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Coping with Panic Attacks

A panic attack is a sudden surge of mounting physiological arousal that can occur "out of the blue" or in response to encountering (or merely thinking about) a phobic situation. *Bodily symptoms* that occur with the onset of panic can include heart palpitations, tightening in the chest or shortness of breath, choking sensations, dizziness, faintness, sweating, trembling, shaking, and/or tingling in the hands and feet. *Psychological reactions* that often accompany these bodily changes include feelings of unreality, an intense desire to run away, and fears of going crazy, dying, or doing something uncontrollable.

Anyone who has had a full-fledged panic attack knows that it is one of the most intensely uncomfortable states human beings are capable of experiencing. Your very first panic attack can have a traumatic impact, leaving you feeling terrified and helpless, with strong anticipatory anxiety about the possible recurrence of your panic symptoms. Unfortunately, in some cases, panic does come back and occurs repeatedly. Why some people have a panic attack only once—or perhaps once every few years—while others develop a chronic condition with several attacks a week, is still not understood by researchers in the field.

The *good* news is that you can learn to cope with panic attacks so well that they will no longer have the power to frighten you. Over time you can actually diminish the intensity and frequency of panic attacks *if* you are willing to make some changes in your lifestyle. Lifestyle changes that are most conducive to reducing the severity of panic reactions are described in other chapters of this workbook. They include

- Regular practice of deep relaxation (see chapter 4)
- A regular program of exercise (see chapter 5)
- Elimination of stimulants (especially caffeine, sugar, and nicotine) from your diet (see chapter 15)
- Learning to acknowledge and express your feelings, especially anger and sadness (see chapter 12)
- Adopting self-talk and "core beliefs" which promote a calmer and more accepting attitude toward life (see chapters 8 and 9)

The approach in this workbook is not oriented toward medication. Yet there *are* some people who suffer from panic attacks for whom it's appropriate to take medication. If you're having panic attacks with sufficient intensity and frequency that they interfere with your ability to work, your close personal relationships, or your sleep, or if such attacks persistently give you the feeling that you are "losing your grip" on yourself, then medication may be an appropriate intervention.

The two types of medications most frequently prescribed for panic attacks are minor tranquilizers (for instance, Xanax or Ativan) and antidepressants (such as Tofranil, Elavil, or Prozac). For more information on the use of prescription medications in treating panic attacks, see Chapter 17.

The remainder of this chapter will present some specific guidelines for dealing with panic attacks on a *short-term*, immediate basis. These are practical strategies for coping with panic attacks *at the very moment they occur*.

Deflate the Danger*

A panic attack can be a very frightening and uncomfortable experience, but it is absolutely not dangerous. You may be surprised to learn that panic is an *entirely natural bodily reaction that simply occurs out of context*. Earlier chapters discussed the fight-or-flight reaction—an instinctual response in all mammals (not just humans) to physiologically prepare to fight or flee when their survival is threatened. This instantaneous reaction is necessary to ensure the survival of the species in life-threatening situations. It serves to protect the lives of animals in the wild when they are faced by their predators. And it serves to protect your life by informing and mobilizing your impulse to flee from danger.

Suppose, for example, that your car stalled on the railroad tracks while a train approached you from about 200 yards away. You would experience a sudden surge of adrenalin, accompanied by feelings of panic, and a very strong and sensible urge to flee your predicament. In fact, your body would undergo a whole range of reactions, including

- An increase in your heart rate
- An increase in your respiratory rate
- A tensing of your muscles
- Constriction of your arteries and reduced blood flow to your hands and feet
- Increased blood flow to your muscles
- Release of stored sugar from your liver into your bloodstream
- Increased production of sweat

The very intensity of this reaction and the strong urge to flee are precisely what would ensure your survival. The surge of adrenalin and flow of blood to your muscles increases your alertness and physical strength. Your energy is mobilized and directed toward escape. If these reactions were less intense or less rapid, you might never get

*Some of the ideas presented in this section are adapted from David Barlow, Ph.D., and Michelle Craske, Ph.D., *Mastery of Your Anxiety and Panic*. Albany, New York: Graywind Publications, 1989.

out of the way in time. Perhaps you can recall times in your life when the flight response worked properly and served you well.

In a spontaneous panic attack, your body goes through *exactly the same* physiological flight reaction that it does in a truly life-threatening situation. The panic attack that wakes you up at night or occurs out of the blue is *physiologically indistinguishable* from your response to such experiences as your car stalling on the railroad tracks or waking to hear a robber going through your house.

What makes a panic attack unique and difficult to cope with is that these intense bodily reactions occur *in the absence of any immediate or apparent danger*. Or, in the case of agoraphobia, they occur in response to situations that have no apparent life-threatening potential (such as standing in line at the grocery store or being at home alone). In either case, you don't know why the reaction is happening. And not knowing why—not being able to make any sense out of the fact that your body is going through such an intense response—only serves to make the entire experience even more frightening. Your tendency is to react to sensations that are intense and *inexplicable* with even more fear and a heightened sense of danger.

No one fully knows at this time why spontaneous panic attacks occur—why the body's natural flight mechanism can come into play for no obvious reason or out of context. Some people believe that there is always *some* stimulus for a panic attack, even if this is not apparent. Others believe that sudden attacks arise from a temporary physiological imbalance. It is known that there is a greater tendency for panic attacks to occur when a person has been undergoing prolonged stress or has recently suffered a significant loss. However, only some people who have undergone stress or loss develop panic attacks, while others might develop headaches, ulcers, or reactive depression. It is also known that a disturbance in the part of the brain called the *locus ceruleus* is implicated in panic attacks; but it seems that this disturbance is only one event in a long chain of causes without being the primary cause. A full understanding of what causes panic attacks awaits future research. (For a more detailed account of what is known, see Chapter 2.)

Because there is no immediate or apparent external danger in a panic attack, you may tend to *invent* or *attribute danger* to the intense bodily sensations you're going through. In the absence of any real life-threatening situation, your mind may misinterpret what's going on *inside* as being life-threatening. Your mind can very quickly go through the following process: "If I feel this bad, I must be in some danger. If there is no apparent external danger, the danger must be inside of me." And so it's very common when undergoing panic to invent any (or all) of the following "dangers":

In response to heart palpitations: "I'm going to have a heart attack" or "I'm going to die."

In response to choking sensations: "I'm going to stop breathing and suffocate."

In response to dizzy sensations: "I'm going to pass out."

In response to sensations of disorientation or feeling "not all there": "I'm going crazy."

In response to "rubbery legs": "I won't be able to walk" or "I'm going to fall."

In response to the overall intensity of your body's reactions: "I'm going to lose complete control over myself."

As soon as you tell yourself that you're feeling any of the above dangers, you multiply the intensity of your fear. This intense fear makes your bodily reactions even worse, which in turn creates still more fear, and you get caught in an upward spiral of mounting panic.

This upward spiral can be avoided if you understand that what your body is going through is *not dangerous*. All of the above dangers are illusory, a product of your imagination when you're undergoing the intense reactions which constitute panic. *There is simply no basis for any of them in reality.* Let's examine them one by one.

- ***A panic attack cannot cause heart failure or cardiac arrest.***

Rapid heartbeat and palpitations during a panic attack can be frightening sensations, but they are not dangerous. Your heart is made up of very strong and dense muscle fibers and can withstand a lot more than you might think. According to Claire Weekes, a healthy heart can beat 200 beats per minute for days—even weeks—without sustaining any damage. So, if your heart begins to race, just allow it to do so, trusting that no harm can come of it and that your heart will eventually calm down.

There's a substantial difference between what goes on with your heart during a panic attack and what happens in a heart attack. During a panic attack, your heart may race, pound, and at times miss or have extra beats. Some people even report chest pains, which pass fairly quickly, in the left-upper portion of their chest. None of these symptoms is aggravated by movement or increased physical activity. During a true heart attack, the most common symptom is continuous pain and a pressured, even crushing sensation in the center of your chest. Racing or pounding of the heart may occur but this is secondary to the pain. Moreover, the pain and pressure get worse upon exertion and may tend to diminish with rest. This is quite different from a panic attack, where racing and pounding may get worse if you stand still and lessen if you move around.

In the case of heart disease, distinct abnormalities in heart rhythm show up on an electrocardiogram (EKG) reading. It has been demonstrated that during a panic attack there are no EKG abnormalities—only rapid heartbeat. (If you want to gain additional reassurance, you may want to have your doctor perform an EKG.)

In sum, there is simply no basis for the connection between heart attacks and panic. Panic attacks are not hazardous to your heart.

- ***A panic attack will not cause you to stop breathing or suffocate.***

It is common during panic to feel your chest close down and your breathing become restricted. This might lead you to suddenly fear that you're going to suffocate. Under stress your neck and chest muscles are tightening and reducing your respiratory capacity. Be assured that there is nothing wrong with your breathing passage or lungs, and that the tightening sensations will pass. Your brain has a built-in reflex mechanism that will eventually *force* you to breathe if you're not getting enough oxygen. If you don't believe this, try holding your breath for up to a minute and observe what happens. At a certain point you'll feel a strong reflex to take in more air. The same thing will happen in a panic attack if you're not getting enough oxygen. You'll automatically gasp and take a deep breath long before reaching the point where you could pass out from a lack of oxygen. (And even if you did pass out, you would immediately start breathing!) In sum, choking

and sensations of constriction during panic, however unpleasant, are not dangerous.

