

OVERCOMING  
ANXIETY,  
WORRY,  
AND  
FEAR

Practical Ways to Find Peace

GREGORY L. JANTZ, Ph.D.,  
WITH ANN MCMURRAY



a division of Baker Publishing Group  
Grand Rapids, Michigan

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# Introduction

## *One More Thing to Worry About*

Do you ever find yourself fearful without really knowing why?

Do you worry about a thousand little things during the day?

Do certain situations cause your heart to race and your palms to sweat?

Do you sometimes feel like you're smothering, like you can't get enough air?

Do you all of a sudden feel light-headed, disconnected, and on edge?

Do you wake up in the morning tired and irritable?

Do you have trouble going to sleep or staying asleep?

Does the fear sometimes become so overwhelming that you're afraid you're going to die?

Do you avoid certain people, places, and situations because of how fearful they make you feel?

Do you find yourself thinking about all the things that could go wrong?

In an age of the twenty-four-hour news cycle, instant messaging, and Amber Alerts, terrorist attacks, health epidemics, and natural disasters, environmental toxins, economic collapses, and diseases of the month, we have a lot to be worried about. It seems the more we know, the more we worry. It seems the sooner we know, the longer we have to worry. We worry about our world, our community, our family. In this age of unemployment, layoffs, downsizing, and corporate mergers, we worry about our careers, our jobs, and our livelihood. In this permissive society, we worry about our marriages and our relationships. We grow concerned as we age about our looks and our health. With growing obesity, we worry about our weight. On and on it goes. For some of us, we never seem to jettison a current worry before we take on another. The accumulated burden of so much worry begins to take an emotional, relational, physical, and spiritual toll. All this worrying makes us anxious. What will we do? How will we cope? What's it all going to mean?

Anxiety is defined as “a painful or apprehensive uneasiness of the mind, usually over an impending or anticipated ill; a fearful concern or interest; an abnormal or overwhelming sense of apprehension and fear often marked by physiological signs (as sweating, tension, and increased pulse), by doubt concerning the reality and nature of the threat, and by self-doubt about one's capacity to cope with it.”<sup>1</sup> Too many of us live out this definition in our lives. The opposite of worry and anxiety—assurance, calm, composure, confidence, contentment, ease, happiness, peace, security, tranquility—is foreign. We'd love to go there; we just don't know the way.

If you're like me, sometimes you just aren't able to put your fears into perspective or set your concerns aside. That's normal; some things take longer to work through than others. However, what do you do when these worries and fears build day after day, leading to a state of anxiety? What do you do when every day you feel like you're gearing up for a battle but you don't know when the first blow will strike? As Christians, it doesn't help to read in

Scripture that we're supposed to "be anxious about nothing" when it seems we're anxious about *everything*.

Over my years in the counseling business, I've seen the toll anxiety takes on lives and health. I've seen anxiety partner with many other mental health, medical, and chemical dependency concerns, complicating recovery. I've seen fear of the future outweigh the horror of the present, resulting in paralysis and an inability to move forward.

I've also seen people meet their worries, fear, and anxieties head-on, helping them break through to recovery. I've seen the amazing courage of those who refused to cower any longer in a corner of their lives and reached out and up to personal victory. I've seen hope win out over despair, trust win out over fear, faith triumph over adversity. I've seen people win and gain back their lives.

If you feel like you've been defeated by anxiety and fear, I want you to win and gain back your life. This book will help you look at the reasons behind excessive worry and anxiety in your life, reaching back to the fears at the root. With assurances from God's Word and practical, everyday alternatives, this book will present valuable insights to help you stop the runaway train of anxiety and panic. You'll learn how to bring order and calm into life's daily challenges instead of being run over by them. You'll learn practical information on how to unchain yourself from self-doubt, fear, and constant worry. Presented from a whole-person point of view, this book will outline the emotional, relational, physical, and spiritual factors involved with persistent worry, as well as avenues for positive change.

