

Coping with Panic Attacks and Agoraphobia

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Panic. The very word conjures up images of being out of control and pandemonium. And that is just what many individuals with Panic Disorder feel when they have attacks. It is a very disturbing disorder present in the lives of 2-3% of persons in a particular year. Approximately 3.5% of persons have a panic disorder during their lifetime. An additional 3% to 4% may have attacks but not to the point of being fully diagnosable. Panic Disorder can take over the lives of the people it affects and cause persons to feel that they are going crazy or that they have a catastrophic disease. Persons with panic are often afraid that they are going to die. In fact, panic disorder can be deadly, but not in the way that persons with panic think. Roughly 20% of persons with panic disorder attempt suicide during their lifetime. This is an even higher rate than the 15% of persons with depression that attempt suicide.

Panic disorder can also lead to other psychological problems, such as substance abuse. Seventeen percent of persons with the disorder use some type of street drugs, such as marijuana, to calm themselves, and 30% use alcohol to some degree to treat their symptoms. But these measures grant them only short term relief while at the same time creating new problems.

When persons first develop these attacks, they almost always misunderstand what is happening to them. They most often think that something is physically wrong. In fact, there is something wrong, and it is truly physical as well as psychological. But it is not a typical disease. Panic attacks appear to be so similar to a variety of medical illnesses that they can fool both patients and doctors into performing expensive medical procedures. Its symptoms are similar to coronary artery disease, irritable bowel syndrome, neurological disorders, thyroid disease, mitral valve prolapse, and a variety of others. It is this tendency of panic attacks to mimic life threatening illness that gives them some of their greatest power to terrify persons. That is, because persons affected with these symptoms view them as indicating the onset of a heart attack or other health catastrophe, they become very anxious. Oftentimes, the person with panic disorder ends up in the emergency room. A doctor in the ER is often the first health professional consulted, and the first visit there may be followed by many others. People with panic worry that something catastrophic will occur to them. They may fear that they will experience heart failure, have a stroke, pass out, stop breathing, faint, lose their balance fall over, "go crazy," scream, or in some way lose complete control of themselves.

Did You Know...

People with panic attacks use health services more than the average individual. In one study, persons with this disorder made 37 medical visits a year. However, these were usually not being made to mental health professionals. Less than one in four persons suffering from this disorder seek help from therapists and psychiatrists.

It is important for persons with the disorder to realize that their risk of heart attack does not go up

during panic attacks. They will not stop breathing or suffocate. The brain has a built in mechanism to prevent the body from suffocation. In addition, people with panic do not faint or lose their balance. The closest they come to losing control is that they may feel an urgent need to leave where they are.

But there can be other catastrophic fears as well. They may think that the attack will go on forever or just continue to get worse. They may believe that they will go “crazy.” Actually, persons with panic disorder don’t “go crazy.” This term is not one that mental health professionals use, and it has no precise or technical meaning. However, in popular use, it generally means to lose touch with reality, to lose control over one’s functions completely, or to see or hear hallucinations. It can also mean becoming paranoid or believing something which is absolutely untrue. The closest technical word describing this situation would be “psychotic.” But none of the definitions of psychosis apply to panic disorder. Panic is an anxiety disorder, and persons with it do not become psychotic as a result. In fact, persons who do become psychotic often believe that there is not anything wrong with them. They often believe that it is the rest of the world which is seriously in need of help. This is just the opposite of the experience of the person with an anxiety disorder. Thus, it is very important for persons with this problem to be reassured that they are, in fact, not “going crazy.”

It is still not exactly clear why panic attacks occur. One theory is that the brain is inappropriately triggering the release of norepinephrine, also called noradrenalin. This is a chemical messenger released from nerve cells to stimulate other nerve cells (neurons). This theory further states that the “fight or flight” system in the body is being turned on. A variety of stress hormones begin to circulate in the bloodstream so that the person is wound up, tense, and poised to take action. But in panic, there is no real danger and no emergency.

Another theory focuses less on the brain and more on the respiratory system. According to it, people prone to panic attacks are overly sensitive to carbon dioxide buildup in their bloodstream. This “suffocation false alarm” theory states that there is a built-in carbon dioxide sensor which alerts the brain to excessive levels of this gas in the blood. This is intended to keep the individual from smothering. While the alarm is generally useful to prevent suffocation, in panic disorder, it may be set off prematurely when the levels of carbon dioxide are not actually life threatening. Evidence for this theory comes from the fact that 50 to 75 percent of patients with panic disorder experience an episode of panic in the laboratory when they are breathing air enriched with carbon dioxide. Only 10 percent of non-patients experience the same reaction.

On the other hand, some persons experience anxiety when they hyperventilate. This occurs because the person is actually getting too much oxygen. As the individual begins to breathe faster, levels of oxygen in the blood build up, and the amount of carbon dioxide is decreased. This changes the acid/alkaline chemistry of the blood. The altering of this balance causes different sensations, such as numbness or tingling, throughout the body, and this can cause further fear in the individual. As the person becomes more afraid, they are likely to breathe even faster. But the blood is already overly rich in oxygen, and increased breathing only heightens the symptoms. This sequence of events has not been proven to explain panic. The problem with this

theory is that hyperventilation does not always cause panic, and panic is not always accompanied by hyperventilation.