- ***A panic attack cannot cause you to faint.***

The sensation of light-headedness you may feel with the onset of panic can evoke a fear of fainting. What is happening is that the blood circulation to your brain is slightly reduced, most likely because you are breathing more rapidly (see the section on hyperventilation in Chapter 4). This is *not* dangerous and can be relieved by breathing slowly and regularly from your abdomen, preferably through your nose. It can also be helped by taking the first opportunity you have to walk around a bit. Let the feelings of light-headedness rise and subside without fighting them. Because your heart is pumping harder and actually increasing your circulation, you are very unlikely to faint (except in rare instances if you have a blood phobia and happen to be exposed to the sight of blood).

- ***A panic attack cannot cause you to lose your balance.***

Sometimes you may feel quite dizzy when panic comes on. It may be that tension is affecting the semicircular canal system in your inner ear, which regulates your balance. For a few moments you may feel dizzy or it may even seem that things around you are spinning. Invariably this sensation will pass. It is not dangerous and very unlikely to be so strong that you will actually lose your balance. If sensations of pronounced dizziness persist for more than a few seconds, you may want to consult a doctor (preferably an otolaryngologist) to check if infection, allergies, or other disturbances might be affecting your inner ear.

- ***You won't fall over or cease to walk when you feel "weak in the knees" during a panic attack.***

The adrenalin released during a panic attack can dilate the blood vessels in your legs, causing blood to accumulate in your leg muscles and not fully circulate. This can produce a sensation of weakness or "jelly legs," to which you may respond with the fear that you won't be able to walk. Be assured that this sensation is just that—a sensation—and that your legs are as strong and able to carry you as ever. They won't give way! Just allow these trembling, weak sensations to pass and give your legs the chance to carry you where you need to go.

- ***You can't "go crazy" during a panic attack.***

Reduced blood flow to your brain during a panic attack is due to arterial constriction, a *normal* consequence of rapid breathing. This can result in sensations of disorientation and a feeling of unreality that can be frightening. If this sensation comes on, remind yourself that it's simply due to a slight and temporary reduction of arterial circulation in your brain and does not have anything to do with "going crazy," no matter how eerie or strange it may feel. No one has ever gone crazy from a panic attack, even though the fear of doing so is common. As bad as they feel, sensations of unreality will eventually pass and are completely harmless.

It may be helpful to know that people do not "go crazy" in a sudden or spontaneous way. Mental disorders involving behaviors that are labeled "crazy" (such as schizophrenia or manic-depressive psychosis) develop very gradually over a period of years and do not arise from panic attacks. No one has ever started to hallucinate or hear voices during a panic attack (except in rare instances where

panic was induced by an overdose of a recreational drug such as LSD or cocaine). In short, a panic attack cannot result in your "going crazy," no matter how disturbing or unpleasant your symptoms feel.

- *A panic attack cannot cause you to "lose control of yourself."*
Because of the intense reactions your body goes through during panic, it is easy to imagine that you could "completely lose it." But what does completely losing it mean? Becoming completely paralyzed? Acting out uncontrollably or running amok? I am aware of no reported instances of this happening. If anything, during panic your senses and awareness are heightened with respect to a single goal: escape. Running away or trying to run away are the only ways in which you would be likely to "act out" while panicking. Complete loss of control during panic attacks is simply a myth.

The first step in learning to cope with panic reactions is to recognize that they are not dangerous. Because the bodily reactions accompanying panic feel so intense, it's easy to imagine them being dangerous. Yet in reality no danger exists. The physiological reactions underlying panic are *natural* and *protective*. In fact, *your body is designed to panic* so that you can quickly mobilize to flee situations that genuinely threaten your survival. The problem occurs when this natural, life-preserving response occurs outside the context of any immediate or apparent danger. When this happens, you can make headway in mastering panic by learning not to imagine danger where it doesn't exist.

Breaking the Connection Between Body Symptoms and Catastrophic Thoughts

There is an important difference between people who have panic attacks and those who do not. *Individuals who are prone to panic have a chronic tendency to interpret slightly unusual or uncomfortable body sensations in a catastrophic way.* For example, heart palpitations are seen as signals of an impending heart attack, chest constriction and shortness of breath are seen as signs of imminent suffocation, or dizziness is seen as a precursor to fainting or collapse. People who do not have panic attacks may notice (and not particularly like) having such body symptoms, *but they do not interpret them as catastrophic or dangerous.*

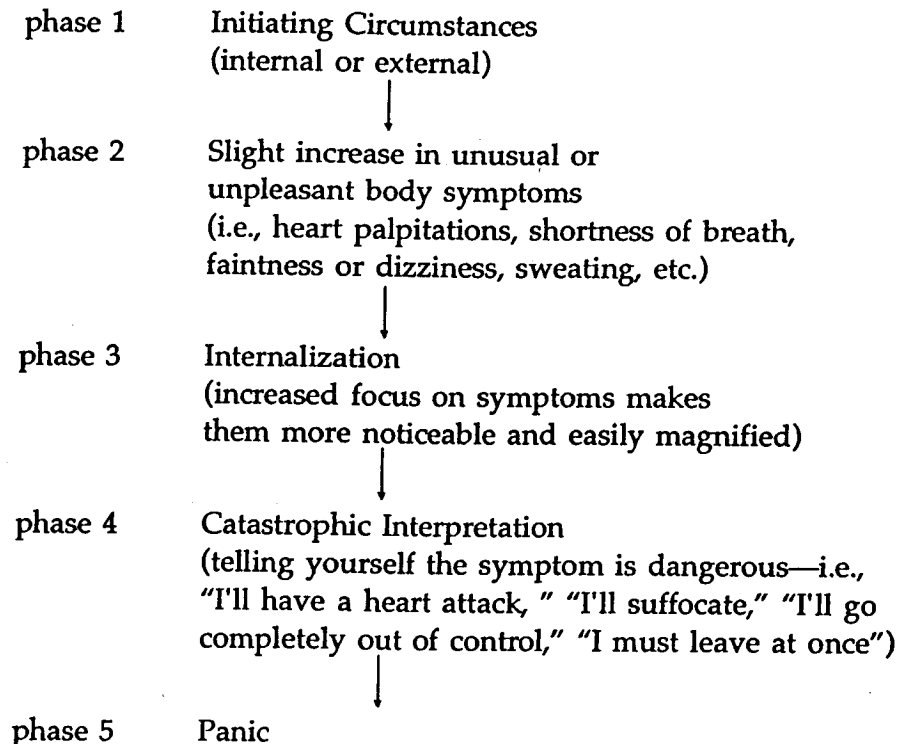
If you have a tendency to interpret unpleasant body sensations as portending something dangerous or catastrophic, you will also tend to constantly monitor your body to see if you're having those sensations. You're probably very tuned in to your internal bodily states and overreact easily if something begins to feel slightly "off" or unusual. This increased *internalization* compounds the problem, because you're more likely to notice and magnify any sudden change in your body's internal state that is slightly unusual or unpleasant.

The variety of circumstances that might cause a sudden aberration in your body's internal physiological state are legion. Sometimes the cause lies outside of your body. For example, an argument with your spouse, seeing something unpleasant on TV, hearing your alarm clock go off, or being in a hurry to get somewhere could trigger an increase in heart rate, chest constriction, stomach queasiness, or any of a wide range of body symptoms associated with anxiety. At other times, the cause resides in some subtle

physiological shift within your body—for example, oxygen deprivation due to under-breathing, a spontaneous shift in the neuroendocrine systems of your brain, an increase in muscle tension in your neck and shoulders, or a fall in your blood sugar level. Whether the initial cause lies primarily outside or within your body, you are usually unaware of these physiological shifts until you actually feel the resultant symptoms. The above examples illustrate only a few among many possibilities, any of which might constitute the triggering event for an increase in anxiety. Whether or not you actually develop a full-blown panic attack depends on *how you perceive and respond* to the particular increase in body symptoms that occurs.

To sum up, people who panic are likely to experience: 1) increased internalization or preoccupation with subtle shifts in body symptoms or mood and 2) an increased tendency to interpret slight aberrations or incremental changes in body symptoms as dangerous or catastrophic. The diagram below illustrates this tendency:

Development of Panic Attack



The good news is that it's possible to intervene at any point in this sequence. At phase 1 it may be *generalized stress* that leads to the initial unpleasant body sensations—heart palpitations, chest constriction, dizziness, and so on. Incorporating regular relaxation, exercise, low-stress nutritional habits, and other stress management techniques into your lifestyle (see Chapters 4, 5, 11, and 16) on a daily basis can go a long way toward reducing the propensity for sudden increases in your body's state of sympathetic nervous system arousal associated with stress. Beyond generalized stress, you may be able to identify the particular initiating circumstances that cause your panic attacks by noting carefully what was going on just before—or in the several hours before—a panic attack

occurs. You can use the *Panic Attack Record* described in this chapter to help you determine what initial circumstances may have led to a particular panic attack. You can then try to avoid or eliminate these circumstances so they don't cause you trouble in the future. Interventions that reduce the propensity for having unpleasant body sensations in the first place (phases 1 and 2 in the chart) all require making changes in your lifestyle and attitudes.

Phase 3 of the panic cycle is comprised of internalization—being too focused on your internal body state. When you actually feel panic coming on, you can reduce internalization by using any of the active coping techniques described later in this chapter in the section, “Coping Techniques To Counteract Panic at an Early Stage.” These techniques serve to distract your attention away from internal body symptoms, and also have a directly relaxing effect.