Anxiety and worry tend to cause reality to become unhinged, spiraling farther and farther away from the truth. So at the end of each chapter, you'll find an anchoring activity. Each one is designed to help bring you back to earth, to help you become more grounded in truth and reality.

Would you like to experience peace in your life—a peace you could count on?

Would you like to be able to face your fears and come out the winner?

Would you like to understand what all this fear and worry you feel is about?

Would you like to know how to overcome the panic and really enjoy life again?

Would you like to look forward to the future instead of creeping up on it with dread?

You weren't created to live a life of worry, with fears and anxieties constantly hedging you in and draining you of happiness, joy, and peace. It's time to step back from the edge and overcome your anxiety, worry, and fear.



PART 1

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Understanding the Effect  
of Anxiety, Worry, and Fear

# 1

## Is It Just Me?

*Anxiety Disorders, Panic Attacks, and Phobias*



Some people are just natural worriers. Worry is their default setting for life. Some people's worry comes in the neon colors of hysteria. They're called high-strung, tense, edgy. They're called frantic, overwrought, nervous. Others appear to wear the duller tones of their worry as comfortably as another person might a favorite sweater. They're called pessimists, worrywarts, moody. They're called critical, sometimes thoughtful, but always negative. Still others hide their fear, pushing it so far into the background of their lives that it's difficult to recognize. If they're called anything at all, it's depressed, resigned, or apathetic.

So many people worry about so many things in so many ways. When is it just someone's personality? When is a fear justified? When is anxiety way out of proportion? Is it just you? Just how prevalent is worry? According to the National Institutes of Health, almost forty million American adults suffer from an anxiety disorder.<sup>1</sup> An anxiety disorder isn't a temporary concern over a stressful

situation, like meeting your future in-laws for the first time or making a presentation at work. Anxiety disorders show themselves by a couple of characteristics: they don't go away, and, left untreated, they get progressively worse.

Just as people are unique, with different characteristics, so are anxiety disorders. There are five identified anxiety disorders, and we'll go through each one:

1. generalized anxiety disorder (also known as GAD)
2. panic attacks
3. phobias, including social phobia or social anxiety disorder
4. obsessive-compulsive disorder (also known as OCD)
5. post-traumatic stress disorder (also known as PTSD)

One of the effects of an anxiety disorder is a sense of isolation. Sometimes people think they're going crazy, lost in a bizarre world where none of the pieces seem to fit right, resulting in a constant grinding and tension to life. For many people who suffer from anxiety, there is a sense of humiliation, a conviction that others will negatively judge either their inability to cope or the convoluted coping strategies they've devised merely to get through each day.

While each person uniquely experiences anxiety, fear, and worry, it is powerful when people can see themselves as not alone, understanding that others share a similar, if not identical, experience. So as you read these descriptions of the five types of anxiety disorders, realize you're looking for patterns, not a perfect alignment with every personal episode, encounter, or event.

### Generalized Anxiety Disorder (GAD)

There's a reason why this anxiety disorder is characterized by the word *generalized*. In short, people with GAD worry about everything in general.

With a start, Mike realized he'd almost missed getting off at his stop. He'd been going over in his mind everything he'd done the day before to find the discrepancy on the latest production report. His supervisor told him it wasn't a big deal, but Mike still felt it was. Was this some sort of performance test? Were the higher-ups waiting to see how he'd respond and what he'd do to fix it? Did they think he was responsible? Or was he making too much out of it? Mike just didn't know, and not knowing meant it was all he could think about.

Mike had taken this route for almost six years to and from work, and yet here he was, yanking the cord at the last possible second. The bus driver probably thought he was an idiot for zoning out on his stop. As he hurriedly got off the bus, trying not to make eye contact, Mike wished he hadn't eaten such a big breakfast. His stomach was tied up in knots. What if he couldn't fix the problem? How much time could he devote to finding the answer and not have other tasks lapse? Who was watching and how closely? It was a tough economy, and Mike was relieved to have his job, which meant he was terrified of losing it.

