

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" that promote a calmer and more accepting attitude toward life (see chapters 8 and 9)

These five lifestyle changes vary in importance for different people. To the extent that you can cultivate all five of them, however, you will find that, over time, your problem with panic reactions will diminish.

The approach in this workbook is not strongly 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 to 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, then medication may be an appropriate intervention.

The two types of medications most frequently prescribed for panic attacks are antidepressants (such as Zoloft, Cymbalta, and Lexapro) and minor tranquilizers (for instance, Xanax or Ativan). 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*. It is related to 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 two hundred yards away. You would experience a sudden surge of adrenaline, 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 adrenaline 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 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 fight-or-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. 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 fight-or-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 coeruleus* is implicated in panic attacks, but it seems that this disturbance is only one event in a long chain of causes, and not 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 that 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 (1991), a healthy heart can beat two hundred 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 adrenaline 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 so-called 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? There are 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 Bodily 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 bodily 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 bodily symptoms, *but they do not interpret them as catastrophic or dangerous.*

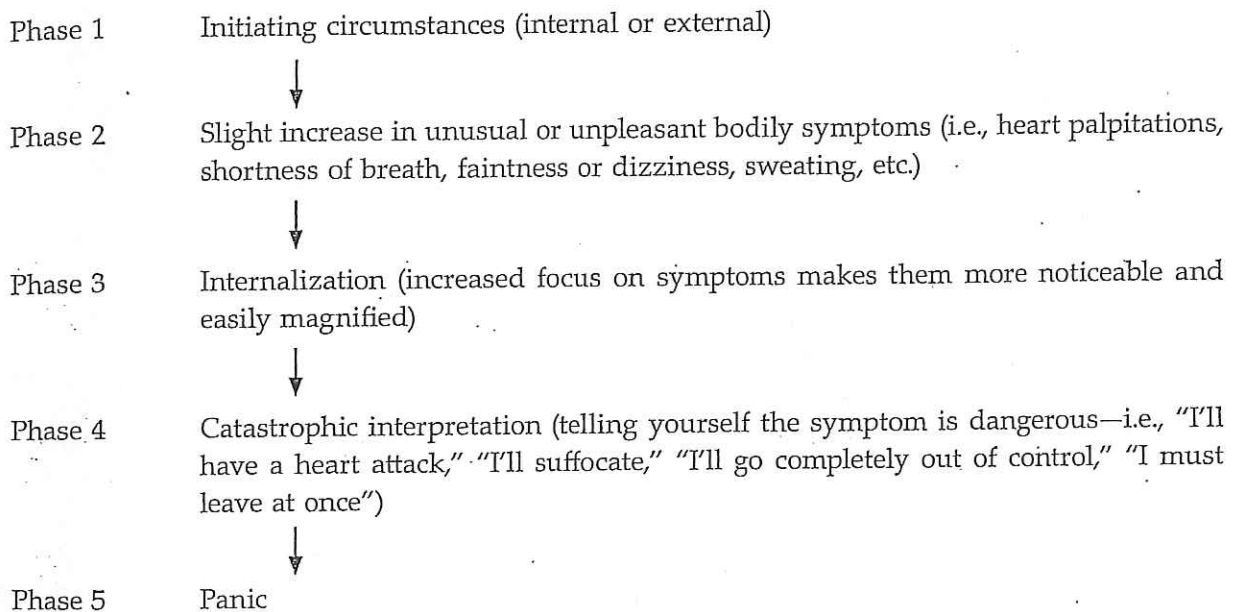
If you have a tendency to interpret unpleasant bodily sensations as portending something dangerous or catastrophic, you will also tend to constantly monitor your body to see if you're having those sensations. You're probably very tuned in to your internal bodily states and over-react easily if something 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 is 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 bodily symptoms associated with anxiety. At other times, the cause resides in some subtle physiological shift within your body—for example oxygen deprivation due to underbreathing, a spontaneous shift in the neuroendocrine system 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 bodily symptoms that occurs.