Perhaps the most important change you can make to defuse panic attacks, however, is to intervene at phase 4. That is, you can learn to stop interpreting unpleasant body sensations as being dangerous or potentially catastrophic. In fact, recent research both in the United States and England has determined that eliminating catastrophic interpretations of body symptoms can, *in and of itself alone*, be sufficient to relieve panic attacks. If you can learn to tolerate sensations such as dizziness, tightness in your chest, rapid heartbeat, and so on as innocuous body symptoms—rather than as signs of imminent danger—you will very likely have fewer, if any, panic attacks. That is not to say that stress management techniques and coping strategies for panic are not still important; it does imply, though, that eliminating catastrophic interpretations by itself can go a long way to relieve panic.

To assist you in breaking the connection between body symptoms and catastrophic interpretations, please refer to the two worksheets below. The first worksheet is a list of body symptoms that can trigger panic attacks. Rate each body symptom on a 0-5 scale according to how much it affects you when you panic. The second worksheet is a list of common catastrophic self-statements that people who panic make in response to unpleasant body symptoms. Rate each of these catastrophic statements on a 1-4 scale according to how much you feel it contributes to your panic attacks.

Finally, use the third worksheet to go back and connect the two lists. For each troublesome body symptom you rated 4 or 5, list the specific catastrophic statements likely to be triggered by that symptom. For example, you might connect heart palpitations with “I’m having a heart attack,” and “I’m going to die,” or dizziness with “I’m going to pass out,” or “I’m going to lose control.”

When you’re finished, you should have a better idea of what particular body symptoms and associated catastrophic interpretations trigger your panic attacks. This knowledge will likely help you break the false connection you’ve made between your body symptoms and mistaken interpretations. Keep in mind throughout this exercise that *none of the body symptoms you’ve listed is actually dangerous. However unpleasant such symptoms might feel, they are completely harmless.* Equally important, keep in mind that *none of the catastrophic thoughts you have checked off is true or valid, even though you might have convinced yourself that it is. Every one of the catastrophic thoughts is simply false—a mistaken belief that you can learn to let go of.*

How do you break the automatic connection between unpleasant body symptoms and false, catastrophic thoughts? Three ways have been found to be helpful:

1. Recognition
2. Writing down alternative explanations of symptoms
3. Symptom inductions

Recognition

Just recognizing your tendency to believe that harmless body symptoms are signs of imminent danger is the first step. Awareness of specific connections between particular symptoms and particular catastrophic thoughts, which you may have gained from the previous exercise, will help you begin diffusing the danger when those symptoms come up in day-to-day life.

Writing Down Alternative Explanations of Body Symptoms

The catastrophic self-statements you make in an attempt to make sense of unpleasant body symptoms during a panic attack are simply false. It's just not true, for example, that rapid heartbeat or palpitations occur because you are having a heart attack. Nor is constriction in your chest or shortness of breath happening because you're about to suffocate. Nor is dizziness and light-headedness occurring because you're about to faint or "go crazy." In each of these cases, there is an alternative explanation that is non-catastrophic and based in fact. Alternative logical explanations might go something like this:

1. An increase in heartbeat and/or heart palpitations is very likely caused by increased output of adrenalin and sympathetic nervous system activity that accompany the early stage of an anxiety reaction. Such reactions are part of the body's normal means of handling any *perceived* threat—they are part of the flight-or-fight response. They are in no way dangerous, even if they continue for some time. For example, a healthy heart can beat rapidly for hours without putting you at any risk.
2. An increase in chest constriction and shortness of breath can be explained in terms of contraction of the muscles surrounding the chest cavity, also due to increased sympathetic nervous system activity. Such symptoms have nothing to do with the process of suffocating. Your chest muscles cannot contract to the point where you would be at risk of suffocating, no matter how unpleasant the tightness in your chest happens to feel.
3. Becoming dizzy or light-headed, common symptoms that can occur when you become anxious, are not caused by the fact that you are about to faint. They are caused by minor constrictions in the arteries of your brain, which lead to a slight reduction in blood circulation. It's extremely unlikely that you would faint, even if you feel quite light-headed. Fainting typically occurs during a drop in blood pressure; when you start to feel anxious, you usually experience an *increase* in blood pressure due to increased adrenalin and sympathetic nervous system tone.

*Panic Attack Worksheet 1**Body Symptoms*

Any of the following body symptoms can occur during a panic attack. Please evaluate each of them according to their effect when you are having an attack, and indicate your answers on the 0-5 scale in the righthand column.

0 = No Effect

1 = Mild Effect

2 = Medium Effect

3 = Strong Effect

4 = Severe Effect

5 = Very Severe Effect

1. Sinking feeling in stomach	0	1	2	3	4	5
2. Sweaty palms	0	1	2	3	4	5
3. Warm all over	0	1	2	3	4	5
4. Rapid or heavy heartbeat	0	1	2	3	4	5
5. Tremor of the hands	0	1	2	3	4	5
6. Weak or rubbery knees or legs	0	1	2	3	4	5
7. Shaky inside and/or outside	0	1	2	3	4	5
8. Dry mouth	0	1	2	3	4	5
9. Lump in throat	0	1	2	3	4	5
10. Tightness in chest	0	1	2	3	4	5
11. Hyperventilation	0	1	2	3	4	5
12. Nausea or diarrhea	0	1	2	3	4	5
13. Dizzy or lightheaded	0	1	2	3	4	5
14. A feeling of unreality—as “in a dream”	0	1	2	3	4	5
15. Unable to think clearly	0	1	2	3	4	5
16. Blurred vision	0	1	2	3	4	5
17. A feeling of being partially paralyzed	0	1	2	3	4	5
18. A feeling of detachment or floating away	0	1	2	3	4	5
19. Palpitations or irregular heartbeats	0	1	2	3	4	5
20. Chest pain	0	1	2	3	4	5
21. Tingling in hands, feet, or face	0	1	2	3	4	5
22. Feeling faint	0	1	2	3	4	5
23. Fluttery stomach	0	1	2	3	4	5
24. Cold, clammy hands	0	1	2	3	4	5

Panic Attack Worksheet 2

Catastrophic Thoughts*

Catastrophic thoughts play a major role in aggravating panic attacks. Using the scale below, rate each of the following thoughts according to the degree to which you believe that thought contributes to your panic attacks.

	1	2	3	4
1 = Not at all				
2 = Somewhat				
3 = Quite a lot				
4 = Very much				
1. I'm going to die.	1	2	3	4
2. I'm going insane.	1	2	3	4
3. I'm losing control.	1	2	3	4
4. This will never end.	1	2	3	4
5. I'm really scared.	1	2	3	4
6. I'm having a heart attack.	1	2	3	4
7. I'm going to pass out.	1	2	3	4
8. I don't know what people will think.	1	2	3	4
9. I won't be able to get out of here.	1	2	3	4
10. I don't understand what's happening to me.	1	2	3	4
11. People will think I'm crazy.	1	2	3	4
12. I'll always be this way.	1	2	3	4
13. I'm going to throw up.	1	2	3	4
14. I must have a brain tumor.	1	2	3	4
15. I'll choke to death.	1	2	3	4
16. I'm going to act foolish.	1	2	3	4
17. I'm going blind.	1	2	3	4
18. I'll hurt someone.	1	3	2	4
19. I'm going to have a stroke.	1	2	3	4
20. I'm going to scream.	1	2	3	4
21. I'm going to babble or talk funny.	1	2	3	4
22. I'll be paralyzed by fear.	1	2	3	4
23. Something is really physically wrong with me.	1	2	3	4
24. I won't be able to breathe.	1	2	3	4
25. Something terrible will happen.	1	2	3	4
26. I'm going to make a scene.	1	2	3	4

*Adapted from "Panic Attack Cognitions Questionnaire" *Coping With Panic: A Drug-free Approach to Dealing With Anxiety Attacks* by G. A. Clum. Copyright © 1990 by Brooks/Cole Publishing Company, a division of International Thomson Publishing Inc., Pacific Grove, CA 93950. Reprinted by permission of the publisher.

Connecting Body Symptoms and Catastrophic Thoughts

In the left-hand column below list body symptoms you rated 5 or 4 on the first Panic Attack Worksheet. Describe your most troublesome body symptoms, one at a time. Then list catastrophic self-statements from the second worksheet "Catastrophic Thoughts" which you rated 4 or 3. *List those catastrophic statements you would be most likely to make in response to each particular body symptom.* For example, "Rapid heartbeat" is a body symptom that might elicit such catastrophic self-statements as, "I'm having a heart attack," and "I'm going to die."

Body Symptom:

Catastrophic Thoughts:

Body Symptom:

Catastrophic Thoughts:

Body Symptom:

Catastrophic Thoughts:

Body Symptom:

Catastrophic Thoughts:

Even less plausible is the idea that dizziness and light-headedness are caused by the fact that you're about to go crazy. The process of "going crazy" has nothing to do with panic attacks, and takes place over a much longer period of time than the duration of any panic attack.

These examples can serve as guidelines for developing your own alternative, non-catastrophic explanations for troublesome body symptoms. You'll likely find it helpful to refer to the first section of this chapter, "Deflate the Danger," in coming up with your own alternative explanations. The process of writing down such explanations will help you strengthen your conviction that uncomfortable body symptoms are truly harmless rather than signs of imminent danger.

You might want to put your alternative explanations of body symptoms on 3x5 index cards—one explanation of a particular symptom per card. Keep the cards with you in your purse or wallet and take them out and read them if you feel body symptoms coming on.