Suddenly, his heart began to race. His increased breathing had nothing to do with the slight incline he climbed toward the back entrance to work. It *was* a tough economy. What would he do if he lost his job? By the time Mike had plastered on the semblance of a smile as he clocked in, he'd already imagined the domino effect of losing his job, house, esteem of his wife, respect of his kids, and the fragile reputation with his friends. With the thoughts of potential disaster swirling in his mind, he knew it would be difficult to concentrate at work today, but he'd have to find a way. The only avenue to avoid potential calamity was eternal vigilance. He had to be on his guard at all times. With a sigh, Mike twisted his neck from side to side, wishing he'd been able to get more sleep last night. It was going to be a long day.

If this was the first and only time Mike had experienced this kind of episode, you could write it off to a temporary problem at

work; it wouldn't indicate GAD. However, if this scene is replayed day after day, just with different problems, anxieties, conflicts, and concerns, it is GAD. GAD isn't a single bad day or even a bad week; it's an ongoing state of worry, concern, and heightened anxiety over everyday events for six months or more. It's constant worry about *what if, what might, what could* with no discernible solution, no end, and no peace.

This incessant state of pending catastrophe leaves a person awash in the toxicity of their own stress. It's not healthy. With no off switch, the mind and body are kept at a heightened state of alert, which takes a physical and emotional toll. According to the National Institutes of Health, many people with GAD know they worry too much; they just can't seem to control their thoughts. They worry about everyday things every day. This constant worrying leaves them easily startled. They have trouble falling or staying asleep and find it almost impossible to relax for any length of time. With so many things to worry about, they have a hard time concentrating.

Here are some of the other common symptoms of GAD:

- feeling tired for no reason
- headaches
- muscle tension and aches
- having a hard time swallowing
- trembling or twitching
- being irritable
- sweating
- nausea
- feeling light-headed
- feeling out of breath
- having to go to the bathroom frequently
- hot flashes<sup>2</sup>

Often, I'm not the first professional someone suffering from GAD goes to for help. She or he (I put "she" first because GAD affects twice as many women as men)<sup>3</sup> will first go to a physician for relief from one or more of the physical symptoms. Depending on the circumstances, it can take numerous visits to rule out purely physical reasons for the symptoms.

One woman I worked with came to me after repeated visits to her primary care physician. She went to him originally because she was convinced she had some sort of breathing disorder or lung dysfunction. Simply put, she was having trouble breathing and swallowing. After a series of examinations and tests, her doctor told her there was nothing structurally wrong with her esophagus or lungs. Instead, the overwhelming anxiety she chronically experienced was causing her to constrict the muscles in her throat. She was, quite literally, asphyxiating herself because of the stress of her worry. Her doctor told her it was endangering her life and put her on medication. He also told her she needed the help of a mental health specialist.

Generalized anxiety disorder is serious. It has long-term debilitating effects. It consumes time, energy, and relationships. It leaches joy, contentment, and peace from your life.

## Panic Attacks

If generalized anxiety disorder can be compared to a low-level, persistent, white-noise worry, a panic attack is a sonic boom of terror. Exploding at any time for no discernible reason, a panic attack feels like a life-threatening event.

Angela talked about a panic attack like someone would a stalker. She never knew when it would strike or over what circumstance—real or imagined. It could hit almost anywhere, when she was in the midst of a crowd of people or alone in her apartment. Suddenly, something inside would change. Her body would respond to the panic overtaking

her before her mind could register the shift. It was as if she became unhinged from the present, tethered instead to the formless panic dragging her into a smothering abyss. Her breathing sped as her heart raced, so loud she was sure it must be ready to burst out of her chest. The first time it happened, on her way home from a sales meeting, she was convinced she was having a heart attack. Half a night at the emergency room had proven otherwise. She'd been told her heart was fine. Her life wasn't because the panic attacks continued.

