

## Anxiety is a Compass, Not a Bad Habit by Trevor Huskey, LCSW

As a therapist specializing in anxiety, I have two primary goals: the first is to help people relate to their own emotionality in a healthy way; the second is, based on the patterns and themes of their issues, to give them a range of practical and effective coping skills that they can utilize according to their circumstances, values and expectations. First is correcting the hostile mindset patients have towards anxiety, which includes pointing out the vast and unrelenting marketing by the pharmaceutical, self-help and entertainment industries that sustain cultural negativity towards anxiety that most people buy into. Ezra Klein podcast's episode "That Anxiety You're Feeling? It's a Habit You Can Unlearn" is another example of this type of misinformation.

Mr. Klein's guest is Dr Jud Brewer Professor of Psychiatry at Brown University and author of "Unwinding Anxiety: New Science Shows How to Break the Cycles of Worry and Fear to Heal Your Mind." Brewer's book title certainly implies an easy fix to anxiety, like so many other reduction in the words "worry" and "fear" which are different from anxiety. Misperceptions about what constitutes worry, fear, and anxiety (and stress) are already prevalent, and Brewer perpetuates this misinformation throughout the podcast when he uses worry and fear instead of anxiety. In my book, *The Breathtaking World of Anxiety*, I clarify the differences between anxiety and fear, worry and stress.

Brewer does discuss standard Cognitive Behavioral Therapy (CBT) interventions like differentiating thoughts and feelings, the importance of self-awareness, connections between stimuli and behavior, grounding practices, and how weak the conscious mind (frontal lobe) is in reality. He did articulate three phrases that I found helpful: "reward hierarchy," "Curiosity as a superpower," and HALT, which is short for hungry, angry, lonely and tired. Even though I already use all this material in my work with patients, I expect the particular phrasing will help crystallize concepts with patients even more. Brewer has good details around how to work with anxiety in some ways. However, he seems too focused on the minutia to comprehend just how varied, incredible and helpful anxiety is and can be; he is "missing the forest for the trees," as they say. First of all, anxiety is not a habit; manifestations of anxiety can become habitual. Anxiety has five, not one, major sources - physiological, lifestyle, trauma, insecurity and cognitive dissonance - and people often struggle with multiple of these sources simultaneously.

Let's look at physiological first. People have different temperaments, and some people are just biologically more prone to anxiety, as there's an evolution benefit to our species for this to be the case. On the other end of the spectrum, people have different physiology that, on a biological level, minimize their any predisposition to anxiety and other emotional reactivity; nature loves diversity and humans has a wide and varied range of temperaments. Anxieties are often apparent in multiple generations of a family, and while part of this can be attributed to behavioral modeling, temperament still has a direct impact on how someone deals with life in general. Also, thyroid, anemia, breathing conditions, blood sugar conditions, dehydration and other health issues can certainly trigger anxiety symptoms, which is why I ask if patients have had a physical recently when doing an assessment.

Lifestyle can include excessive substance use, particularly caffeine, which can create "synthetic anxiety." Over the years, I've had countless patients consuming six cups to three pots of coffee a day without any sense that the caffeine was a major, if not primary, source of their anxiety symptoms. Once they cut down to no more than two cups a day, their symptoms reduced. Other anxiety factors are related to lifestyle as well.

While physiology and lifestyle are two important possible sources to explore, it is trauma that Brewer truly strikes out with. His miscues in this area are so comprehensive and misguided as to be utterly mind-boggling. Brewer dismisses trauma by flippantly stating, "you can't change the past" and leaving it at that; it's what he didn't say that is so telling and concerning about his approach. While his statement is technically true, we already know this is a fact. However, the most salient and powerful reality is that you can change your relationship

to past experiences, which is incredibly powerful for people who suffered traumatic childhoods and internalized their abuse/misfortunes. What's weird is Brewer discusses associations about pizza to dissect compulsive eating, but he won't acknowledge the anxiety-inducing associations related to abuse and trauma.

Dismissing trauma-induced anxiety as "just a habit" is one of the most callous interventions a behavioral health professional could attempt to perform and, in my opinion, constitutes gaslighting or blaming the victim. Additionally, the potential for misuse of Brewer's slant is staggering:

- If a student is experiencing anxiety, should a teacher just tell the child, "It's only a habit," when said child is anxious about being bullied at school or abused at home?
- Should a doctor tell a patient having panic attacks after a serious car crash that it's "just a habit?"
- Should the military dismiss all active personnel and veterans contending with anxiety that it's just a habit?
- If a woman is abused by her husband, should she accept all the past beatings and focus on changing her habit of being anxious before, during and after a beating.

Brewer's "habit" declaration comes across more like a gimmick, and his imprimatur would allow manipulative and heartless people to be dismissive of trauma, promote biased social programs, and enforce unethical laws. These are profound ethical and competency issues at stake. The struggle to gain mainstream acceptance for trauma has been an arduous battle, and one of the most fruitful efforts in the field of psychology. However, it's as if Brewer ignores 100 years of research, treatment and progress about trauma within the sciences, including some of the most highly regarded professionals currently practicing (e.g., Dan Siegel, Bessel van der Kolk, Gabor Mate and Richard Schwartz).

Anxiety always has a story it needs to tell. Treatment should be a place where people can explore their struggles in life and how they ended up addicted to substances or other compulsive behaviors driven by anxiety, not an arrogant, short-sighted prescription. The relationship between people is most meaningful and healing when the person in a position of authority endorses and practices humble respect and empathy for a person's traumatic past. Brewer isn't the first person of science who treats anxiety as an inconvenient enemy to be squashed and, unfortunately, he won't be the last. I sincerely hope for his patient's wellbeing that Brewer reconsiders his perspectives and learns what anxiety actually is and how to integrate a trauma-sensitive approach when working with people struggling with addiction, many of whom started down the road of relying on substances to cope with underlying trauma.