

Panic attacks: what they are and what to do about them



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Contents

Introduction	4
Learning Outcomes	5
1 What are panic attacks and panic disorder?	6
1.1 Symptoms of panic	7
1.2 Defining panic disorder	8
1.3 Experience of panic disorder	9
2 How can panic attacks be understood?	11
2.1 Cognitive theory of panic disorder	11
2.2 The fear response	13
2.3 The role of interpretations in panic attacks	16
2.4 The role of avoidance	19
2.5 The role of emotion processing	21
3 What can be done about panic disorder?	23
3.1 Therapy for panic disorder	23
3.2 What happens in CBT for panic?	24
3.3 Self-help and sources for support	25
3.4 Where to get support	27
Conclusion	28
Glossary	28
References	29
Acknowledgements	29

Introduction

This free course, *Panic attacks: what they are and what to do about them*, is focused on **panic attacks**. We all feel anxious or scared sometimes but it is when anxiety and fear become uncontrollable, when a person begins to really panic, that things move beyond 'normal' or everyday experience of worry. And when this experience of panic begins to be a repeated one, when anxiety feels unmanageable, it may be time to start looking for help. In exploring these issues in this course you will focus on three questions:

1. What are panic attacks and panic disorder?
2. How can panic disorder be understood?
3. What can be done about panic disorder?

A caution

Panic attacks are very common and it is possible that you have experienced them yourself. If this is the case, increasing your knowledge about panic attacks and how to handle them should help.

But focusing on the topic of **panic** could – particularly as you start reading – make you feel edgy. Usually this feeling will subside as you concentrate on the readings and activities, so it is worth keeping going. However, do also take steps to look after yourself. You can find places to get support in [a section at the end of the course](#).

This OpenLearn course is an adapted extract from the Open University course [DD803 *Evaluating psychology: research and practice*](#).

Learning Outcomes

After studying this course, you should be able to:

- provide a definition of panic and panic attack
- understand aspects of the personal experience of panic attacks
- understand some key ideas about why people have panic attacks
- know where someone experiencing panic attacks might get help or help themselves.

1 What are panic attacks and panic disorder?



Figure 1 The overwhelming nature of panic attacks

According to the formal systems of psychiatric diagnosis (see Box 1):

- Panic attacks are extreme experiences of sudden and overwhelming anxiety and fear.
- **Panic disorder** is the regular experience of *reoccurring* panic attacks.

Box 1 Psychiatric diagnosis

Psychiatric diagnosis is the process by which mental health difficulties are 'diagnosed' or identified or labelled. There are two main systems of psychiatric diagnosis:

- The *Diagnostic and Statistical Manual of Mental Disorders* (DSM) which is produced by the American Psychiatric Association, and which is a comprehensive manual of mental disorders, now in its fifth edition.
- Chapter V of the International Statistical Classification of Diseases and Related Health Problems (ICD) which is produced by the World Health Organization, and is currently in its tenth edition.

But are panic attacks the same as feeling panicky?

Activity 1 Identifying interpretations

Allow approximately 10 minutes

Is feeling panicky (e.g. because you are late) the same as experiencing a panic attack? Write your thoughts in the box below. Your comments will only be visible to you.

Provide your answer...

Discussion

All of us probably feel panicky at some points but even if some of the feelings and sensations might be similar, the experience of a full-on panic attack is different as you will see when you hear people talking about their experience of panic attacks.

Feeling panicky may be a common human experience, but what makes individuals feel panic can vary widely. What everyday things or activities make someone feel panicky? Write your response in the box.

Provide your answer...

Discussion

You may have listed common fears (like spiders) or fears that are quite personal to you. However one thing to note about panic attacks is that a common experience is that they happen apparently out of the blue – with no apparent trigger at all.

1.1 Symptoms of panic

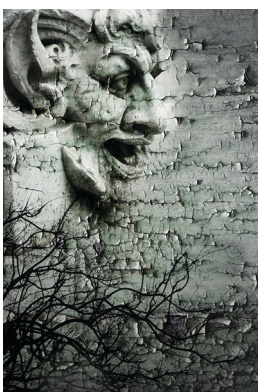


Figure 2 The Ancient Greek god Pan, whose voice was thought to cause panic

Psychiatric diagnosis involves a list of symptoms; if the patient has the required number of symptoms then they are said to have the diagnosis. You will now explore the diagnostic symptoms of panic attack according to DMS-5.

Activity 2 Symptoms of panic attacks

Allow approximately 10 minutes

From the following list, select the options which you think might be symptoms of panic attacks, according to DSM-5. You are not expected to have any pre-existing knowledge of these; rather, the aim of the exercise is instead to get you thinking about what you might already know (e.g. from media reports) about panic attacks.