They were so overwhelming and severe that Angela was terrified of them. She lived with a sense of impending ambush. Because she couldn't seem to control them once they hit, Angela decided to avoid situations where she'd had one. That was why she never went to a movie theater anymore. That time, when the panic struck in the darkened theater, she was able to pass it off as a sudden illness, afraid her companion would think she was crazy. Now, she had to wait for movies to come out on DVD. Of course, she no longer allowed herself to see any sort of action movie, even at home, for fear of triggering an attack.

The worst times, though, were at night. She'd had so many panic attacks in the quiet of her bedroom that she'd lost count. Angela dreaded going to bed. Each night was a struggle between the panic she feared and the rest she needed. Lately, because of her constant exhaustion, she knew she was losing the battle.

Primary care physicians are often the first health-care professionals to see someone with GAD. For those with panic attacks, the first line of defense is often the emergency room. The symptoms of a panic attack are not "in your head." They are real, physical, and immediate. They are so real that people in the midst of a panic attack describe it, like Angela, as a heart attack. Others experience it as a crippling fear of imminent death. The physical response to this fear is extreme:

- pounding heart—this isn't just an irregular or rapid heart-beat but can also be a sense that your heart is jumping out of your chest because it's beating so hard

- sweatiness
- dizziness, vertigo, or feeling faint
- trembling or shaking
- nausea or upset stomach
- feeling either flushed and hot or chilled and cold
- tingling hands and feet or numbness
- a feeling of not being able to get enough air, of suffocating
- pain or tightness in the chest

According to the National Institutes of Health, panic attacks tend to begin in late adolescence and early adulthood. Like GAD, women appear to be affected by panic attacks twice as often as men.<sup>4</sup> These are not subtle events; they are more like getting hit broadside. They are, however, relatively short-lived, with the bulk of the symptoms lasting around ten minutes.<sup>5</sup> Those ten minutes, though, can seem like a lifetime if you're the one suffering through them. And while the panic attack itself may do its worst for only about ten minutes, the fear and anxiety over when the next one will strike can be persistent and ongoing.

## Phobias

GAD is scattershot anxiety—extraordinary worry over ordinary things. Panic attacks are a stealth strike of fear—extraordinary terror over nothing discernible. Phobias combine the elements of ordinary things and extraordinary terror. When I looked on Wikipedia, I found almost one hundred types of phobias listed, including a section devoted to fictional ones. For those with specific phobias, the fear and terror are anything but fictional; they are very real.

When Jillian's new co-worker asked if she wanted to ride with her after work to the retirement party, Jillian hesitated. She didn't want to seem rude, but she didn't know what kind of car her



co-worker drove. Jillian also wanted to leave a little bit early so she could be one of the first to the restaurant in order to pick out her seat. It wasn't that she was antisocial; Jillian was claustrophobic. It was impossible for her to ride in a small car, and she was incapable of sitting at the back of a large booth, wedged in by other people.

At work, Jillian never took the elevator to the fourth floor; she always used the stairs. Even the stairwell was a little restricted, but it was infinitely better than the enclosed box of the elevator. When her division had moved onto that floor two years ago, Jillian had volunteered for the noisier, more centrally located cubicle because it was larger than the more private and quieter options farther down the hall. The others thought she was being unselfish. She'd laughed inside at that. She had been *extremely* selfish and would have put up a fight with anyone who'd tried to claim her refuge. Being enclosed was simply not an option for Jillian. Every new situation had to be factored through that filter.

Jillian gave her co-worker the excuse that she wanted to leave early to pick up a card on the way. The explanation worked without causing a problem. Now, if the rest of the evening could only go as smoothly.

Claustrophobia is one of the most common phobias. Here are some of the others:

- acrophobia—fear of heights
- agoraphobia—fear of crowds, open areas, or public spaces (literally fear of the marketplace)
- arachnophobia—fear of spiders
- aquaphobia—fear of water
- aviophobia—fear of flying
- bacillophobia—fear of germs
- cynophobia—fear of dogs
- hemophobia—fear of blood

- necrophobia—fear of death
- ophidiophobia—fear of snakes
- nomophobia—fear of being alone
- xenophobia—fear of strangers

Here are some obscure ones:

- coulrophobia—fear of clowns
- gephyrophobia—fear of crossing bridges
- heliophobia—fear of sunlight
- olfactophobia—fear of smells
- paraskavedekatriaphobia—fear of Friday the 13th

As strange as some of Wikipedia's nearly one hundred phobias are, they are really no laughing matter. Exposure to the object of a specific phobia can trigger a severe anxiety reaction or even a panic attack.

