



**Glenn Livingston, Ph.D.  
And Michael Norman  
Panic Solution**

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**Dr. Glenn:** Hey, this is the very good Dr. Glenn Livingston with Never Binge Again and I'm here with Michael Norman, who is an expert on panic and anxiety. And what I want to tell you is I brought Michael on the call so that we could address panic and anxiety because so many binge eaters tell me that excess food, overeating e.g. pig slop is the only thing which seems to take them away from their panic and anxiety, and I actually think it makes the problem worse. And so I connected with Michael through a good friend that I trust and I wanted to have a discussion with him.

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GLENN LIVINGSTON Ph.D.

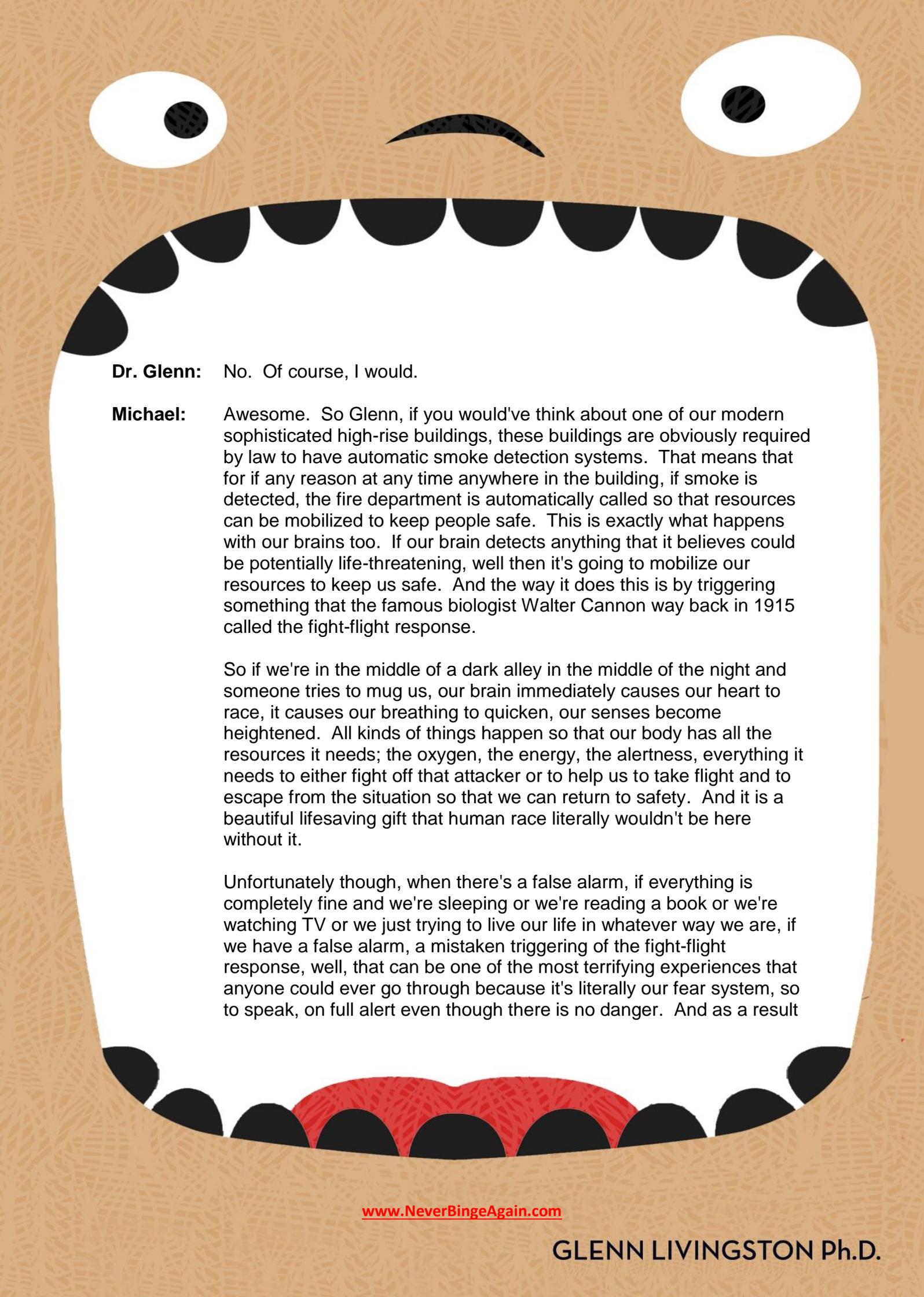


One thing I want you to know that in this context, we can't offer to diagnose treat or cure any disease, disorder or condition that's independent of any licenses that either of us might have. And with that, so we're offering this as training education only, just information that should be helpful to you and then you can decide and discuss it with your doctor. With that, cover my \*\*\* cover your \*\*\* disclaimer in place, I would like to introduce you to Michael. Michael, how are you today?

**Michael:** I'm great. Thanks, Glenn. How are you?

**Dr. Glenn:** I'm very good. Michael is actually a former research scientist turned paid on results anxiety specialist. He's got clients from 103 countries all around the world. He's got his own Internet TV station where he shares the latest scientific research, tools and strategies to help end your panic attacks for good. Hey, Michael, could we just start with some definitions? And I know that your definition is somewhat different than the DSM-5 definition of a panic attack. Talk to me.

**Michael:** Yeah. So instead of giving the standard definition, which is a valid definition, but probably isn't as useful as I think it could be, I would like to give a little bit of a different one. And that is is that what a panic attack really is is it's just our brain making a very innocent, very well-intended, overprotective mistake. It's a mistake that from a scientific point of view is most accurately thought of as a false alarm. A false alarm of what in popular culture might be called our brain's fear system. So it's our brain mistakenly trying to protect us from a danger that's not there. Now, Glenn, would you like me to share a little analogy that I think would explain this a lot more fully?

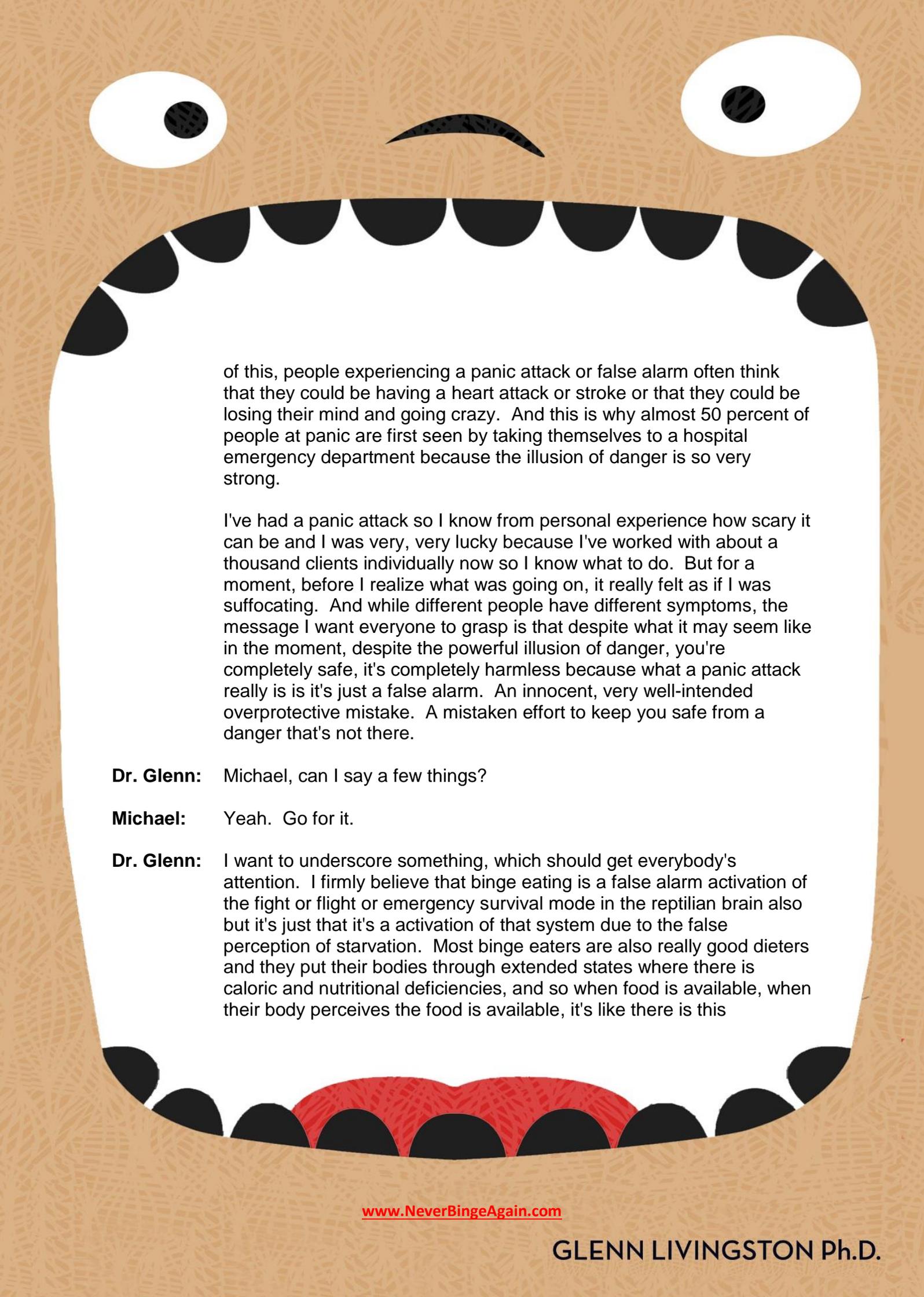


**Dr. Glenn:** No. Of course, I would.

**Michael:** Awesome. So Glenn, if you would've think about one of our modern sophisticated high-rise buildings, these buildings are obviously required by law to have automatic smoke detection systems. That means that for if any reason at any time anywhere in the building, if smoke is detected, the fire department is automatically called so that resources can be mobilized to keep people safe. This is exactly what happens with our brains too. If our brain detects anything that it believes could be potentially life-threatening, well then it's going to mobilize our resources to keep us safe. And the way it does this is by triggering something that the famous biologist Walter Cannon way back in 1915 called the fight-flight response.