- ☐ Feeling on the verge of tears
- ☐ Palpitations, pounding heart or accelerated heart rate
- ☐ Sweating
- ☐ Trembling or shaking
- ☐ Feeling panicked
- ☐ Hallucinations
- ☐ Sensations of shortness of breath or smothering
- ☐ Feeling of choking
- ☐ Headache
- ☐ Chest pain or discomfort
- ☐ Nausea or abdominal distress
- ☐ Feeling an urge to talk really fast
- ☐ Feeling dizzy, unsteady, lightheaded or faint
- ☐ Feeling alone/lonely
- ☐ Derealisation (feelings of unreality) or depersonalisation (feelings of being detached from oneself)
- ☐ Fear of dying
- ☐ Existential anxiety
- ☐ Fear of losing control or going crazy
- ☐ Feeling really afraid
- ☐ Paraesthesia (numbness or tingling sensations)
- ☐ Chills or heat sensations

Discussion

Were you surprised by any of the right or wrong answers? (For example, that feeling panicky is not on the symptom list?) Note too that the symptoms are a mix of unpleasant bodily sensations (shaking, heart beating fast, sweating, feeling faint), feelings and thoughts (fear you are dying or going crazy).

The 'right' answers are those as defined by DSM5, but there is a lot of debate about whether the list of symptoms is 'right' or appropriate and that individual experiences can be quite different.

1.2 Defining panic disorder

Now that you understand how panic attacks are formally defined, what about 'panic disorder'? Panic disorder is when a person experiences *recurrent* unexpected panic attacks. Crucially, at least some of the panic attacks are experienced as happening 'out of the blue' and panic attacks can even occur when someone is asleep.

In panic disorder, the repeated experience of panic attacks seriously disrupt a person's life, affecting their work, personal relationships and social life – in fact most areas of daily living. Often they live in fear of having more attacks, worry constantly about what the attacks are and what might happen as a result of them, and change how they live to try and avoid future attacks – e.g. by not going into public places. Unfortunately, fear of a panic attack may become such a focus of a person's life that the fear itself impacts nearly all aspects of their quality of life.

In the next section you will find out more about the experience of panic disorder.

1.3 Experience of panic disorder

So far you have learned about how mental health professionals define panic attacks and panic disorder. However, does the view taken by professionals match the views of those who receive a diagnosis of panic disorder? What is it actually like to have panic disorder? These are questions you will explore in the following activity.

Activity 3 What is it like to have panic disorder?

Allow approximately 20 minutes

In the following audio you will hear as a panic expert, Psychologist Roger Baker, talks to three people who have struggled with panic attacks over the years. For all three, their experience of panic attacks has seriously blighted their life and, as such, they could be regarded as having panic disorder. Natalie is a retired teacher who is training to be a counsellor. Tim is a manager in a mental health facility and Alan is a trained chef who is currently not working. Although they are very different as individuals, the audio clearly reveals how seriously panic can affect anyone's life. Listen to the following audio and then answer the question below.

Audio content is not available in this format.

[Audio 1 The experience of panic](#)

What do Tim, Natalie and Alan say about their experience of panic attack?

Provide your answer...

Discussion

Tim, Natalie and Alan talk about physical sensations, like feeling that your heart is racing, or feeling physically sick. They also talk about the negative feelings (tearfulness) and thoughts ('I am going mad', 'I am a failure') that come up when they have a panic attack.

Now listen to the next two short audio clips, with Tim talking about his first ever panic attack and Natalie talking about a panic attack she had in a department store.

Audio content is not available in this format.

[Audio 2 Tim's first panic attack](#)

Audio content is not available in this format.

[Audio 3 Natalie's panic attack](#)

Tim and Natalie provide of their experience of panic attacks. What for you stands out most?

Provide your answer...

Discussion

Different people will notice different things in Tim and Natalie's response but one thing that may stand out is how overwhelming the experience of a panic attack is – intense, impossible to stop once it gets going and exhausting afterwards.

2 How can panic attacks be understood?



Figure 3 Panic attacks can appear suddenly and unexpectedly, like a tornado out of a blue sky

Seeing a tornado hurtling towards you, you would probably not be surprised if you felt scared, or experienced your heart beating fast. However, in panic disorder, the panic can appear to emerge suddenly, without any apparent trigger, and so apparently without cause.