Symptom Inductions

A recent, very effective treatment for panic attacks involves voluntarily inducing body symptoms that can trigger panic. This is typically done in a therapy session. For example, if dizziness and shortness of breath are troublesome symptoms, the therapist has the client hyperventilate for two minutes and then stand up suddenly to actually bring on these symptoms. This might sound like an unusual and extreme therapeutic procedure, but, in fact, it is harmless and often quite helpful. Unless the client has a respiratory disorder, hyperventilation for two minutes is harmless. Deliberately hyperventilating gives her or him an opportunity to *actually experience uncomfortable body symptoms without anything negative or dangerous happening*. The key here is that the client learns on a "gut" or experiential level that nothing terrible follows body sensations that he or she used to interpret as dangerous. Repeated inductions of dizziness in this way help a panic-prone person to develop a strong conviction that dizziness is not dangerous.

A more detailed discussion of symptom inductions can be found at the end of this chapter.

Don't Fight Panic

Resisting or fighting initial panic symptoms is likely to make them worse. It's important to avoid tensing up in reaction to panic symptoms or trying to "make" them go away by suppressing them or gritting your teeth. Although it's important to act rather than be passive (as discussed below), you still shouldn't fight your panic. Claire Weekes, in her popular books *Hope and Help for Your Nerves* and *Peace from Nervous Suffering*, describes a four-step approach for coping with panic:

Face the symptoms—don't run from them.

Attempting to suppress or run away from the early symptoms of panic is a way of telling yourself that you can't handle a particular situation. In most cases, this will only create more panic. A more constructive attitude to cultivate is one that says,

"O.K., here it is again. I can allow my body to go through its reactions and handle this. I've done it before."

Accept what your body is doing—don't fight against it.

When you try to fight panic, you simply tense up against it, which only makes you more anxious. Adopting just the opposite attitude, one of *letting go* and *allowing* your body to have its reactions (such as heart palpitations, chest constriction, sweaty palms, dizziness, and so on) will enable you to move through panic much more quickly and easily. The key is to be able to *watch* or *observe* your body's state of physiological arousal—no matter how unusual or uncomfortable it feels—without reacting to it with further fear or anxiety.

Float with the "wave" of a panic attack rather than forcing your way through it.

Claire Weekes makes a distinction between *first fear* and *second fear*. First fear consists of the physiological reactions underlying panic; second fear is making yourself afraid of these reactions by saying scary things to yourself like, "I can't handle this!" "I've got to get out of here right now!" "What if other people see this happening to me!" While you can't do much about first fear, you can eliminate second fear by learning to "flow with" the rising and falling of your body's state of arousal rather than fighting or reacting fearfully to it. Instead of scaring yourself about your body's reactions, you can move with them and make reassuring statements to yourself like: "This too will pass," "I'll let my body do its thing and move through this," "I've handled this before and I can handle it now." A list of positive, coping statements you can use to help you float through a panic attack follows after the fourth point below.

Allow time to pass.

Panic is caused by a sudden surge of adrenalin. If you can allow, and float with, the bodily reactions caused by this surge, much of this adrenalin will metabolize and be reabsorbed in three to five minutes. As soon as this happens, you'll start to feel better. *Panic attacks are time limited.* In most cases, panic will peak and begin to subside within only a few minutes. It is most likely to pass quickly if you don't aggravate it by fighting against it or reacting to it with even more fear (causing "second fear") by saying scary things to yourself.

Coping Statements

Use any or all of the following positive statements to help you cultivate attitudes of accepting, "floating," and allowing time to pass during a panic attack. You may find it helpful to repeat a single statement over and over the first minute or two when you feel panic symptoms coming on. You may also want to do deep abdominal breathing in conjunction with repeating a coping statement. If one statement gets tiresome or seems to stop working, try another.

"This feeling isn't comfortable or pleasant, but I can accept it."

"I can be anxious and still deal with this situation."

"I can handle these symptoms or sensations."

"This isn't an emergency. It's O.K. to think slowly about what I need to do."

"This isn't the worst thing that could happen."

"I'm going to go with this and wait for my anxiety to decrease."

"This is an opportunity for me to learn to cope with my fears."

"I'll just let my body do its thing. This will pass."

"I'll ride this through—I don't need to let this get to me."

"I deserve to feel O.K. right now."

"I can take all the time I need in order to let go and relax."

"There's no need to push myself. I can take as small a step forward as I choose."

"I've survived this before and I'll survive this time, too."

"I can do my coping strategies and allow this to pass."

"This anxiety won't hurt me—even if it doesn't feel good."

"This is just anxiety—I'm not going to let it get to me."

"Nothing serious is going to happen to me."

"Fighting and resisting this isn't going to help—so I'll just let it pass."

"These are just thoughts—not reality."

"I don't need these thoughts—I can choose to think differently."

"This isn't dangerous."

"So what."

"Don't worry—be happy." (Use this to inject an element of lightness or humor.)

If you have frequent panic attacks, I suggest writing your favorite coping statements on a 3x5 card and carrying it in your purse or wallet. Bring the card out and read it when you feel panic symptoms coming on.

Explore the Antecedents of Your Panic Attacks

You can increase your mastery over panic attacks by investigating the types of circumstances which tend to precede them. If you are agoraphobic, you are very familiar with these circumstances. You know that you are more likely to panic, for example, if you are far from home, driving over a bridge, or sitting in a restaurant, and so you systematically avoid these particular situations. If you have spontaneous panic attacks that come "out of the blue," you might find it helpful to monitor their occurrence for two weeks and take careful note of what was going on immediately—as well as for several hours—before each one occurs. You might observe whether any of the following conditions makes a difference in the likelihood of your having a panic reaction:

- Were you under stress?
- Were you by yourself or with someone?
- If with someone, was it family, friends, or a stranger?
- What kind of mood were you in for several hours before panic came on? Anxious? Depressed? Excited? Sad? Angry? Other?
- Were you engaging in negative or fearful thoughts just before you panicked?
- Did you feel tired or rested?
- Were you experiencing some kind of loss?
- Were you feeling hot or cold?
- Were you feeling restless or calm?
- Had you consumed caffeine or sugar just before panic came on?
- Are there any other circumstances that correlate with your panic reactions?

You can use the *Panic Attack Record* to monitor every panic attack you experience over a two-week period.* Make copies of the form and fill one out for each separate panic attack. Answer all the questions for the entire day from the time you awoke until the time you panicked. If the attack happened at night, answer for the day preceding that night.

By making the effort to record your panic attacks and carefully observing any circumstances that consistently precede them, you are taking an important step. You are learning that you need not be a passive victim of an event that seems totally outside your control. Instead, you can begin to alter the circumstances of your daily life in a direction that significantly reduces the odds of having panic attacks.

Learn To Discriminate Early Symptoms of Panic

With practice you can learn to identify the preliminary signs that a panic attack may be imminent. For some individuals this might be a sudden quickening of the heartbeat. For others it might be a tightening in the chest, sweaty hands, or queasiness. Still others might experience a slight dizziness or disorientation. Most people experience some preliminary warning symptoms before reaching the "point of no return" when a full-blown panic attack is inevitable.

It's possible to distinguish among different levels or degrees of anxiety leading up to panic by imagining a ten-point scale.

*The *Panic Attack Record* is adapted from a similar form developed by David Barlow and Michelle Craske in their previously cited book.

Panic Attack Record

(Fill out one form for each separate panic attack during a two-week period.)

Date: _____

Time: _____

Duration (minutes): _____

Intensity of panic on anxiety scale (see next section, rate 5-10): _____

Antecedents

1. Stress level during preceding day (rate on 1-10 scale): _____
2. Alone or with someone? _____
3. If with someone, was it family, friend(s), stranger? _____
4. Your mood for three hours preceding panic attack. Anxious _____ Depressed _____
Excited _____ Angry _____ Sad _____ Other (specify) _____
5. Were you facing a challenge _____ or taking it easy _____?
6. Were you engaging in negative or fearful thoughts before you panicked?
Yes _____ No _____ If so, what thoughts? _____
7. Were you tired _____ or rested _____?
8. Were you experiencing some kind of emotional upset or loss? Yes _____ No _____
9. Were you feeling hot _____ cold _____ neither _____?
10. Were you feeling restless and impatient? Yes _____ No _____
11. Were you asleep before you panicked? Yes _____ No _____
12. Did you consume caffeine or sugar within eight hours before you panicked?
Yes _____ No _____ If yes, how much? _____
13. Have you noticed any other circumstances which correlate with your panic reactions? (specify)

*Anxiety Scale**

7-10 <i>Major Panic Attack</i>	All of the symptoms in Level 6 exaggerated; terror; fear of going crazy or dying; compulsion to escape
6 <i>Moderate Panic Attack</i>	Palpitations; difficulty breathing; feeling disoriented or detached (feeling of unreality); panic in response to perceived loss of control
5 <i>Early Panic</i>	Heart pounding or beating irregularly; constricted breathing; spaciness or dizziness; definite fear of losing control; compulsion to escape
4 <i>Marked Anxiety</i>	Feeling uncomfortable or "spacey"; heart beating fast; muscles tight; beginning to wonder about maintaining control
3 <i>Moderate Anxiety</i>	Feeling uncomfortable but still in control; heart starting to beat faster; more rapid breathing; sweaty palms
2 <i>Mild Anxiety</i>	Butterflies in stomach; muscle tension; definitely nervous
1 <i>Slight Anxiety</i>	Passing twinge of anxiety, feeling slightly nervous
0 <i>Relaxation</i>	Calm, a feeling of being undistracted and at peace

The symptoms at various levels of this scale are typical, although they may not correspond exactly to your specific symptoms. The important thing is to identify what constitutes a Level 4 for *you*. This is the point at which—whatever symptoms you're experiencing—you *feel your control over your reaction beginning to diminish*. Up to and through Level 3, you may be feeling very anxious and uncomfortable, but you still feel that you're coping. Starting at Level 4, you begin to wonder whether you can manage what's happening, which can lead you to further panic. With practice you can learn to "catch yourself"—abort a panic reaction *before* it reaches this point of no return. The more adept you become at recognizing the early warning signs of panic up through Level 4 on the scale, the more control you will gain over your panic reactions. Mark this page with a paper clip or in some other fashion, as we will frequently refer to the Anxiety Scale here and in subsequent chapters.