So if we're in the middle of a dark alley in the middle of the night and someone tries to mug us, our brain immediately causes our heart to race, it causes our breathing to quicken, our senses become heightened. All kinds of things happen so that our body has all the resources it needs; the oxygen, the energy, the alertness, everything it needs to either fight off that attacker or to help us to take flight and to escape from the situation so that we can return to safety. And it is a beautiful lifesaving gift that human race literally wouldn't be here without it.

Unfortunately though, when there's a false alarm, if everything is completely fine and we're sleeping or we're reading a book or we're watching TV or we just trying to live our life in whatever way we are, if we have a false alarm, a mistaken triggering of the fight-flight response, well, that can be one of the most terrifying experiences that anyone could ever go through because it's literally our fear system, so to speak, on full alert even though there is no danger. And as a result



of this, people experiencing a panic attack or false alarm often think that they could be having a heart attack or stroke or that they could be losing their mind and going crazy. And this is why almost 50 percent of people at panic are first seen by taking themselves to a hospital emergency department because the illusion of danger is so very strong.

I've had a panic attack so I know from personal experience how scary it can be and I was very, very lucky because I've worked with about a thousand clients individually now so I know what to do. But for a moment, before I realize what was going on, it really felt as if I was suffocating. And while different people have different symptoms, the message I want everyone to grasp is that despite what it may seem like in the moment, despite the powerful illusion of danger, you're completely safe, it's completely harmless because what a panic attack really is is it's just a false alarm. An innocent, very well-intended overprotective mistake. A mistaken effort to keep you safe from a danger that's not there.

**Dr. Glenn:** Michael, can I say a few things?

**Michael:** Yeah. Go for it.

**Dr. Glenn:** I want to underscore something, which should get everybody's attention. I firmly believe that binge eating is a false alarm activation of the fight or flight or emergency survival mode in the reptilian brain also but it's just that it's a activation of that system due to the false perception of starvation. Most binge eaters are also really good dieters and they put their bodies through extended states where there is caloric and nutritional deficiencies, and so when food is available, when their body perceives the food is available, it's like there is this



mechanism inside that says, "Oh, my God, we'd better hoard it right now." And I do have some success with techniques that take us out of fight or flight, and is it the sympathetic or the parasympathetic nervous system that calms people?

**Michael:** Calm people down? The parasympathetic. Yeah.

**Dr. Glenn:** Yeah. So deep breathing and maybe some other things Mike will going to talk about today can actually take you out of the binge. The mantra I tell people is feelings aren't facts.

**Michael:** That's true.

**Dr. Glenn:** Last thing I want to say is that I had a panic attack myself in 2003. I walked into the hospital, was sure I was having a heart attack and I'm glad that I did. I mean, that's the first thing to do just to rule out medical causes. I kind of felt embarrassed 'cause I'm a psychologist and I should have known better, but I didn't. It was that real and that intense that I really thought I was dying. So okay. So how common is this? I know that you're really passionate about making sure that people know that if they suffer from this, they're really not alone. How common is it?

**Michael:** Yeah. I'm very passionate that people know the facts, Glenn. And it's interesting that you mention that you've had a panic attack because, as I said, I've had one and it's actually far more common than people would think. Unfortunately though, one of the most common experiences that people have with panic is that they often have the impression that it's only them who's going through what they're going through. And obviously, this can make people feel very isolated and very alone, but more than that, it often leads people to believe that



they're somehow weak or even defective in some way, and none of that is true.

Here are the facts. 28 percent of people will experience at least one panic attack in their lifetime. Now, how do we know that this is true? Well, we know that this is true from a very big, very well-conducted survey done in the U.S., a survey called the National Comorbidity Survey, and this survey has been replicated so that we know the data is valid. And, again, what this survey found was that 28 percent of people will experience at least one panic attack in their lifetime.

Now, to make this fact as vivid as it needs to be, if you would've walked through your local shopping center or to watch people on TV or to look at your Facebook friends list, on average, one out of every three or four people that you see will likely experience a panic attack in their lifetime. And that is huge. So you and I, Glenn, we're not alone and neither is anybody else listening who's been going through that.

If we would even narrow things down further, if we would only consider people who had serious ongoing problems with frequent panic attacks, something that's often labeled as panic disorder, well, almost one in 20 people will meet the criteria for panic disorder sometime in their lifetime. To make this fact as vivid as it needs to be because I really want people to grasp this, if we would have just considered the U.S., only the U.S., and if we were to take everybody in the U.S. who would meet the criteria for panic disorder sometime in their lifetime and if we would put them into one city, that city would be bigger than New York, Los Angeles and Chicago combined. They're the three biggest cities. It's huge, isn't it?

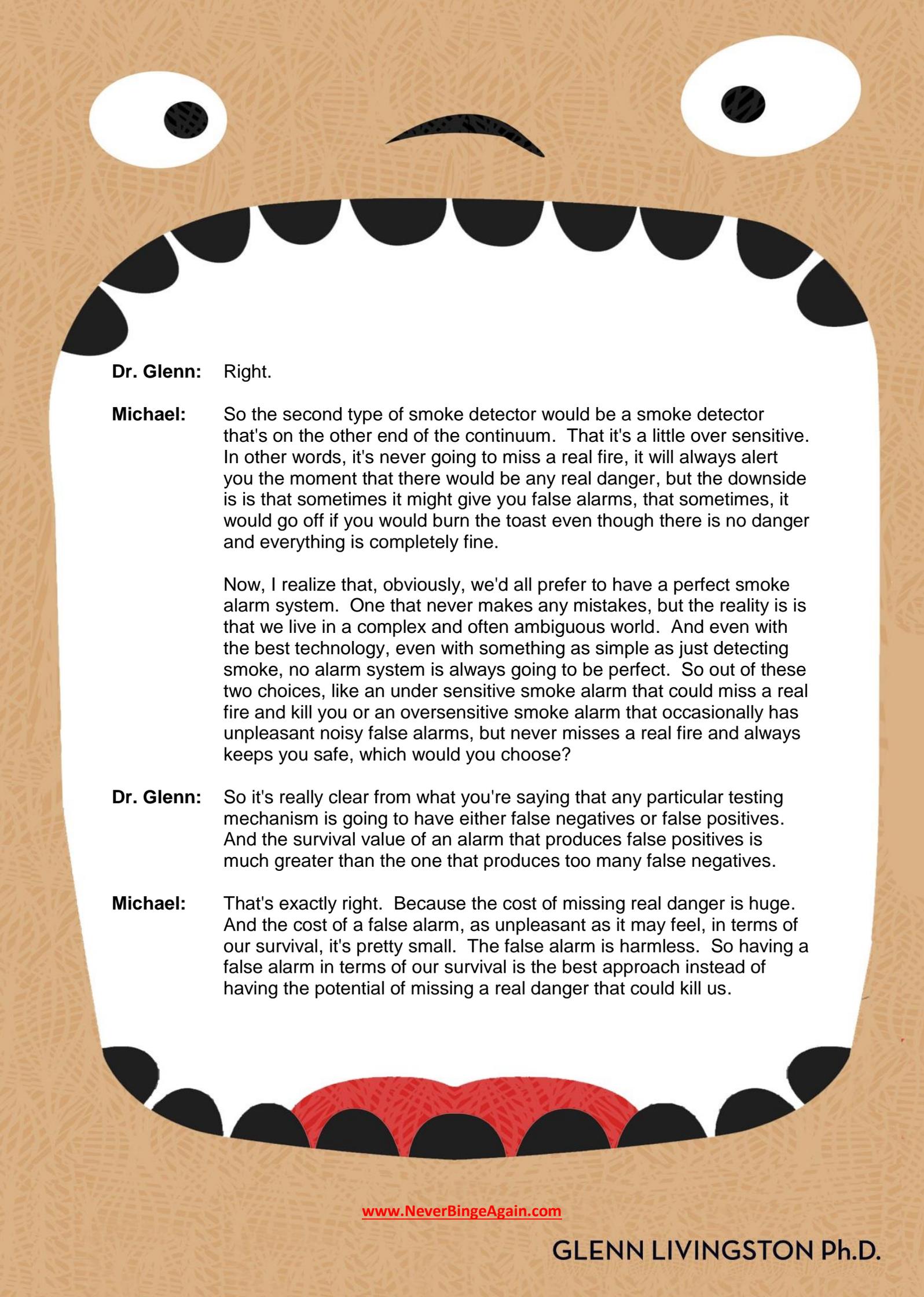
**Dr. Glenn:** Wow. It would be kind of a scary place to be at the same time.



**Michael:** But the key here, for anyone listening who's ever felt alone or weak or shame because they've had panic attacks, it's a very common experience, but I want them to know that there's just no need for that anymore because they are definitely not alone. And if you've had panic attacks, you're not weak either. So if you've ever believed that, you can just like let go of that old belief right now because even the strongest, bravest people get panic attacks and I see this every day. I've had amazing clients you at least expect; clients who are either incredibly intelligent or incredibly successful, resourceful, accomplished people, doctors, psychologists, lawyers, judges, CEOs of big companies, celebrities get panic attacks too. And, of course, so do everyday people. I've had a false alarm as I've said before because panic is a far more common part of the human experience than most people would ever realize.

**Dr. Glenn:** But why?

**Michael:** This is a really important thing to consider. Why is it so common? And the most scientifically backed explanation is what Professor Randolph Nesse from Arizona State University has called the smoke detector principle. And the best way to explain this is for us to do a quick little thought experiment. So Glenn, if you could only have one of two types of smoke alarms to keep you safe in your home, which would you choose? The first type of smoke detector would be a smoke detector that's under sensitive. In other words, it will sometimes fail to go off even if there's a deadly fire in your house, that you could be sleeping a fire could start in your home, and that smoke detector, because it's under sensitive, would fail to go off. That's choice number one. Not very appealing, right?