So why do they occur? The next section examines some key ideas about what causes panic attacks. There has been a lot of research on this topic – and lots of different theories put forward, including the idea that a person's genetics, or biology, may play a role. One really important idea though is that the way a person thinks about their experience of panic is key. This is known as a cognitive theory of panic disorder.

2.1 Cognitive theory of panic disorder

If you walk up a flight of stairs you might notice your heart rate going up. A common thought might be 'Wow, I really need to get a bit fitter!' A less common thought is to think that this means you are about to have a heart attack. The cognitive model of panic disorder suggests that it is this kind of '**catastrophic interpretation**' (or terrible *misinterpretation*) of body sensations that is key to developing panic disorder.

The vicious cycle that develops is depicted in Figure 4. The sequence is that first there is some kind of stimulus – this could be something internal (like noticing a body sensation such as one's heart beating fast) or external (like noticing that the shop you just walked into is very crowded). This stimulus is then interpreted as a sign something bad is going to happen (it is perceived as a threat). As a result a person feels anxious (apprehension) and because they are worried their body begins to have the normal physical reactions to anxiety or worry. The person notices these body sensations and then interprets these as 'catastrophic' – really dangerous. This creates an increased perception of threat which in turn increases the worry, which then kicks up the bodily response, and so on in a terrible spiral that results in a panic attack

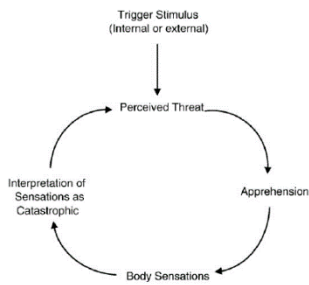


Figure 4 The cognitive model of panic disorder: the vicious cycle of panic

Activity 4 A pathway to panic

Now you have learned about the model, try to map out how one stimulus (internal or external) might lead to a panic attack. Look at the box below and use the example to fill in your own response.

	Example	Your response
Trigger stimulus (internal or external)	Internal stimulus: Being slightly breathless	Trigger: <div>Provide your answer...</div>
Perceived threat	Thought: 'Being breathless might mean something bad'	Perceived threat: <div>Provide your answer...</div>
Apprehension	Feeling: Worry/fear	Apprehension: <div>Provide your answer...</div>
Body sensations	Body sensations: starting to pant, heart begins to beat faster, start to sweat and feel shaky	Body sensations: <div>Provide your answer...</div>
Catastrophic (mis) interpretation	Thought: 'I am struggling to breathe, I am going to suffocate'	Catastrophic (mis)interpretation: <div>Provide your answer...</div>
Vicious cycle	The thought 'I am struggling to breathe' further increases the perceived threat, the worry and fear and the body sensations, leading to further catastrophic (mis) interpretations – like 'I am suffocating, I am going to die'.	Vicious cycle: <div>Provide your answer...</div>

Discussion

The pathway to a panic attack that you plotted might be quite different than the example provided; this shows how the cognitive model of panic disorder works even when people have quite different experiences and thoughts during a panic attack.

Panic attacks out of the blue and while asleep

Earlier it was stated that a key aspect of panic disorder is that a person can experience panic attacks occurring as if they were out of the blue or even in sleep. The cognitive model of panic disorder seeks to explain this in the following ways:

- *Panic attacks where there is a clear trigger.* Sometimes a panic attack occurs after someone gets very frightened. For example, a person who is deathly afraid of spiders might have a panic attack after seeing a big one unexpectedly. In this case the panic attack – while a horrible experience – might not be unexpected.
- *Panic attacks 'out-of-the-blue'.* Sometimes a panic attack happens, as far as the person is concerned, quite without warning. One idea here is that these panic attacks occur because a person experiences a bodily sensation that they associate with panic attacks and are scared of (such as being slightly breathless). This bodily sensation might be caused by something benign (maybe their heart is beating fast because they ran for a bus, or are excited). However the key point is that the person does not or cannot separate the 'trigger' of the bodily sensation from the actual panic attack. The result is that the person experiences the panic attack as coming out of the blue.
- *Panic attacks during sleep.* In the same way as waking unexpected panic attacks, it is thought that a thought or emotion or benign body sensation probably sets off the panic attack, however it is not the thought or emotion or body sensation that wakes the person, it is the panic attack. So from their perspective the panic attack comes without cause.

The cognitive model of panic disorder seeks to explain panic disorder in terms of catastrophic interpretation of the normal physical reaction to fear or worry. The next section explains more about this 'normal' fear response and how it is not itself something to be afraid of.

2.2 The fear response

A panic attack involves someone experiencing a set of body reactions which are associated with feeling fear, only often in the apparent absence of anything to be scared of.

