience is not stored in memory as a future threat.

# Dismantling the fear of more anxiety

Dismantling the fear of more anxiety after the first unpleasant adrenaline experience — the one we call anxiety.

After the first experience of anxiety, the thought "What if it happens again?" creates more anxiety.

Whatever reason is given for experiencing anxiety, it is the adrenaline that creates it, not the reason.

| |
|---|
| You cannot experience anxiety without adrenaline, but you can experience anxiety without illness or vulnerability as its cause. |

GUARANTEED FREEDOM FROM ANXIETY

So how is it possible to become free of anxiety? You have been free of it before, so of course you can be again. There is no illness in it, but a fear. All it takes is removing the fear of experiencing the adrenaline discomfort again.

Anxiety does not follow a disease process like other illnesses, but a logical process shared by all human beings. That process can be interrupted after the very first experiences of anxiety.

Understanding it makes freedom from anxiety possible for everyone, because anxiety does not change us physically or mentally. We function completely normally when no adrenaline has been released into the body. The body changes only during the five to ten minutes when the adrenaline is active. Afterwards, everything returns to normal, just as it was before the anxiety.

There is no trace of the anxiety afterwards. Only in your memory. That is where we need to look to understand why anxiety continues once you have experienced it for the first time. Not in all sorts of vulnerabilities or illnesses. In memory. Without it, there is no recurring anxiety.

The only variable in becoming free of anxiety is the time it takes each person. That depends on how long you have lived with the fear and, especially, how convinced you are that the discomfort is a sign of illness.

The longer fear has shaped your everyday life, the longer it may take for the new understanding to become familiar. But the process is the same.

**Once discomfort has become associated with danger or illness, that connection can follow you into the next situation. That learning is held in memory. That is why memory needs to be addressed. It is this connection we work with in this book.**

It is essential not to use the word anxiety in this process, but only the word adrenaline.

No more “I have anxiety”, but “I am feeling adrenaline”. For a great many people, this change alone is enough to stop further anxiety within a short time.

Panic attack = an involuntary release of adrenaline.

Misinterpretation theory starts with the first involuntary release of adrenaline, when you are frightened by a discomfort you do not understand.

If you have lived with the fear for years, your starting point is different from that of someone having their first attacks. Here, the work begins with the meaning the discomfort has acquired in your memory, and with practising the new explanation during calm moments.

In this book, anxiety is described as the fear of experiencing adrenaline discomfort again because we cannot make sense of it. When we do not know the cause, we fear it. The explanation “What you felt was adrenaline” is meant to make the unknown understandable, so the experience is no longer remembered as a threat.

# The two waves — how panic develops



Misinterpretation theory describes irrational anxiety as a process in two waves:

- **The first wave — the small signals**

  This first wave can occur with tiredness, stress, lack of sleep, caffeine, alcohol, illness or simple chance. It is typically experienced as a bodily signal, such as a pounding heart, dizziness or a tingling sensation in the chest.

  The first wave is never the explanation for the anxiety. It is only the precondition that allows anxiety to develop at all. Panic arises in the second wave.

- **The point of interpretation.** Within a few milliseconds, the brain chooses an explanation. Either: “It is just my body. It will pass.” Or: “Something is seriously wrong. I am going to faint, lose my mind or perhaps die.”

That decision is made in a flash, without us being aware of it.

- **The second wave — the adrenaline storm.** If the body is interpreted as dangerous, the alarm system is activated. The amygdala signals danger, and the body releases a larger amount of adrenaline. This is where you experience the actual anxiety attack: a pounding heart, shaking, breathlessness, intense dizziness, a feeling of unreality, panic. It happens because so many adrenaline symptoms occur at once.

So a panic attack does not come out of nowhere, even though it can feel that way. It happens because, within milliseconds, the brain interprets the body as dangerous.

## Case study: The supermarket

Imagine you are standing in the supermarket queue. Your thoughts are somewhere else entirely. Suddenly, you feel dizzy and a tightness in your chest. The first wave. It is experienced many times a day. It is the body's own calibration. The problem arises when it is misinterpreted.

Instead of thinking “I slept badly” or “I have had too much coffee”, you think: “What was that feeling? Am I going to faint? Am I having a heart attack?”

That thought alone is enough to activate the second wave. Adrenaline fills the body, and you rush out of the shop with a pounding heart and a feeling of panic. After a few minutes, your body settles. You were not ill. You were frightened by the sudden discomfort because you — your brain — could not explain it.

Afterwards, the thoughts begin: “What was that?” “What if it happens again?”

The memory of the discomfort is now being formed. Next time, simply thinking about going shopping can bring on the same bodily symptoms, because the memory of the discomfort is now linked to the supermarket. That is why people often stay at home when the thoughts begin before they have even left.

This is how irrational anxiety builds: through your memory and your interpretation of that memory. Not through illness. Memory says, “It was dangerous in the supermarket last time.” Interpretation says, “I am staying at home.”

The supermarket story illustrates a completely predictable process shared by everyone.

Discomfort — the first wave: The person feels dizzy and has a tightness in the chest, a harmless adrenaline signal.

- **Misinterpretation: The thought “I am having a heart attack” turns the harmless bodily signal into a threat. This is the crucial mistake.**
- Fear — the second wave: The misinterpretation, the thought, activates the body's alarm system, triggering an adrenaline storm that creates panic because of the many intense physical adrenaline symptoms.
- Memory: The overwhelming experience is etched into memory as dangerous within a few hours. Fear of anxiety itself becomes established. Avoidance begins. Safety behaviours are introduced.
- Fear of recurrence: Memory now creates your fear of experiencing the discomfort again. This fear is so strong that you avoid the supermarket in future.