Some phobias can become tightly intertwined with panic attacks. Panic attack sufferers tend to avoid situations that triggered an attack in the past. Therefore, after each panic attack, their world shrinks. If they were at a restaurant and had an attack, they'll avoid going out to eat. If they are afraid of dogs, they may avoid taking walks in their own neighborhood. They'll avoid flying if they experienced a panic attack while boarding or on an airplane. If they suffered an attack driving down a specific street, they'll avoid traveling that same route, if not driving altogether. As their world shrinks, no place seems safe. This is the world of agoraphobia, where sufferers become incapable of leaving the perceived safety, security, and control of their own homes, sometimes even specific rooms within that home.

Once again, women appear to be twice as susceptible as men to phobias.<sup>6</sup> Childhood can be the beginning of a phobia that lasts through adolescence and persists into adulthood. Many people have

found creative ways to work around their phobias, like Jillian. It's easier, of course, the more specific the phobia, like avoiding snakes or clowns. For other phobias, such as a fear of sunlight or water, avoidance has a greater impact on daily functioning. One of the phobias that has the most impact is social phobia, also known as social anxiety disorder.

Social phobia isn't just a fear of being around people. It's not a claustrophobic reaction to large crowds. This is a fear of being hurt by people in social settings, of being watched and judged by others. This is the extreme fear of being embarrassed under the harsh glare of others.

Over and over again, Greg berated himself for his cowardice. After all, it was just a harmless party. Granted, it was a harmless party he never should have agreed to attend, but he'd been boxed into going by his roommate, who found himself having to work unexpectedly. Realizing he was now going by himself caused Greg to break out in a fresh sweat. Perfect. He'd be drenched and stinky by the time he showed up.

Greg had been unable to come up with a good reason not to go, so he was stuck. Gritting his teeth, he promised himself he'd go, spend the shortest possible amount of time there, stand off in a corner hiding behind a drink, and take note of who else was there so he could report back to his roommate. Then, as soon as humanly possible, he'd sneak off to freedom.

As Greg got out of his car and walked toward the front door, he wiped his hands nervously on his pant legs. This sweating was ridiculous. Good thing it was cold outside; hopefully it wouldn't be too hot inside. All he needed was to broil in the sauna of his own sweat and discomfort. Looking left and right along the street, he felt relieved that he didn't recognize any other car. The fewer people he knew, the sooner he could leave. He'd already spent over a week worrying about this party, desperate to get out of it but fearful of annoying his roommate. The potential for disaster became more

pressing the closer he got to the door. His total objective for the evening was to hide in plain sight and get out as soon as possible.

For those with social anxiety disorder, other people represent an enemy. People are adversaries just waiting for that one situation to criticize, belittle, judge, or publicly humiliate them. People are unsafe. The range of social phobia runs the gamut—from those who feel safe only with trusted family members, to those who experience anxiety around people only in specific situations, such as eating in front of others or speaking in public.

Unlike the other disorders mentioned so far, social anxiety disorder seems to affect men and women equally.<sup>7</sup> It appears to begin in childhood and continue on into the adult years. Social anxiety disorder, like panic attacks, can lead to agoraphobia, as the person creates a bunker mentality with home and family and is reluctant to venture out into a hostile world full of precarious situations ready to turn out badly and full of people ready to take advantage.

Those with social anxiety disorder experience the usual stress reactions of sweating, nausea, racing heart, and trembling. They may blush easily and have difficulty carrying on conversations. Unfortunately, these very symptoms can prove to be a barrier to effective communication and interaction. Not understanding the reasons, others can react to these symptoms by becoming hesitant, distrustful, and even dismissive of the person with the anxiety. Of course, this reaction merely fuels the anxiety.