This set of body reactions is termed 'the fear reaction'. In the next video Professor Roger Baker describes how this fear response might be experienced if you were suddenly threatened by someone holding a knife.

Activity 5 The body's response to fear

Allow approximately 15 minutes

Watch the following video.

Video content is not available in this format.

Video 1 Professor Roger Baker discusses the fear response



Why might having a fear reaction be a good thing do you think?

Provide your answer...

Discussion

The fear reaction prepares the human body to respond to danger – to fight or to run away. It is an important body response for human survival!

Now watch this second video – where Professor Roger Baker explains what happens when the fear response is accidentally triggered in a panic attack.

Video content is not available in this format.

Video 2 Professor Roger Baker explains what happens when the fear response is accidentally triggered



What is Professor Baker's key message?

Provide your answer...

Discussion

In this video Professor Roger Baker makes the point that the fear reaction has to be intense so that it works to get you out of danger. But he also says that the fear response is harmless even if it is very unpleasant to experience. It won't actually kill you – it just feels like it might.

To drive home this point, have a go at the following activity.

Activity 6 Fear of fear

Allow approximately 5 minutes

Pair the right answers with the statement.
so that it can save you in an emergency
but it is designed to save you (not kill you)
a fear of the fear response

Match each of the items above to an item below.

The fear response is really strong:

The fear response feels really awful:

A key driver of panic attacks is:

Discussion

Because it is so scary to get the fear response out of the blue people get scared of feeling those physical feelings even though they are almost always actually harmless. And this fear of the fear response then means that people get sensitized to their own

body reactions – which makes it actually more likely that a person may have another panic attack.

2.3 The role of interpretations in panic attacks



Figure 5 When fear colours perception

Research suggests that more than one in ten people will experience a one-off panic attack in their lifetime but that only somewhere between one in twenty or one in sixty will go on to develop full blown panic disorder. So why do only a minority of those who have panic attacks actually develop panic disorder? In line with the cognitive model of panic disorder, one idea with research support is that it is those people who have catastrophic interpretations who are more likely to develop panic disorder. Given their importance the next section focuses on learning more about catastrophic appraisals.

To understand this more you are now going to read a description of a panic attack written by a man called Stanley Law.

Activity 7 Identifying interpretations

Allow approximately 15 minutes

In this extract Stanley describes his first panic attack, which occurred after a prolonged period of hard work and frightening experiences in the Blitz during the Second World War. He had recently married and was taking a much needed holiday in Wales.

As you read, think about how Stanley Law *interpreted* (made sense of) his panic attack. What did he think it was? What did he think was happening and what did he think was going to happen next? You should also reflect on what you think may be happening.

Stanley Law's experience of panic

On the morning of the fifth day I went for a haircut and shampoo, arranging to meet my wife later by the big clock near the pier. I had to wait some forty minutes before my turn came to occupy the chair, and I began to feel uneasy. For the first 20 minutes I felt no more than a pleasant languor, a not uncomfortable and unnatural feeling for someone on holiday. This sensation slowly dispersed to be replaced by a growing rigidity I couldn't understand. I began to long for the procedure to be over, I longed to get outside again. I felt I would be all right once I got out into the sparkling sunlight.

Yet to get up and leave would have seemed absurd, especially after waiting so long. The haircut itself went off all right, the barber chatting away blithely. I bent over the bowl for the shampoo, and the tension began to build up again. With tremendous relief I sat back and waited for my hair to be dried. Usually, of course, an electric hot-air blower was used for this purpose, but this establishment didn't seem to boast such modern luxuries. The man picked up a towel and rubbed away vigorously.

... sensations stronger and stranger than any I had previously known charged through my body. My throat seemed on fire; it screamed for water; gasping, my heart thundering away, I thought my hour had come. I jumped up, threw money towards the barber, and stumbled into the street.

Trembling violently, I staggered towards the clock at the head of the pier. Desperately I looked around for my wife; at that moment I felt only the appearance of Joyce would save me. There was no sign of her, and another seizure, even more powerful, came swiftly upon me. I tried to walk away, but I couldn't. I held myself rigidly, my legs seemed fastened to lead weights, but I managed to move a yard or so. My whole body jerked as though subjected to an electric shock. Coiled up like steel wire, I turned and twisted to try to remove the devilish feelings that possessed me. I closed my eyes, but this made matters worse. Head swimming, a flash of light seemed to flood into me increasing in power and evil.