# The Watchdog, the Librarian and the Captain



To understand why an anxiety attack can feel so overwhelming and impossible to control through willpower, we need to look inside the control tower of your brain.

**Meet the Watchdog, the Librarian and the Captain.**

The first character lives deep within the temporal lobe of the brain. It is a small, almond-shaped structure called the amygdala. In our story, the amygdala is your faithful **Watchdog**. The **Watchdog**'s only purpose is to keep you alive. It never sleeps. It constantly watches everything that moves and continuously scans both the outside world and your internal bodily signals for potential dangers. Even when you are asleep.

The Watchdog is lightning-fast. It reacts within milliseconds, long before you have time to form a conscious thought. But the Watchdog has one major weakness: it is not very clever. It does not think abstractly or analyse. Most importantly, it cannot distinguish at all between a real, life-threatening danger and a thought about danger. To the Watchdog, seeing a lion is exactly the same as thinking you might collapse in the supermarket. As soon as it picks up a signal it interprets as danger, it does not wait for proof. It throws itself at the big red alarm button. When it presses the button, orders are immediately sent to the adrenal medulla to release the adrenaline into the bloodstream.

Right next to the Watchdog lives our second character, the hippocampus. This is the **Librarian**. The **Librarian** manages an enormous inner archive of all your past experiences, your memories and the meaning you have attached to them.

When the Watchdog notices a little unease in the body or sees something in the outside world it is unsure about, it turns straight to the Librarian and barks: Have we seen this before? Is it dangerous?

If, for example, you previously had an unpleasant experience with a panic attack on a bus or in a supermarket queue, the Librarian rushes to pull the old file from the shelf: Case: Bus journey. Date: Last month. Incident: Severe discomfort, pounding heart, dizziness. Assessment: LIFE-THREATENING. We were about to die. Avoid at all costs!

The Librarian looks up from the archives and shouts back to the Watchdog: Yes, something is terribly wrong. Last time we were in that situation, we thought we were going to die. Sound the alarm!

And then the Watchdog presses the red button even harder. That is why you can feel your heart pounding and sweat appearing just as you approach the bus stop or the supermarket. It is not the bus or the shop that frightens you. It is your own internal filing system, where an old misunderstanding is stored under the heading “Danger to life”.

Our third and final character sits right at the front, behind your forehead, in the prefrontal cortex. This is the **Captain**, the adult in the room. The **Captain** is your conscious, thinking self. This is where your logic, your judgement, your language, your ability to plan and your rational reflections live.

The Captain is the only one of the three who can look out of the window, assess reality and say: Take it easy, dear Watchdog. We are just standing in a supermarket looking at a carton of milk. There is no lion, and we are completely safe here. Under normal circumstances, the Captain keeps an overview and makes sure the ship sails steadily onwards.

But here is the big problem almost everyone with anxiety struggles with: Why can't you simply talk yourself into feeling calm once panic strikes? Why doesn't it work to say rational things to yourself while your heart is pounding and dizziness makes the ground seem to sway?

Many people blame themselves for this and think: Why am I so weak? Why can't I just pull myself together and use my common sense?

The answer is a purely biological phenomenon known as an amygdala hijack — a takeover of the frontal lobes.

When the Watchdog pushes the alarm button all the way down, the system is flooded with adrenaline, and the body's resources are suddenly redistributed. Nature has designed us to act within fractions of a second when our lives are in danger. We are not meant to stand there philosophising, analysing or reading books. That is why the nervous system temporarily shuts down the blood supply to the front of the frontal lobes, exactly where the Captain sits.

The Captain is literally locked in the cabin, the telephone lines to the bridge are cut, and the Watchdog takes full control of the helm. You temporarily lose biological access to clear, calm, logical thinking. That is precisely why you experience that unpleasant feeling of unreality, as though you are beside yourself or cannot think a single thought.

It is essential that you understand this: It is not a personal weakness that you cannot think your way out of a panic attack during the five to ten minutes it lasts. It is an emergency brake built into your biology. Physiologically, it simply cannot be done.

So what do we do if we cannot think during the adrenaline storm?

Here comes what may be the most hopeful, scientifically documented message in this book: Your brain is not a fixed photograph, destined to react in the same way for the rest of your life.

Your brain has a remarkable property that researchers call neuroplasticity. Neuroplasticity simply means that the brain remains physically adaptable throughout life. Every time you

think a thought, use a particular word or perform an action, your brain cells form tiny connections with one another. The more often a particular route is used, the wider, faster and more automatic it becomes.

If you have lived with anxiety and fear for many years, you have an enormous eight-lane motorway running directly between the Watchdog and the Librarian. That motorway is called: Discomfort means danger to life and illness. Because you have travelled along that road thousands of times, all it takes is a slight twinge in your chest or a little dizziness for the traffic to set off automatically into full panic.

But that motorway was built by one thing alone: repetition. Every time you have thought "I am dying", every time you have said "my anxiety", and every time you have avoided a situation, you have laid another layer of tarmac on the old road.

Because the brain is adaptable, the same principle of learning can be used to dismantle anxiety in memory.

Every time you learn the new biological explanation in a calm moment, and every time you consistently use the KOT (Cognitive Conviction Technique) phrase "**I am not ill. I am feeling adrenaline**", it is as though you are beginning to tread a small new path beside the "motorway".



