Anticipatory anxiety is the anxiety that we experience in anticipation of exposure to our frightening triggers. If you are claustrophobic and you worry about being enclosed in the airplane, if you fear that your plane will crash and you worry about your flight tomorrow, or if you have a fear of turbulence and worry that your flight next week will be bumpy—these are all examples of anticipatory anxiety.

This simple phenomenon plays an enormous role in creating and maintaining virtually all anxiety disorders. Anticipatory anxiety drives our desire to avoid contact with our sources of anxiety. It pushes us to stay away from our phobias and worries. It is extremely powerful and difficult to eradicate. It is a major factor in keeping our fears of flying alive and intense.

The irony here is that, like every aspect of anxiety, anticipatory anxiety is entirely paradoxical; our attempts to avoid it make it stronger. We feel like we are avoiding in order to reduce our fear of flying, but the truth is that anticipatory anxiety generates additional anxiety.

Five Essential Facts about Anticipatory Anxiety:

First, anticipatory anxiety is not a true predictor of how much anxiety we will feel in the actual situation. Ninety-five percent of the time, anticipatory anxiety is much greater than the anxiety we experience when we actually make contact with what frightens us.

This fact flies in the face of our common sense, as do many other aspects of anxiety. Here is how we typically experience anticipatory anxiety: Suppose you are frightened of flying. Despite this fear, you schedule yourself to fly in a week. When you imagine yourself flying, you think catastrophic thoughts about the flight, and your anticipatory anxiety soars. You think, “Here I am a week before the flight, and just thinking about the flight in the comfort of my living room brings my anxiety up to a level 8. If I am that anxious just thinking about the flight, imagine how freaked out I am going to be when I am actually on the airplane. I have to cancel that flight.”

But our anticipatory anxiety gets it all wrong. In truth, we encounter the majority of our anxiety before and at the very beginning of our contact with anxiety-producing situations. If you can stay in the situation past that surge of anxiety, you will remain
relatively comfortable for the remainder of the time. In the case of flying, if you have a good understanding of the phobic process and have some solid tools for coping with your anxiety, you will have experienced 80% or more of all the anxiety on the entire flight by the time the plane has reached cruising altitude. By that time, anticipatory anxiety will have largely passed, and you will begin to benefit from the therapeutic effects of exposure.

Second, anticipatory anxiety is real anxiety, but it is very different from the anxiety we experience in the triggering situation. There is considerable evidence that anticipatory anxiety and phobic anxiety are generated in different parts of the brain.

For example, different classes of medications have differing effects on the two types of anxiety—anticipatory anxiety and phobic anxiety. Selective serotonin re-uptake inhibitors (such as Prozac, Lexapro, Paxil, etc.) significantly reduce panic and phobic anxiety, but have little effect on anticipatory anxiety. Conversely, the benzodiazepine class of medications (Valium, Xanax, Klonopin, etc.) can reduce anticipatory anxiety but have relatively little impact (except at impractically high dosages) on panic and phobic fears.

Third, anticipatory anxiety is quick to appear and slow to disappear. This persistence makes it one of the most difficult parts of your fear of flying to overcome. Many people have improved to the point that they no longer feel anxiety when they are actually flying, yet these same people can feel considerable fear when they imagine taking their next flight. In other words, thinking about flying can create anxiety, even in situations when actual flying is relatively comfortable.

Here is an example that clearly illustrates this point:

*Years ago, I was working with a man who was afraid of getting stuck in traffic while driving over a bridge. He feared feeling trapped on the bridge, becoming panicky, and then doing something impulsive or dangerous, like jumping out of his car or causing a motor accident. (By the way, these are common “what if?” thoughts. The anxiety makes the person feel like the thoughts can really happen, but they do not occur in reality.)*

*We practiced by repeatedly driving across the Triboro (now the RFK) Bridge. My patient drove as I sat next to him. Two things were very fortunate for us on one particular overcast day. First, the traffic on the bridge was extremely heavy in BOTH directions. In fact, it was so heavy that he had to drive a few feet, stop for a minute, then pull up another few feet when the car ahead of him moved. It was literally bumper to bumper. We could see a sea of red brake lights ahead of us crossing the bridge span. Although I was pleased about the chance to practice anxiety management techniques, my patient was horrified. He said to me, “Well, you may be happy, but I’m freaking out here.” So, the word “fortunate” needs to be looked at in the context of creating a great opportunity to practice.*
The second fortunate aspect was that the span of this particular bridge is curved in such a way that we could see the entire row of cars coming at us as we drove over the span. Remember, there was stop-and-go traffic in both directions. Red lights ahead of us were leaving Manhattan, while headlights to the left of us were entering Manhattan.