Almost screaming, collapsing to my knees, I shook my head violently. Everything seemed to disintegrate. Twitching and trembling, I tried to thrust the evil sensations from me. The taking of breath was almost impossible and my heart was racing. My throat was burning, it closed like a vice, and each time I moved a fear-ridden spasm charged through me.

Gasping hard, I staggered to my feet in an effort to escape from this evil thing that threatened to rob me of my identity, of my life. Through glazed eyes I frantically searched round for Joyce, but all I could see was the ghostly outline of people passing to and fro and past me.

Heart thudding, my body pouring sweat, I made a final effort in a grotesque struggle for air and for life. Despairingly, I threw myself into the road. Then someone was trying to lift me, speaking to me and supporting me.

'What's the matter?' said a man's voice. 'What's the matter?'

(Law, 1975, pp. 52–3)

This vivid and descriptive personal account of Stanley suffering his first panic attack offers an attempt to put his horrifying experience into words. At several points

throughout his experience, he tries to make sense of what was happening to him. Can you pick out any interpretations that he makes? Write them in the text box below.

Provide your answer...

Discussion

Some key interpretations that Stanley makes are in bold.

On the morning of the fifth day I went for a haircut and shampoo, arranging to meet my wife later by the big clock near the pier. I had to wait some forty minutes before my turn came to occupy the chair, and I began to feel uneasy. For the first 20 minutes I felt no more than a pleasant languor, a not uncomfortable and unnatural feeling for someone on holiday. This sensation slowly dispersed to be replaced by a growing rigidity I couldn't understand. I began to long for the procedure to be over, I longed to get outside again. I felt I would be all right once I got out into the sparkling sunlight.

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'What's the matter?' said a man's voice. 'What's the matter?'

An early thought is that the bodily sensations he is experiencing means that he is going to die ('I thought my hour had come'). He then has the thought that only his (absent) wife can save him from death ('I felt only the appearance of Joyce would save me'). Next, he interprets the bodily sensations he is experiencing as 'devilish' and a sign that he is being possessed by evil. This evil is not only trying to kill him but also trying to erase him ('rob me of my identity'). Given the way Stanley is interpreting what is happening to him it is perhaps not surprising that he is panicking.

2.4 The role of avoidance



Figure 6 Avoidance may not be a helpful strategy

The cognitive model of panic disorder stresses the role of catastrophic interpretations in panic attacks. However what explains why people hold onto these beliefs – sometimes in the face of lots of evidence to the contrary? For example, a person with panic disorder may have a persistent belief that they are at risk of a fatal heart attack – despite having been told (on multiple visits to hospital emergency rooms) that there is no sign of problems with their heart.

One idea that has been put forward is that people hold onto their catastrophic interpretations because – simply put – they do not get the chance to learn that they are wrong. Why is this?

Imagine someone who gets anxious any time that they get slightly breathless because of their catastrophic misinterpretation that this means that they are struggling to breathe, which means that they are going to suffocate, which means that they are going to die.

So what do you think that person might end up avoiding if they are worried about feeling even a bit breathless?

Activity 8 Avoidance behaviours

Allow approximately 5 minutes

What kinds of things (activities, situations, places) might make a person feel a bit breathless?

Provide your answer...

Discussion

There are physical activities that are normally (and safely) associated with feeling a bit breathless (especially if the activity is hard or you are not so fit!) – for example, walking up a hill, doing sports or having sex. There are also lots of activities or situations or places that might make a person a bit anxious and where a normal reaction might be to start breathing a little faster – like making a presentation at work, finding a spider in the bath or being somewhere really crowded.

Looking at your list, if a person wanted to avoid feeling breathless what activities, situations or places might they start to avoid?

Provide your answer...

Discussion

A person who wanted to avoid anything that might make them feel breathless might stop hill walking with their friends, playing football with their kids, or having sex with their partner. They might seek work on the basis that it was unchallenging, get their partner to check the bath before they used it and avoid crowded places like music festivals or supermarkets.

You can see that avoidance of things that are thought to lead to a panic attack can quickly shrink a person's world. This is one reason why panic disorder is often associated with agoraphobia, which is a phobia of open or crowded places or of going outside the person's home.

Avoidance 'coping' behaviours

In addition to avoiding activities, situations and places, a person with panic disorder may also carefully do particular things to help them cope with the things that worry them. An example of this might be that a person who is worried about feeling breathless when walking up a hill might start taking deep breaths.

How do these coping and avoidance behaviours prevent a person learning? This is illustrated in Figure 7.

