

ANXIETY FREE

Unravel Your Fears Before
They Unravel You

ROBERT L. LEAHY, Ph.D.

Author of THE WORRY CURE

Praise for *Anxiety Free*

“Robert L. Leahy, one of America’s most respected self-help psychologists, treats us to a tour de force in how to help soothe our anxious minds. With the most ancient and up-to-date wisdom and self-help techniques, Dr. Leahy is an expert guide and coach.”

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Depression: A Step-by-Step Approach to Gaining

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“Anxiety Free, by the internationally renowned Dr. Robert L. Leahy, provides us with a state-of-the art guide to overcoming anxiety. Written in his trademark accessible style, Dr. Leahy’s new book will help you develop your own self-help program, using the latest and most powerful techniques of cognitive therapy. His ingenious use of ‘rule-books— immediately empowers you to know why you feel anxious and what you can do right now to overcome your fears. I highly recommend this excellent book.”

— **Aaron T. Beck, M.D.**, Professor of Psychiatry,
University of Pennsylvania

*“If you have a problem with anxiety, this is the book for you. **Anxiety Free** provides detailed practical guidelines for understanding and overcoming all types of anxiety problems. You can trust this book.”*

— **Christopher G. Fairburn, M.D.**, Professor of
Psychiatry, University of Oxford

*“Robert L. Leahy has written a comprehensive and vital primer which offers hope for recovery to even the most severe cases of fear and anxiety. This well-crafted book is replete with self-diagnostic tools and easy-to-use, step-by-step scientific procedures for freeing oneself from the pain of anxiety. **Anxiety Free** is a pleasure to read and is full of many helpful case examples. It offers reassurance and hope to the millions who struggle with this crippling ailment. A must read for anyone who has ever experienced debilitating fear or anxiety.”*

— **Frank M. Dattilio, Ph.D.**, ABPP, Department of
Psychiatry, Harvard Medical School

“Dr. Leahy has done it again. Drawing from recent and well-supported research findings, Leahy, speaking in understandable and appealing language, offers powerful suggestions for addressing myriad anxiety problems. Sufferers of chronic and debilitating anxiety can take heart in a uniquely helpful resource.”

— **Douglas Mennin, Ph.D.**, Director, Yale Anxiety
and Mood Services, Department of Psychology,

Yale University

“With beautifully clear prose and great case illustrations, [Robert Leahy] brings to life the central issues and theories involved in anxiety disorders. This book offers hope, and more importantly, it brings cutting-edge knowledge about treatment into the hands of the reader.”

—**Sheri L. Johnson, Ph.D.**, Professor, Department of Psychology, University of California, Berkeley

“This is a masterful book written by a master clinician. [Leahy—s] straightforward and conversational style talks directly to the reader as if the reader was in his office. Even the most anxious person will find this book helpful, useful, and calming. Following his clear program and rules will help to put the anxiety demons to rest.”

— **Arthur Freeman, Ed.D.**, author of *Woulda, Coulda, Shoulda . . .*

*“This book packs a potent therapeutic punch that sets new standards for self-help manuals. As in **The Worry Cure**, Leahy once again provides a masterful presentation of the latest treatment innovations but this time for all the major anxiety conditions. He writes in a clear, uncomplicated, conversational style that the reader will find highly informative and engaging. His explanations, clinical illustrations, and practical step-by-step instructions will transform how people think about and manage anxiety. **Anxiety Free** should be required reading for anyone who has struggled with anxiety.”*

— **David Clark**, Professor, Department of Psychology, University of New Brunswick

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For Helen

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CHAPTER 1

Understanding Anxiety

The woman came into my office looking slightly haggard. She was well dressed and her features well formed, but a certain tenseness around the eyes and mouth kept her from seeming really attractive. She didn't smile but glanced at me nervously, not quite meeting my gaze as she entered the room. She sat awkwardly on the edge of her chair, constantly shifting her position as she spoke, while her eyes darted around the room. I had the impression she was expecting something awful to happen.

“So, Carolyn,” I said, when we had finished our introductions. “How can I help you?”

She paused a long moment. “I . . . I think I'm going crazy.”

“Really. What makes you think so?” I asked.