Both of the above theories (suffocation alarm and hyperventilation) are related to blood gas levels and are not life-threatening. Neither one of them suggests that there is any danger of damage to the individual. Our bodies protect us in various ways from smothering to death and also from building up too much oxygen in our bloodstream. Nevertheless, in the midst of an attack, the individual is afraid of smothering or having something terrible happen to them.

In most cases of panic, the person experiencing these symptoms starts to have a fear that they will develop further symptoms. They begin to have “anticipatory anxiety.” They excessively worry that panic is about to occur if there are any indications that it might. This fear of fear plays a central role in the development of some panic attacks. While some attacks are spontaneous and apparently unrelated to internal or external events, others seem to be triggered by the anticipation that an attack is about to occur. This could happen, for example, if a person was in a situation where an attack was experienced previously or if the individual has rapid breathing or heart palpitations. The person may now be anticipating that another attack is about to occur. Repeated experiences of panic cause individuals to be very anxious that they will have further panic episodes, perhaps in situations where they will not be able to get away.

In addition to fearing that something dreadful will happen to their body as a result of the attacks, the person with panic disorder begins to fear that it will cause them to do something strange which might bring embarrassment to them. They might be afraid, for example, that they would have a seizure, act “crazy” in some way, or otherwise draw attention to themselves. For example, the person may worry that they will faint in the middle of a grocery store, attracting a crowd of people that would stare at them. Another person might begin to worry that they will faint while driving, causing a car accident and hurting people. This can cause them to be afraid of and to withdraw from everyday activities. This is termed “agoraphobia.”

The person with panic disorder has a keen awareness of internal sensations. People with any form of anxiety disorder are afraid of something and tend to be vigilant (on the lookout) for danger. In panic disorder, persons are generally afraid of their own emotions and bodies. A watchfulness with regard to physical sensations, especially those which have been a part of previous attacks, is a key element in the development of further panic episodes. There is a greater awareness of heart rate, breathing, feelings of lightheadedness, and so on. But any change in bodily sensations can come to represent danger. Panic disorder clients have also been found to pay a great deal of attention to what is going on in their body in a laboratory setting. If words are quickly flashed on a screen almost too fast to be seen, persons with the disorder will more easily see the body oriented words than will persons who do not experience panic. Their brain waves also show a greater degree of activation for body related words than occurs in non-panic individuals. This is evidence of how keenly tuned in they are to their bodies.

Some individuals appear to be more sensitive to anxiety than others. That is, they are more bothered by the emotion and they worry more about experiencing a return of anxiety. One study

closely followed cadets in basic training at the Air Force Academy. This experience is a highly stressful one which offers a good opportunity to study panic. Among the highest ten percent of the group with regard to anxiety sensitivity, one out of five (20%) experienced a panic attack during the rigors of their initial training. Only six percent of the rest of the group experienced such an attack. It is quite possible for persons to experience a mild, unexpected panic attack without being terribly distressed by it. Only some persons find such attacks to be highly upsetting. For the person without panic disorder, some mild changes in internal bodily processes may go unnoticed; or if they are noticed, the person may simply view the feelings as of no importance or consequence. But for the person with panic, strange or unusual internal sensations are seen as warning signs. There is a sense of catastrophe and impending doom. This can then begin a cycle of worry and anxiety that will build up to an anxiety attack.

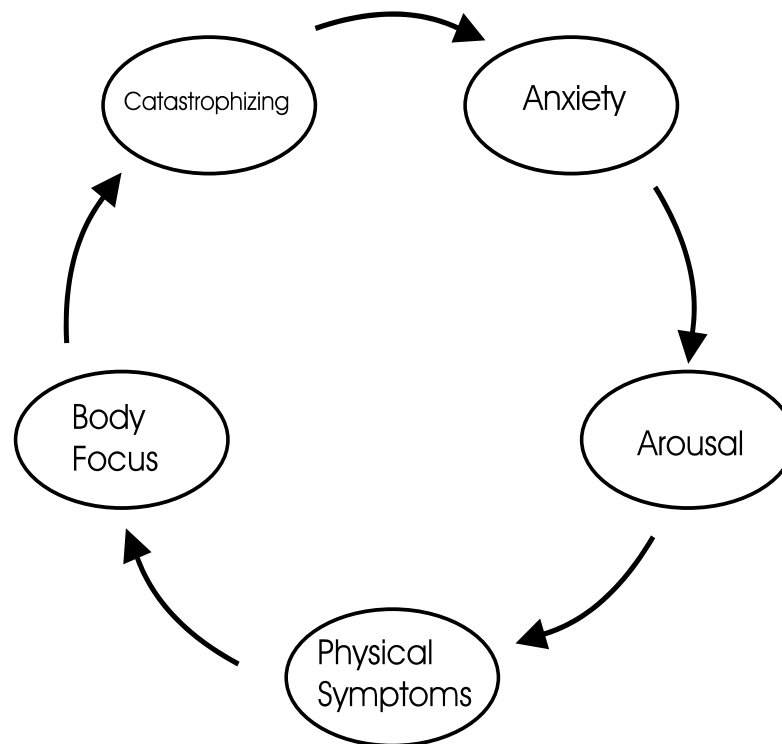
Did You Know...

The tendency to develop Panic Disorder may be inherited to some degree. If you talk to family members, you may find that one or more of them have a panic disorder or at least some form of anxiety disorder.