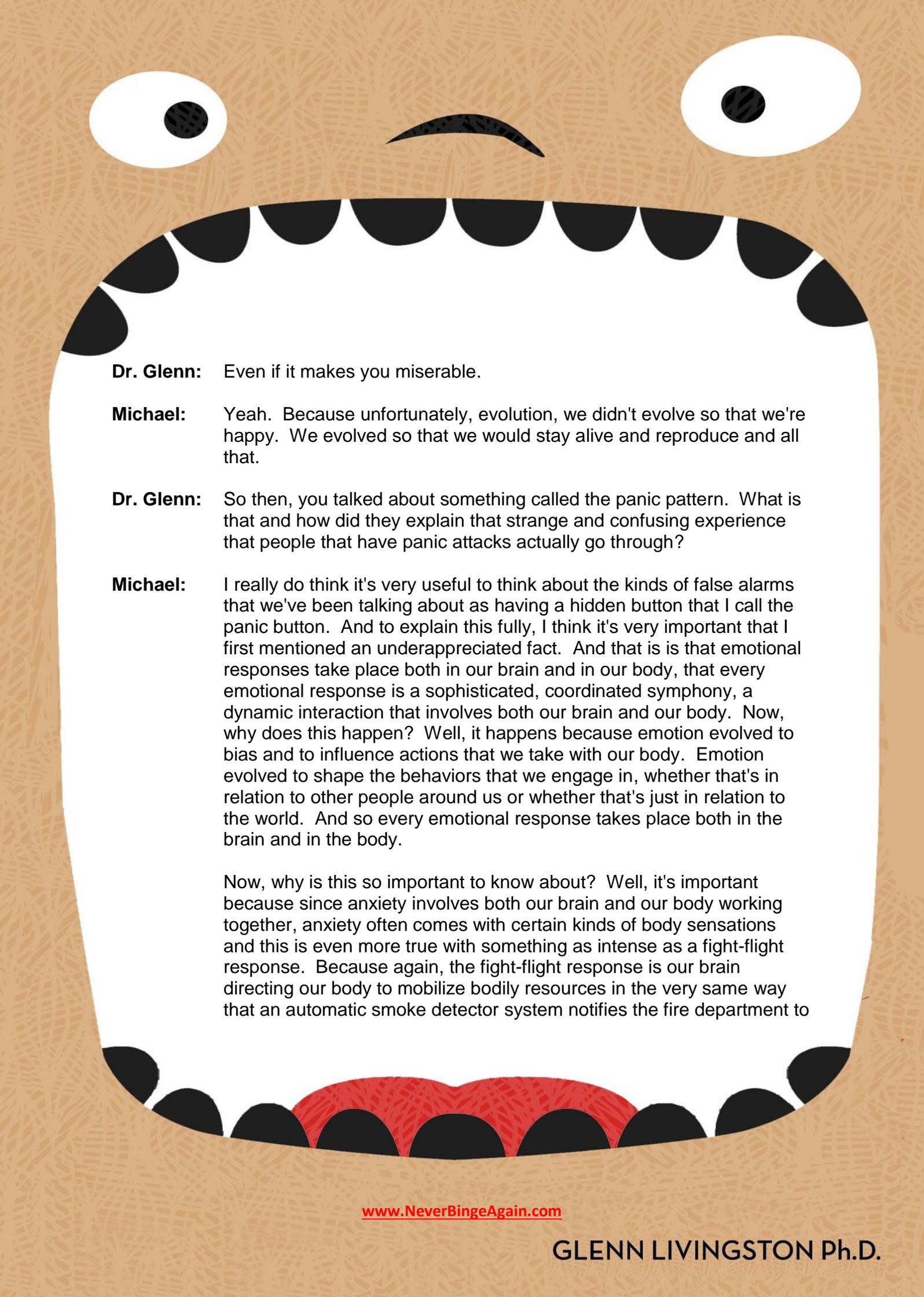
**Dr. Glenn:** Right.

**Michael:** So the second type of smoke detector would be a smoke detector that's on the other end of the continuum. That it's a little over sensitive. In other words, it's never going to miss a real fire, it will always alert you the moment that there would be any real danger, but the downside is that sometimes it might give you false alarms, that sometimes, it would go off if you would burn the toast even though there is no danger and everything is completely fine.

Now, I realize that, obviously, we'd all prefer to have a perfect smoke alarm system. One that never makes any mistakes, but the reality is that we live in a complex and often ambiguous world. And even with the best technology, even with something as simple as just detecting smoke, no alarm system is always going to be perfect. So out of these two choices, like an under sensitive smoke alarm that could miss a real fire and kill you or an oversensitive smoke alarm that occasionally has unpleasant noisy false alarms, but never misses a real fire and always keeps you safe, which would you choose?

**Dr. Glenn:** So it's really clear from what you're saying that any particular testing mechanism is going to have either false negatives or false positives. And the survival value of an alarm that produces false positives is much greater than the one that produces too many false negatives.

**Michael:** That's exactly right. Because the cost of missing real danger is huge. And the cost of a false alarm, as unpleasant as it may feel, in terms of our survival, it's pretty small. The false alarm is harmless. So having a false alarm in terms of our survival is the best approach instead of having the potential of missing a real danger that could kill us.



**Dr. Glenn:** Even if it makes you miserable.

**Michael:** Yeah. Because unfortunately, evolution, we didn't evolve so that we're happy. We evolved so that we would stay alive and reproduce and all that.

**Dr. Glenn:** So then, you talked about something called the panic pattern. What is that and how did they explain that strange and confusing experience that people that have panic attacks actually go through?

**Michael:** I really do think it's very useful to think about the kinds of false alarms that we've been talking about as having a hidden button that I call the panic button. And to explain this fully, I think it's very important that I first mentioned an underappreciated fact. And that is that emotional responses take place both in our brain and in our body, that every emotional response is a sophisticated, coordinated symphony, a dynamic interaction that involves both our brain and our body. Now, why does this happen? Well, it happens because emotion evolved to bias and to influence actions that we take with our body. Emotion evolved to shape the behaviors that we engage in, whether that's in relation to other people around us or whether that's just in relation to the world. And so every emotional response takes place both in the brain and in the body.

Now, why is this so important to know about? Well, it's important because since anxiety involves both our brain and our body working together, anxiety often comes with certain kinds of body sensations and this is even more true with something as intense as a fight-flight response. Because again, the fight-flight response is our brain directing our body to mobilize bodily resources in the very same way that an automatic smoke detector system notifies the fire department to



keep us safe. If somebody has a fight-flight response, their heart rate will increase, their breathing will quicken. Again, their senses will become heightened and all kinds of other things that are directly related to keeping us safe.

Now, how does this relate to the panic button? Well, since anxiety can create body sensations, what would happen if our brain would have mistakenly learned to fear some of those sensations? What would happen, to use the metaphor we've been using, if our brain mistook burning toast for being a real fire? Well, that is the key ingredient required for ongoing problems with frequent panic attacks. Frequent panic attacks happen when anxiety creates body sensations and because our brain is mistakenly learned to fear those body sensations, that creates even more anxiety. And then that increased anxiety then creates even more body sensations and a harmless, but scary vicious cycle ensues, and it can escalate into a full fight-flight response. So it's a loop. Anxiety creates body sensations, and if we fear those body sensations, those body sensations create even more anxiety and it can loop around until it gets to a full fight-flight response. Does that make sense, Glenn?

**Dr. Glenn:** Oh, yeah. It's a vicious snowball that rolls downhill.

**Michael:** Exactly. If anybody listening, one of the more concrete example, if they were to consider that since anxiety makes everyone's heartbeat a little bit faster, if something in our life were to make us fearful and anxious enough, naturally our heart will speed up. Again, this is completely natural and completely healthy. It's an important response we have that keeps us safe. However, if somebody is scared of a faster heartbeat, then if they get anxious enough for whatever reason, well, that could trigger the panic button. That anxiety would make their



heartbeat faster and a faster heartbeat would make them more anxious, which would further increase their heart rate. And again, a harmless, but scary vicious cycle would ensue. And this is the call hidden pattern behind most of the false alarms that we've been talking about, and it can happen no matter what kind of body sensation that people are scared of as long as that body sensation can be created by anxiety.

**Dr. Glenn:** Michael, is that where hyperventilation comes in? Or what role does the hyperventilation play in the panic sometimes?

**Michael:** So hyperventilation is just another word for overbreathing; breathing more than we need to. And as we talked about earlier, in the face of real imminent danger, like if we're alone in the middle of the dark alley and that mugger comes by, well, our muscles need a lot of oxygen to help us to either escape or to fight back. And this is why the fight-flight response makes us breathe faster. But what would happen if we would have a false alarm? Well, if it's a false alarm, since we breathe faster, but since there isn't any danger, what can happen is that we can end up breathing much more than we actually need to. In other words, we can end up overbreathing or hyperventilating.

Now, hyperventilation isn't dangerous at all because you're actually getting more oxygen than you need. Again, you're overbreathing. There is, however, one little quirk, that, thanks to the way our respiratory system works, it means that when we overbreathe, when we hyperventilate, it can temporarily change the pH of our blood so that our blood becomes just a fraction more alkaline. Now, we don't need to go into any of the biochemistry. All you need to know is that this temporary change in blood pH is totally safe. Your body has all kinds of buffer systems to make sure that your pH will always stay within a



healthy range. However, as safe as you really are, there can be some temporary harmless side effects.