“I keep having these anxiety attacks. I . . . I've actually had them for years. I don't know what's wrong with me. There's no reason for them.” She went on to describe the attacks: sudden terror at being outdoors or in a shopping mall or looking out from a tall building. Total, unreasonable, suffocating panic, accompanied by a pounding heart and shortness of breath. The attacks would strike without warning and, when they did, she would rush home and close herself inside the house for several days.

“I think I know what's happening to you,” I said. “But first why don't you tell me a little about your life?”

She hesitated, as though frightened by the prospect. But after a bit of encouragement she launched into her story. It turned out her relationship had recently fallen apart: her boyfriend had decided he couldn't live with her anymore. The issue

wasn't so much her anxiety attacks as it was all her other fears and phobias. And there were many, as even I, who'd seen quite a few in my patients, had to admit. Not only was she afraid of flying, she could barely ride in a car without tensing at every intersection. She avoided elevators. She abhorred crowds but also open spaces. She was painfully uncomfortable being with others at a dinner or party, which put a real crimp in her social life. At work she found meetings excruciating, especially if she was called on to speak, and even had trouble making phone calls. And she was a chronic worrier; for years she'd suffered from insomnia because she couldn't shut her mind off enough to get to sleep.

At a certain point in the story, she burst into tears. "I'm so miserable," she said. "I think I'd like to die." After a few minutes of applying tissue, she pulled herself together enough to tell me what had brought her to me—which, incredibly enough, was *not* her anxieties! She'd always accepted those as just part of life! It was her growing depression. Since the breakup, she'd started drinking more heavily. She'd cut herself off from her friends, convinced they all despised her. She wasn't doing well at work and was in danger of losing her job. As she grew more lonely and isolated, she became more and more depressed. She told me she had been contemplating suicide.

"Carolyn," I said finally. "Have you ever sought help with this before?"

"No," she admitted.

"Any particular reason?" I asked. "I mean, I'm a little surprised, someone who's been having as tough a time as you have."

"Well," she said, "I guess I never thought anyone *could* help me. I've just always been this way." Then she met my eyes for the first time. "I guess I don't really believe you can help me either."

Fortunately, Carolyn was wrong on both counts. Help *is* available—and not just from me. It's true that anxiety can be a crippling ailment. It can limit you in every area of your life. It can lead to depression and even suicide. It's the most common psychological condition we have. And it can last for years if it's not treated. Yet the somewhat surprising good news is that anxiety disorders *can* be treated—often very effectively. Carolyn's proved to be quite treatable—and she was an extreme case. If you suffer from any of her symptoms, there's a good chance you can overcome them

enough to live a perfectly normal, satisfying, and complete life. You can make the journey from that bleak territory of fear to the other shore, where your anxiety no longer controls you, destroys your sense of pleasure, or impinges on your health and well-being. How to begin that journey is the subject of this book. And we'll start by looking at some of the factors—historical, biological, psychological—that lie behind Carolyn's condition and are in many ways the key to understanding it.

A MODERN AFFLICTION

We live in the Age of Anxiety.

In any given year, about 18 percent of Americans will suffer from an anxiety disorder. This is twice the rate as that for depression—though the latter seems to receive more attention. Over the course of a lifetime, the number who will suffer from anxiety rises to close to 30 percent. These are remarkable statistics. Just as clinical depression is a lot more severe a problem than people just feeling “down” now and then, clinical anxiety is a lot more severe than being subject to everyday worries. The fact is, a real anxiety disorder is a serious thing. If you suffer from one, chances are it has a major impact on your life. People with anxiety disorders often find themselves unable to work effectively, to socialize, to travel, or to maintain stable relationships. They may go through all sorts of contortions to avoid certain people, places, or activities, including driving, flying, and riding in elevators. They may be unable to endure crowds, social gatherings, open spaces, or small amounts of dirt. They often have trouble sleeping. Some become socially reclusive or housebound. In extreme cases, an anxiety disorder will require hospitalization. For real sufferers, the condition goes well beyond fretting over income taxes or feeling jumpy around spiders. It's a real and lasting affliction with life-impacting consequences.

Nor does it end there. Those who suffer from anxiety disorder are far more likely to become clinically depressed, giving many the dubious distinction of suffering from two debilitating conditions at once. They're also far more likely to be substance abusers, especially alcoholics. And there's little doubt that having an anxiety disorder is bad for your health. It's been linked to cardiac problems, hypertension, gastrointestinal distress, respiratory illness, diabetes, asthma, arthritis, skin problems, fatigue, and a host of other conditions. It affects about 16 percent of children with significant impact on their future development. Children with anxiety disorders have more problems in school (both academic and social) and far more chance of growing up to be psychologically impaired or disabled. Anxiety, unlike some more discreet ailments, is one of those conditions that severely impacts overall health and well-being.