The Positive Feedback Loop or “Vicious Cycle”

If you are having panic attacks, it is essential to understand the positive feedback loop, or “vicious cycle.” If this phrase doesn’t mean anything to you, think back to some social event or concert to where the public address system was not very good. While the person was talking into the microphone, a shrill, unpleasant sound began to come through the speakers. This sound became louder and louder very quickly until it drowned out everything else. This is a type of positive feedback. The sounds coming out of the speaker were being amplified through the system. After it came out of the speakers, it then reentered the microphone and was amplified again to become even stronger. It was then amplified and sent out through the speakers, and so on.

In the same way, the misinterpretation of strange sensations within the body causes anxiety. Anxiety sets off our fight or flight response, quickly causing further anxiety symptoms in our bodies, such as increased heart rate, muscle tension, rapid breathing, and so on. These in turn may be interpreted as further evidence that something is terribly wrong within us. As long as we worry or “catastrophize” about these changes in our bodies, then we are likely to enter a positive feedback loop.



Strange or unusual bodily sensations can occur in a variety of ways. They can result from untriggered panic attacks, from anticipatory anxiety (caused by being in places where attacks have occurred before), or just as transient bodily events in the course of normal, everyday life. For example, persons often have such symptoms when having intense emotions, eating and drinking stimulants such as caffeine, and during exercise. It is important to remember that a rapid heartbeat or a strange tingling in the arm is not usually a sign of a heart attack. Most often is a temporary bodily change which is of no importance.

Once the vicious cycle starts, persons often worry that their anxiety will increase without limit, reaching unimaginable heights. This is “catastrophic thinking”--worrying over the worst possible outcome. The fact is that the anxiety eventually levels out. However, persons with this problem may not be able to learn this because they generally use special coping mechanisms which they believe interrupt the panic (leaving a store, taking a tranquilizer, seeking out a significant other, getting away from people, going home, going to bed, going to an emergency room, and so on). They believe that it is their special coping technique, whatever that is for them, that causes the anxiety to calm down and level out. They generally believe that if they don’t perform this particular behavior, a real catastrophe will result.

FAQ: Frequently asked questions

Isn’t it possible for me to have a heart attack when my heart is beating so hard and so fast?

You are not more likely to have a heart attack during an episode of panic.

I have been able to live with my anxiety by staying close to people who can help me. It calms me and allows me to go on with my life. Isn't that the important thing? Why do I need to do anything different?

By limiting your activities, you settle for your life being less than it can be. You will give up some types of activities that might otherwise be very satisfying to you. Any concessions you make to anxiety are likely to grow as time goes on. Once you start giving in to your fear, you are likely to continue restricting your life in more and more ways. While you may feel that these are acceptable sacrifices, they can increase or multiply in the future. For this reason, it is best not to give in to anxiety in the first place.

Overcoming Panic

Begin by Changing Your Thoughts about What is Happening

An important first step in the battle against panic attacks is to educate yourself. You have been doing that by reading the first part of this chapter/handout. This information can be used to overcome your own negative thoughts about what is happening in your mind and your body. "Cognitive" coping techniques focus on changing irrational beliefs about being in danger. The steps in cognitive coping include:

1. Understanding what happens during your attacks.
2. Understanding what you are thinking and saying to yourself during panic.
3. Reinterpreting bodily sensations as not being dangerous.
4. Correcting any other negative thoughts or misinterpretations of events.

General techniques for coping with negative thoughts have been discussed in Chapter/handout 3 "Coping with Negative Thinking." It is important to identify your negative thoughts and then ask yourself, "What is the evidence for them?" Look at the facts logically. This is not easy to do when you are already gripped by panicky feelings. The time to start the process of considering your thoughts logically and rationally is when you are calm. Reflect on panic attacks that you have had. Ask yourself what your thoughts were and what alternative interpretations you could have made. Once you have done that, you will be better prepared to challenge negative thoughts in the future when the physical sensations begin again. The following chart can be useful in identifying irrational thoughts:

<i>Bodily Sensation</i>	<i>Catastrophic Thought</i>
Breathlessness	I am about to suffocate to death
Palpitations/heart racing	I am about to have a heart attack
	I am going insane
Feeling unreal	I'm having a stroke
Numbness in head	I'm about to pass out and faint
Giddiness	

(From Salkovskis and Clark, 1991)

It is important for the person experiencing these symptoms to stay realistic and not “stoke the fires” of their panic by dwelling on catastrophic outcomes. For example, a person might reassure themselves by thinking,

“I know I’m having strange feelings, but this is just what the doctor explained to me that I would feel. I’ve already been checked out by an internist, and he didn’t find anything wrong. There are many explanations for these strange sensations. It’s important that I don’t jump to conclusions about what I am experiencing. I’m not going to make more out of these than I need to. Sometimes physical symptoms are just physical symptoms. I’ll ignore them for awhile and place my attention somewhere else. Then I’ll see if they lessen and diminish.”

This type of reassurance is not just wishful thinking because panic attacks are not dangerous. The evidence almost always points toward reassurance--not towards danger.

Here is an example of how a person might challenge their negative, catastrophic thoughts using the “four column technique.” In the first column, the person writes the event that sets off their anxiety. In the second column, they write their negative thoughts about what is going to happen to them, or any other negative thoughts they are having that are contributing to their anxiety. In the third column, the person writes down the emotions that they are experiencing as a result of the thoughts (such as panic). In the fourth and final column, they write down new, more rational ways of thinking about the situation which do not produce as much anxiety.