Coping Strategies To Counteract Panic at an Early Stage

You must first learn to identify your own preliminary warning signs of a potential panic attack. What are your own Level 4 symptoms? Then it is time to *do something* about them. Fighting panic is not a good idea, but doing nothing and just remaining passive

*This anxiety scale was adapted from a similar one developed by Dr. Arthur Hardy in the *TERRAP Program Manual*, Menlo Park, California: TSC Publications, 1981.

can be even less helpful. The best solution is to utilize a number of tried-and-true coping strategies.

If you've been able to detect the early symptoms of panic before they get out of control (before they reach or exceed Level 5), any of the following coping strategies can be used to prevent a full-fledged panic reaction.

1. *Retreat*

If you are near or already in a situation in which you feel phobic, simply exit the situation until your anxiety subsides. In most cases, you can find a "trap door" that allows you to get yourself out of a situation. If you feel the onset of panic on the freeway, get over into the far right lane, slow down, and pull off onto the shoulder, or leave at the next exit. If you're standing in line at the grocery store, you can simply put your groceries aside and walk out without explaining. Very few situations have absolutely "no exit." Even on a bridge you can, in an emergency, put your flashers on and slow down to stop.

It's very important to distinguish *retreat* from *escape* in withdrawing from a phobic situation. Retreat means that you leave a situation *temporarily* with the intention of *returning* when you feel better. Escape, on the other hand, only serves to reinforce your phobia. When you don't go back into a situation, you begin to think of it as intolerable: you've learned only how to escape, nothing more. If you exit a difficult situation to head off a panic attack, be sure to attempt returning after you feel better. It is like the old saying about getting back up onto the horse after it has thrown you: getting back on proves that you are the one who is in control.

The following strategies are helpful for panic attacks that occur spontaneously and are not necessarily associated with a specific phobic situation. They may also be used in a phobic situation when you want to cope with anxiety up to and including Level 4 on the Anxiety Scale. Anxiety above Level 4 should always be dealt with, if possible, by retreating.

2. *Talk to Another Person*

Talking to someone nearby will help you get your mind off your panic symptoms and anxious thoughts. Whether you are driving with a passenger in the car, standing in line at the grocery store, standing in an elevator, or flying on a plane, this can work very well. In a public speaking situation, confiding to your audience about your nervousness can help to reduce it.

3. *Move Around or Engage in Physical Activity*

Moving and doing something physical lets you dissipate the extra energy or adrenalin created by the fight-or-flight reaction. Instead of resisting the normal physiological reaction that accompanies panic, you can move with it.

At work you can walk to the bathroom and back or walk outdoors for ten minutes. At home you can do household chores requiring physical activity or work out on your stationary bicycle or rebounder. Alternatively, you can engage in your usual physical

exercise—jogging, swimming, or whatever. Gardening is also an excellent way to harness the physical energy of a panic reaction.

4. *Stay in the Present*

Focus on concrete objects around you in your immediate environment. In a grocery store, for example, you might look at the people standing around or the various magazines next to the cash register. While driving, you might focus on the cars in front of you or on other details of the surrounding environment (so long as you don't look away from the highway, of course). Staying in the present and focusing on external objects will help minimize the attention you might give to troublesome physical symptoms or catastrophic thoughts. If possible, you might try actually touching objects nearby to reinforce staying in the immediate present.

5. *Engage in a Simple Repetitive Activity*

There are many simple, repetitive acts that can distract your attention from your panic symptoms or anxiety-provoking thoughts. You can

- Unwrap and chew a piece of gum
- Count backward from 100 by 3s
- Count the number of people in line at the grocery store; time how long it takes each person to get to the head of the line; count the money in your wallet; or take out and read a 3x5 card on which you've listed coping statements for panic
- While driving, count the bumps on the steering wheel; count the number of red cars you see; time the length of the stoplight; add up numbers on license plates
- Feel the sharp edge of a key or the tines of a comb
- Snap a rubber band against your wrist
- Place a wet towel on your face or take a cold shower
- Sing

This list can be extended indefinitely. The point is to find some simple form of distraction that redirects your attention away from your bodily sensations or anxiety-provoking thoughts. See the book by Fredrick Newman, *Fighting Fear*, for a more extensive list.

6. *Do Something That Requires Focused Concentration*

These activities are harder to initiate when you're feeling anxious or panicky. They work very well as distractors from worry, however. Once you're involved in them, they have a greater and more lasting capacity to distract your attention.

- Read a good novel or magazine
- Solve puzzles (crosswords, jigsaw, puzzle books)

- Knit or sew
- Write a running account of your changing level of anxiety
- Engage in card or board games
- Calculate or compute
- Play a musical instrument
- Plan your day's activities
- Paint or play with clay

7. *Express Anger*

Anger and anxiety are incompatible reactions. It's impossible to experience both at the same time. Many of my clients have found that symptoms of anxiety and panic are a stand-in for deeper-lying feelings of anger, frustration, or rage. If you can express anger *physically onto an object*—not just talk about it—at the moment you feel sensations of panic coming on, you often can abort the occurrence of a panic attack. Below are some effective ways to do this:

- Pound on a pillow or your bed with both fists
- Put a large, durable pillow or cushion on your bed and hammer it with a tennis racket or plastic baseball bat
- Scream into a pillow or in your car alone with the windows rolled up
- Throw a dozen eggs into the bathtub (the remains wash away easily)
- Hit a punching bag or life-sized inflatable mannequin
- Chop wood

"Getting mad at" the early symptoms of a panic attack often works well. This does *not* mean struggling against panic (which is never a good idea); it is rather a matter of transmuting the energy behind fear into another emotion—in this case, anger.

Getting angry at panic means that you might say such things to your symptoms as, "The hell with this—I don't care what other people think!" "This reaction is ridiculous! I'm going into this situation anyway!" This approach of "doing it to the panic before it does it to you" can be effective for some individuals.

I suggest that you try this particular strategy after having worked with some of the other ones first. Getting angry at panic reactions may not always be the best strategy to start out with when you haven't explored any other coping strategies first.

8. *Experience Something Immediately Pleasurable*

Just as anger and anxiety are incompatible, so is a feeling of pleasure incompatible with an anxiety reaction. Any of the following may work to abort a panic attack:

- Have your spouse or significant other hold you

- Have a pleasurable snack or meal (this snack should consist of complex carbohydrates and protein—such as cheese and crackers or nuts—not sugar or junk food)
- Engage in sexual activity
- Take a hot shower or sit and relax in a hot bath

9. *Visualize a Comforting Person or Scene*

If you are visually inclined and you catch your anxiety while it's still at a relatively low level, try imagining a safe person or a peaceful scene. When you visualize a safe person, see him or her standing right there with you, offering you support and reassurance. For the peaceful scene, try using the one you developed for your daily relaxation practice (see Chapter 4).

10. *Practice Thought Stopping*

This is a time-honored behavior modification technique for disrupting a pattern of negative or anxious thoughts. Many people have found thought stopping (either alone or in combination with deep breathing) to be a highly effective technique for diverting panic attacks as well as obsessive “what-if” thinking in anticipation of entering a phobic situation. Follow these steps:

1. Take a deep breath and then shout “Stop!” “Stop It!” or “Get out!” (if there are other people around, you might want to do this silently or just visualize a huge stop sign).
2. Repeat several times, if necessary.
3. Replace anxious thoughts with calming and supportive statements to yourself, such as “This too will pass,” “I am calm and strong,” or any of the coping statements listed earlier.

If shouting “Stop!” doesn't serve to interrupt your thoughts, you may want to try snapping a rubber band against your wrist. A number of my clients have found this more physical alternative to be very helpful. Dousing your face with cold water or applying a cold washrag may also serve to disrupt a train of negative thoughts.

After you have disrupted your negative thinking, you may find it helpful to shift your focus to deep abdominal breathing, as described below. Paying attention to deep breathing will help you to “get out of your head” and divert your attention away from further negative thinking. *In fact, any technique you can find which moves you from being “stuck” in your head into your whole body (breathing, vigorous exercise, being held, and so on) can be effective in helping you to slow down your mind when it seems to be racing out of control.*

All the coping strategies described up to this point can be helpful in aborting or diminishing a panic attack before it gains momentum. These strategies involve various forms of distraction. They are very practical and work well for many people. You will need to experiment with them all to find out which ones work best for you.

The four strategies to be described below involve distraction, but at the same time go beyond it. They are often more powerful than the first eight strategies because they go to the *core* of a panic attack. That is, they directly address the two principal factors that produce panic:

1. Physiological arousal (the fight-or-flight reaction) and
2. Fear-provoking self-talk

A panic attack occurs when you react fearfully to the initial bodily sensations of panic (such as increased heartbeat, respiration, sweating, and other symptoms) and scare yourself into a much more intense reaction with negative self-talk (such as, "Am I going to have heart attack?" "I'm losing control of myself!" "What if someone sees this happening to me!").