At first, the path is narrow, uneven and hard to see, and out of old habit your system will try to pull you back onto the familiar motorway. But every time you repeat the true biological explanation to yourself, the grass on the path is trodden down. The path becomes wider, firmer and easier to follow.

At the same time, something happens to the old motorway. When it is no longer being used, when you stop feeding it with fear and the language of illness, the tarmac begins to crumble and weeds grow through the cracks. The brain tissue reorganises itself. The connection

between bodily discomfort and panic weakens day by day, until the new path towards calm and understanding has become the new automatic main road.

The brain does not ask how long you have been struggling. It does not care whether you have suffered for three weeks or for 38 years, as I did. It responds only to the words you feed it from today onwards. What happens in the brain when you keep saying “my anxiety”? What happens in the brain when you keep saying “I am feeling adrenaline”?

When you retrain the Librarian to understand that the file labelled “bus journey” or “pounding heart” contains no death sentence, only a harmless release of adrenaline, the whole filing system is updated. Next time the Watchdog asks whether there is danger, the Librarian calmly checks the new file and replies: No, it is just adrenaline. You can safely go back to sleep. Repeating the correct language is the key to freedom. “I am feeling adrenaline. I am not ill.”

# Adrenaline symptoms or anxiety symptoms

### When normal adrenaline symptoms become anxiety symptoms

When we ask what anxiety is, or what its typical signs are, most people answer with a list of symptoms: a pounding heart, breathlessness, sweating, dizziness, restlessness, chest tightness, nausea, shaking, vision going dark, and so on. We talk about them as though they were signs of a mental illness.

Looking at it plainly, these are exactly the same symptoms that occur when the body releases adrenaline. What we call anxiety symptoms are, in fact, entirely normal adrenaline symptoms.

So the question is not whether you have anxiety symptoms or adrenaline symptoms, but which word you choose for exactly the same bodily reaction.

**We are also familiar with a pounding heart when we run, shaking after a shock and a stomach tied in knots before an exam. But when discomfort arises without an obvious external cause, for example on the sofa, in the supermarket or at night, it can be hard to understand. It is this experience the book is meant to help you make sense of.**

The crucial shift happens when the discomfort becomes so intense that we start interpreting it as a sign of illness or a mental health condition. At that moment, the symptoms are no longer experienced as adrenaline symptoms, but as anxiety symptoms. It is not the body that has changed. It is the meaning we attach to it.

**So we can say:**

Anxiety arises first and foremost in language, not in the body.

We call the body's chemistry an illness, even though biologically it is simply a normal, if unpleasant, adrenaline reaction.

### Is there really such a thing as “anxiety symptoms”?

To make the point completely clear, we can ask the question directly:

Is there anything that can only be called an “anxiety symptom”, or is it simply another term for something we already know as an adrenaline symptom?

If we compare the typical signs of anxiety symptoms with the typical signs of adrenaline symptoms, we get the following:

### Comparing the signs

| Typical signs of anxiety | Typical signs of adrenaline |
|---|---|
| Pounding heart, sweating and shaking | Pounding heart, sweating and shaking |
| Dizziness and bodily restlessness | Dizziness and bodily restlessness |
| Stomach pain, chest tightness and breathing difficulties | Stomach pain, chest tightness and breathing difficulties |
| Sleep problems | Disturbed sleep due to heightened activation |
| Vision going dark | Temporary drop in blood pressure or visual disturbances associated with adrenaline |
| Dry mouth and difficulty swallowing | Dry mouth due to reduced saliva production during an adrenaline response |
| Nausea and aching muscles | Nausea and muscle tension due to adrenaline |
| Difficulty concentrating and irritability | Difficulty focusing during adrenaline activation |
| Restlessness and anxious thoughts | Mental pressure and inner unease due to adrenaline |
| Changes in behaviour, avoidance or escape | The fight-or-flight response triggered by adrenaline |

**The crucial insight:** None of these symptoms is pathological. They are functional adaptations. The “illness interpretation” arises because these high-energy states are triggered in low-energy settings, such as sitting on the sofa. This creates a mismatch that the brain resolves by assuming something is physically wrong.

Adrenaline is broken down quickly. In this book's understanding, new fearful thoughts can set off another wave of discomfort. That is why we work with the meaning you attach to what you feel.

All these “signs of anxiety” are well-documented effects of adrenaline and related substances in the body. There is not a single classic “anxiety symptom” that cannot also be explained as an adrenaline symptom.

The conclusion is:

- There are no unique anxiety symptoms.
- There are only adrenaline symptoms that we have chosen to call anxiety symptoms.

And when we add the word symptoms, we automatically draw the experience into the language of illness.

### Language makes the difference, not the body

When a familiar bodily signal is interpreted as a sign of illness, the interpretation itself can make the experience more threatening. In this book, we practise meeting the familiar discomfort with the adrenaline explanation.

We can sum it up like this:

- **Adrenaline = biology**
    - Can be measured, explained and predicted.
    - Is the body's way of getting ready.
    - Is what you actually feel in your body.
- **Anxiety = interpretation**

- A word we have invented for when discomfort feels like illness.
- A word that takes its meaning from the experience we associate with it.

If you understand that anxiety is simply another word for adrenaline, the word loses much of its power. Few people fear adrenaline as a biological phenomenon, but many fear "anxiety".

**How does your explanation affect what you feel?**

The difference lies in the story, not in the body.

- If you think, "I am ill, and now it is happening again", the familiar discomfort can take on a threatening meaning before you have even left home.
- If you think, "I experienced a strong adrenaline reaction that frightened me", you have a different way of understanding and meeting the experience.