Objective Situation (The "Event")	Automatic Negative Thoughts	Negative Consequences	Realistic, Logical Thoughts
<p>Starting to have tingling sensations in the head while at the mall</p> <p>Feeling tightness in chest and throat</p> <p>Feeling that it is hard to breathe</p>	<p>I am acting extremely weird in front of my friends and all of these people.</p> <p>I am going to suffocate.</p> <p>I'll die.</p> <p>Or I'll faint and fall down.</p> <p>People will stare at me.</p> <p>I won't be able to face my friends again.</p>	<p>Escalating fear and panic</p> <p>Desire to flee the mall</p> <p>More physical symptoms--more tingling, more tightness in chest, heart starts pounding</p>	<p>I have felt this way before, and I have never fainted or done anything that made me seem odd or unusual. I just think that I am looking strange to others, but my friends say that it isn't so.</p> <p>I'll just take a few minutes to sit down and relax. I'll focus on something calming. I'll take some slow deep breaths.</p> <p>I've never suffocated before, and I'm not suffocating now. It's just that my chest and throat muscles are tightening up.</p> <p>My doctor told me to observe my attacks and see if the catastrophe I predicted occurred. So that's what I'll do.</p>

It is often difficult to think clearly and rationally in the midst of an attack. For that reason, it can be helpful to write down some rational, alternative thoughts on paper to be used when the negative thoughts begin. For example, if the person is afraid they will die, they might write down the following:

"I have had these attacks before. They were bad, but I lived through them. They can be very uncomfortable, but there has never been anything medically wrong with me. When I

went to the emergency room, they could not find any problems from my tests. I will make it through this one, too. There is nothing different about this time. I will not let my negative thoughts terrify me into having a panic attack again.”

The person might include positive thoughts for after the attack such as,

“I did really well that time. I didn’t give in to my ideas that I was going to die. I did a good job of challenging my thoughts.” And so on.

It can also be helpful to write down questions to help you learn from each attack:

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“Did I learn anything about what prompts my attacks?”

“What did I do right this time?”

“Did I do anything that helped me get over it faster?”

“What kinds of negative thoughts did I have?”

“Did I challenge my negative thoughts?”

“Did my catastrophic thoughts come true?”

“What am I going to do different next time?”



Time for Practice

Now, write out the thoughts that you have during panic attacks. You may want to photocopy this page so that you can use it several times.

Objective Situation (The “Event”)	Automatic Negative Thoughts	Negative Consequences	Realistic, Logical Thoughts
	1. 2. 3.		

Another style of cognitive coping has been suggested by Donald Meichenbaum (1985). He terms it “stress inoculation.” It keeps the person focused on the here and now and teaches them to act as their own “coach” in a difficult situation. Stress inoculation procedures generally include the following types of thoughts:

What is it that I have to do here?

I just need to stay focused on the here and now.

I can handle this. I can psych myself up for this.

Except for my symptoms, nothing bad is happening right now, and if I stay calm nothing bad will happen.

I just need to stay focused.

I’m going to breathe calmly and easily and not let myself hyperventilate.

Easy does it; I’m not going to overreact to things going on in my body.

It’s natural to be tense sometimes; everyone feels that way at points.

My catastrophic thoughts are just thoughts. They are not reality.

This isn’t an emergency. I can take this slowly--one step at a time.

What is it I need to do next?

Just because I feel a little dizzy doesn’t mean that I’m going to faint.

A lot of people feel dizzy without ever fainting.

I’ve never fainted in traffic (in malls, in stores, etc.), and I’m not likely to now.

I’ll stay focused on what I’m doing, and there will be less time to worry about my body.

My anxiety will eventually decrease. I’ll just wait and see what happens.

My therapist told me that I need to observe my attacks and learn what happens during them.

This is an opportunity for me to practice the techniques I’ve been learning in therapy.

Then afterwards, the person can “pat themselves on the back” by saying:

That wasn’t as bad as I thought it would be.

I handled that pretty well.

I might have started to get carried away at points, but I’ll do even better next time.

I can learn from my mistakes.

Even if I had some anxiety, I gained a degree of control and headed off a full attack by using my coping techniques, and that’s the important thing.

The Role of Thought Stopping

Some individuals find it useful to halt negative thinking through thought stopping. In panic disorder, this is especially likely to be helpful while attacks that are building and not yet out of hand. When you notice that you are beginning to have the same old negative thoughts once again, find some way of shouting “No” to yourself. If you are by yourself, you might actually shout “No, I’m not going to do this!” In this way, you are telling yourself--indeed commanding yourself--that you are not going to subject yourself to catastrophic thoughts or images. If you are around people, you might want to say “No!” under your breath. Or you might want to visualize a

large stop sign, or an authority figure pointing his finger and saying, “Stop!” Another technique similar to thought stopping is to keep a rubber band on your wrist. When you start to get into your negative thoughts or images, snap it enough to sting. This can help to distract you from catastrophic thinking. Focus on the sting of the snap and away from the inner thoughts and images. Then focus your attention on the coping statements you want to use.

Becoming Comfortable with Your Bodily Sensations

The first way of coping with panic which was discussed in this chapter/handout was to guard against irrational negative thinking. Now it's time to desensitize yourself to the bodily sensations which have in the past indicated that panic was beginning. By creating the sensations you fear in a safe situation, you can learn to become more used to them and not to overreact to them. You can start to feel that they are just bodily sensations--not harbingers of death, doom, and destruction. It is important for the person with panic to have an opportunity to experience these feelings in situations they view as safe (such as at home or in the therapist's office). By exposing yourself to them in circumstances in which you are protected and secure, you can start to learn to tolerate them better. At this point it may seem that the cure is worse than the illness. But in this process, you can regain control over your life. It is not enough just to understand panic attacks intellectually. It is important for your body and brain to actually learn that these symptoms are not really dangerous in a concrete, real life situation.