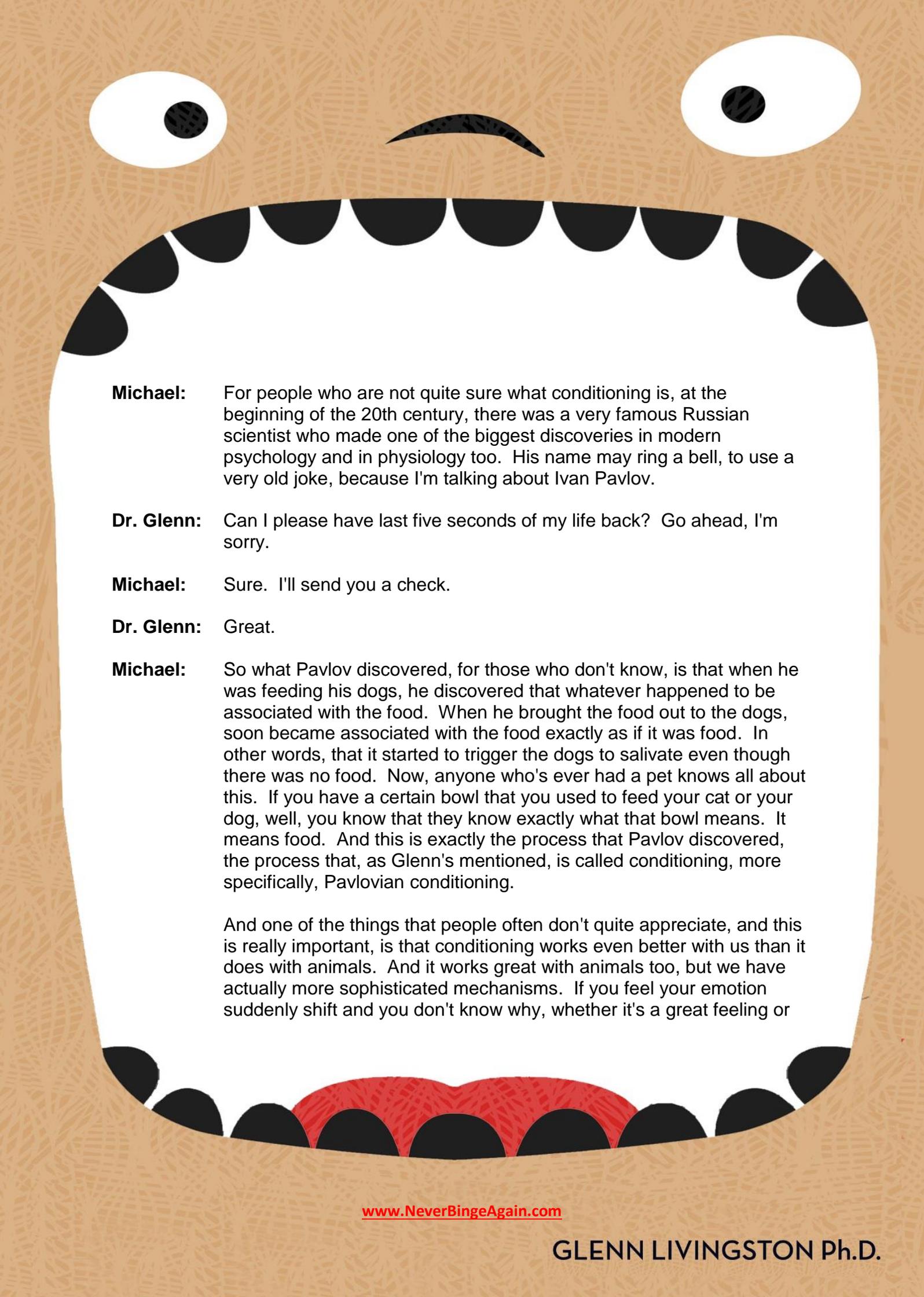
This is why people can get things like pins and needles in their arms and legs, they might feel dizzy, their muscles might cramp. It can seem as if it's hard to breathe even though, in fact, they're actually overbreathing. And there's a range of other sensations that can result. But again, it's all completely harmless and this is the take-home truth that I want everyone to grasp.

**Dr. Glenn:** And that's why people think that they're having a heart attack?

**Michael:** Well, there's a few reasons for that. One of the things that can happen with chest pain, sometimes people get chest pain and that it's actually not your heart muscle if it's a false alarm. What it actually is most of the time is that when people are hyperventilating, they're breathing so high, high up in their chest that the intercostal muscles, which are the muscles in between the ribs, the muscles in the rib cage, they're actually working doing a job that they don't normally do and that can cause some temporary pain. And so it can feel like it could be chest pain from your heart, but it's actually from your rib cage.

Now, as Glenn said before, obviously, if anybody started having panic attacks, then it's good to get one medical check-up just to be sure, but once you've got that medical check-up and you know that you're completely fine, then you can rest assured if you feel chest pain, that it's just from those intercostal muscles, that it's got nothing to do with the heart.

**Dr. Glenn:** Gotcha. All of this becomes a kind of conditioning loop, doesn't it? What does conditioning have to do with it?



**Michael:** For people who are not quite sure what conditioning is, at the beginning of the 20th century, there was a very famous Russian scientist who made one of the biggest discoveries in modern psychology and in physiology too. His name may ring a bell, to use a very old joke, because I'm talking about Ivan Pavlov.

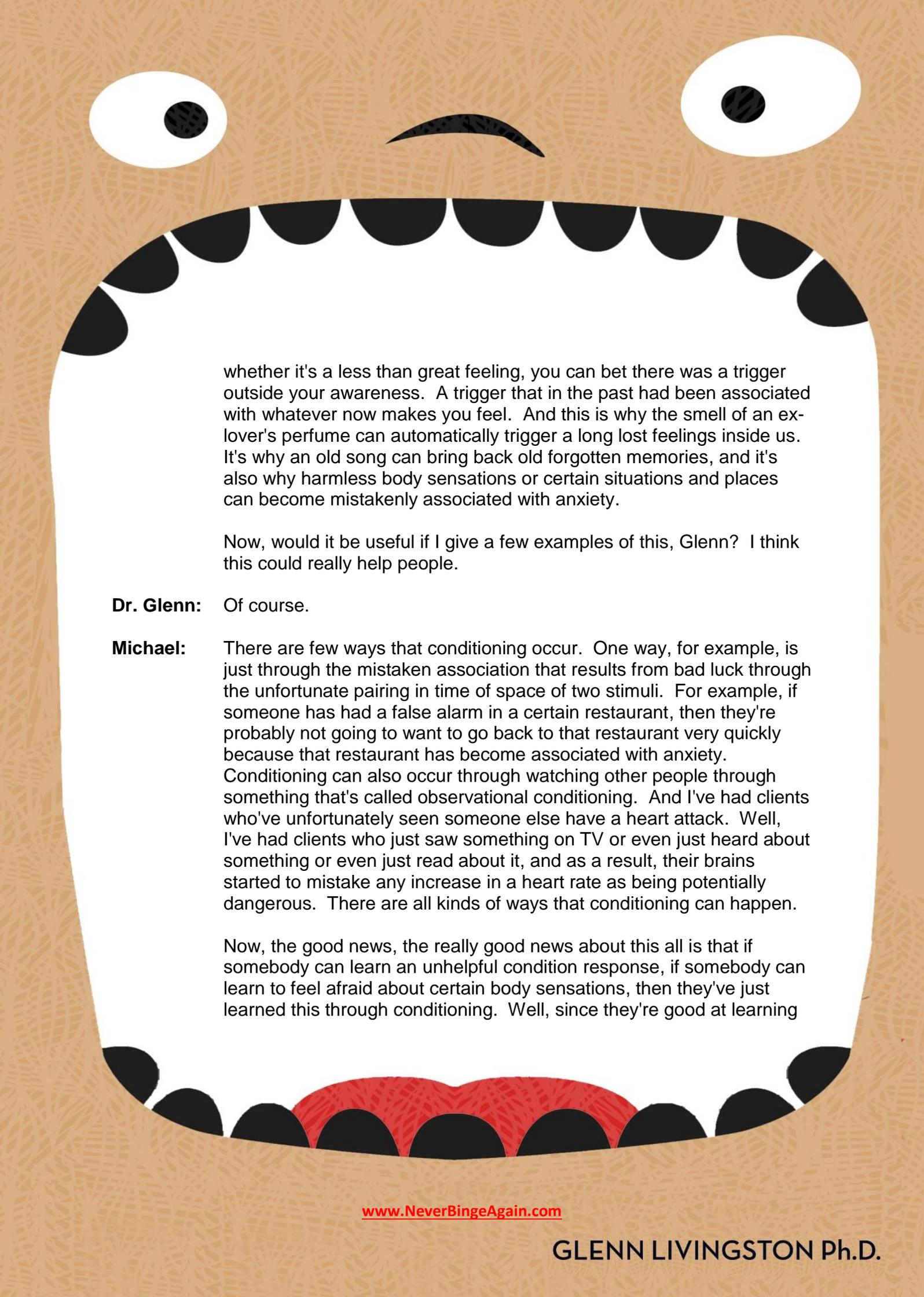
**Dr. Glenn:** Can I please have last five seconds of my life back? Go ahead, I'm sorry.

**Michael:** Sure. I'll send you a check.

**Dr. Glenn:** Great.

**Michael:** So what Pavlov discovered, for those who don't know, is that when he was feeding his dogs, he discovered that whatever happened to be associated with the food. When he brought the food out to the dogs, soon became associated with the food exactly as if it was food. In other words, that it started to trigger the dogs to salivate even though there was no food. Now, anyone who's ever had a pet knows all about this. If you have a certain bowl that you used to feed your cat or your dog, well, you know that they know exactly what that bowl means. It means food. And this is exactly the process that Pavlov discovered, the process that, as Glenn's mentioned, is called conditioning, more specifically, Pavlovian conditioning.

And one of the things that people often don't quite appreciate, and this is really important, is that conditioning works even better with us than it does with animals. And it works great with animals too, but we have actually more sophisticated mechanisms. If you feel your emotion suddenly shift and you don't know why, whether it's a great feeling or



whether it's a less than great feeling, you can bet there was a trigger outside your awareness. A trigger that in the past had been associated with whatever now makes you feel. And this is why the smell of an ex-lover's perfume can automatically trigger a long lost feelings inside us. It's why an old song can bring back old forgotten memories, and it's also why harmless body sensations or certain situations and places can become mistakenly associated with anxiety.

Now, would it be useful if I give a few examples of this, Glenn? I think this could really help people.

**Dr. Glenn:** Of course.

**Michael:** There are few ways that conditioning occur. One way, for example, is just through the mistaken association that results from bad luck through the unfortunate pairing in time of space of two stimuli. For example, if someone has had a false alarm in a certain restaurant, then they're probably not going to want to go back to that restaurant very quickly because that restaurant has become associated with anxiety. Conditioning can also occur through watching other people through something that's called observational conditioning. And I've had clients who've unfortunately seen someone else have a heart attack. Well, I've had clients who just saw something on TV or even just heard about something or even just read about it, and as a result, their brains started to mistake any increase in a heart rate as being potentially dangerous. There are all kinds of ways that conditioning can happen.

Now, the good news, the really good news about this all is that if somebody can learn an unhelpful condition response, if somebody can learn to feel afraid about certain body sensations, then they've just learned this through conditioning. Well, since they're good at learning



new associations as we all are, it means we can use the very same process to help you learn something much more useful instead. And a very basic example of this is something that we've already kind of started since the beginning of this conversation, and that is by using the much more accurate and useful terms false alarm and overprotective mistake that we've begun to start to use something called instructed conditioning where words can change associations, that if people start to think and talk to themselves about these things that they used to refer to as panic attacks, but instead now, referring as false alarms, well, what they might discover is that it opens up different associations in relation to what they've been going through, and that this is just a very small example of how we can begin to shift the meaning, to shift the automatic unconscious associations that have been driving the false alarms that you've had in the past.