**The most precise statement would be:**

| |
|---|
| "You experience anxiety because you experience adrenaline symptoms", not the other way round. |

The experience of anxiety is therefore a consequence of adrenaline being misinterpreted as a sign of something dangerous. Without adrenaline symptoms, no anxiety symptoms. It is the adrenaline you feel and fear, not some mysterious, invisible "anxiety substance".

**Anxiety does not exist as biology, but adrenaline does**

In this book, anxiety is the term for the fear that develops around adrenaline discomfort. The aim is to make the experience understandable and give you language you can use when the discomfort appears.

The purpose of this entire chapter is to change one small word in your inner language:

- *From: "anxiety symptoms"*
- *To: "adrenaline symptoms"*

The change may seem small in terms of language, but its significance is enormous:

So the next time you feel the familiar discomfort, this is the exercise:

Instead of thinking "Here comes the anxiety", say to yourself: "I am feeling adrenaline symptoms, but I am not ill."

**The conclusion is:**

Anxiety is a linguistic interpretation of a biological process.

That makes it both rational and meaningful to use the KOT phrase at every sign of discomfort:

*"I am not ill. I am feeling adrenaline."*

The more often this understanding is repeated, the weaker the connection between symptoms and the thought of illness becomes, and the harder it is for irrational anxiety to keep its hold on you.

# Distinguishing between two types of anxiety

*Rational anxiety and irrational anxiety.*

Almost all animals have the capacity to feel fear. It is rational and biologically necessary. When a zebra sees a lion, an ancient part of the brain, the amygdala, is activated. It triggers the release of fight hormones — adrenaline — to ensure survival. This system is designed for immediate danger. Once the danger has passed, the zebra settles. It does not worry that the lion might return on Thursday.

Humans are different. Around 70,000 years ago, we went through the "cognitive revolution", developing language, abstract thought and the ability to travel mentally through time. Suddenly, we could activate the body's powerful alarm system not only by seeing a lion, but by thinking about a lion. As the supermarket example illustrates, a person in a harmless queue can suddenly experience a pounding heart and a feeling of terror purely because a thought has activated the body's alarm system. We gained the ability to create "fear of anxiety itself", a loop that no other animal has.

| It is our ability to remember and interpret our own bodily reactions that turns a single physiological experience into a chronic condition. |
|---|

So it is not the adrenaline itself that is the problem, but our interpretation of it. When we feel our heart pounding and think, "Oh no, I am losing control", we send a danger signal to the brain, which responds with more adrenaline. A vicious circle has begun.

# Two people, one difference: memory

Imagine two people with the same background and the same life circumstances. The only difference in this thought experiment is that one cannot remember what happened yesterday.

Scenario 1: Without memory. The person suddenly feels a twinge in the chest. Unease spreads and the adrenaline symptoms appear: a pounding heart, dizziness, chest tightness. It ends in panic. Afterwards, the person may think, "That was unpleasant. What was it?" But the next day, the experience is gone.

- no memory of the attack
- no fear of it happening again
- no avoidance
- life carries on as before.

Scenario 2: With memory. The experience is the same. But the next morning, the person remembers everything. The thought immediately appears: "I hope it does not happen again."

- small bodily signals create worry
- unease grows
- more attacks follow
- worry about what the discomfort means
- avoidance of places and situations.

The point is not that memory loss would be a solution. What matters is this:

You cannot fear something you cannot remember. Without memory, no fear. Without fear, no recurring anxiety.

So it is not illness or vulnerabilities that keep anxiety going. It is memory and the meaning we attach to it.

# Memory and the cognitive diamond

The cognitive diamond connects thoughts, feelings, bodily reactions and behaviour. In this book's understanding, a thought about recurrence can draw its meaning from the memory of earlier discomfort. That is why we begin with what you remember, and from there follow the connection to the four elements.

**Without a previous memory of discomfort, the cognitive diamond cannot arise at all. That is why people without an anxiety memory do not experience recurring anxiety. Remove the memory of anxiety, and the thoughts stop. The rest of the diamond does not follow.**

A memory of earlier discomfort can make the same heartbeat seem threatening the next time you feel it.

That is why misinterpretation theory places memory before the four elements of thoughts, feelings, bodily reactions and behaviour:

**The Cognitive Diamond Updated by Misinterpretation Theory.**

## From memory to reaction

The memory-updated diamond shows the central point of this book: When an old memory takes on a different meaning, it can also change the thoughts and reactions that memory triggers. We therefore work with the connection between what you remember and what you expect next time.

**So how do you update a memory archive containing thousands of stored images of threat?**

**You cannot delete a file in the brain by ignoring it. You do it by using the brain's own natural plasticity and the principle of learning a new association to replace the old one. And we do that through Cognitive Conviction Technique, known here by its Danish initials, KOT.**

The Librarian in the hippocampus has written the following in the permanent case file: We were back in the danger zone today. It was a terrifying nightmare. We were seconds from death, but we just managed to survive because we fought hard and endured it. Conclusion: The brain stores the following: The supermarket is still a life-threatening zone where we must remain on the highest alert to survive.

# Exposure outside the home

Here, exposure means returning to a situation you have begun to avoid. In this book, we emphasise the understanding you take into the situation and the meaning you give the experience afterwards.

In practice, exposure is not about "getting used to anxiety", but about getting used to the discomfort that adrenaline and other substances create in the body.