Strategies 11 and 12, abdominal breathing and muscle relaxation, directly counteract the physiological arousal reaction that initiates panic. Strategy 13, repeating positive coping statements, counteracts the tendency to create a spiral of fear through negative self-talk.

11. *Practice Abdominal Breathing*

Breathing slowly from your abdomen can help reduce the bodily symptoms of panic in either of two ways:

- By slowing down your respiration and breathing from your abdomen, you can reverse two of the reactions associated with the fight-or-flight response—increased respiratory rate and increased constriction of your chest wall muscles. After three or four minutes of slow, regular, abdominal breathing, you are likely to feel that you have slowed down a "runaway reaction" that was threatening to get out of control.
- Slow abdominal breathing, especially when done through your nose, can reduce symptoms of hyperventilation that may cause or aggravate a panic attack. The dizziness, disorientation, and tingly sensations associated with hyperventilation are produced by rapid, shallow, chest-level breathing. Three or four minutes of slow, abdominal breathing reverses this process and will eliminate hyperventilation symptoms.

Review the section on abdominal breathing in Chapter 4 along with the Abdominal Breathing and Calming Breath exercises. Pick the exercise you prefer and practice it for five minutes every day until you feel that you've mastered it. (Practicing abdominal breathing every day will also help you to retrain yourself to breathe from a deeper level in your lungs.) Once you feel comfortable and confident with a particular technique, try using it anytime you feel the initial symptoms of panic coming on. Remember to keep up slow, abdominal breathing for three to five minutes until you can feel your panic symptoms beginning to subside. If the breathing exercise itself causes you to feel light-headed, stop for 30 seconds, and then start again.

An alternative practice that helps some people to offset panic is simply to take a deep breath and hold it as long as you can at the moment you feel panic symptoms coming on. If you still feel anxious after this, repeat the procedure two or three times.

12. Practice Muscle Relaxation

Much of the discomfort you feel during a panic attack is due to your voluntary muscles tensing up. By practicing deep muscle relaxation at the first onset of panic, you can reverse this particular component of the fight-or-flight reaction. For some people muscle relaxation will work even better than abdominal breathing for reducing the physiological intensity of panic. For others, a combination of abdominal breathing and deep-muscle relaxation will work best.

How do you practice muscle relaxation when you feel panic coming on? Go back and review the section on progressive muscle relaxation in Chapter 4. Practice the following *abbreviated* version when you feel your anxiety starting to increase:

- Clench your fists. Hold for 10 seconds and then release for about 15-20 seconds.
- Tighten your biceps muscles by drawing your forearms up toward your shoulders and "making a muscle" with both arms. Hold about 10 seconds ... and then relax for 15-20 seconds.
- Tighten your forehead muscles by raising your eyebrows as high as you can. Hold about 10 seconds ... and then relax for 15-20 seconds.
- Tighten up the muscles around your eyes by clenching them tightly shut. Hold about 10 seconds ... and then relax for 15-20 seconds.
- Tighten the muscles in the back of your neck by gently pulling your head way back, as if you were going to touch your head to your back. Focus only on tensing the muscles in your neck. Hold about 10 seconds ... and then relax for 15-20 seconds. Repeat this step if your neck feels especially tight.
- Tighten your shoulders by raising them up as if you were going to touch your ears. Hold about 10 seconds ... and then relax for 15-20 seconds.
- Tighten the muscles around your shoulder blades by pushing your shoulder blades back as if you were going to touch them together. Hold the tension in your shoulder blades about 10 seconds ... and then relax for 15-20 seconds. Repeat this step if your upper back feels especially tight.

Taking a few minutes to run through these seven steps will not only divert your attention away from the bodily symptoms of a panic reaction, but will actually slow down the reaction itself. Use muscle relaxation alone or combine it with abdominal breathing by inhaling when you tense a muscle group and exhaling when you release it.

As in the case of abdominal breathing, it is a good idea to gain skill with progressive muscle relaxation in its entirety before using the abbreviated version above to reduce panic symptoms. Practice progressive muscle relaxation for half an hour every day for two weeks so that you can initiate the above steps automatically and effortlessly to counter a panic reaction.

13. Repeat Positive Coping Statements

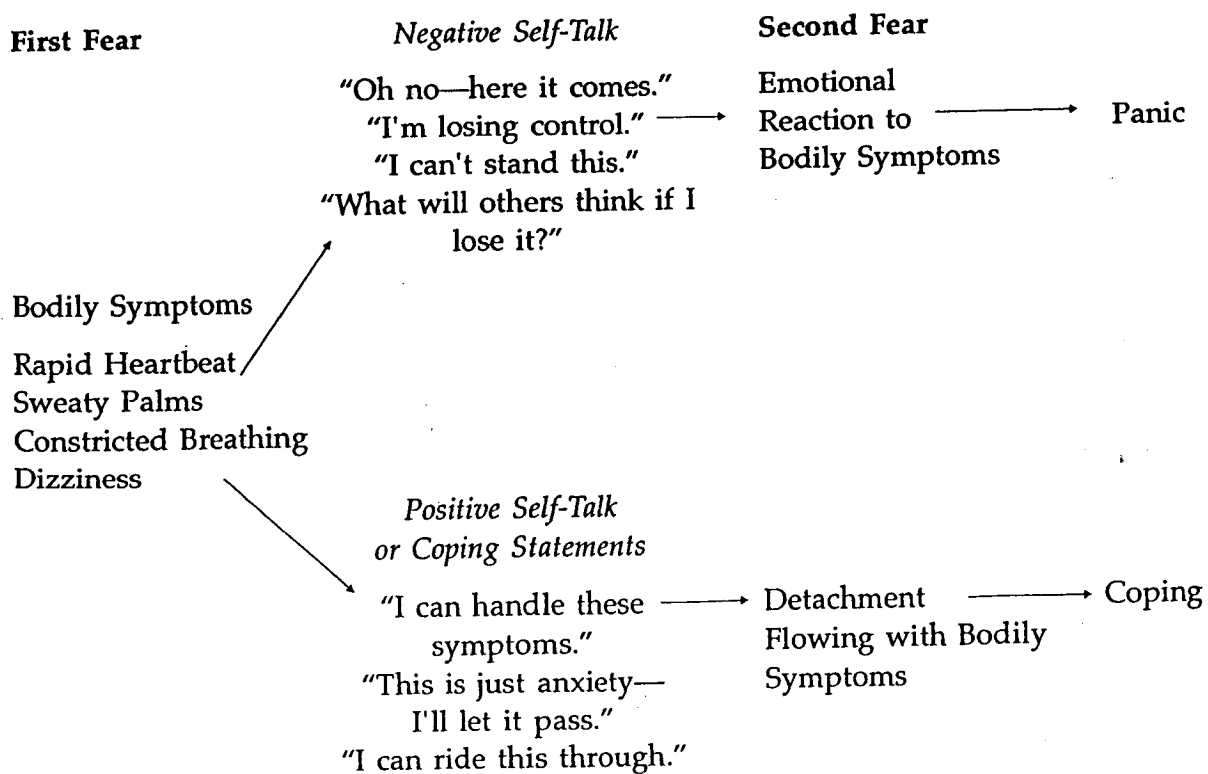
One of the central points of this chapter has been to emphasize the role of negative self-talk in aggravating a panic attack. While the physical bodily reactions associated

with panic (first fear) may come out of the blue, your emotional reaction to these bodily symptoms (second fear) does not. It is based on *what you tell yourself* about these symptoms. If you tell yourself that your physiological symptoms are horrible and very threatening, that you can't stand them, you're going to lose control, or that you might die, you will scare yourself into a very high state of anxiety. On the other hand, if you accept what's happening and make calming, reassuring statements to yourself, such as, "It's only anxiety—I'm not going to let it get to me," "I've been through this before and it's not dangerous," or "I can handle this until it passes," you can minimize or eliminate the escalation of your symptoms.

Use any of the positive coping statements listed earlier in this chapter when you feel the first symptoms of panic coming on. This will help divert your mind away *both* from the bodily symptoms of panic *and* from fear-inducing self-talk that can only make things worse. Many people find it helpful to write several coping statements down on a 3x5 card which they carry with them at all times. Should symptoms start to come on, you simply pull the card out and repeat a particular statement over and over. Keep this up for several minutes if necessary, until you feel the physiological intensity of your panic beginning to subside.

Learning to use coping statements effectively to overcome panic will take practice and perseverance. If you make the effort, you will be surprised how well coping statements can work to prevent your anxiety symptoms from going above Level 4 on the Anxiety Scale. Positive self-talk also can help to limit a panic attack that has already gone above Level 4.

In sum, the way you respond to early physical symptoms of panic will be determined largely by *what you say to yourself*, as illustrated below.



The choice is up to you.

14. Use Breathing (or Relaxation) in Combination With Coping Statements

You might find that a *combination* of abdominal breathing (or progressive muscle relaxation) and repeating a positive coping statement will work best in limiting your panic. Generally it's best to address the physical sensations of panic first with an abdominal breathing exercise (or muscle relaxation), and to follow up shortly thereafter with methodical repetition of a coping statement. You may prefer to completely overlap the two types of techniques or, alternatively, you may want to work exclusively on reducing your physiological arousal for a minute or two and then start working with a positive statement. Experiment to see what works best for you. I suggest that you gain some skill and familiarity with each type of strategy by itself, first, before attempting to put them together. With practice, you may develop a combination of breathing (or muscle relaxation) and self-talk that is very effective against all types and degrees of panic.