How Fear Is Learned

Imagine that you are driving down the road and see a sign indicating that there is a bridge ahead. Unfortunately, the bridge is out, and you have a hair raising experience trying to stop your car. In this situation, your brain is likely to learn that bridges are dangerous. Of course, that is not normally true. You might go through the rest of your life and never again come to a precarious bridge. Nevertheless, this type of experience could teach you that bridges are to be feared and that “bridge ahead” signs predict danger. This might seem illogical; yet that is how the brain works. When something produces great fear, the mind learns that whatever preceded that situation is also to be feared and avoided.

One approach that you could take to overcome this type of fear would be to counteract the irrational negative thoughts about bridge signs. You could look at the evidence for and against the idea that bridges are dangerous. That is what cognitive therapy aims at doing. But there is another very different approach: you could bring a similar “bridge ahead” sign into your home or therapist's office and stay in proximity to it until it started to feel commonplace rather than anxiety producing. Once it has been seen over and over and over without anything negative or dangerous happening, it would lose much of its emotional power. At first, just having the sign around you, even in such a safe setting, might cause the very anxiety that you were trying to overcome. But in the long run, the sign would lose its anxiety provoking quality because it really has no power in the first place. Yet it isn't the sign that would have changed. Your brain would have rewired itself to ignore the sign. This called reconditioning.

Applying this same principle to panic attacks, there are usually physical sensations which people interpret as signs that a panic attack coming on. These include lightheadedness, rapid breathing, heart palpitations, shakiness, and so on. They are the “bridge ahead” signs that your brain has become conditioned to fear.

While it may seem unusual to try to produce the very sensations that you have been attempting to avoid, this can actually be helpful. In the past, you may have been sure that when the sensations occurred, you would then have a full panic attack. By producing these in a safe setting and seeing that they do not lead to an attack you can begin to get over your fear of them.

Things to Do

The purpose of the following exercise is to teach that you can have strange feelings without them being followed by a panic attack or some other type of danger. Why is it important to approach the bodily sensations that you normally fear? You don't master something by avoiding it. Sometimes when we are learning a new behavior it is important to learn both sides of it, that is how to start the behavior and how to stop the behavior. You would never think of trying to learn to play tennis by only learning the forward motion of the racquet swing. You also have to learn the backwards motion, too. When you learn to drive a car, you learn how to start it and drive as well as how to stop it. Total mastery of a behavior means that you can both start it and stop it at will. Here are some exercises which will help you to gain a sense of mastery and control over bodily symptoms similar to those in panic.

<i>Feared Bodily Sensation</i>	<i>Desensitization Method</i>	<i>Instructions</i>
Dizziness, lightheadedness	Purposeful hyperventilation	Breathe in and out rapidly for one to two minutes. You will find that you are becoming light headed. Note your thoughts and feelings. Are you afraid of fainting or having a panic attack?
Dizziness, lightheadedness	Rapid, repetitive head movements	Shake your head from side to side for 30 seconds or Spin around for one minute until you're dizzy or Place your head between your legs for 30 seconds and lift up quickly. You may feel a sensation of blood rushing from your head.
Rapid heart rate	Vigorous movement to accelerate heart rate	Do calisthenic exercises in place or walk up and down stairs in order to cause your heart to beat more rapidly.
Feeling shaky and weak	Muscle tensing	To produce a sensation of shakiness and weakness, tense your body or some portion of it for one minute until you become shaky and weak
Difficulty Catching Your Breath	Holding your breath	Hold your breath until there is a feeling of discomfort.
Difficulty Catching Your Breath	Breathing through a narrow straw.	Breathe through a straw until you are uncomfortable and begin to feel shortness of breath. This will simulate the feeling of having difficulty catching your breath.

These exercises are even more helpful if you can reflect on them and learn from them. What did you just learn? What happened? Did you have a panic attack? Did anything unusual or catastrophic occur? Notice that your body can tolerate unusual or unpleasant sensations without triggering a panic attack. This time, you probably felt that you were more in control of the sensations, whereas in panic attacks you are likely to feel that the symptoms are in control of you. However, by practicing these techniques, you can gain a sense of mastery over these sensations. How did it feel to be producing the sensations instead up trying to avoid them? Was it easier not

to panic about the symptoms because you understood what was causing them?

FAQ: Frequently Asked Questions

Is there a time and place to retreat from an anxiety provoking situation?

This is a difficult question. Retreat and avoidance are part of the cycle that maintains anxiety. You become conditioned and reconditioned to avoid situations by the calming effect of pulling back and retreating. On the other hand, if retreat is only a temporary tactic rather than an overall strategy, it may be useful. That is, if you only intend to retreat for a few minutes until you can gather your thoughts, pull out your list of coping strategies, and then return to the situation, then it would appear to be logical and helpful. If retreat becomes your primary means of coping, then you have lost the war. Tactical retreat--yes. Overall retreat--no.