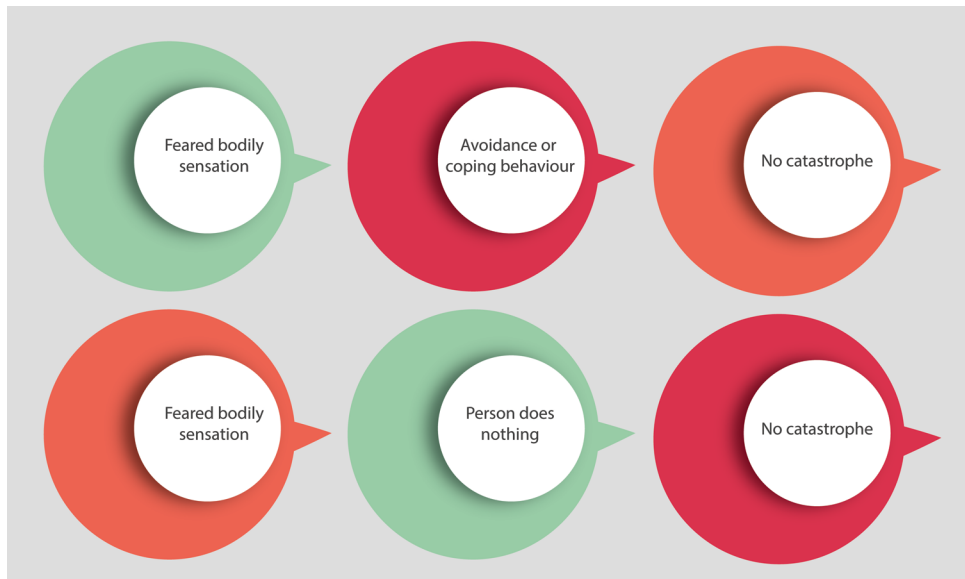


Figure 7 Coping and avoidance behaviours

In the first sequence when the person engages in their avoidance or coping behaviour and then nothing terrible happens (or at least they don't die) the person links the outcome of 'no catastrophe' to their avoidance or coping behaviour. They might think: 'I managed to keep myself alive because I took careful deep breaths and walked up that hill really slowly.' However, as the second sequence shows, by engaging in these behaviours the person fails to learn that they would not have died even if they had not done the avoidance/safety behaviours.

Avoidance and coping behaviours thus actually work to maintain panic disorder because they stop a person from learning that their feared bodily sensations are not as dangerous as they think they are. Moreover some coping and avoidance behaviours may actually make things worse – for example breathing deeply and quickly (as you might if you are in a bit of a panic) actually leads to **hyperventilation**, which can lead to a person feeling more short of breath.

2.5 The role of emotion processing

Up to now you have been learning about the cognitive model of panic, which seeks to understand how thoughts (e.g. catastrophic misinterpretations) and behaviours (e.g. avoidance) can make panic worse.

Another theory is that the way people respond to their emotions may also be key in panic disorder (Baker, 2011). This theory suggests that people who experience panic disorder are prone to the following:

- trying to control their emotions by bottling them up or suppressing them
- not expressing (in words or actions) or sharing with others their feelings
- focusing on the bodily feelings associated with an emotion rather than the emotion itself
- having trouble labelling emotions
- not connecting emotions with the events that cause them.

Baker argues that this pattern of dealing with emotions is evidence of a difficulty with processing emotions. He also argues that this type of emotion processing often leads to the very first panic attack that a person experiences because this pattern of (not) dealing with emotion leads a person to fail to notice when they are becoming seriously stressed:

Stress, often undetected by the person and occurring months before the first panic, can build up to a level where a panic attack is easily triggered. In explaining this to patients during psychological therapy, I compare it to water building up behind a dam. The water rises bit by bit over the months, and the pressure mounts all the time. At a certain point, the pressure becomes too much, and the dam suddenly gives way. Huge columns of water burst through the fractured dam, causing devastation to the land beyond. Panic is like this: sudden and devastating. Unknown to the sufferer, the pressure has been building up for weeks and months. The panic attack appears to be sudden, but it really is not.

(Baker, 2011, p. 76)

One value of this emotional processing deficit model of panic is that it implies a pathway to remedy panic disorder – learning better emotional processing strategies. The next section explores this further, focusing on what help is available for panic disorder.

3 What can be done about panic disorder?



Figure 8 What treatments are effective for panic?

You have learned something about what panic attacks are and how panic disorder can be understood. Now it is time to consider what help is available for a person with panic disorder.

This section mostly focuses on therapy for panic disorder but there is a section on self-help too.