## Exposure through understanding, not struggle

In misinterpretation theory, understanding the discomfort is part of the preparation:

This preparation is for you if you have feared experiencing the discomfort again for a long time, for years. Before you begin exposure, you must have practised the KOT phrase at home for at least 14 days. If you have just had your first attack or a few attacks, follow the approach in the chapter on the support person instead. There, the aim is to return within the first few days, accompanied by a support person and equipped with the right explanation.

- Choose a situation you usually avoid or find very difficult, such as the supermarket, public transport, queues or social situations.
- Take your note with the phrase on it. Hum the phrase to yourself.
- Go into the situation.

If symptoms appear, deliberately do three things:

- Look at the note.
- Read the phrase, aloud or silently: "I am not ill. I am feeling adrenaline."
- Stay for as long as is practically possible while allowing your body to do what it does.

What matters is that nothing in your behaviour or language tells the brain, "This is illness." You do not use the word anxiety. You do not analyse the symptoms. You simply repeat the new, correct adrenaline explanation.

Exposure is no longer a struggle against discomfort, but exposure through understanding: "I am not ill. If I feel discomfort, it is the adrenaline."

Each experience adds to the same account: there was discomfort, not anxiety, and I was well the whole time.

**What happens over time?**

When you go out into the world again and again, perhaps feeling the familiar reactions, and consistently meet them with "I am not ill", a shift takes place. No discomfort is amplified through misleading language. No misleading language is repeated. The word "anxiety" was not used.

The result is that anxiety gradually loses its strength. The system is given just one truth, over and over: "I am not ill. It is adrenaline."

Once the adrenaline has risen and the body has settled, you are not left with the story "I was about to fall apart", but "Oh, that was just adrenaline. It was unpleasant, but it was quickly broken down again. I was not ill."

**Why preparation matters so much**

Once adrenaline has been released, the cognitive systems are temporarily downregulated. The brain switches to reflex mode. The body will automatically try to follow the old interpretation: “Discomfort = danger.”

If you are standing there without practice, without a phrase and without a new explanation, the old belief can very easily take over again.

But if the brain has already practised the phrase “I am not ill. I am just feeling adrenaline” at home, it can be recalled more quickly and interrupt the old catastrophic interpretation before it runs away with you. The truth is that the chance of experiencing symptoms after those 14 days is markedly reduced, because you now understand that it is adrenaline, and the word anxiety is no longer being used to frighten the brain. It now has the right explanation. It is adrenaline, not anxiety.

That is why the phrase must be repeated and practised during periods without symptoms, so it is ready as an automatic response if discomfort appears. And that becomes increasingly unlikely the more firmly you establish the phrase in your brain.

That is precisely where the misinterpretation is broken: from “I am ill with anxiety” to “I am just feeling adrenaline”.

The whole point of this chapter can be reduced to one line:

| You were never ill. You simply feared the adrenaline discomfort. |
|---|

Avoid speaking or thinking of anxiety as “my anxiety” when addressing the amygdala. During exposure, it is important that the brain understands adrenaline as a natural reaction rather than an illness. The purpose of exposure is to meet discomfort with knowledge rather than fear.

Important: Do not do exposure without holding a note with the phrase on it.

# The support person



This chapter is for you if you have had your first attack or a few attacks. It is about panic anxiety in its early stages, when you become afraid of the discomfort and begin to avoid places. It is not for GAD, OCD, PTSD or similar conditions. If you have lived with it for months or years, it needs a different approach.

For most people, the technique in this chapter takes one day. Try it within the first few days after your first attack. There is no guarantee, however, because everyone is different.

Have you thought about why we fear anxiety most when we are alone? Why it comes less often when we are with others? I am not talking about social anxiety here. I am talking about shopping, driving, taking the bus or the train. It is easier with someone beside you. Why? Because other people draw your thoughts away from the discomfort.

That is why you need a support person.

## Why you cannot think clearly

During an attack, the amygdala takes over. As mentioned earlier, this is called an amygdala hijack. The amygdala is the brain's alarm, and it dampens activity in the frontal lobe, your thinking brain. You cannot think clearly or calm yourself with adrenaline in your bloodstream.

That is how nature has made it. If you encounter a real danger, you are not meant to think, let alone talk. You are meant to act. The body puts everything else aside and focuses on survival.

The problem arises when there is no danger. In the supermarket, the car, the bus, the train, the underground, the lift, at the hairdresser's, the dentist's or at home on the sofa. There is nothing to fight and nothing to flee from.

When your thinking feels blocked, it can be hard to recall an explanation you otherwise know. What helps us act quickly in real danger can feel overwhelming when we are standing in a queue and can see no danger. This is where the support person comes in.

If you have experienced it before, you know that nothing happens. You have survived the discomfort every time. I did that for 38 years. But that knowledge is not there when you need it in the middle of panic.

That is why a support person matters so much.

## The support person's role

The support person is your external frontal lobe. They remind you of what you went through together at home, using three things: physical touch, redirected attention and the explanation of the familiar discomfort. It is adrenaline you are feeling.

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| Think of it as an extra brain you bring along, which connects when your own has been put out of action. |

A support person working with KOT, Cognitive Conviction Technique, says: What you are feeling is your body chemistry. It may feel unpleasant, but it is harmless, and it lasts no more than five to ten minutes. Afterwards, everything returns to normal. Precisely because it is body chemistry, not illness.

This requires one thing of the support person: that they understand KOT and use the explanation you have agreed on. So go through both the approach and the phrase together beforehand.