Getting Personal

How long does it take for your attacks to build, and how much time do you have to work on negative thoughts before a full attack is upon you? Thirty seconds? One minute? Five minutes? Even thirty seconds will give you some time to start using your coping strategies. However, you will have to work very quickly to begin counteracting the cycle of symptoms and negative thoughts.

What have you done during attacks to try to relieve your anxiety? Leave the building? Go to the emergency room? Take a tranquilizer? Have you ever tried not using these strategies? What happened?

Things to Do

Make a list of your catastrophic predictions. *What are you afraid will happen during your panic attacks? Beside each prediction leave room for notes. Have any of these predictions actually occurred? Keep an ongoing journal of what you think will happen and what actually happens. After several months, you are likely to have a record indicating that the catastrophic fears (dying, fainting, etc.) never came true and that you worried needlessly each time.*

Become a scientist. *By keeping records, obtain answers to the following questions. In what types of situations do your attacks occur? What percent of the time do your attacks actually occur when you are in those situations? What percent of the time do they not occur? If they don't occur in a particular situation where they have before, what was different that time? Do any of the following appear to influence your attacks and make them more or less likely?*

Being rested versus being tired?

Occurring in the morning versus the evening?

Having many people around you versus only a few?

Being alone versus being with a friend or family member?

Being in particular moods beforehand?

Doing something new and difficult versus doing something familiar and easy?

Having negative thoughts?

Feeling threatened or generally anxious?

Having had caffeine or any other stimulant?

Discover whether there are stages to your attacks.

For example, here are the stages that one person discovered for their triggered panic attacks:

Stage 1: Going into a grocery store--feeling relatively calm, but mild anticipatory anxiety is sometimes present

Stage 2a: Hearing noise from carts or children running and crying, tends to build the anxiety,

or

Stage 2b: Hearing loud speaker noise tends to increase anxiety

Stage 3: Feelings of confusion start to occur in her head

Stage 4: Full anxiety attack occurs

Stage 5: She leaves the grocery store, and her anxiety gradually decreases

Once the patient better understood the exact stages she was going through in her panic attacks, she was more able to cope with them.

Overcoming Agoraphobia

Over time, panic attacks can cause another problem, called “agoraphobia”. This is a tendency to avoid a variety of normal, everyday situations which would require the individual to be away from home. (However, not all agoraphobia starts with a history of panic attacks.) Most initial panic attacks occur outside of the house. These can be in public situations, at work, in school, driving in the car, walking, or on public transportation. As a result, the person may begin to stay near home for fear of being away from help when attacks occur. They may also be concerned that they could become trapped and unable to “escape” during an attack. They may have other fears, such as being observed by others during attacks or causing an automobile accident while driving. Other activities which are likely to be most anxiety provoking include being in crowds (such as in grocery stores and malls), traveling across bridges, being home alone, and being in elevators. As with other types of psychological disorders, these symptoms may be present in a mild degree among many people, but agoraphobia is not diagnosed as being present unless the person is

unable to function in important ways (going to work, shopping, taking the children to the doctor, and so on).

Panic attacks may occur spontaneously for no apparent reason, or there may be a stressful triggering event (such as hitting turbulence while riding in an airplane). Either way, the resulting emotional trauma can be great enough that individuals will avoid the situation in which they experienced the fear in order to preclude having more attacks in the future. Moreover, the individual can become conditioned by the anxiety to experience an automatic sense of fear whenever they are in the situation again.

Almost always, the place being avoided makes the person feel “trapped” in some way. Take, for example, the person who avoids freeways. They might tell themselves that it is dangerous to get onto the expressway because they won’t be able to get off at any place or at any time that they feel the need. They will have to wait until there is an exit. Sometimes an exit can be one, two, or three miles down the road. A grocery store can make a person feel trapped as well. Negative thoughts might include, “What if I have a basket full of groceries and I have an attack? I wouldn’t be able to just walk out of the store. Then I would be trapped into either just leaving my groceries there or acting strangely in front of other people.” The fear of being trapped is usually accompanied by some other fear, such as the fear of having a heart attack, fainting, and so on.

Did You Know?

In ancient Greece, the shopping area was called the agora, so the term agoraphobia has been used to describe the situation when people are fearful of being in crowded places. This does not mean that agoraphobia always involves stores and crowds; it doesn't. But that is how the name developed.

To avoid the feared situations, persons will resort to extreme measures. For example, individuals sometimes avoid grocery shopping until such time that crowds have thinned out, maybe as late as 11 PM. Or they may take friends or family with them. For awhile, these “solutions” may seem to eliminate the problem. There is less anxiety, and they are able to perform necessary activities. But there is also an accommodation (giving in) to the fears. This is a type of avoidance, and it is very reinforcing. The reduction in anxiety strengthens the desire to shop late at night, go with a friend, and so on. The avoidance becomes a habit, and the habit becomes stronger and stronger. In the end, the person becomes a prisoner, not just of freeways or malls--but of their own fears.

Agoraphobic fears are accompanied by negative thoughts which help to keep them alive. Here are some of the types of negative beliefs which occur in agoraphobia:

1. “Something terrible is going to happen if I let myself get in this situation.” Even though the person may know on a “logical” level that they have been in the feared circumstance many times without anything dangerous happening to them, they may still feel on an emotional level that this time something bad will happen. The fear can be of something happening to them physically

(such as a heart attack) or socially (acting strangely in front of others).

