

**DD803\_1**

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

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## 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?

Start of Box

**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](#support).

End of Box

This OpenLearn course is an adapted extract from the Open University course [DD803 Evaluating psychology: research and practice](http://www.open.ac.uk/postgraduate/modules/dd803).

## 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?

Start of Figure



Figure 1 The overwhelming nature of panic attacks

[View description - Figure 1 The overwhelming nature of panic attacks](" \l "Session1_Description1)

End of Figure

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.

Start of Box

**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.

End of Box

But are panic attacks the same as feeling panicky?

Start of Activity

**Activity 1 Identifying interpretations**

Allow approximately 10 minutes

Start of Question

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.

End of Question

*Provide your answer...*

[View discussion - Part](" \l "Session1_Discussion1)

Start of Question

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.

End of Question

*Provide your answer...*

[View discussion - Part](" \l "Session1_Discussion2)

End of Activity

## 1.1 Symptoms of panic

Start of Figure



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

[View description - Figure 2 The Ancient Greek god Pan, whose voice was thought to cause panic](" \l "Session1_Description2)

End of Figure

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.

Start of Activity

**Activity 2 Symptoms of panic attacks**

Allow approximately 10 minutes

Start of Question

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.

End of Question

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

[View answer - Activity 2 Symptoms of panic attacks](" \l "Session1_Interaction3)

[View discussion - Activity 2 Symptoms of panic attacks](" \l "Session1_Discussion3)

End of Activity

## 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.

Start of Activity

**Activity 3 What is it like to have panic disorder?**

Allow approximately 20 minutes

Start of Question

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.

Start of Media Content

Audio content is not available in this format.

Audio 1 The experience of panic

[View transcript - Audio 1 The experience of panic](" \l "Session1_Transcript1)

End of Media Content

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

End of Question

*Provide your answer...*

[View discussion - Part](" \l "Session1_Discussion4)

Start of Question

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.

Start of Media Content

Audio content is not available in this format.

Audio 2 Tim’s first panic attack

[View transcript - Audio 2 Tim’s first panic attack](" \l "Session1_Transcript2)

End of Media Content

Start of Media Content

Audio content is not available in this format.

Audio 3 Natalie’s panic attack

[View transcript - Audio 3 Natalie’s panic attack](" \l "Session1_Transcript3)

End of Media Content

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

End of Question

*Provide your answer...*

[View discussion - Part](" \l "Session1_Discussion5)

End of Activity

## 2 How can panic attacks be understood?

Start of Figure



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

[View description - Figure 3 Panic attacks can appear suddenly and unexpectedly, like a tornado out of ...](" \l "Session2_Description1)

End of Figure

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

Start of Figure

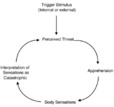


Figure 4 The cognitive model of panic disorder: the viscious cycle of panic

[View description - Figure 4 The cognitive model of panic disorder: the viscious cycle of panic](" \l "Session2_Description2)

End of Figure

Start of Activity

**Activity 4 A pathway to panic**

Start of Question

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.

Start of Table

|  |  |  |
| --- | --- | --- |
|  | **Example** | **Your response** |
| Trigger stimulus (internal or external) | Internal stimulus: Being slightly breathless | Trigger:  *Provide your answer...* |
| Perceived threat | Thought: ‘Being breathless might mean something bad’ | Perceived threat:  *Provide your answer...* |
| Apprehension | Feeling: Worry/fear | Apprehension:  *Provide your answer...* |
| Body sensations | Body sensations: starting to pant, heart begins to beat faster, start to sweat and feel shaky | Body sensations:  *Provide your answer...* |
| Catastrophic (mis)interpretation | Thought: ‘I am struggling to breathe, I am going to suffocate’ | Catastrophic (mis)interpretation:  *Provide your answer...* |
| 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 catastropic (mis)interpretations – like ‘I am suffocating, I am going to die’. | Vicious cycle:  *Provide your answer...* |

End of Table

End of Question

[View discussion - Activity 4 A pathway to panic](" \l "Session2_Discussion1)

End of Activity

### 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 it 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 attacks 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.

Start of Activity

**Activity 5 The body’s response to fear**

Allow approximately 15 minutes

Start of Question

Watch the following video.

Start of Media Content

Video content is not available in this format.

Video 1 Professor Roger Baker discusses the fear response

[View transcript - Video 1 Professor Roger Baker discusses the fear response](" \l "Session2_Transcript1)

Start of Figure



End of Figure

End of Media Content

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

End of Question

*Provide your answer...*

[View discussion - Part](" \l "Session2_Discussion2)

Start of Question

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

Start of Media Content

Video content is not available in this format.