## What the support person does

You and the support person must use the same language. And it must be language without anxiety, so the brain is not alarmed further.

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| These words and phrases are forbidden during exposure: anxiety, anxiety symptoms, anxiety disorder, “I have anxiety”, “I am anxious” and “My anxiety is high today”. If you use them, it will not work. |

The support person takes your hand and gives it a gentle squeeze. Then they speak directly and calmly: “What you are feeling is adrenaline in action. It is all those ten to thirteen adrenaline symptoms happening at once. It is completely harmless and will be broken down in five to ten minutes.”

The time can be shortened by being physically active in the supermarket when you notice the first symptom. Jump on the spot. This works for many people because it forces you to shift your focus to the physical activity.

The support person stays in the situation with you until the adrenaline behind the symptoms has been broken down.

## The invisible support person

Imagine you had an invisible support person with you all the time. This support person has practised KOT at home, lives in your memory and rejects all talk of illness. Their only job is to step in when irrational adrenaline symptoms are noticed.

You are standing in the supermarket queue. Suddenly, you feel a twinge in your chest. Your doctor has said there is nothing physically wrong with you. The support person steps in immediately and says aloud: “Look at me. It is just adrenaline. Let it be. It is not dangerous.” Nothing more happens.

After a few minutes, you feel dizzy. The support person steps in again: “It is just a drop of adrenaline. The body is calibrating because you are standing here in the queue without anything to focus on. It is not dangerous.” Nothing more happens.

A little later, your heart pounds. The support person steps in again, now within milliseconds: “It is just adrenaline again. It is still completely harmless. The body is regulating itself because we are standing in a long, boring queue.” You let the pounding heart pass. Nothing more happens.

At last, it is your turn at the checkout. You have to pay, and you have to concentrate. The symptoms subside.

Three times, a signal came from the body. Three times, a possible misinterpretation was stopped. None of them became anxiety, because the support person came prepared with the right information and interrupted the first thoughts. You never got as far as thinking, “What is this I am feeling?”

Notice that. You understood your symptoms as adrenaline before fear had a chance to take over.

With the right information, much of the fear of familiar discomfort can be avoided. That is why explanation and preparation play such a large part in this book.

The sooner you learn to understand the familiar discomfort, the sooner you have an explanation to take with you. Knowing your body's reactions is meant to make it easier to meet the experience with understanding rather than fear.

## Why the supermarket?

Why does the discomfort come in the supermarket? Why not outside, on the pavement along the shop windows? Why in the car, the bus, the train, at the dentist's or at home, as studies of freely accessible areas, known as FTA in Danish, show? Would you have experienced it if you had not visited those places? Probably not. Only if the same conditions had been present somewhere else.

Notice the connection between the situation and your reaction. I am talking here about first-time anxiety, not phobias. In the examples, discomfort arises in particular situations that then become associated with the experience. It is this connection we work with when you return.

The explanation is biological. Anxiety requires space because of the fight-or-flight response. Space is lacking in all those places. That makes the amygdala feel challenged, so it becomes more watchful. One small mistake on your part triggers a large shot of adrenaline. Panic sets in. The amygdala has already worked out where the exits are.

## When it happens for the first time

You are standing in the supermarket and feel the first wave. The first symptoms. You think: “What is that?”

It is the thought that triggers wave two. It blocks further thinking, and the amygdala hijack is under way. Now you feel all the unpleasant symptoms without being able to analyse them. The brain switches to negative autopilot: “Something is terribly wrong inside me.” You are bound to panic because you could not think rationally about what you felt.

Without the right explanation, there is only one other: “I am ill.” The illness explanation arises in your brain only because you could not think clearly. And even if you could, it would not necessarily help, because you lacked the rational explanation. That it was adrenaline.

That is the explanation the support person needs to give you next time.

Then you have both things you need to prevent an anxiety disorder developing afterwards. A support person for your frontal lobe and the right biological explanation. This takes the edge off the fear of what you are experiencing. Because how can you fear adrenaline? When you know they are adrenaline symptoms, they subside.

## Act quickly

The key is to go back. Take a support person with you to the supermarket, or wherever you experienced the first attack. Do it as soon as possible, preferably within a few days. That way, the brain gets the right information before the experience becomes fixed in memory as something it was not.

You need to show the amygdala that there was no danger. That it was adrenaline you panicked over. Not danger, and not an acute illness.

The support person must be quick too. They reach out to you before wave two is triggered. At the very slightest symptoms. That way, you avoid the hijack, and it stops before it begins.

With this information and this simple technique, anxiety can be stopped after the very first time. Long-standing anxiety needs a different approach.

## An example from beginning to end

You are in the supermarket. You are standing in the checkout queue. Suddenly, it happens. Your heart pounds. Your chest tightens. Your hands tremble. It is your first attack.

You become frightened. You panic, drop the basket and run out of the shop.

Why did it end in panic? Because the adrenaline was allowed to run unchecked. Nobody interrupted it. You were alone with the discomfort and could not interrupt your thoughts. The amygdala took control and blocked the thinking brain because it wanted to act. But it cannot do that in the supermarket.

Next time, you bring a support person because you fear the discomfort again. Same supermarket. Same queue.

The moment your body starts reacting, the support person takes your hand. A little squeeze. Then they say: “You are just feeling a little adrenaline.”

For a moment, your focus moves away from the symptom. You say: “You are squeezing my hand.”

The support person squeezes again. “You are just feeling adrenaline.”

And then it happens. The symptoms subside.