3.1 Therapy for panic disorder

There is a considerable research base that says that cognitive behavioural therapy is the most reliable and well evidenced therapy for panic disorder. As a result, CBT is currently the most widely recommended psychological treatment for panic attacks in Britain. For that reason the focus here will be on CBT for panic disorder. Of course while there is evidence that CBT is effective for panic disorder, that does not guarantee that CBT will 'work' for any particular person.

In the last section you read about how in the cognitive model of panic disorder three elements are important, namely:

- fear of the bodily sensations associated with the fear reaction
- catastrophic interpretations of those bodily sensations
- avoidance and coping behaviours which a person uses to try and avoid feeling those bodily sensations

Logically, in cognitive behavioural therapy (CBT) that aims to treat panic disorder all these aspects are targeted. The therapy aims to:

1. identify catastrophic interpretations (that breathing a bit fast means I am going to die)

2. generate alternate (non-catastrophic) understandings of bodily symptoms (i.e. breathing a little fast does not mean I am going to suffocate and die, it just means I am not very fit)
3. encourage a person to stop their avoidance and coping behaviours in order that they can accomplish 1 and 2.

Crucially, what distinguishes CBT for panic disorder is that in addition to talk (discussion) a person with panic attack is encouraged to do behavioural experiments – more about this below.

3.2 What happens in CBT for panic?



Figure 9 Facing the fear

In CBT for treating panic the therapist's central aim is to change the persons' beliefs or interpretations (judgements) about panic attacks (think back to Stanley Law). The whole idea behind this is that the person has made a serious mistake in their understanding of what panic is and what it could do to them. If these mistaken beliefs or interpretations can be corrected they will be less afraid of panics and, as a result, the panics will become less severe and less frequent.

Typically the process involves first working out what is going on through an clinical assessment that focuses on understanding when and how the panic attacks occur and then working systematically to change how a person responds in a panic attack. The assessment involves identifying person's panic interpretation and their avoidance and coping (safety) behaviours.

Assessment of panic interpretations: The assessment of a person's beliefs around panic/panic attacks is the first step in therapy. No two persons have the same beliefs about panic; usually there are a whole range of complicated thoughts around panic and it is the therapist's task to understand and untangle this. For example, a person might believe that panic sensations are an impending heart attack and that they will lose consciousness and pass out, or they might think the panic is the first stage of a nervous breakdown from which they will never recover.

Assessment of safety behaviours: In their assessment the therapist also has to work out all the person's strategies (or their 'safety behaviours') for dealing with their imagined catastrophes. For instance, they might drink water, take a painkiller, lie down, steady themselves if they think they are having a heart attack, or try to counteract feelings of unreality and dizziness by shaking their head, if they think what they are experiencing is the start of a nervous breakdown.

Once the assessment is complete, typically, CBT for panic involves two elements:

- Behavioural experiments in which the person discovers by personal experience that panic is not actually going to harm them. This involves a person not using their safety behaviours.
- Cognitive restructuring in which the therapist uses a 'didactic' (teaching) approach to help the person logically explore their beliefs, so that they realise the beliefs are unfounded and incorrect.

In a way, the behavioural experiments work at an unconscious level and cognitive restructuring works at a conscious level. The experiments can be carried out in a therapist's office or in settings where a panic is likely to occur, such as in a supermarket. Cognitive restructuring usually occurs in the therapist's office. Most CBT therapists use a combination of both approaches, but because it is quicker and easier for a therapist to work from their own office, they often rely on patients doing 'homework' for the practical exercises.

Activity 9 A example of successful therapy

Allow approximately 20 minutes

Read an extract from Roger Baker's *Understanding Panic Attacks and Overcoming Fear*. It describes the details of cognitive behaviour therapy received by Ralph, a 28-year-old postgraduate student with disabling panic attacks.

['Ralph: an example of successful therapy'](#)

Discussion

As you read the description of Ralph's CBT therapy for panic disorder you will notice the really long list of avoidance and coping behaviours that Ralph is using both between panic attacks and during them. You will notice how the therapist (Roger) and Ralph work together to understand how his life history has led him to develop the catastrophic interpretation that bodily symptoms of panic mean that he is disintegrating and going mad. The case example shows both how complex and individual a person's experience of both panic disorder and treatment for it are.

3.3 Self-help and sources for support

CBT is one kind of psychological therapy and therapy is not the only thing that helps with panic disorder. GPs may also prescribe medication for example.

In addition, it is a great idea to try self-help. You can help yourself by learning about panic attacks and panic disorder, in particular:

- things you can do that might prevent panic attacks

- things that you can do to help during a panic attack
- where to get support.