All this is costly to society as well as to individuals. The cost of treating anxiety disorders runs to many billions of dollars; about a third of medical costs for *all* psychiatric problems is for treatment of anxiety. People with anxiety disorders are less productive at work and more likely to use medical services or visit emergency rooms. People with panic disorder are *five times* more likely than average to receive disability payments. Quite outside official statistics, millions of people who suffer from symptoms of anxiety—whether diagnosed as “disorders” or not—consult medical practitioners of all sorts with anxiety-related complaints. How much of a burden this places on the health care system no one can say for sure. But there’s no doubt that the stress many of us feel as individuals is being felt as a collective stress on society at large.

IS ANXIETY GROWING?

One thing about all this that’s hard to ignore is that it seems to have gotten worse. Rates of overall anxiety have increased dramatically during the last fifty years. The most striking increase occurred between 1952 and 1967, but numbers have continued to rise ever since. In fact, the average *child* today exhibits the same level of anxiety as the average *psychiatric patient* in the 1950s.

Why such an increase? Aren’t most of us better off than we used to be? Don’t people live longer, have better medical care than they used to? Haven’t many of the common risks of life been eliminated or dramatically reduced: child mortality, malnutrition, smallpox? Aren’t we better protected against the ravages of weather and climate? Aren’t our houses bigger and more comfortable, filled with conveniences that bring ease to our lives and spare us the rigors of hard, dangerous work? Don’t more of us retire earlier, play golf, take tropical vacations? Don’t we have unemployment insurance, bike helmets, reliable police forces, better teeth? Few of us ever have to go out in a snowstorm, cross a raging brook, or go out in the woods to find food or gather fuel. One would think that since our society keeps us, on the whole, safer from catastrophe than it used to, that our overall level of anxiety as a people would have subsided. Instead, it’s risen. We’ve become a nation of nervous wrecks. What explains that?

Apparently there are factors other than material comfort and security. One of them seems to be the level of “social connectedness” we experience in our lives. Over the last half-century our ties to other people have grown less stable and predictable. Divorce is far more common, with families broken apart and scattered. Extended

families living close together are now rare. Local communities have become far less cohesive, dispersed by economic mobility, roads and automobiles, and faraway shopping and entertainment centers. Participation in community activities is a shadow of what it once was. Cities and suburbs have supplanted small towns; people are more isolated from their neighbors. More and more of us now live alone. In many places, crime has risen; streets no longer feel like safe public areas. Terrorism now seems like a real threat. As globalization and economic competition have intensified, job security has declined; people are laid off from jobs in ways that would have seemed unthinkable a generation ago. Many of us can no longer count on pensions or adequate social security in our old age. All these factors contribute to a feeling that life is not quite as secure as it once was. The support from “the tribe” that evolution has accustomed us to depend on simply isn’t there the way it used to be.

These changes have also been accompanied by changes in the way we think about our lives. Our sense of self-reliance has given way to a feeling of being controlled by large, distant forces whose workings are only dimly known to us. At the same time, our expectations of material comfort have been raised by affluence, by our newfound identities as consumers rather than citizens or members of a community. We’re better off materially than our parents and grandparents, but feel even more that we don’t have enough. This feeling is reinforced by a barrage of TV and magazine ads that demonstrate how idyllic our lives would be if only we bought the right products, ate the right foods, wore the right clothes. The more plugged in to a vast consumer network we are, the more solitary we feel. As the economy offers us more and more choices, we become less and less content, wondering nervously if our choices were the right ones. Our standards of beauty, our expectations of success, our demand for continual, unrelenting happiness leave us dissatisfied with a world in which we are getting fatter on junk food and labor-saving devices, where our leisure time feels more and more empty, and where we desperately purchase one self-help book after another in the search for meaning and happiness.

IS THERE HOPE?

Is there something we can do about all this?