### **Obsessive-Compulsive Disorder (OCD)**

OCD is a harsh taskmaster. People who suffer from it live with an endless bombardment of obsessive thoughts. These thoughts are not positive or uplifting; they are filled with dread and sometimes are simply dreadful—imagining the death of a loved one or visualizing an act that is violent, sexual, and always personally repugnant. OCD is thought-life under siege. To cope with these

despised intruders, OCD sufferers use specific actions to mitigate, manage, or control their thoughts. It's almost as if the actions are offered as a sacrifice in order to appease the thought tyrant. The actions become an imperative.

Trisha was late getting ready for work. Even though time was precious, she continued to count out the number of mascara strokes. Once she'd done ten on each set of lashes, she would wait another ten seconds for the mascara to dry and then complete the application by repeating it. Trisha did it the same way, every day, every time. It was the same with each of the things she did to get ready, from washing her hair to brushing her teeth. As long as she did it the same way every time, she knew she'd do it right. As long as she did it right, she was safe. As long as she did it right, her mother was safe.

Trisha lived in fear of doing something wrong, of not being what her mother called "presentable" whenever she went out in public. If she didn't get it right, her mother was going to die. She could see her mother's lifeless body in her mind, knowing she was responsible. To avoid this catastrophe, everything had to be done just right. Trisha chose certain types of clothes, with a minimum of buttons or zippers so she wouldn't have to spend so much time checking to make sure each button was fastened correctly or the zipper was zipped properly. This alone could set her back ten minutes or more, as she had to check multiple times for each—just to make sure. Failure was just too dreadful to contemplate, although she saw it in her mind all the time.

Just as Trisha was counting the number of times she'd brushed the lashes on her left side for the second time, the phone rang. She froze, torn between what might happen if she didn't answer the phone and what would happen if she did. By the third ring, she couldn't take the suspense any longer and ran to pick it up. After all, what if it was something important? What if it was her mother? What if she'd already done something wrong?

Breathless, she grabbed the phone. The voice on the other end asked Trisha if she had any donations to put out on the curb next Thursday. She tersely answered no and ended the call, realizing she was going to be even later to work than she'd planned. Everything was now ruined. She headed back to the shower, turned on the water, disrobed, and started her morning preparations all over again. Everything had to be done exactly the same way with no deviations, like answering telephones. It was the only way to keep the monsters at bay. It was the only way to keep from killing her mother.

OCD is all about keeping obsessive thoughts at bay with compulsive rituals. These thoughts can be comprised of unwanted images or impulses, often personally or religiously upsetting or repugnant. Because they are so upsetting or repugnant, great desperation is involved in trying to control them.

The rituals used often have to do with checking things over and over again, counting or physically touching items in a particular sequence. It is not just what the ritual entails that is important but the ritual itself. The preoccupation with the ritual helps mask the obsessive thought as well as act as an appeasement so the dreaded thought or image will not return.

Recently, the phenomenon known as hoarding has come into greater public awareness, propelled by graphic scenes on television showing homes crammed floor to ceiling with an astonishing amount of stuff. Shocking visuals show safety personnel in hazmat suits scooping out all manner of refuse and garbage, while the distraught hoarder pleads that every last bit of it is necessary. At times a home is filled with so many pets that they have become unclean, uncared for, and often ill.

Hoarding is considered an offshoot of OCD, but, recently, this categorization is being reevaluated.<sup>8</sup> It is possible that some time in the future hoarding will become its own distinct category. In the meantime, it's very real, and I'm finding more and more people opening up about the difficulty hoarding presents in their lives.

Without exception, their hoarding activity is always accompanied by varying levels of anxiety.

Hoarding both relieves anxiety and produces it. The more hoarders accumulate, the more insulated they feel from the world and its dangers. Of course, the more they accumulate, the more isolated they become from the world, including family and friends. Even the thought of discarding or cleaning out hoarded items produces extreme feelings of panic and discomfort.