In the middle of the span, my patient said to me, “Marty, I’m really shocked. This stop-and-go traffic is my worst nightmare. I thought I would be totally freaked out, but my anxiety really isn’t that bad—maybe a 2 or a 3. I can’t believe it.” After some silence, he continued, “Now you’re going to think I’m really crazy. I told you when I look at the traffic ahead of us, my level is maybe a 2 or a 3. But—listen to this—when I look at the traffic coming back into Manhattan, and I think to myself that pretty soon I’ll be part of that line of cars, my anxiety level goes up to a 7 or an 8. How weird is it that? I’m much more frightened of thinking about what I have to do, even though I’m doing that exact same thing right this minute!”

Actually, this was not weird at all. This particular practice situation allowed my patient to “switch” quickly between phobic anxiety and anticipatory anxiety. When he looked at the line of cars in front of him, he exposed himself to phobic anxiety. When he looked a little to the left and noticed the cars coming back into Manhattan, he experienced anticipatory anxiety. By switching back and forth that way, he was able to isolate and clarify the difference between these two forms of anxiety.

Besides highlighting the differences, this puts a spotlight on the persistence of anticipatory anxiety. My patient was experiencing very little fear while going over the bridge—his phobic anxiety was low. But he felt a great deal of anxiety while anticipating the exact same activity in the reverse direction. Later, we will return to this point when we look at ways of managing anticipatory anxiety.

The fourth fact about anticipatory anxiety is that it increases with our indecision. Anticipatory anxiety becomes more pervasive as we get closer to the feared activity and as we find it harder to just “put off” thinking about it. Our anxiety makes us waiver in our determination to pursue the activity. For example, suppose that you have to fly to California for a family wedding. As the time for the flight nears, you become ever more aware of your anticipatory anxiety. You start to waiver about attending the wedding. You investigate Amtrak and Greyhound. You imagine how much “fun” it would be to take a motor trip across the country. Could you make up an illness that forces you to cancel? This sort of “should I or shouldn’t I?” wavering continues to increase your anticipatory anxiety.

There are extremes to this indecision. You should ask yourself where you fall on this continuum. On one hand, there are people who tell themselves, “If I get to the airport, I know that I will take the flight.” These people are relatively lucky. Whatever their anticipatory anxiety prior to arrival to the airport, their commitment to fly allows time for their anticipatory anxiety to level off and even decrease prior to boarding the plane.
On the other hand, others tell themselves, “If the wheels of the plane are on the ground, I have the right to cancel my flight.” These people agonize over whether or not to fly as they go through the boarding process. They vacillate as they reach the airport, go through security, wait for their flight to be called, walk through the jetport, stow their luggage, take their seat, buckle the seatbelt, and feel the plane pull back. At each step, they ask themselves, “should I fly or should I cancel?” If they do fly, their commitment comes at the latest possible point. This is the formula for maximizing anticipatory anxiety.

But as soon as you commit yourself to either cancelling the flight (which, in the short term, would be a great relief; in the long term, however, you are reinforcing your fear and feeling less able to manage it) or flying there no matter what the anxiety, you will start to experience some relief of your anticipatory anxiety.

I am not saying that it will go away. But the internal debate that escalates your anticipatory anxiety will be turned off, and you will notice at the very least a leveling off of its intensity. By freeing yourself of your “should I or shouldn’t I?” debate, you will be more able to stay connected to the present and focus on manageable tasks.

Fifth, anticipatory anxiety gets you coming and going. Suppose you are afraid of taking public transportation and you are booked on Amtrak from New York to Boston. You are frightened of the upcoming trip—that is your anticipatory anxiety. However, sometimes you do not feel that anxiety prior to a trip. When that happens, you worry whether something is wrong; maybe the absence of fear right now means that you are going to become super-anxious when you are on the train. Thus, anticipatory anxiety gets you coming and going.