To sum up, people who panic are likely to experience 1) increased internalization or preoccupation with subtle shifts in bodily symptoms or mood and 2) an increased tendency to interpret slight aberrations or incremental changes in bodily symptoms as dangerous or catastrophic. The diagram that follows 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 bodily 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, and 15) 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. 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 occurred. You can use the *Panic Attack Record* later in this chapter to help you determine what initial circumstances may have led to a particular panic attack. (The *Panic Attack Record*, and all the other worksheets in this chapter, is available in download form at the website associated with this book. See the very last page of the book for details and instructions.) You can then try to avoid or eliminate these circumstances so that they don’t cause you trouble in the future. Interventions that reduce the propensity for having unpleasant bodily sensations in the first place (phases 1 and 2 in the above diagram) all require making changes in your lifestyle and attitudes.

Phase 3 of the panic cycle consists of internalization—being too focused on your internal bodily 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 Strategies to Counteract Panic at an Early Stage.” These techniques serve to distract your attention away from internal bodily symptoms, and they 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 bodily sensations as being dangerous or potentially catastrophic. In fact, research in both the United States and England has determined that eliminating catastrophic interpretations of bodily symptoms can, *in and of itself alone*, be sufficient to relieve panic attacks. If you can learn to tolerate sensations of dizziness, tightness in your chest, rapid heartbeat, and so on as innocuous bodily symptoms—rather than read them 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 unimportant; it does imply, though, that eliminating catastrophic interpretations by itself can go a long way toward relieving panic.

To assist you in breaking the connection between bodily symptoms and catastrophic interpretations, please refer to the three worksheets that follow in a couple of pages. The first worksheet is a list of bodily symptoms that can trigger panic attacks. Rate each bodily symptom on a 0 to 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 bodily symptoms. Rate each of these catastrophic statements on a 1 to 4 scale, according to how much you feel it contributes to your panic attacks.

Finally, using the worksheet *Connecting Bodily Symptoms and Catastrophic Thoughts* (page 137), try to connect the two lists from *Panic Attack Worksheet 1* and *Panic Attack Worksheet 2*—that is, see if you can connect specific body symptoms with specific catastrophic thoughts that occur for you during a panic attack. For each troublesome bodily symptom you rated a 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 bodily symptoms and associated catastrophic interpretations trigger your panic attacks. This knowledge will likely help you break the false connection you’ve made between your bodily symptoms and mistaken interpretations. Keep in mind throughout this exercise that *none of the bodily 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 these 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 bodily symptoms and false catastrophic thoughts? The following three processes can help:

- Recognition
- Writing down alternative explanations of symptoms
- Introceptive Exposure

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Recognition

Just recognizing your tendency to believe that harmless bodily symptoms are signs of imminent danger is the first step. Awareness of specific connections between particular symptoms and particular catastrophic thoughts, which you can gain from the worksheet *Connecting Bodily Symptoms and Catastrophic Thoughts* (p. 137), will help you begin defusing the danger when those symptoms come up in day-to-day life.

Writing Down Alternative Explanations for Bodily Symptoms

The catastrophic self-statements you make in an attempt to make sense of unpleasant bodily 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 are 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 noncatastrophic and based in fact. Alternative logical explanations might go something like this:

- An increase in heartbeat and/or heart palpitations is very likely caused by increased output of adrenaline 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 fight-or-flight 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.
- 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.
- Becoming dizzy and becoming 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 adrenaline and sympathetic nervous system activity. Even less plausible is the idea that dizziness and light-headedness are caused by the fact that you're about to go crazy. The development of serious mental disorders 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, noncatastrophic explanations for troublesome bodily 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 strengthen your conviction that uncomfortable bodily symptoms are truly harmless rather than signs of imminent danger.

You might want to put your alternative explanations of bodily symptoms on 3 by 5 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 symptoms coming on.

Interoceptive Exposure

A very effective treatment for panic attacks involves voluntarily inducing bodily symptoms that can trigger panic. Many therapists refer to this technique as *interoceptive exposure*, a process of *exposing yourself to internal bodily symptoms associated with panic* (such as those listed in the *Panic Attack Worksheet 1*) to help you learn that the symptoms are not harmful. Interoceptive exposure is typically done in a therapy session. For example, if dizziness and shortness of breath are troublesome symptoms, the therapist might have 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, hyperventilating for two minutes is harmless. Deliberately hyperventilating gives you an opportunity to *actually experience uncomfortable bodily symptoms without anything negative or dangerous happening*. The key here is that you learn on a "gut" or experiential level that nothing terrible follows bodily sensations that you 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.