As individuals we have choices as to *how* we deal with it. We also have opportunities we didn’t used to have. Modern psychology has learned a great deal about anxiety in the last few decades. We know much more than we once did about where it comes from, how it operates on the mind, the nature of the behavioral patterns it generates. All this can help us understand the role that anxiety plays in our lives. And *understanding* that role is the key to *overcoming* anxiety—not to eliminating it

completely, for, as we'll see, that's not a realistic goal. But we'll learn to neutralize it, control it, and keep it from being a debilitating force that restricts our health and freedom. Understanding anxiety, in short, is the way to escape its tyranny.

The first thing to understand about anxiety is that it's part of our biological heritage. Long before any recorded human history, our ancestors lived in a world filled with life-threatening dangers: predators, starvation, toxic plants, hostile neighbors, heights, disease, drowning. It was in the face of these dangers that the human psyche evolved. The qualities necessary to avoid danger were the qualities that evolution bred into us as human beings. A good many of those qualities amounted simply to different forms of caution. Fear was protective; one had to be wary of many things to survive. This wariness persists in our present psychological makeup in the form of some of our deepest aversions and phobias. These fears were *adaptive*—they are really survival instincts left over from a primitive era. In our next chapter we'll talk in more detail about how these fears came to be programmed into us and what some of the implications for us are.

The next thing to understand is that, since we no longer live in that primitive world, the fears we carry from it are no longer adaptive. Thanks largely to the effects of language and civilization, the challenges we encounter in our lives are quite different from the ones our ancestors faced on the savanna or in the jungle. Yet our brains continue to operate as though nothing has changed. We're driven by the instinct to run from a hungry jaguar when all we may be confronting is a barking dog. We're afraid to touch a plate someone has used because our ancestors had a healthy aversion to contaminated food. We feel pathologically shy because, in another era, a stranger could easily kill us; even a member of our own tribe might do harm to us if offended. When it comes to our deepest instincts, we act as though we are still in the Stone Age, facing Stone Age conditions.

We are, in short, operating on an outmoded set of "rules." Evolution has programmed these rules into us as a way of protecting us from risk. They're like a kind of software installed in our heads—software that's millions of years old. Every instinct we have tells us that obeying the rules will keep us safe, when, in fact, just the opposite may be true. Our method of breaking free from the tyranny of anxiety will be to challenge these rules—in effect to rewrite them. This will involve examining the irrational beliefs that the rules are based on. For these beliefs, when unquestioned, exert a hidden but enormously powerful influence over our thoughts and behavior.

Once we challenge these beliefs, we can begin revising the rules governing anxiety, even though the latter are embedded deeply in our mind. Why are we able to do this?

Because nature, in addition to providing us with certain instincts, has also given us the ability—located for the most part in a different part of our brain, the part we call rational—to modify those instincts on the basis of our experience. This is the key to treating anxiety. It is not the same as “being rational” about our fears. This does *not* work: knowing or being told that a fear is irrational does not make it go away. But if we can actually *experience* a seemingly dangerous situation over and over again, but *without* harmful consequences, our brains *learn* to be more rational and less fearful. It happens all the time in life. All it takes is to set up a program in which we can have a certain fearful experience regularly but *in a context that teaches us it is safe*. Thus over time we learn to lessen our fear. In the chapters that follow we will apply this principle to a number of different anxiety disorders, replacing the rules that govern them with a new, far more workable set. We’ll be doing what evolution has not had time to do—adapting the rules to our present-day circumstances.

DO YOU HAVE AN ANXIETY DISORDER?

There are six common recognized anxiety disorders, each with its own particular group of symptoms. They all come from the same kind of basic survival instinct. Despite the names given to them, they are not so much separate disorders as they are simply our fundamental human anxiety manifesting in different ways around different stimuli or situations. People who have one of these disorders frequently have more than one—occasionally an individual will have most, if not all of them. But each disorder does have its own characteristics and challenges, which means that the techniques we use to treat it will be somewhat customized. The most effective treatments are tailored to the specific anxiety disorder.

This should not dissuade you from using this book as a whole or from developing an overall understanding of the subject. Even if you suffer from a particular disorder, you may learn something useful reading about the rest. The skillful treatment of anxiety in all its forms is, to some extent, a single art, an art you can learn and practice in many ways on your own.

The six recognized anxiety disorders are:

1. *Specific Phobia*. This is a fear of a specific stimulus or situation: planes, elevators, deep water, certain animals, etc. Your underlying belief is that the thing is actually dangerous in itself (the plane may crash, the dog may bite). About 12 percent of us have specific phobia, though a much larger proportion may have particular fears around one or more of the stimuli.