**Dr. Glenn:** Very good. That's exciting. I know that you sent me a note before the call that there were some surprising research finding that totally changed the way that people should think about unexpected or out of the blue attacks?

**Michael:** Yes. So out of the blue panic attacks owe their name to the fact that they seem to come out of the blue. They seem to have no triggers. However, we actually know that this is not true. We actually know that even out of the blue or unexpected false alarms, that these have triggers. And here's how we know this.

So Alicia Murray is a researcher in Texas, and what Alicia and her team did was they took a group of people with panic attacks with false alarms, and for the first time ever with false alarms, they hooked them up to portable 24-hour monitoring devices so that these people could go back home, live their everyday life while a range of physiological



variables relating to their breathing and their heart were monitored. And participants were also given a button to press. They were given this button so that if they had a false alarm, they could press that button and it would register a time point in the data so that Alicia and her team knew exactly when that false alarm had occurred.

Now, what this allowed the team to do was to look at when they had a false alarm to investigate the natural physiological data preceding and surrounding that false alarm, so that the team could see what exactly happens inside people's bodies when they have a so-called out of the blue false alarm. And what they discovered was very surprising. What they discovered was that there are changes, at least in the sample that they used, up to 47 minutes before anyone push their button. In other words, up to 47 minutes before someone has a so-called out of the blue or unexpected false alarm, there's actually physiological changes that predict when that false alarm will come. So in other words, out of the blue false alarms are not random. Again, they always have some kind of trigger, some kind of burning toast even if we're not consciously aware of it in the moment.

Again, this is really, really good news because whenever we have a learned triggered automatic response to something, it means that response is a result of conditioning and this means we can change it. Because if we can change your conditioning so that you feel safe, calm and secure, even powerful in response to the very triggers that used to trigger you in the past, then automatically you'll be panic-free without having even to think about it and this is how we can actually prevent out of the blue false alarms before they would ever happen, by changing these automatic unconscious associations that your brain might have had to the various forms of burnt toast that would be mistakenly triggering false alarms in the past.

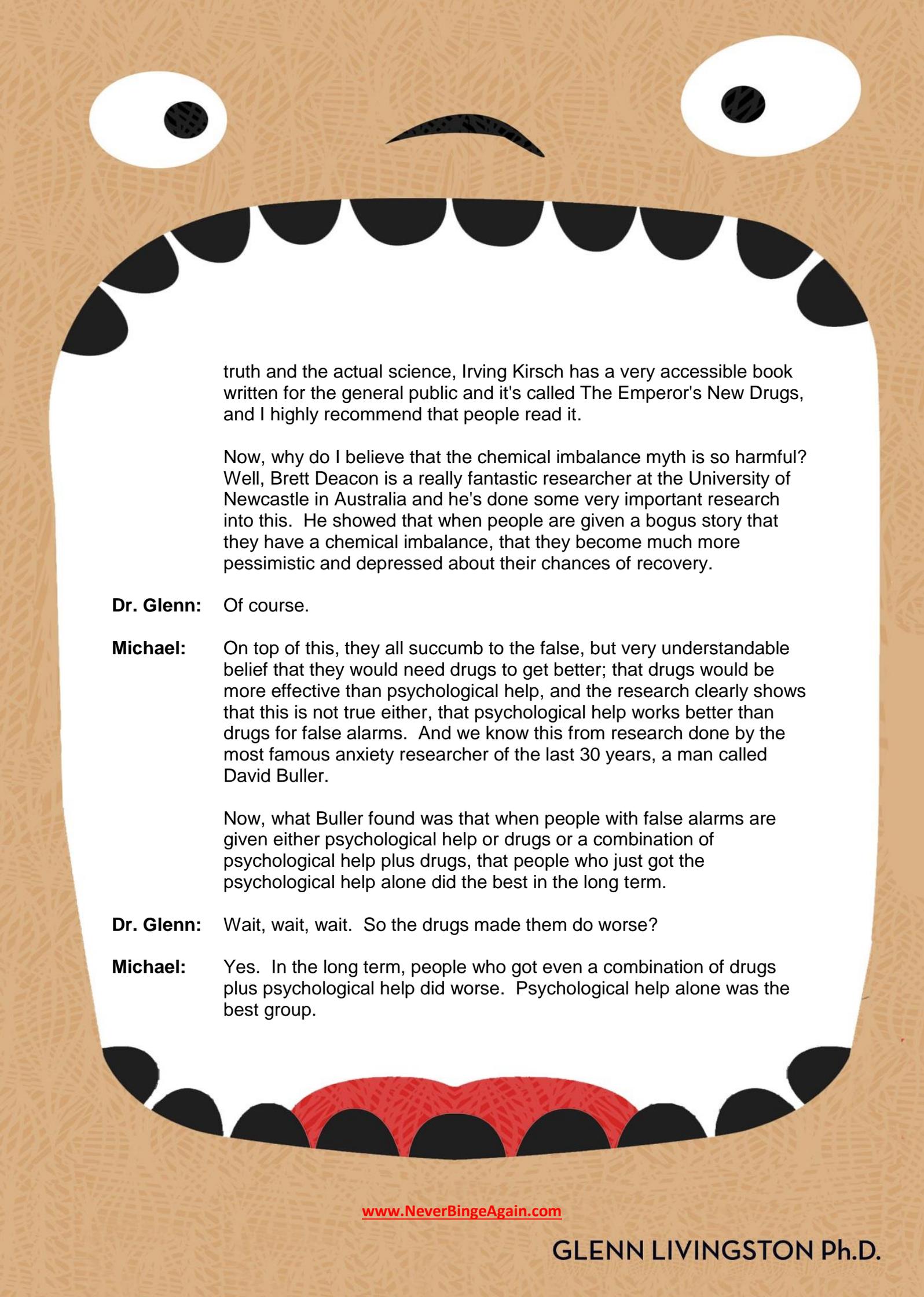


**Dr. Glenn:** Well, that is exciting, so that's very promising. You also mention that there were some myths about panic attacks and there was one that was very harmful in particular?

**Michael:** Yes. So there are a lot of myths about panic and anxiety, but if I was to choose the most harmful one, it would probably be the chemical imbalance myth. So for anybody listening who's not sure what this myth is, it's a myth that anxiety, depression and false alarms are caused by a chemical imbalance in the brain. The problem though is that not only is there no evidence at all for this myth, as a scientific hypothesis, it's completely dead. And in the field of neuroscience, this hypothesis has been forgotten. It's not even considered anymore. However, thanks to billions of dollars of marketing investment by drug companies where the chemical imbalance myth has been perpetuated for their own profit.

Now, what's the evidence against this myth? Like, what is the actual evidence to back up what I'm saying? Now, that's a pretty long discussion that would take us way off track, but for anybody who's interested, I'd like to refer you straight to the source, to the most respected, most cited researcher in the world on this topic, a man who actually did the research. And his name is Irving Kirsch and he's currently at Harvard University.

Now, Harvard is obviously as mainstream as you can get. This is mainstream science that we're talking about. More than this, Kirsch's research has been replicated independently by the researches, and most notably, by a highly respected team at the University of Pennsylvania. So for anyone who's been led to believe that they have a mysterious chemical imbalance and if they want to know the real



truth and the actual science, Irving Kirsch has a very accessible book written for the general public and it's called *The Emperor's New Drugs*, and I highly recommend that people read it.

Now, why do I believe that the chemical imbalance myth is so harmful? Well, Brett Deacon is a really fantastic researcher at the University of Newcastle in Australia and he's done some very important research into this. He showed that when people are given a bogus story that they have a chemical imbalance, that they become much more pessimistic and depressed about their chances of recovery.

**Dr. Glenn:** Of course.

**Michael:** On top of this, they all succumb to the false, but very understandable belief that they would need drugs to get better; that drugs would be more effective than psychological help, and the research clearly shows that this is not true either, that psychological help works better than drugs for false alarms. And we know this from research done by the most famous anxiety researcher of the last 30 years, a man called David Buller.

Now, what Buller found was that when people with false alarms are given either psychological help or drugs or a combination of psychological help plus drugs, that people who just got the psychological help alone did the best in the long term.

**Dr. Glenn:** Wait, wait, wait. So the drugs made them do worse?

**Michael:** Yes. In the long term, people who got even a combination of drugs plus psychological help did worse. Psychological help alone was the best group.



**Dr. Glenn:** Wow. I didn't know that.

**Michael:** Yeah. And it really comes back to the fact that the leading theory on this is that the drugs interfere with our brain learning that it's just making an innocent overprotective mistake, that the brain finds it harder to realize that the conditioned responses that it's been having are not needed, that they're just a mistake.