2. “It will be absolutely catastrophic if I have a panic attack here because I will be away from any sources of help. What would happen if I had a heart attack (or other frightening physical reaction), and I couldn’t phone for medical help?” The chances of having a truly life threatening event in the feared situation are very, very small, but the person with agoraphobia feels that they very high.

3. “It will be terrible if I have a panic attack here because I will might harm myself or others. What would happen if I fainted here in traffic? I might run into other cars.” Agoraphobia does not increase the chances of harming oneself or others. Persons with this disorder tend to be extremely careful.

4. “I know getting into this situation will cause me to have a panic attack.” The person may worry enough that they end up generating a positive feedback loop and causing an attack to occur. The individual knows how bad the anxiety was in the past, and they expect to have it again in this particular situation. This, of course, can become a self-fulfilling prophecy. The more the person worries, the more tense and anxious they become.

5. “It will be terrible if I have an attack here because I will be unable to perform. It will keep me from giving my speech, singing, being able to talk before the TV camera, etc.”

Overcoming Agoraphobia by Challenging Negative Thoughts

Cognitive therapy techniques for dealing with both depression and anxiety were discussed in Chapter/handout 3 “Coping with Negative Thinking.” In this chapter/handout, we will now look at applying them to agoraphobia. Here is an example of a client who has negative thoughts which make her afraid of leaving her house:

Fears of Amanda

The Situations Which Cause Her Anxiety	Negative Thoughts in These Situations
Going to Grocery Store	<ol style="list-style-type: none">1. I will have a panic attack and faint right there in the middle of the store.2. I will draw attention to myself. People will think that I am strange.3. I will run out of the store screaming.
Driving on Freeway	<ol style="list-style-type: none">1. I will become very nervous and will be unable to leave the freeway.2. An exit will be far off, and I will be stuck in traffic with a panic attack.3. I will faint while driving and hurt somebody.

Amanda's fears are fairly typical. They involve some of the usual types of agoraphobic situations and the corresponding fears of what might happen in them.

Images can play a powerful role in panic. In Amanda's case, she was picturing many of these situations in her mind, rather than thinking them out in words.

Getting Personal

What do you picture happening--either before or after you have an attack? Put the picture into words. For example, your picture might be the following: "I can see myself in the mall. I am having an attack. People are crowding around me. They have worried looks on their faces. Some of them are horrified. Others are curious. Someone is calling an ambulance. Over to the side some teenagers are laughing at me."

Things to Do

Below is a chart for you to write down the situations that you avoid. There is space to include what it is that you are afraid will happen in them.

Your Personal Chart of Feared Situations

List the Situations that You Fear	What is it that you fear in these situations exactly?
	1. 2. 3.
	1. 2. 3.
	1. 2. 3.

Identifying your fears and the thinking behind them is an important step. The next is to begin challenging the thoughts. Here is Amanda's cognitive therapy worksheet:

Objective Situation (The “Event”)	Automatic Negative Thoughts	Negative Consequences	Realistic, Logical Thoughts
<p>Going to grocery store</p>	<p>I will have a panic attack in the store.</p> <p>I will draw attention to myself. People will think that I am strange.</p> <p>I will run out of the store screaming</p> <p>I will never be able to show my face there again.</p> <p>People will think that I am a lunatic.</p>	<p>Anxiety</p> <p>Muscle tension in chest</p> <p>Heart palpitations</p> <p>Only goes to grocery store with her husband or another “safe person” accompanying her</p>	<p>I have had only one untriggered panic attack at the grocery store. That was several months ago. Since then when I have had attacks, I have been contributing to them by own negative thinking.</p> <p>I guess if I screamed and ran out of the store, I would draw attention to myself. However, I’ve never done this, and if I’m just feeling anxious, people probably won’t even notice. My boyfriend tells me that my anxiety really isn’t all that obvious.</p> <p>I have never run out of anywhere screaming. If I get that anxious, I will just sit down and take some slow, calming breaths.</p>

Here is another example of working on negative thoughts in agoraphobia:

Objective Situation (The “Event”)	Automatic Negative Thoughts	Negative Consequences	Realistic, Logical Thoughts
<p>Driving in car</p> <p>Other cars are close by</p> <p>This is a type of situation where I have experienced panic attacks before.</p>	<p>I am going to have another attack.</p> <p>I will faint and will cause my car to crash into another automobile, injuring someone.</p>	<p>Fear</p> <p>Dread</p> <p>Heart palpitations.</p> <p>Light headedness</p> <p>Driving only in extreme necessity and usually after taking a tranquilizer</p>	<p>How many times have I had this thought, and how many times have I actually fainted while driving? I’ve never fainted. I have felt like I was going to pass out, but I never have.</p> <p>If I feel like I am going to faint, I will have time to pull over. It wouldn’t happen so quickly that I would just lose consciousness and have a wreck. I’ll just keep driving and keep my attention focused on the traffic rather than on how my head is feeling. If I keep focusing on this strange feeling in my head, it will only get worse.</p>

Understanding and Treating Agoraphobia as a Conditioned Fear

How does a person overcome the prison of agoraphobia? One way that we have already looked at is to challenge irrational negative thoughts. A second way is to retrain the brain to learn that there is nothing fearful or dangerous about the situations being avoided. Agoraphobia is not built in to the brain at birth. It is learned, and it can be unlearned. This process is called conditioning. This is an automatic response which occurs when something is intensely frightening. For example, if a person is in an accident at an intersection with a red Corvette and as a result suffers a lot of pain, they may automatically begin to be afraid of Corvettes, convertibles, red sports cars, or intersections. So, in the same way, when we experience panic while in a grocery store, we begin to be conditioned to fear grocery stores and perhaps other crowded places.