Why? Because you cannot give two things your full attention at the same time. Your attention is either on the symptoms or on the hand and the voice. The brain has to choose. And the support person is very persistent. The hand keeps going. The voice keeps going. So the brain chooses the support person.

It is no different from being constantly interrupted in a conversation. You lose track of what you wanted to say because the interruptions become more irritating, and your focus shifts to the person.

This is called redirected attention. When your focus moves, the symptoms slip into the background. Without attention, they have nothing to feed on.

Think about what just happened. What stopped the symptoms? Your attention being on something else. The support person woke up your frontal lobe by squeezing your hand and speaking to you. Without that, your focus is only on the symptoms.

The example shows what the support person is there to help with: shifting your attention and reminding you of the explanation while you are in the situation. Afterwards, you can talk through the experience and practise remembering it as discomfort rather than danger.

The reason you experienced anxiety does not matter. It is not the reason that creates the problem. It is the adrenaline and the discomfort. We seek help because of the discomfort, not because of the cause. The cause is forgotten as soon as we feel the discomfort.

## Language and irrational anxiety

Finally, a question. What if we had no language?

**Then the amygdala would react only to dangers outside the body. It would ignore bodily signals and symptoms. Without language, there is nothing to describe what is felt in the body, and therefore nothing that can alarm the amygdala.**

That is why language helps make irrational anxiety possible. And that is why the language used by you and the support person matters so much.

## How to get started

Find one person you trust. Sit down together and go through the KOT technique. Read my blog posts about it. Agree on anxiety-free language beforehand, so neither of you uses the word anxiety during exposure. Agree on the hand squeeze and the phrase: “You are just feeling adrenaline.”

If you do not have a support person available, you can begin by learning the explanation and practising the phrase at home. See whether a friend, family member or someone else you trust can learn the technique and arrange a day with you. You do not have to squeeze the whole process into one day just because that is how the example is described. You can begin preparing now while you find a support person.

Take the support person back to the place where it happened, within a few days if possible. Otherwise, as soon as possible.

Set aside several hours. Do not leave the place until you have finished. By then, you know what you are experiencing. Adrenaline, not anxiety. If it is the supermarket, go in together for the first three to five visits. The support person watches you closely, ready to step in at the slightest symptom so it can be stopped immediately. Stay in the shop as long as possible. If it is

difficult, take a fifteen- to twenty-minute break once you come out. Buy a soft drink and some sweets to enjoy during the break. You have earned it. Sugar is good in situations like this. Repeat the visit, take a break and talk about how it is going. After five visits, review things together. How do you feel inside? Are you ready to try alone? If not, go in together a few more times. Remember, you have the whole day. It will work for most people if you keep going. If you are a couple, you can hold hands throughout the exposure together. That adds reassurance. But remember: Only biological facts. You are feeling adrenaline. Use the explanation you agreed on beforehand.

When you are ready, go in and do a little shopping without the support person. Begin with short visits. Talk through the experience with the support person. If, contrary to expectations, you come out of the supermarket with symptoms, the support person should immediately hold you and say, “Look at me. It is adrenaline. It is adrenaline.” Wait for the symptoms to subside while repeating the phrase: “It is adrenaline. I am not ill.”

“You were not ill when you were with me, and you are not ill now simply because you feel the symptoms on your own.” Take a break, then go back in together. After a few visits together, try again on your own. Continue like this until you can spend at least fifteen minutes in the shop alone.

As mentioned, my eight years of experience tell me that most people become free of it on the very same day. The supermarket, the bus, the train, the underground, the hairdresser's, the dentist's, wherever you experienced it. If the symptoms return after days or weeks, you can consider seeing your doctor. The best thing is to repeat the exposure.

When you understand that it is just adrenaline, the fear disappears and the symptoms stop within a short time, because there is no longer any fear held in memory to trigger the amygdala.

# Driving

**Driving is a special case. Exposure cannot be done in the usual way because you are confined inside a moving car.**

In the supermarket, on the underground, at home on the sofa and when giving a talk, you can physically leave the place. On buses and trains, you can stand up and walk back and forth. You cannot do that in a moving car. So, the best thing to do is pull over and wait for your body to settle. Most people would call that avoidance or safety behaviour because you are not staying with the discomfort. But here, you must then start the car and drive again straight away. If the discomfort returns, stop again and wait until your body is calm. Continue like this for a whole day, or until you can drive for at least half an hour on the stretch of road where you experienced anxiety. Naturally, you must do this with the right understanding of what you experience in the car. It is essential to begin driving exposure without a belief that you are ill. If you believe that what you feel is anxiety or an illness, it will never work. If you are completely convinced that you are simply feeling adrenaline symptoms, it will work.

With fear of driving, the worst thing you can do is avoid driving. You need to drive as soon as possible after the first experience of anxiety, but as mentioned, with the right information about what you experienced. That is why you need to learn this phrase by heart.

**What I experienced was adrenaline, released because my body felt trapped in the car with no way to escape. I was not ill.**

Here too, a support person can make all the difference. Have one with you for half the day. They should repeat the phrase at regular intervals. Once you have accepted the phrase as the new truth, hopefully after a few hours, and fully understand that it is adrenaline you are feeling if symptoms appear, drive for another hour with the support person. Then it is time to drive alone for the rest of the day. Write the phrase on a note. Read it before the journey and during breaks while the car is safely parked. Put the note away before driving on. While driving, your attention must be on the traffic. The technique of holding a note to redirect attention can be used in other situations where it does not take attention away from a task that requires it. Of course, that alone is not enough to become free of anxiety, but it is a very effective technique for immediate use.