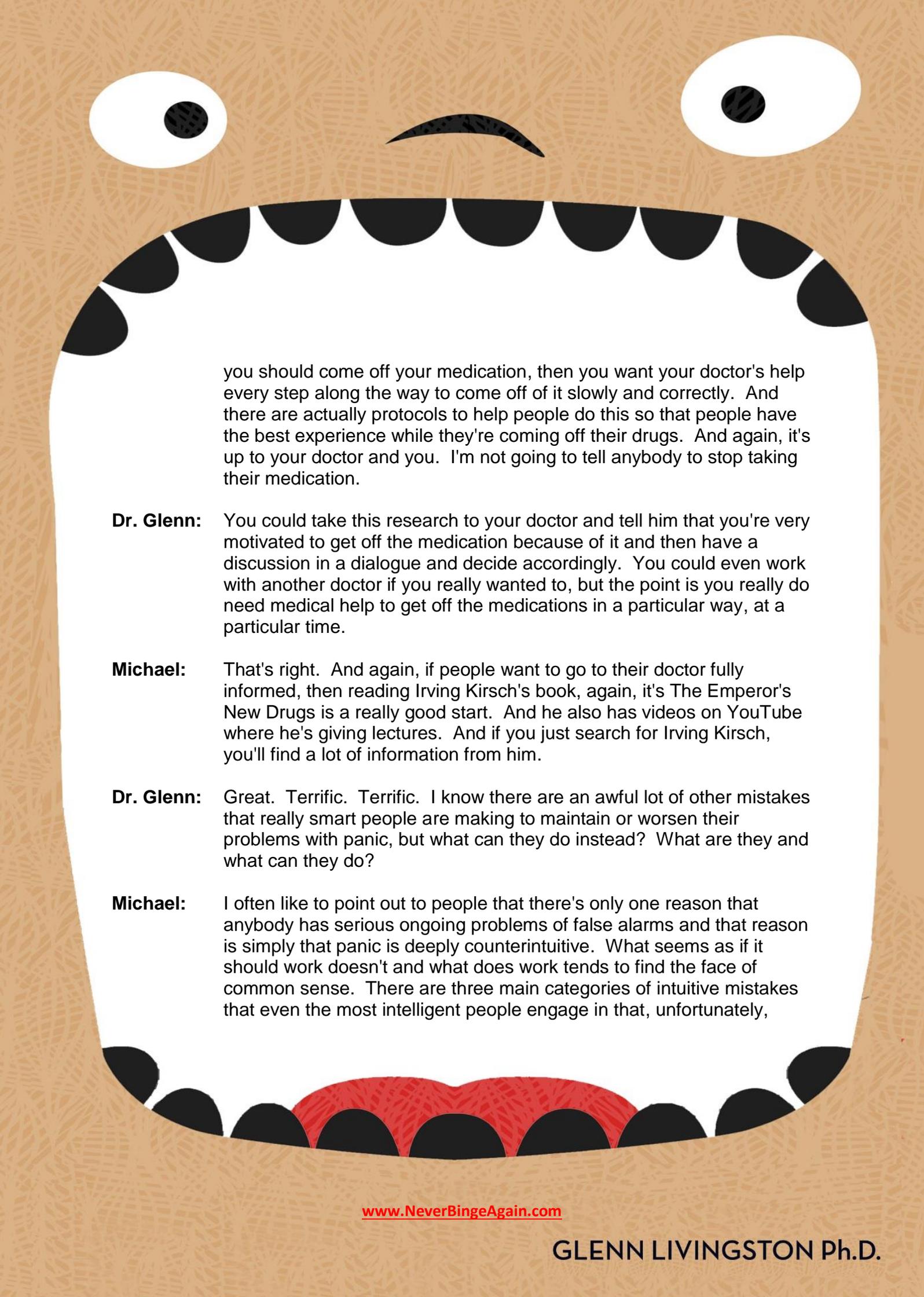
**Dr. Glenn:** So Michael, this is shocking to me. Not how I was educated to believe a long time ago, but I believe that you have all the research behind you.

**Michael:** If anybody wants to look it up, David Buller is probably the most respected anxiety researcher of the last 30 years and he's the one who did this trial.

**Dr. Glenn:** Oh, I believe you. So if that's the case, I would imagine you don't recommend people just immediately stop taking their anxiety medication.

**Michael:** Absolutely not. So the kinds of medication that are prescribed for anxiety and for false alarms, this kind of drugs come with potentially significant and serious withdrawal effects. There was actually just recently a few days ago in The New York Times, I believe, there was a big article on this saying that these withdrawal effects have been dramatically underappreciated by doctors in the mainstream circle.

So if anyone was thinking about just stopping their drugs, don't do that. It's a really important decision that you need to have with your doctor, your doctor's full advice and guidance. And if your doctor agrees that



you should come off your medication, then you want your doctor's help every step along the way to come off of it slowly and correctly. And there are actually protocols to help people do this so that people have the best experience while they're coming off their drugs. And again, it's up to your doctor and you. I'm not going to tell anybody to stop taking their medication.

**Dr. Glenn:** You could take this research to your doctor and tell him that you're very motivated to get off the medication because of it and then have a discussion in a dialogue and decide accordingly. You could even work with another doctor if you really wanted to, but the point is you really do need medical help to get off the medications in a particular way, at a particular time.

**Michael:** That's right. And again, if people want to go to their doctor fully informed, then reading Irving Kirsch's book, again, it's *The Emperor's New Drugs* is a really good start. And he also has videos on YouTube where he's giving lectures. And if you just search for Irving Kirsch, you'll find a lot of information from him.

**Dr. Glenn:** Great. Terrific. Terrific. I know there are an awful lot of other mistakes that really smart people are making to maintain or worsen their problems with panic, but what can they do instead? What are they and what can they do?

**Michael:** I often like to point out to people that there's only one reason that anybody has serious ongoing problems of false alarms and that reason is simply that panic is deeply counterintuitive. What seems as if it should work doesn't and what does work tends to find the face of common sense. There are three main categories of intuitive mistakes that even the most intelligent people engage in that, unfortunately,



prevent our brain from discovering that it's just be making a very innocent, very well-intended overprotected mistake.

So the first counterintuitive mistake that even the most intelligent people make with panic, and this is a big example of how common sense tends to backfire, is that people try to fight against control or to suppress false alarms. And to explain this as vividly as it needs to be explained, I'd love everyone to try a fun little mental challenge with me. I'd like everyone to just put aside whatever you're doing if you can and just really focus in right now so that as you're focusing, you realize that you only have one task. And that one task is that when we begin in a moment, I'm going to give you 10 seconds of silence. And for this period, I want you to make sure that you don't think about any white bear at all, even for the briefest moment.

I'm going to ask you to not think about a big white bear, I'm going to ask you to not think about cute little baby white bears --

**Dr. Glenn:** Stop it.

**Michael:** Yeah. I'm going to ask you to not think about any white bear at all for 10 seconds. Are you ready for this challenge, Glenn?

**Dr. Glenn:** No. No, it's impossible.

**Michael:** Let's do it, aye?

**Dr. Glenn:** Okay.

**Michael:** All right. So your time starts now.



**Dr. Glenn:** No, I get it. I get it.

**Michael:** So for people listening, if they want to try this, what they'll discover is that that trying to not think about white bears makes it much more likely that you will, that it's a strategy that guarantees failure. And this white bear experiment comes from the late Daniel Wagner, who is professor of psychology at Harvard University. And what Wagner found was that when you ask people to not think about any white bears at all for five minutes, that obviously they couldn't do that. They couldn't suppress thoughts of white bears. But what was very surprising though was that even after the experiment was over, even when people can think about whatever they wanted, they ended up thinking about white bears much more than they would have normally. So in other words, the very act of trying to suppress a thought actually made that thought stronger, more resilient and more enduring even after the experiment was over.

**Dr. Glenn:** Michael, my dad has this joke. He says, "I want you to try not to think of the number 825. Tell me when you forgot that number." He told me that joke 30 years ago and I still remember the number. It drives me crazy.

**Michael:** Well, it's a good memory strategy for people, isn't it, if they're taking a test.

**Dr. Glenn:** Yeah. Okay.

**Michael:** So why does this white bear effect happen? Why does the white bear effect exist? Well, they exist because in order for us to make sure that we're not thinking about something, some part of our brain has to think about it, which ironically keeps the thought alive. And this is especially true when we're stressed or anxious, that when we're stressed or



anxious trying to suppress a thought is actually harder than normal. And so by trying not to think about something, it makes it much more likely that we will.

Now, how does this relate directly to false alarms? Well, since a false alarm is nothing more than a mistaken triggering of the fight-flight response, one of the most natural tendencies that anybody would have is to try and fight back. And unfortunately though, because of the white bear effect, when we try to suppress anxious thoughts and we try to fight them, it tends to backfire. And this is also true for body sensations. James Gross at Stanford University found that when we try to suppress anxiety-related body sensations, not only is it stressful, but because it's stressful, it tends to backfire and makes those sensations even stronger.

So this is the first big mistake, trying to fight, suppress or control a false alarm because when we do that, it tends to backfire and it tends to make the situation worse, not better. So the second deeply counterintuitive mistake that even the most intelligent people make with panic, and again, this is also something that flies in the face of common sense, and, in fact, I think to explain it, a little story might really help.

So Glenn, one day, I was out walking and I walked past a very cute little dog who happened to be wearing a muzzle. And my first response really surprised me. My first response was, "Get away from it. That dog must be dangerous." And it got me thinking like, how could a muzzle, which objectively makes a dog safer, subjectively make me feel so much more threatened? And what I realized was that my brain went through an unconscious calculation something like this. My brain went, "Well, if this dog needs a muzzle, then it's probably a pretty aggressive nasty dog. I mean, why else would this



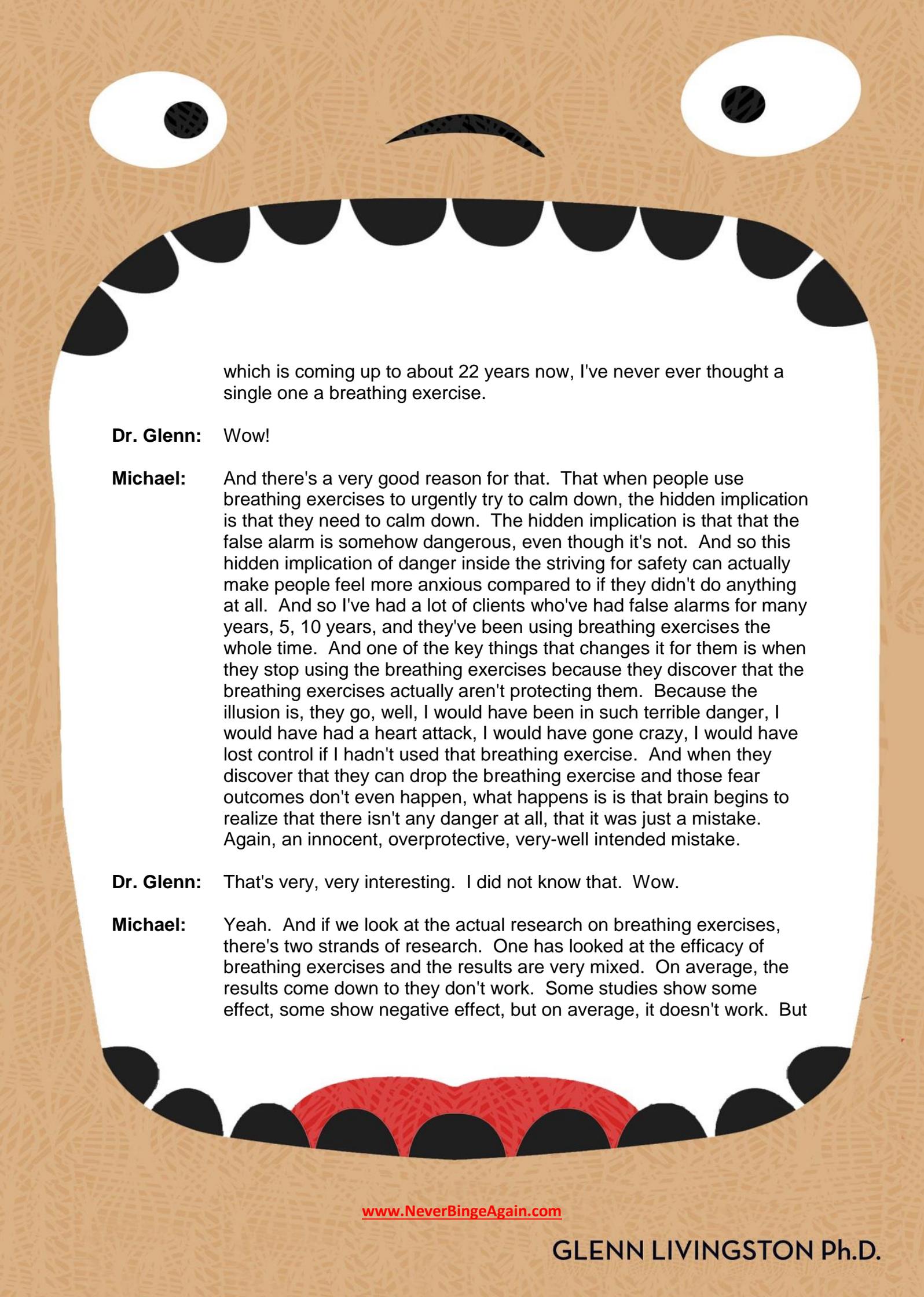
tiny little dog need to wear a muzzle when all the big dogs around it weren't?" And I realize that this example illustrates a very counterintuitive insight about anxiety, and that is is that sometimes objective signals of safety can subjectively make us feel very unsafe.