Learn To Observe Rather Than React to Bodily Sensations of Anxiety

You can take a major step forward by learning to detach emotionally from the first physical symptoms of panic: simply *observe* them. To the extent that you are able to *watch* the intense reactions your body goes through when aroused without interpreting them as a threat, you will be able to save yourself considerable distress. Strategies 11 through 14, described in the previous section, can help you to adopt this detached stance. By doing deep abdominal breathing or the calming breath exercise, you can slow down the physiological mechanisms responsible for panic, giving yourself *time* to gain some detachment. By using positive self-talk, you replace the scare talk which can aggravate your anxiety with coping statements specifically designed to foster an attitude of detachment and “flowing” with the experience.

You'll find that it takes some practice to learn how to use breathing (or relaxation) techniques and positive self-talk. Consistently working with them *will* in time enable you to reach a point where you can observe and “go with” the bodily reactions associated with panic rather than just reacting. This kind of detachment is the key to being able to master your panic.

What To Do When Panic Goes Above Level 4

If you are unable to arrest a panic reaction before it goes beyond your personal point of no return, observe the following guidelines:

- Get out of the panic-provoking situation if possible
- Don't try to control or fight your symptoms—accept them and “ride them out”; remind yourself that panic is not dangerous and will pass

- Call someone—express your feelings to them
- Move around or engage in physical activity
- Focus on simple objects around you
- Touch the floor, the physical objects around you, or “ground” yourself in some other way
- If you are in a place where you can do so, discharge tension by pounding your fists, crying, or screaming
- Breathe slowly and regularly through your nose to reduce possible symptoms of hyperventilation
- Use positive self-talk (coping statements) in conjunction with slow breathing
- As a last resort, take an extra dose of a minor tranquilizer (with the general approval of your doctor)

During an intense panic attack, you may feel very confused and disoriented. Try asking yourself the following questions to increase your objectivity (you may want to write these out on a 3x5 card which you carry with you at all times).

1. *Are these symptoms I'm feeling truly dangerous?* (Answer: No)
2. *What is the absolute worst thing that could happen?* (Usual answer: I might have to leave this situation quickly or I might have to ask for assistance.)
3. *Am I telling myself anything that is making this worse?*
4. *What is the most supportive thing I could do for myself right now?*

Putting It All Together

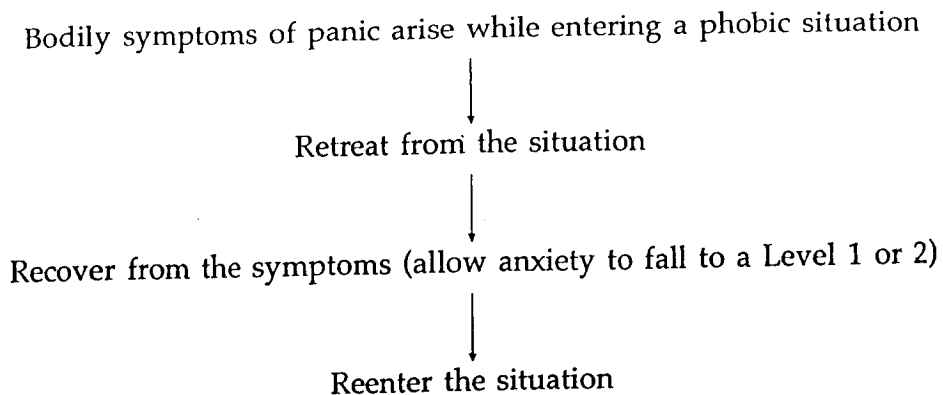
To sum up, there are three approaches you can use to deal with the oncoming symptoms of panic:

1. *Retreat*
2. *Distraction*
3. *Breathing (or muscle relaxation) and positive self-talk*

The first technique is useful for dealing with panic that arises in the process of confronting a phobic situation; the latter two can be used for phobic panic or for spontaneous panic attacks.

Retreat

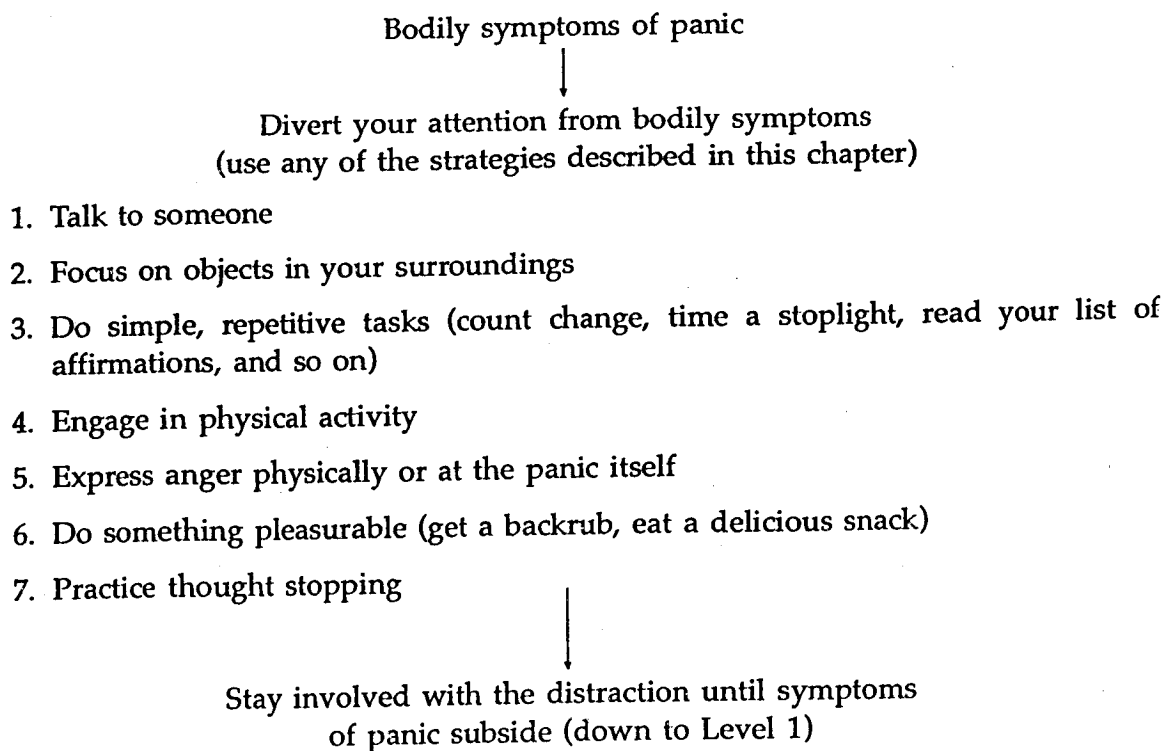
If panic symptoms begin to come on when you're approaching or dealing with a phobic situation (such as driving on the freeway, entering the grocery store, or staying at home alone), then retreat if your symptoms exceed Level 4 on the Anxiety Scale.



The last step is very important. Not attempting to return to the situation after symptoms of panic have subsided will only reinforce your fear.

Distraction

If panic symptoms come on spontaneously, apart from any phobic situation, you may find it helpful to try distraction first. Distraction can also be helpful in managing your anxiety, up to Level 4, while you are confronting a phobic situation.



Deep Breathing (or Relaxation) and Positive Self-Talk

While distraction techniques can be very practical and effective, you may prefer to get at the "root" of a panic attack by practicing an arousal-reduction technique (abdominal breathing or muscle relaxation) and/or repeating positive coping statements. For many people, these are the most powerful strategies for counteracting panic. They

can be used separately or in combination and are useful for spontaneous panic attacks as well as for panic encountered while attempting to confront a phobia.

Bodily symptoms of panic



Do deep breathing (see Chapter 4), either:

(1) Slow, abdominal breathing, preferably through your nose, for up to 3-5 minutes

or

(2) Calming breath (inhale to 5, hold to 5, exhale to 5) up to 10 times

or

Do abbreviated version of progressive muscle relaxation (see above)

and/or

Repeat a positive coping statement over and over (during or following deep breathing or muscle relaxation), for example:

"I can handle this,"

"This will pass and I'll relax,"

"This is just anxiety—it's not dangerous."



Continue deep breathing and/or positive self-talk until symptoms of panic subside (down to Level 1)

Optional: The Use of Symptom Induction Techniques

As discussed earlier in this chapter, symptom inductions are a highly effective technique used by therapists to treat panic disorder. They enable people to learn on an *experiential* level that unpleasant body symptoms are harmless and devoid of negative or catastrophic consequences.

You may want to try symptom induction techniques with a professional therapist who has had experience using them. This is fine, and likely to be a little more comfortable for you. Nevertheless, some people have tried these techniques on their own and found them to be quite helpful. If you decide that you want to include these techniques in your self-help program, please observe the following guidelines:

1. Check with your doctor if you are over 40 or suspect that you might have any physical condition that would preclude using symptom induction procedures. For example, you wouldn't try hyperventilation if you have a chronic respiratory problem like asthma or emphysema. You also wouldn't run up and down stairs if you have

any kind of heart condition that restricts physical exercise. Nor would you do induction procedures if you were pregnant or had epilepsy.

2. Although the techniques are harmless, it's a good idea to have a friend or family member present when you first do them to provide support and encouragement. If you can get your support person to do the procedure with you, so much the better.
3. You need to persist in doing the induction procedure long enough so that the sensations produced are unpleasant and/or cause an increase in anxiety. You want to simulate, if possible, the actual sensations you experience during a panic attack. As a general rule, keep doing the procedure about 30 seconds after you first notice it producing unpleasant sensations and/or anxiety.
4. Practice each induction technique once per day, every day, until it loses its ability to make you anxious. With repeated practice, the symptoms you experience from induction procedures should lose their capacity to cause anxiety. This is precisely what you want.