Try it now. Take a note and write: “I am not ill. I am feeling adrenaline.” Hold it in your hand for the rest of the day, from now on, as much as you can. Even while reading the rest of this book. You will notice how your brain shifts its focus to the note from time to time because it is aware of the note and looks for an explanation of why you are holding it. When your brain becomes aware of the note in your hand, read the phrase aloud. That message goes straight to the brain and creates the new connections you need to become free of anxiety within a short time.

Back to the car. Begin with short drives. Check in with yourself: Is your body calm? Say the phrase. Drive a little more. And a little more. And a little more. After each drive, check: Is your body calm? The support person can drive behind you in their own car for the first few trips. Knowing that “help” is nearby will also reassure you. After that, their role is to fall further and further behind until you can no longer see each other's cars.

Begin with short drives on country roads, no more than an hour. There are plenty of places to stop. Move on to the motorway. For the first trips, drive from one junction to the next. If possible, find a stretch where the junctions are close together. You can drive back and forth on the motorway, so you do not start by travelling too far outside your comfort zone. Take the exit back towards where you came from. Then try every second junction, then every third, and so on. Take as many stops or breaks as you like. Remember, you have the whole day.

After a few hours, you are ready for a full half-hour on the motorway. Remember your phrase. There is nothing wrong with you. It is important to wait for this drive until you feel ready and your body have been calm for at least an hour beforehand. Half an hour is about 45–60 kilometres of driving. Arrange to meet your support person at a service area. Talk through the drive. “How did it go? How do you feel?” Have a soft drink or some sweets. Treat yourself. Finish by driving home the same way you came. The support person can follow behind if needed.

If you do not feel able to carry out this day's exposure straight away, wait 14 days while practising the phrase repeatedly at home. Until it becomes like a tune or song you cannot get out of your head. Say it aloud many hundreds of times during those 14 days.

Afterwards, you are ready for the full day of exposure.

Imagine a whole day in the car, experiencing again and again that nothing happens when you feel symptoms because you know what you are feeling. Your body chemistry. Not a sudden illness.

This is the best and quickest solution to the problem. The principle can also be used in the other situations involving fear of recurring adrenaline discomfort discussed in this book. The

limits set out in the chapter on the support person still apply: the approach there is for the first attacks, not for GAD, OCD, PTSD or similar conditions.

| It needs to be confronted as soon as possible, where it began. |
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I know from experience that driving for a whole day is difficult. But no brain can resist exposure like that if you do it.

The scenario above is deliberately detailed. The point is that you can adapt it to your own situation. Make changes wherever you think things are different for you.

During my research into anxiety, I came up with this scenario in 2018, after living with fear of driving for more than thirty years. I wanted to devise a method for getting rid of the fear. This became that method, and I have had no problems since. That applies to all my anxiety, because I used the method in every situation I struggled with. And after 38 years, there were quite a few. A support person is essential if it is to work in just one day. Physically, you cannot do it on your own because of the amygdala hijack. It is simply not possible to think clearly while symptoms are raging through your body. When facing danger, you are not meant to think but to act. That is why parts of the frontal lobes are blocked, making it impossible to think clearly and tell yourself, “It is just adrenaline. I am not ill.” Hence the support person.

You can find a deeper explanation in my other books on anxiety theory.

# Protection from discomfort

To understand why fear of recurrence can become so strong and so hard to let go of, we need to look more closely at protection from discomfort.

The human nervous system has not just one alarm system, but two:

1. A danger alarm system — fear — activated by real physical danger: a car coming too close, a threatening person, an accident.
2. A discomfort-avoidance system activated when something feels unpleasant: heat, cold, nausea, pain, tiredness, tension, dizziness and, not least, adrenaline symptoms.

The danger system is short-lived. It switches on when there is something to react to and switches off again when the danger has passed.

The discomfort system is more persistent. It keeps sending “Get away from here” signals for as long as something in the body feels unpleasant, even if the discomfort is not dangerous but simply adrenaline discomfort.

This is where the problem arises. The same system that makes us move away from a burning-hot hob or spoiled food also tries to move us away from the unpleasant feeling of adrenaline. But the system cannot distinguish the discomfort of a hot hob from adrenaline discomfort. It wants us away from both. Yet we cannot move ourselves away from discomfort created inside us by adrenaline. It is this impossible task that creates panic during an anxiety attack. Not the anxiety. The discomfort system.

This protection from discomfort is evolutionary. It has ensured that we avoid toxic substances, frostbite, overheating and injury. But in irrational anxiety, the same system reacts against something that is not harmful: the body's own stress and adrenaline symptoms, because we experience them as unpleasant.

I hope reading this short book has given you a little more understanding.

Remember, the purpose is to get back to living. Use your understanding of the familiar discomfort and the practical exercises to work with the fear of it happening again.

My claim now is that if I could become free of anxiety after 38 years, anyone can. I cannot think of a single reason why, logically, it should not be possible.

The first step is to drop the word anxiety and use only adrenaline. You are not feeling anxiety. You are feeling adrenaline. If you can do that, the rest will follow. It is not about what it is, but what we believe it is. You may know the saying "Faith can move mountains." That is especially true of anxiety. If you believe it is anxiety, you are ill. If you believe it is adrenaline, you are simply experiencing body chemistry.

Thomas Fogh Vinter

Please feel free to contact me at account.dk@gmail.com with your thoughts and any results you have had from the information in this book.

**P.S**. Remember to read all our blog posts.