And to give an example of this from the research, Cherry Stewart is a researcher in Canada, at Dalhousie University and she published some fascinating research. What she found was that when people carry around anti-anxiety medication, just in case they might need it, it tends to make people more anxious compared to if they didn't carry any medication around at all.

**Dr. Glenn:** Wow!

**Michael:** Now, why would this happen? Well, there are several reasons, but essential one is the very same principle behind the cute little dog with a muzzle, that our brains use external cues to infer our level of safety. And just like a muzzle only makes sense on a dog if that dog is dangerous, carrying around anti-anxiety medication only makes sense if we might actually need it sometime. And so that hidden implication, that implication that our anxiety might suddenly get so bad that we would need a pill, well, that implication is in itself anxiety-provoking and it can bias our attention so that we focus on these imagined risks much more than we normally would.

And so paradoxically, trying to stay safe from a false alarm can actually backfire and make us feel much more anxious than we otherwise normally would. Now, I know you brought up breathing exercises earlier, Glenn, and I'm probably a little bit controversial in this area because in my entire time of working with people with false alarms,



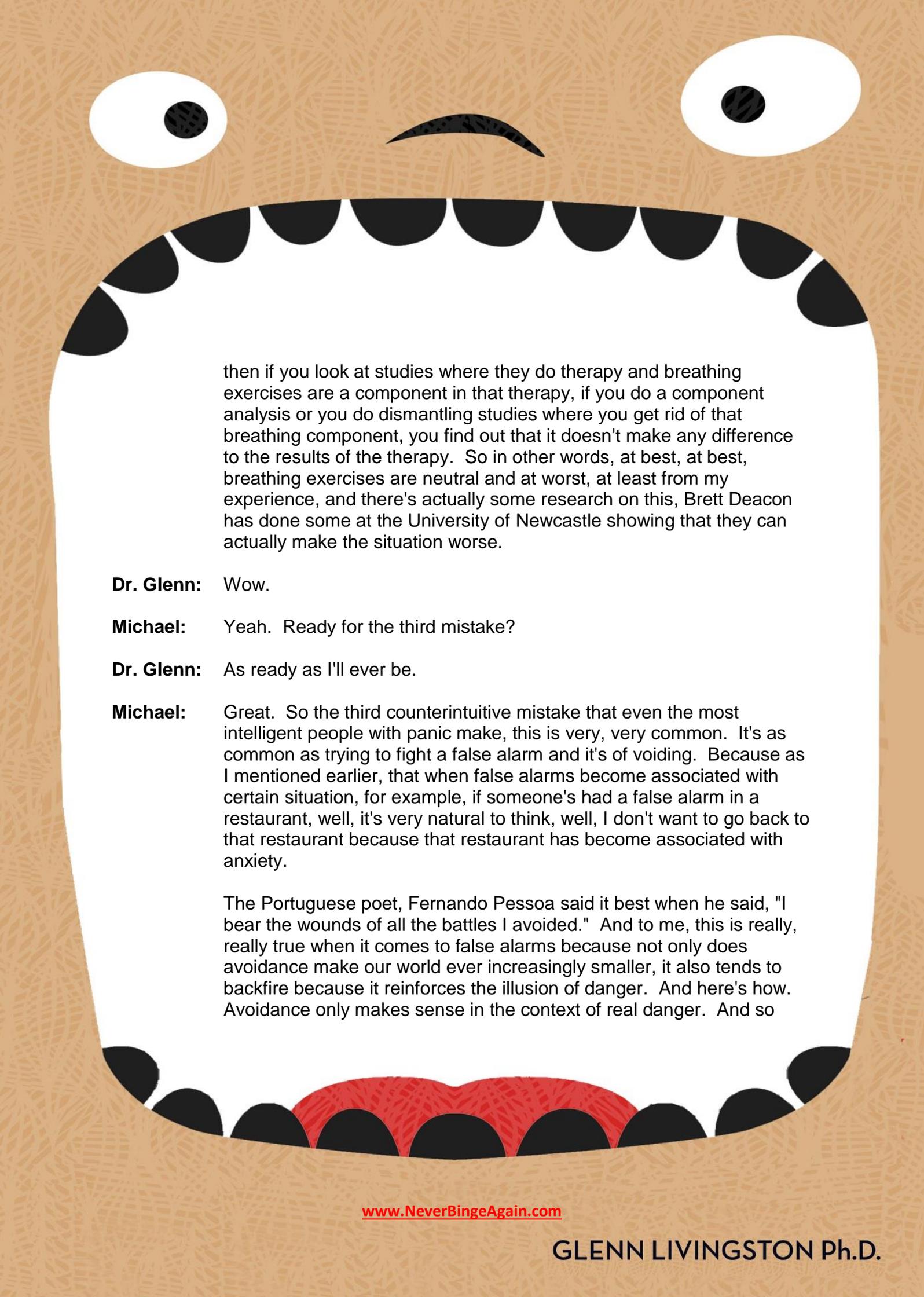
which is coming up to about 22 years now, I've never ever thought a single one a breathing exercise.

**Dr. Glenn:** Wow!

**Michael:** And there's a very good reason for that. That when people use breathing exercises to urgently try to calm down, the hidden implication is that they need to calm down. The hidden implication is that that the false alarm is somehow dangerous, even though it's not. And so this hidden implication of danger inside the striving for safety can actually make people feel more anxious compared to if they didn't do anything at all. And so I've had a lot of clients who've had false alarms for many years, 5, 10 years, and they've been using breathing exercises the whole time. And one of the key things that changes it for them is when they stop using the breathing exercises because they discover that the breathing exercises actually aren't protecting them. Because the illusion is, they go, well, I would have been in such terrible danger, I would have had a heart attack, I would have gone crazy, I would have lost control if I hadn't used that breathing exercise. And when they discover that they can drop the breathing exercise and those fear outcomes don't even happen, what happens is is that brain begins to realize that there isn't any danger at all, that it was just a mistake. Again, an innocent, overprotective, very-well intended mistake.

**Dr. Glenn:** That's very, very interesting. I did not know that. Wow.

**Michael:** Yeah. And if we look at the actual research on breathing exercises, there's two strands of research. One has looked at the efficacy of breathing exercises and the results are very mixed. On average, the results come down to they don't work. Some studies show some effect, some show negative effect, but on average, it doesn't work. But



then if you look at studies where they do therapy and breathing exercises are a component in that therapy, if you do a component analysis or you do dismantling studies where you get rid of that breathing component, you find out that it doesn't make any difference to the results of the therapy. So in other words, at best, at best, breathing exercises are neutral and at worst, at least from my experience, and there's actually some research on this, Brett Deacon has done some at the University of Newcastle showing that they can actually make the situation worse.

**Dr. Glenn:** Wow.

**Michael:** Yeah. Ready for the third mistake?

**Dr. Glenn:** As ready as I'll ever be.

**Michael:** Great. So the third counterintuitive mistake that even the most intelligent people with panic make, this is very, very common. It's as common as trying to fight a false alarm and it's of voiding. Because as I mentioned earlier, that when false alarms become associated with certain situation, for example, if someone's had a false alarm in a restaurant, well, it's very natural to think, well, I don't want to go back to that restaurant because that restaurant has become associated with anxiety.

The Portuguese poet, Fernando Pessoa said it best when he said, "I bear the wounds of all the battles I avoided." And to me, this is really, really true when it comes to false alarms because not only does avoidance make our world ever increasingly smaller, it also tends to backfire because it reinforces the illusion of danger. And here's how. Avoidance only makes sense in the context of real danger. And so



anytime we avoid a feared situation, our brain infers from that avoidance that that situation must be dangerous in some way, otherwise, why would we be avoiding it?

**Dr. Glenn:** Right.

**Michael:** Yeah. And so unfortunately, avoidance tends to backfire and it tends to make the problem worse. For anyone listening who's just started having false alarms, my best advice would be to truly to just keep living your life as normally as possible. Don't avoid anything you'd otherwise normally do. Again, keep living your life as normally as you would if you didn't have false alarms. And then, of course, get the best help as soon as possible to stop smaller problem from becoming a bigger one. But on the other end of the spectrum, if someone has had false alarms for a very long term and if they've developed powerful habits of avoidance, well then, not avoiding is probably easier said than done.