It can be difficult to determine whether you are a hoarder or just a pack rat, someone who just likes to hang on to things. The main determiner of whether a behavior is just a personal preference or a disorder usually has to do with whether or not, and how much, that behavior has begun to negatively impact daily functioning. Here are generally recognized symptoms of hoarding from the Mayo Clinic:

- cluttered living spaces
- inability to discard items
- keeping stacks of newspapers, magazines, or junk mail
- moving items from one pile to another without discarding anything
- acquiring unneeded or seemingly useless items, including trash
- difficulty managing daily activities, procrastinating, and trouble making decisions
- difficulty organizing items
- perfectionism
- excessive attachment to possessions and discomfort letting others touch or borrow possessions
- limited or no social interactions

When your world is awash in anxiety, worry, and fear, and when accumulating things becomes a way to deflect and manage those feelings, the stacks will keep getting bigger and bigger.

## Post-Traumatic Stress Disorder (PTSD)

Imagine being involved in a terrifying incident where you were physically harmed or threatened. Then imagine reliving that awful memory over and over again, each time as fresh and horrific as when it happened. This is the essence of PTSD.

Carrie was standing on the corner, waiting for her friend to pick her up. She still didn't feel safe driving, and Joel had been so good about getting her back and forth to work over the last several weeks. One minute, she was standing in the sunshine, waiting for Joel, and the next minute the sunshine had vanished. The corner had vanished. Carrie found herself right back at the scene of the accident. She could feel the blood dripping down her face. She looked down and saw it spreading down her shirt. She screamed, feeling again the pain of her dislocated shoulder. Frantic, she looked around for David, seeing again his crumpled form wedged in that impossibly small space left between the left-hand side of the car and the steering wheel.

A small part of her clung to the tenuous understanding this wasn't real, that she was just experiencing it all over again. Down the street, out of sight, she'd heard a minor fender bender, and the sound of metal hitting metal had sent her into a full-blown flashback. By the time Joel reached the corner and stopped the car, Carrie was coming out of the memory. Shaken and crying, she hastily pulled herself together, shrugging off Joel's obvious concern by saying she didn't want to talk about it. How could she ever want to talk about it? If she could feel it again, so real, so immediate, without conscious effort, what would happen to her if she actually tried to remember it?

Whenever a flashback hit, Carrie could feel a wave of terror approach her from behind and fling her headlong into the memory. Hopeless, she had no idea what she was going to do, how she was going to keep the memory at bay. It threatened her thoughts during the day and haunted her dreams at night. Exhausted, Carrie was so tired of feeling the pain. When was it going to stop?



It isn't just soldiers who experience the devastating déjà vu of PTSD. Any traumatic event in which a person comes to harm or believes harm will happen can produce PTSD. The harm can be to that person or to someone they know. PTSD can also be caused by witnessing a traumatic event involving a stranger. The shock of the event is so significant that it burns its memory deep.

A person suffering from PTSD is affected not only during a flashback, which is a vivid reliving of the event, but also his or her functioning is impacted day by day. People with PTSD may:

- startle easily
- become numb emotionally
- isolate from loved ones
- have difficulty with intimacy
- experience increased irritability
- become aggressive, hostile, or even violent
- attempt to avoid situations they fear will remind them of the trauma
- have difficulty during significant periods, such as the anniversary of the trauma
- refuse to talk about the trauma with others for fear of triggering a flashback

With PTSD, the person's life becomes hostage to the horror of the past. Like a person suffering from panic attacks, the PTSD sufferer stops living life and starts crafting an existence designed to reduce the possibility of another episode. Family, friends, feelings, risks, and experiences are all jettisoned. The avoidance of another flashback becomes the only goal.