Activity 10 Preventing panic and coping with panic

Allow about 10 minutes

Preventative steps for panic attacks include trying to reduce the overall stress in your life and doing things that might help with stress, such as aerobic exercise or mindfulness or getting enough sleep or doing activities you enjoy.

1. What have you found helpful in reducing your overall level of stress? List three things that you have found help you to feel calmer.

Provide your answer...

Things you can do during a panic attack include *not* engaging in any safety behaviours.

2. The following extract was taken from the website 'No Panic', a charity set up to help people with anxiety disorders including panic disorder. Read the extract and note down what seem to you the most useful tips for coping with panic.

Remember the symptoms and feelings although very frightening are not in the least dangerous or harmful.

Understand that what you are experiencing is just an exaggeration of normal bodily stress reactions. Remember, that when you get excited, if for instance, you had won the Lottery, your body would react with churning tummy and a rapid heartbeat, your legs would be unsteady and you would probably feel hot and overcome by the experience. *The symptoms are exactly the same when you are anxious*; you just react differently when these feelings appear to come for no apparent reason, so you worry, become more anxious and possibly depressed.

Do not fight your feelings or try to wish them away – be willing to accept and face them, secure in the knowledge that nothing awful will happen. In this way they will diminish and be less intense.

The main thing to remember is not to add to panic with frightening thoughts. Telling yourself that you will be okay, just as you have always been in the past, will definitely help. Try changing '*What if*' to '*So what*'.

The above also applies to those awful 'doom and gloom' feelings as well. It is all down to tension and how we 'think' about it.

If you find yourself starting to panic, try to visualize a 'lollipop' lady with her red '*STOP*' sign and then say '*STOP*' to yourself. Start changing your panicky thoughts to positive ones – it can and does work!

(Extract from: <https://www.nopanic.org.uk/strategies-coping-panic/>)

Provide your answer...

Discussion

Things you can do during a panic attack also include *not* engaging in any safety behaviours.

3.4 Where to get support

If you or someone you know struggles with panic attacks there are some really useful websites with information, support and helplines. You can also ask your GP if you want to access free CBT for panic disorder.

- **Helplines:**

No Panic – This website is a charity set up to help people with anxiety disorders including panic disorder. The website has lots of advice and support and a telephone helpline: <https://www.nopanic.org.uk/>

Mind – The mental health charity Mind's website also has lots of advice and support plus an information helpline and webchat service. www.mind.org.uk For specific link:

<https://www.mind.org.uk/information-support/types-of-mental-health-problems/anxiety-and-panic-attacks/panic-attacks/#.XJ5HsdL7TIU>

- **Information:** The NHS has information on how to cope with panic attacks, e.g.:

<https://www.nhs.uk/conditions/stress-anxiety-depression/coping-with-panic-attacks/>

<https://www.moodjuice.scot.nhs.uk/Panic.asp>

- **Self-help books:** The extract you read earlier from Professor Baker's book comes from his self-help book on panic attacks:

Baker, R. (2011) *Understanding Panic Attacks and Overcoming Fear*, 3rd edn, Oxford, Lion Book.

You can also find one chapter from his book (talking about emotional processing in panic attacks online:

<http://emotionalprocessing.org/preventing-panic-attacks/>

- **Therapy:** You can access CBT for panic disorder through the NHS; talk to your GP to find out more.

Conclusion

In this free course, *Panic attacks: what they are and what to do about them*, you have looked at three questions:

1. What are panic attacks and panic disorder?
2. How can panic disorder be understood?
3. What can be done about panic disorder?

In looking at these questions, you have heard from people who have struggled with panic disorder and you have learned that panic disorder can become the source of incredible suffering for many individuals. However you have also learned some key ideas about why people develop panic disorder and you have learned that panic disorder can get better with self-help and treatment.

This OpenLearn course is an adapted extract from the Open University course [DD803 Evaluating psychology: research and practice](#).

This resource is part of the '[Wellbeing and Mental Health Collection](#)' collated by The Open University in Wales. You can find out more and discover other courses, articles and interactives on the [collection homepage](#).

Glossary

catastrophic interpretation

A term used to describe how a person with panic disorder misinterprets (misunderstands) body sensations as meaning something terrible.

hyperventilation

Otherwise known as 'over breathing', this occurs when a person breathes faster/more deeply than usual leading to a lack of carbon dioxide in the body and a range of symptoms including often feeling light-headed.

panic

A sudden uncontrollable fear or anxiety.

panic attacks

A diagnostic term for a type of panic experience that consists of a combination of physical, cognitive and emotional 'symptoms'.

panic disorder

A psychological diagnosis used to label the experience of people who experience frequent panic attacks.

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