Coping with Anticipatory Anxiety:

Let’s face it: By now you must realize that there is no easy way to get rid of anticipatory anxiety. But there are suggestions for making that anxiety more manageable.

First, label your anticipatory anxiety as just that—anticipatory anxiety. It is real anxiety, but it is different from the anxiety you will experience when you make contact with what frightens you. Remind yourself that anticipatory anxiety has a life of its own and can remain a potent source of fear even after you have otherwise conquered your phobia.

Second, remember that anticipatory anxiety is not an accurate indicator of how anxious you will be when you encounter your anxiety triggers. Stay with the fact that 95% of the time your anticipatory anxiety will be much greater than the anxiety you experience when you are in the situation. As you practice exposing yourself to your fears, you will see that a pattern begins to emerge: Anticipatory anxiety will
generally be much higher than your situational anxiety. Make note of this pattern as it emerges and try to use these facts to anchor yourself.

Third, you can use judicious amounts of benzodiazepines (minor tranquilizers) to help you manage anticipatory anxiety. This class of medications seems to target this sort of anxiety quite specifically; however, there is a downside. Studies have shown that, in addition to reducing anticipatory anxiety, these medications also reduce the therapeutic effectiveness of exposure. Therefore, you will have to weigh the benefits against the negative.

Fourth, try to commit yourself to the flight. Remember that your “should I or shouldn’t I?” debate will intensify your anticipatory anxiety, whereas a commitment to follow through will allow it to stop increasing. If you are delaying the purchase of your tickets, buy them now. If you are making mental excuses for avoiding an upcoming flight, tell yourself that they are just increasing your anticipatory anxiety.

Fifth, try to turn your anticipatory anxiety into a learning experience about the power of your brain to affect your feelings. Recall that although anticipatory anxiety is real anxiety, it a type of anxiety that is 100% generated by images in your mind. There are no physical or behavioral triggers to this anxiety. It is independent of external causes. Observing your own anticipatory anxiety will help you grasp the power of your brain to create its own version of reality.

One of my patients had such a severe phobia of vomiting that she limited her life enormously. She avoided anyone who she believed might be ill, for that person might pass on a stomach virus and cause her to throw up. She lived in an apartment with a roommate with whom she was friendly but not very close. Each had their own bedroom and bathroom. One morning, my patient and her roommate lingered over breakfast, and both went to work at the same time. That evening, my patient returned home to find that her roommate’s door was shut, and she could hear definite signs that her roommate was coughing, retching, and throwing up. “What if,” she thought, “I catch her stomach virus and soon start getting nauseous and vomiting myself?” That night was a horror. She was afraid to knock on the door and contact her roommate. She couldn’t sleep, and she spent most of the night with intense anticipatory anxiety, waiting for her own nausea and vomiting to begin. Finally, out of exhaustion, she fell asleep until the morning. When she awoke, she saw her roommate walking around the apartment, smiling pleasantly, sipping coffee, eating breakfast, and reading the paper. “But I thought you were sick last night,” my patient said. “How did you recover so quickly?” Her roommate looked a little surprised, then laughed a bit and said that she had been fine all night but saw the movie “Detroit Rock City” on DVD before going to bed. There is an explicit scene in the movie where someone throws up, and she guessed that my patient had overheard that scene.

My patient immediately realized that her roommate had never been ill, and she, my patient, had never been in danger of catching a stomach virus. The entire experience was based on misinformation and entirely generated in her mind. For her, it was the
beginning of a profound realization that her phobia was based on images in her brain and not on the external reality.

Suppose you are overcoming your fear of flying and have had many flights under your belt, with minimal anxiety each time. When you purchase your tickets, you might still feel high levels of anticipatory anxiety. But, if you can remind yourself of your confidence in coping with any anxiety that might arise during the flight, you can put this anxiety in the background of your awareness, where it will gradually become less intense.

And this is the best way to overcome anticipatory anxiety. To understand that it bluffs you into believing you will not be able to handle your upcoming fear. As you gain confidence in that ability, you will be able to treat anticipatory anxiety for what it is: real anxiety with its own life, but having nothing to do with the fears you are anticipating.