### **You're Not Crazy**

Within the throes of an anxiety disorder, you can feel like you've lost your mind. You can feel that you've lost mastery over your body,

that it's become hijacked by a mind careening out of control. Your body and mind are on a wild, spinning ride with terror firmly at the wheel. You want to get off, but you can't seem to find a way out. You're trapped within yourself, screaming to get out, to make it all stop. You just want to find some place of normalcy again.

No, it's not just you, and, no, you're not crazy. What you feel and experience is real, immediate, and impactful. As you read earlier, such feelings are shared in part by forty million Americans. This isn't an unknown terror. While you will experience anxiety in shades and degrees, in circumstances and situations unique to you, you are not alone.

#### ANCHORING ACTIVITY

It may seem that our current, crazy, stressful lives produce a bumper crop of anxieties, concerns, and worries. Because we think our present circumstances are unique, we use them as an explanation and, frankly, as an excuse. We use them as an excuse to justify hopelessness, for staying stuck. *Life today is just so hard. This is something I have to try to tackle on my own. This is just who I am. I've tried everything and nothing seems to work. No one can really help. What I go through is just too weird; no one can really understand.*

Anxieties speak a language of absolutes. A possibility is a certainty. What could, will. What might, will. But if anxieties speak a language of absolutes, it is not a universal language. Some words are not translatable. Anxiety does not have a word for peace. It does not have a word for relief. It does not have a word for rest. It is a language of negativity, of hopelessness, of despair. It is a language of defeat. Anxieties force us to surrender before the true battle is even engaged.

There is an axiom: know your enemy. That's what I'd like you to do during this section. I'd like you to anthropomorphize your anxiety, your phobia, your panic attack and think about it as something

other than yourself. This is a way for you to examine your anxieties and their consequences through an imaginary buffer. Put them outside of yourself and give yourself permission to examine them without triggering them.

Anxiety disorders have an anatomy. They have shared traits and unique features. What I'd like you to do now is get to know yours. As much as you're able, think of it in the third person. Use "it" instead of "I."

- Reading over the different descriptions of anxiety disorders, which one does it mirror the most?
- What are its physical characteristics? What does it do to you?
- How often does it happen?
- Do you know when it's about to happen?
- What do you do to help yourself feel better? Does anything help?
- Does anything make it worse?
- How long does it usually last?
- Have you ever talked with someone about it? If so, who and why? If not, why not?
- How long have you been hoping it would just go away?
- Do you really believe you'll ever be able to get over it?

Hebrews 11:1 says that "faith is the confidence that what we hope for will actually happen; it gives us assurance about things we cannot see" (NLT). Anxiety is a perversion of faith. Anxiety is the confidence that what we hope against will actually happen; it gives us assurance that what we can't yet see will be bad. Hebrews 11 is a chapter replete with the victories of faith. Anxiety doesn't produce any victories; it only accomplishes defeat. This is not the life God has planned for you. The life you're living now is not the one he wants you to live.

The faith life God intends for you is not the perverse life of anxiety. He does not want you to take your capacity for faith and distort it into a belief in the least possible or the worst imaginable. He does not want you to sacrifice your life on the altar of anxiety, giving up more and more year after year, hoping to appease anxiety's appetite. Instead of trusting in the catastrophe of today and the terror of tomorrow, God asks you to trust in him. As you continue to examine your anxiety and what effect it's had on your life, I ask you to transfer as much trust as you can from your anxiety to God. You've trusted in your anxiety's capacity to cause you grief, fear, and stress. Take a part of that trust and turn it over to God. Trust him to be with you through this journey, to know the face of your fear, to be strong enough to help you overcome it and loving enough to deeply desire to help you.

Meditate on Psalm 118:6, substituting the word *anxiety* for the word *man*: "The LORD is with me; I will not be afraid. What can anxiety do to me?"

*Father, I am afraid! I live a life of fear, and I'm so tired. I have tried to deal with my fear on my own, but I'm not strong enough. I am overcome time after time. I confess I've never really trusted you enough to help me deal with my fear. I need your help, your guidance, and your strength. I confess I've placed more faith in the fear in my life than I have in you. Show me how to move that faith fully to you, each day, every day.*