2. Panic Disorder. This is a fear of your own physiological and psychological reactions to fearful stimuli—in essence, fear of a panic attack. Any abnormalities, such as altered breathing or heart rate, vertigo, sweating, or tremors, are seen as signs of impending collapse, insanity, or death. The accompanying avoidance of situations that could trigger these reactions is known as *agoraphobia*, and often limits mobility severely. About 3 percent of us have the disorder, often linked to depression.

3. Obsessive-Compulsive Disorder (OCD). You have recurring thoughts or images (obsessions) that you find distressing—for example, thoughts of being contaminated, losing control, making a mistake, or behaving inappropriately. You have the overwhelming urge to perform certain actions (compulsions) that will neutralize these images: washing, arbitrary rituals, constant checking, etc. This disorder often leads to depression and affects about 3 percent of the population.

4. Generalized Anxiety Disorder (GAD). This is essentially a tendency to worry continually about a lot of things. One's thoughts are devoted to imagining all possible negative consequences and imagining ways to prevent them. The disorder is often accompanied by physical symptoms of stress: insomnia, muscle tension, gastrointestinal problems, etc. About 9 percent of us have it.

5. Social Anxiety Disorder (SAD). A fear of being judged by others, especially in social situations. These may include presentations, parties, meetings, using public eating or restroom facilities, or simply encounters with new acquaintances. Symptoms include extreme tension or “freezing up,” obsessive worry over social interactions, and a tendency toward isolation and loneliness. This disorder is often accompanied by drug and alcohol abuse. About 14 percent of us have it in some form.

6. Post-Traumatic Stress Disorder (PTSD). This involves excessive fear caused by previous exposure to a threat or injury. Typical traumas include rape, physical violence, severe accidents, and exposure to warfare. Sufferers often reexperience their traumas in the form of nightmares or flashbacks and avoid situations that bring back disturbing memories. They may exhibit irritability, tension, and hypervigilance. Alcohol and drug abuse among sufferers is endemic, as are feelings of depression and hopelessness. About 14 percent of us

suffer from this disorder.

It's obvious from a glance at this list that a major anxiety disorder is quite a difficult thing. Any of the above conditions can dramatically affect the quality of your life. All of them can foster depression, impair your physical health, reduce your effectiveness in the world, and damage your relationships. In addition, each one can limit or disrupt your life in its own special way. *Specific phobia* can keep you from traveling, being close to nature, leaving the ground floor, or doing whatever specific thing it is you fear. *Panic disorder* may keep you frightened of your own breath or heartbeat, and prevent you from going just about anywhere. *Obsessive-compulsive disorder* can consume you with meaningless precautions and rituals and oppress you with the sense of things amiss or out-of-kilter. *Generalized anxiety disorder* may keep your mind constantly agitated with worries and prevent you from relaxing. *Social anxiety disorder* can paralyze you in front of others, limit your activities, and condemn you to loneliness. *Post-traumatic stress disorder* can turn your life into a recurring nightmare, increase alcohol or drug abuse, and impair your ability to function. The cost of an anxiety disorder, in just about any terms, is considerable. Freeing yourself from one would seem to be one of the kindest and most rewarding things you could do for yourself.

CAN ANXIETY BE TREATED?

What can be done to treat anxiety disorders? Unfortunately, many people assume that the answer is little or nothing. They see their disorder as the expression of some fundamental flaw in their character. Or they've lived with it for so long they've gotten used to it. Or they've tried certain kinds of therapy (usually the kind that tries to unravel your deep personal "issues") and found them ineffective. Or—and this is usually at least part of the problem—the thought of facing your anxiety is just too scary. Studies have shown that around 70 percent of anxiety sufferers receive either no treatment or inadequate treatment. As a result, many tend to have ongoing problems for years, if not a lifetime. These problems can become severely debilitating, leading to alcoholism or drug abuse, depression, and functional disability. Left untreated, an anxiety disorder can be one of the most devastating conditions an individual can suffer.

This is truly unfortunate because indications are that anxiety is now highly treatable. Newer forms of cognitive-behavioral therapy have repeatedly proven effective in addressing major anxiety disorders. These treatments do not rely on medication. They do not take years and years to work; patients often show significant improvement right from the start and many are able to bring their disorder under