It's actually quite hard to stop that because it's built up over time to become a powerful habit. And that would mean that it's even more important for you to get the best help as soon as possible because you can change that very quickly if you have the right help. Since life is precious and since avoiding robs us of so many of the joys of life, I've had so many new clients who haven't picked up their kid from school for years or they never go for a job interview and they stay in the same old job because they think they can't handle a job interview and they don't fly or they don't catch public transport and their life just gets increasingly smaller. And so life is too precious for that. And really good help can change all of that for you very quickly. So if you've had any problems with avoidance, then get the best help straight away.



**Dr. Glenn:** Very good. Hey, before we let people go, is there maybe one technique you could give them to immediately make things a little better if they have an attack?

**Michael:** Yeah, absolutely. However, before I share the strategy, I've got to warn people that when I explain this, you'll probably think, it's totally crazy. And that's totally okay. Because as we know, panic is deeply counterintuitive. Again, what seems as if it should work with panic doesn't and what does work tends to fly in the face of common sense. And the strategy that I'm about to share is a very counterintuitive strategy and it really does fly in the face of common sense. However, we know that it works. And we know this because we have multiple scientific trials showing that it does. And in fact, this technique works better than any of the mainstream techniques that are usually recommended including breathing techniques as we mentioned, including relaxation exercises, which are not helpful at all for panic. I, in fact, do a lot of hypnosis with clients, but the last thing I'll ever do is do relaxation hypnosis with someone with panic because relaxation isn't the key for panic.

And this technique that I'm going to teach, also works a lot better than the logic-based approaches where people try and fight or suppress or debate or logically change their thoughts, which doesn't work very well. As the psychologist, Jonathan Haidt, likes to say, "The emotional dog wags the rational tail." And so trying to logically change powerful emotional responses isn't very effective.

So having said all that, what's this crazy strategy that's deeply counterintuitive, but is likely far more useful than anything else you've tried? It's using a paradoxical approach where if you get a false alarm, instead of trying to fight it, you voluntarily try to make it stronger and



last longer. You voluntarily try to have the biggest, longest lasting false alarm that you've ever had. Now, how could such a crazy approach ever work? Well, there are several reasons beyond the scope of our discussion, but to give just one reason here, I'd like you to consider this; have you ever tried to force yourself to fall asleep, but as a result, you found yourself being more awake?

**Dr. Glenn:** Of course.

**Michael:** Yeah. Have you ever been like Glenn and tried to forget something so hard, but as a result, you ended up thinking about it even more? Or have you ever tried to force yourself to become attracted to someone that you didn't have any feelings for, and as a consequence of trying to force yourself to become attracted to them, you became even more aware that that person wasn't right for you? If you've ever had any of these experiences, then you might appreciate that when we try to force an involuntary automatic mental or emotional process, sometimes all that effort can backfire and it can actually inhibit that very process. And this is something that we can use to our advantage with panic and it's why if I first meet a new client, if they're having false alarms because they had to leave their comfort zone just to talk to me, I never asked them to relax. Instead, very often, I ask them to voluntarily make the false alarm a lot bigger. I'll ask them to voluntarily give me the biggest, longest lasting false alarm they've ever had. And what happens universally is they can't. Paradoxically, it relaxes them.

Now, paradoxical approaches like this, it's not something that I invented. It goes back way back in time to some of the greatest therapists of all time. People like Alfred Adler, Viktor Frankl, Milton Erickson as back as a hundred years ago, as far back as a hundred years ago. And each of this amazing therapist each independently



discovered that instead of trying to fight with the problem. Often, you can get far better results by paradoxically trying to encourage it. And with panic, it's very, very true. So again, to sum up this strategy, if you get a false alarm, instead of trying to fight it, voluntarily try as hard as you can to force it trying with all your willpower to compel it to become the biggest, longest lasting false alarm you've ever had as quickly as possible.

**Dr. Glenn:** So is there anything else that you want to be sure people know about false alarms before we wind down for today?

**Michael:** I think there is something that's very underappreciated fact that is very important for anybody who's been suffering with false alarms to know about. To explain it, I think another story would help. I had a lady who went through my online panic-free program because she had panic attacks when she tried to drive or catch public transport or to fly. And since these are very typical problems that people with false alarms often face, ending them is actually very standard. However, she had a much bigger dream. Her dream was to go on the hit TV show Britain's Got Talent.

Now, I don't know if you have ever watched this program, Glenn, but as many people might know, Britain's Got Talent is headed up by Simon Cowell. And he is infamous for being insulting, dismissive, even pretty nasty to anybody who doesn't live up to his standards.

**Dr. Glenn:** I know it really well.

**Michael:** Yeah. I don't know the exact details of what this lady's personal act was since she wasn't a one-on-one client. What I do know is that it was something a little bit different, something that you could probably



predict that Simon wouldn't like, and so it took a lot of courage for her to even put herself out there like she did. Well, Simon apparently didn't like her act and he and 2,000 people booed her off stage in front of a TV audience of potentially millions of people. And what really impressed me about it was that he sent me an email after all this happened and she said that, thanks to the strategies that she needed to learn to end her panic attacks, that she was able to stand up, and in her own words, to face the onslaught with no loss of confidence. And for many people, that kind of public humiliation might crush them.

She maintained her rock-solid confidence, and this was a lady who had struggled to even catch public transport in the past. And this brings up an underappreciated fact and that is that when we have an area of our life that doesn't come as easy for us as it might for other people, we're often forced to consciously master certain skills that other people might take for granted. And in the process, because we master these skills, we can actually end up being far better off than other people who never had to even think about it.

I want everyone to know that if they've been struggling with false alarms, that even if it might not have seemed like it in the past, that you actually have a real opportunity not just to end a problem, but to instead to become much more of who it is that you can really be through this experience as long as you do whatever you need to do to learn the skills that you need to learn.

**Dr. Glenn:** I love that. Michael, the last thing I want to ask you, I'm not sure if it totally fits here, but I understand there was a time that you were told you'd never walk again, which turned out not to be the case?



**Michael:**

In about 2010, I started having troubles walking. And for about four years, I couldn't walk more than about 10 to 20 meters at a time. And I was getting continually weaker until I couldn't walk at all. And I was in a wheelchair for a year, and two doctors and a physical therapist told me I'd never walk again. It was a very, very strange situation because the most common response I heard from doctors about why it was all happening was, "You have a very interesting case." For people who don't know, that's really medical speak for "We have no clue what's going on."

So it was a very strange situation, but I was massively determined and that there was no way I was ever going to give up, but unfortunately, I was still getting worse. And more than that, I had become so weak that each time I tried to push myself to walk a little bit more, I ended up getting hurt. And each time I would get hurt, I'd pull a muscle or I'd strain something it would put me back between a week and a month to get back to baseline. And I failed over and over and over again. I wasn't going to give up though.

And then one day, I got very, very lucky. I got recommended to a small private hospital. And luckily for me, one of the staff turned out to be just a truly world-class therapist, a physical therapist who knew how to do her job immaculately. She was just a real professional. She's one of these people that when you meet them, you can just tell like this person is different. Like, this person is a real expert. You can sense that you're with someone who's really mastered their craft. And I knew that when you find somebody like this, you make the most of them. And so thankfully, I did.

And through working with her and following her advice and being really determined and doing everything I could on my part, her skill plus my



determination totally changed my life. And as a result of that, today, I can walk, I'm essentially a hundred percent normal, I train in the gym five or six days a week, and as long as the weather is okay, I walk everywhere instead of driving my car. It was the combination of just this massive tenacity, but more importantly, having somebody world-class just totally changed everything for me. And the reason that it turned out that I was having problems with walking only became apparent after I was already walking. And I went in for an MRI. It turns out that I have multiple sclerosis and that's the whole reason why I couldn't walk.

Everyone including me knew that when my problems began, that it could have been a likely cause. However, for whatever reason, my MRI came back totally clean. So that was kind of ruled out. But my mother has MS. She's an amazing woman. She has very severe MS. She's paralyzed from the neck down so she can't move her feet or hands. And as it turned out, I do too. And I'm just so incredibly lucky that I found the right person to help me walk again.

And then now, I'm just so blessed to be on the best drugs. Thanks to both the Australian and the Japanese government, since I live in Japan now. It's really given me such an even greater passion to really make a real difference with people because if somebody's had false alarms, it's a really horrible thing to go through and it's very difficult to find the right help. Because having a lot of determination will make a massive difference in your life, but only if you also get the right help, that you have the right strategies. And so I hope in this call that it's been really obvious to everybody that what we've covered has been helpful. And I really appreciate you, Glenn, for having me on and thank you so much for the chat.



**Dr. Glenn:** Oh, I think this could be a life-changing for so many people.

**Michael:** I hope so. Yes.

**Dr. Glenn:** So Michael, just before we leave, is there -- I know there is a set of products and services that you have available for people who would like to work with someone world-class -- and you're not supposed to say that about yourself, but I can say that about you. And I know that you've put a lot of time and energy into producing solutions, so talk to me.

**Michael:** Yeah. So I have a range of resources for people. I have a foundation series that people can go through for free that goes into everything that we've been talking about in a lot more detail. And if anybody is listening who's been suffering from panic attacks and from false alarms, that this is really the first place that you should go, that it will teach you in a lot more depth than we've been able to cover here today everything that you need to know to begin to start your process back to a panic-free life. And then, of course, I have a program that people can get instant access to online that goes even further. And it actually comes with one-on-one email access to me, private one-on-one email access to me so that if people have any questions or their situation is a little bit different, they can get my input on that.

And then, of course, my passion is working one-on-one with people. I offer Skype or real-world one-on-one and all my work is paid on results, which means that if you don't get positive wonderful changes that make an automatic positive difference in your life, you don't pay. And that's the way I've worked for 22 years and it's the way I'll always work because it fits for me and I really believe in it.



**Dr. Glenn:** All your products and services are refundable?

**Michael:** That's true, including my one-on-one.

**Dr. Glenn:** Wow.

**Michael:** The other thing for people is that I have a deep hypnosis session that is also free, that people can listen to, that a lot of people have said has made a real difference to them for just generalized anxiety or for worry or for stress. And so while it's not entirely designed specifically for panic, for anybody who's got any other kind of anxiety, just general worry or stress, that's perfect for you too. So yeah.

**Dr. Glenn:** I love it. Okay. So we'll tell them how to get that in just a minute. I just want to thank you for your time and your expertise and for so freely sharing what you have to offer. I really hope this helps thousands and thousands of people, and I wish you all the best. Thank you, Michael.

**Michael:** Thank you so much, Glenn.

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