Induction Techniques

After obtaining clearance from your physician, try practicing the following six symptom induction techniques.

1. Hyperventilate continuously for two minutes. This involves breathing deeply and rapidly with your mouth open. At the end of two minutes, stand up.
2. Breathe through a straw while holding your nose for one minute (don't allow any air through your nose).
3. Walk up and down stairs rapidly about 90 seconds or until your heart rate increases noticeably. Stop if you experience dizziness or your heart rate exceeds 140 beats per minute. (Alternatively, you can use a stationary bike or stairmaster to increase your heart rate.)
4. Spin—preferably in a desk chair or else standing up for one minute. It's not necessary to go a full minute if you find yourself getting significantly dizzy. Be near a chair or couch where you can sit back down easily.
5. Tense every part of your body and hold yourself tight for one minute before releasing.
6. Repeat out loud the list of paired associations.

breathless	suffocate
palpitations	dying
numbness	stroke
unreality	insane

After doing this long enough to create anxiety (about one or two minutes), then repeat the same associations inserting "does not mean" in the middle.

Remember to persist with each of these procedures long enough to produce unpleasant sensations. It's ideal if you allow yourself to feel the unpleasant sensations up

to 30 seconds, although you may want to start out with a shorter period when you first try the induction. You'll learn the most from this exercise if the procedure actually makes you somewhat uncomfortable or anxious. The idea is to teach yourself that you can have unpleasant body symptoms without anything terrible or dangerous happening. To the extent that this learning carries over to real-life panic symptoms, you will likely stop having full-blown panic attacks—that is, you'll be able to withstand the unpleasant body sensations during the early stage of panic without reacting to them as dangerous. Keep in mind that you may need to practice the symptom induction procedures many times before you get to the point where the symptoms don't cause you any anxiety.

After doing a symptom induction procedure, always practice the coping skills you've learned to reduce anxiety, such as abdominal breathing, repeating coping statements, moving around, or talking to your support person. Symptom inductions provide an excellent opportunity to gain confidence in your mastery of coping skills.

What if the inductions don't produce any anxiety, even from the beginning? This might happen for at least two reasons. It could happen because you feel safe doing the procedure in the comfort of your own home or with your support person. Or the process of inducing body symptoms *voluntarily* may give you a sense of control over what's happening that isn't present when a real-life panic situation occurs. In order to give the symptom induction procedures a little more "charge," you can modify the conditions in which you do them as follows:

1. Do the procedures alone.
2. Do the procedures away from your home or safe place.
3. Do them while *visualizing* yourself in your phobic situation.
4. Do them (e.g., hyperventilation or spinning) while actually confronting a phobic situation in real life.

The last procedural modification may actually have a paradoxical effect. If you can *deliberately* bring on panic-like symptoms without negative consequences in your phobic situation, you may come to believe that you have more control over such symptoms when they arise spontaneously.

For a more in-depth discussion of how to use and benefit from symptom inductions, please see the books by David Barlow or Denise Beckfield listed under "Further Reading" at the end of this chapter.

Sharing About Your Condition

A very important way to minimize the likelihood of panic in a large number of situations is simply to inform someone in charge that you have a problem with panic attacks and/or agoraphobia.

This is especially critical if you are afraid of panic attacks interfering with your capacity to perform your job. If you try to work without letting anyone know about your problem, you may come to feel increasingly trapped in the situation—trapped by your fear of what other people might think of you if you "lost it." This is likely to increase rather than decrease the probability of actually panicking.

If you say a little bit about your problem to your boss or a co-worker, you will make your workplace into more of a "safe place." You'll worry less about what others might think if you panic, because someone important already knows. More importantly, you will have given yourself permission to temporarily leave work in the event that you do lose it. With this permission, you are much less likely to feel trapped, and any fears you might have developed about going to work are likely to dissipate.

The same applies to any other situations in which you're afraid of panicking and yet where there is someone in charge you might talk to—such as in classrooms, doctors' and dentists' offices, at parties (talk to the host or hostess), or at group meetings (talk to the facilitator).

To assist you in sharing about your condition, use the *Dear Person Letter*, which is used by permission from the *TERRAP Program Manual* by Dr. Art Hardy. (TERRAP offers group treatment programs for agoraphobia throughout the United States—see Appendix 1.) You can either use the letter verbatim or use it as the basis for developing your own script of what you want to share about your condition. The letter is most applicable to agoraphobia, but can be adapted for social phobia and panic disorder as well. Either hand the letter to someone you wish to tell about your problem or else read it to them.

Remember that *everyone* has experienced anxiety, and *everyone* feels uncomfortable in some situations. If you take the risk of sharing something about your condition, you'll be surprised at the support and acceptance you'll receive.

Dear Person Letter

Dear _____:

I want to tell you something about myself. I have a problem with a type of anxiety called agoraphobia. This is *not* a mental illness, but a kind of anxiety which causes panic attacks.

Although 5 in 100 people suffer from agoraphobia, few people have heard of the condition. It is difficult for me to talk about it, but sharing this information with you is important to me.

Agoraphobia is similar to claustrophobia, except that panic attacks can be triggered by many things, such as crowds, distance from home, freeways, bridges, and/or many other situations. I can neither anticipate nor control these anxiety attacks. Because these attacks are extremely uncomfortable, sometimes terrifying and always embarrassing, I have been avoiding situations which might arouse them.

I have found help for this problem and am making progress. At this point I am doing some things and want to do even more, but I still need a way out of situations that are frightening to me. I have found that when other people understand that I may need to leave an uncomfortable situation, I can do better and it helps in my recovery.

It is extremely important to me to feel free to leave any given situation at any time, no matter how innocuous the situation may appear. I don't ask that you understand my condition, but I would appreciate your help.

In telling you this I am not soliciting your sympathy, but I would like your moral support as I work toward recovery. I realize that the way I confront the

problem may seem confusing and even inappropriate to you. Be assured that I have been treated by other methods, but have found that the system I am using now is helping me to recover. By your acceptance, you will be working with me in licking this problem.

Summary of Things To Do

1. Reread the section "Deflate the Danger" several times to reinforce the idea that the various symptoms of a panic attack are not dangerous.
2. Complete the two *Panic Attack Worksheets*. Then make connections between physical sensations or symptoms that accompany your panic reactions, and any catastrophic interpretations you tend to make of those sensations. Remember that it's your catastrophic self-statements that are mainly responsible for triggering panic attacks.
3. Reread the section on Claire Weekes' four-step approach for coping with panic attacks to help you cultivate attitudes of acceptance and nonresistance toward panic symptoms. Learn to flow with panic rather than fight it.
4. Monitor your panic attacks for two weeks, using the *Panic Attack Record* to look for conditions and stimuli that precede your panic reactions.
5. Work on learning to recognize your own early symptoms of panic. Identify what symptoms constitute a Level 4 for you on the *Anxiety Scale* (the point at which you feel like you're beginning to lose control).
6. Experiment with different coping strategies when you feel panic symptoms progressing up through Level 4. Which strategies work best for you?
7. Give special attention to the last four coping strategies.
 - a. Practice abdominal breathing (using either the Abdominal Breathing or Calming Breath exercise from the chapter on relaxation) for five minutes per day until you've mastered the technique. Then use it to reduce arousal when you feel the initial physical symptoms of panic coming on.
 - b. Practice the abbreviated muscle relaxation exercise for five minutes per day until you've mastered the technique. Then use it to counter the early physical symptoms of panic.
 - c. Choose one or more coping statements and practice using them at the moment when you notice that you're starting to scare yourself into more anxiety or panic with negative self-talk. Repeat your coping statements until you are able to overcome any negative self-talk going on in your head.
 - d. After you've gained mastery in the use of a, b, and c, try combining them. Start with abdominal breathing or muscle relaxation and follow this up with the repetition of a coping statement. The right combination of these techniques can be even more effective than any one of them alone.

8. Experiment with coping strategies for panic reactions *above* Level 4 on the *Anxiety Scale* to find out which ones work best for you.
9. If you feel so inclined, try the symptom induction procedures in the section designated as "optional." These procedures will desensitize you to physical sensations that you associate with panic. If you're working with a therapist, you may wish to ask him or her to assist you in carrying out symptom inductions.
10. Talk about your condition with a relative, friend, or your supervisor at work, using the *Dear Person Letter* as a framework for what you say.

Further Reading

Barlow, David and Craske, Michelle. *Mastery of Your Anxiety and Panic*. Albany, New York: Graywind Publications, 1989.

Beckfield, Denise F. *Master Your Panic and Take Back Your Life*. San Luis Obispo, California: Impact Publishers, 1994. (A very thorough and useful self-help guide for overcoming panic attacks.)

Clum, George A. *Coping With Panic*. Pacific Grove, California: Brooks/Cole, 1990.

Sheehan, David. *The Anxiety Disease*. New York: Bantam Books, 1986. (Especially recommended as an introductory book for people suffering panic attacks.)

Weekes, Claire. *Hope and Help for Your Nerves*. New York: Bantam Books, 1978.

Weekes, Claire. *Peace from Nervous Suffering*. New York: Bantam Books, 1978. (An excellent resource for learning to deal with panic and other forms of anxiety.)

Wilson, Reid. *Don't Panic: Taking Control of Anxiety Attacks*. New York: Harper and Row, 1986.