The reconditioning process is termed “exposure.” It involves putting oneself into contact with the situations of which one is most afraid. This allows the mind to learn that these situations are not so dangerous after all. Cognitive therapy techniques can be helpful in this process, but they are not necessary. They can make it easier for the person to put themselves into contact with the feared situation.

Desensitization techniques are usually implemented by a therapist who does behavior therapy. These techniques are covered in more detail in Chapter/handout 12 “Coping with Phobias.” The procedures are very straightforward but are sometimes difficult to put into practice oneself. The reason for this is that they involve encountering the feared situation. After avoiding situations for so long, it may be difficult for an individual to approach them without the systematic guidance of a therapist.

Here is how a therapist might undertake to desensitize a person to agoraphobia.

First, the exact situations which are feared have to be identified. This might be going to a mall or crowded department store. Secondly, systematic desensitization would be undertaken. The first step in the process involves teaching relaxation to the patient. After they have learned to be very relaxed, they are taught to imagine situations similar to the feared situation while in a relaxed state. Gradually, the situations they are imagining are brought closer and closer to the most dreaded situation. For example, the first images might be of standing outside the mall on a day when there are very few cars in the parking lot, and the last image might be of being on a crowded escalator inside the mall on a busy shopping day with people all around. There would be a series of images, varying in their anxiety provoking ability in between these two.

The therapist might also choose to use flooding. In this procedure, rather than being gradually brought into contact with the anxiety producing scene, the person is instructed to imagine it in its entirety. This produces considerable anxiety. However, because the client is safe in the therapist’s office, and because nothing bad is happening to them (except for their own anxiety), their mind gradually adapts to the image, and the anxiety slowly retreats. This is repeated over several sessions.

Following these types of desensitization in the office using the person’s imagination, the client is generally started on a course of direct, real life desensitization. The steps in gradually approaching the feared experience might parallel the ones used in their imagination, or by necessity might be different. Gradually, through exposure, the brain begins to adapt and learn that these situations are not dangerous.

Things to Do

Identify a specific situation that is part of your agoraphobia. Develop a series of scenes pertaining to your fear, beginning with the easiest to imagine and proceeding to the most dreaded. In a comfortable, quiet place, clear your mind of other thoughts and start imagining the easiest scene.

Stay with that scene until your anxiety comes down to at least 50% of its highest level. It will probably get worse before it gets better. Your tendency will be to stop before a reduction in anxiety occurs. THIS IS A MISTAKE. The desire to leave is the body's fight or flight mechanism trying to keep you safe. However, you don't need to be kept safe. There is nothing dangerous happening to you. If you begin the process and then stop before anxiety reduction occurs, then you have only reinforced the idea that the scene is fearful and that the only way out of the anxiety is through escape. Do not start this process unless you have the time (up to 45 minutes or an hour) that may be necessary for your anxiety to decrease.

Rate your anxiety on a scale of 1-10, with ten being the highest possible anxiety. In your imaginary confrontation with the stressor, anxiety may reach an 8 or a 9. As this procedure continues, you will eventually experience a reduction in your fear. Continue with this procedure until your anxiety is only half or less of its highest level.

After practicing this on several occasions, develop a series of steps which can be used in real life to encounter the feared situation. Starting with the easiest step, place yourself in this circumstance. Use cognitive therapy and practice calm, slow breathing to make this easier on yourself. Stay there until your anxiety has decreased by 50%. Repeat this on other occasions, and then move up to the next, more difficult step.

While this process can theoretically be done on one's own, it is much easier with a therapist who can guide you through the steps as well as encouraging you along the way.

Spotlight On...Medications

To have and to hold--or not?

Therapists have a variety of opinions about whether it is helpful for persons with panic and agoraphobia to keep medications nearby. Some individuals with this disorder find a sense of safety by simply having a few pills in their purse or pocket, even if they don't use them. They know that if they begin to have an attack, the medication will be there. But some therapists view this as another form of avoidance. The person can't learn that they are safe without their protective mechanism because they always have it with them. This prevents desensitization from occurring. These therapists would also argue that the use of medication leads to persons deciding that all of their improvement is due to their medication rather than to their own efforts.

On the other hand, other therapists view the use of medication as an important means of dealing with panic. They point out that very often persons don't actually use the medication. They are better able to learn to cope on their own by knowing that they have the medication as a back up.

What is the solution to this dilemma? There have been clients who have successfully dealt with panic in both ways. However, once persons have been on medication and are successfully approaching their feared situations, it is important that they eventually attempt a transition to coping by psychological means alone. This can be done through "fading." This is a technique in

which something is gradually removed. One type of fading would be to start with short sessions away from home without the medication. As the person develops confidence in their ability to use the techniques outlined in this chapter/handout, the length of these times away from home without medication can be lengthened. This procedure can be implemented on a very gradual basis so that no major change occurs all at once.

Other chapters from this book which you may find helpful and relevant to coping with panic and agoraphobia are:

- Chapter 2 What is Stress and What is Coping?
- Chapter 3 Coping with Negative Thoughts
- Chapter 5 Coping with Worry and Anxiety
- Chapter 12 Coping With Phobias
- Chapter 13 Coping with Social Anxiety
- Chapter 17 Understanding and Using Medications for Depression and Anxiety

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