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

[View transcript - Video 2 Professor Roger Baker explains what happens when the fear response is accidentally ...](" \l "Session2_Transcript2)

Start of Figure



End of Figure

End of Media Content

What is Professor Baker’s key message?

End of Question

*Provide your answer...*

[View discussion - Part](" \l "Session2_Discussion3)

End of Activity

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

Start of Activity

**Activity 6 Fear of fear**

Allow approximately 5 minutes

Start of Question

Pair the right answers with the statement.

End of Question

The fear response is really strong:

The fear response feels really awful:

A key driver of panic attacks is:

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

[View answer - Activity 6 Fear of fear](" \l "Session2_Interaction3)

[View discussion - Activity 6 Fear of fear](" \l "Session2_Discussion4)

End of Activity

## 2.3 The role of interpretations in panic attacks

Start of Figure



Figure 5 When fear colours perception

[View description - Figure 5 When fear colours perception](" \l "Session2_Description3)

End of Figure

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.

Start of Activity

**Activity 7 Identifying interpretations**

Allow approximately 15 minutes

Start of Question

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.

Start of Quote

**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)

End of Quote

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.

End of Question

*Provide your answer...*

[View discussion - Activity 7 Identifying interpretations](" \l "Session2_Discussion5)

End of Activity

## 2.4 The role of avoidance

Start of Figure



Figure 6 Avoidance may not be a helpful strategy

[View description - Figure 6 Avoidance may not be a helpful strategy](" \l "Session2_Description4)

End of Figure

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?

Start of Activity

**Activity 8 Avoidance behaviours**

Allow approximately 5 minutes

Start of Question

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

End of Question

*Provide your answer...*

[View discussion - Part](" \l "Session2_Discussion6)

Start of Question

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

End of Question

*Provide your answer...*

[View discussion - Part](" \l "Session2_Discussion7)

End of Activity

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.

Start of Figure

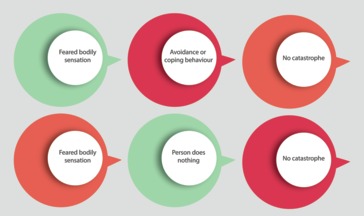


Figure 7 Coping and avoidance behaviours

[View description - Figure 7 Coping and avoidance behaviours](" \l "Session2_Description5)

End of Figure

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:

Start of Quote

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)

End of Quote

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?

Start of Figure



Figure 8 What treatments are effective for panic?

[View description - Figure 8 What treatments are effective for panic?](" \l "Session3_Description1)

End of Figure

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 than 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?

Start of Figure



Figure 9 Facing the fear

[View description - Figure 9 Facing the fear](" \l "Session3_Description2)

End of Figure

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.

Start of Activity

**Activity 9 A example of successful therapy**

Allow approximately 20 minutes

Start of Question

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’](http://www.open.edu/openlearn/ocw/mod/oucontent/olinkremote.php?website=DD803_1&targetdoc=An%20example%20of%20successful%20therapy)

End of Question

[View discussion - Activity 9 A example of successful therapy](" \l "Session3_Discussion1)

End of Activity

## 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.

Start of Activity

**Activity 10 Preventing panic and coping with panic**

Allow about 10 minutes

Start of Question

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.

End of Question

*Provide your answer...*

Start of Question

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

1. 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.

Start of Quote

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/>)

End of Quote

End of Question

*Provide your answer...*

[View discussion - Part](" \l "Session3_Discussion2)

End of Activity

## 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](http://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 your 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/](http://emotionalprocessing.org/preventing-panic-attacks/%20%20)
* **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](http://www.open.ac.uk/postgraduate/modules/dd803).

Start of Box

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End of Box

## 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 occues 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.

## References

Baker, R. (2011) ‘Ralph: an example of successful therapy’, in Baker, R. Understanding Panic Attacks and Overcoming Fear, 3rd edn, Oxford, Lion Book.

Law, S. N. (1975) Inspired Freedom: Agoraphobia – A Battle Won, London, Regency Press.

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## Solutions

## Activity 1 Identifying interpretations

### Part

#### 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.

[Back to - Part](" \l "Session1_Part1)

### Part

#### 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.

[Back to - Part](" \l "Session1_Part2)

## Activity 2 Symptoms of panic attacks

#### Answer

**Right:**

Palpitations, pounding heart or accelerated heart rate

Sweating

Trembling or shaking

Sensations of shortness of breath or smothering

Feeling of choking

Chest pain or discomfort

Nausea or abdominal distress

Feeling dizzy, unsteady, lightheaded or faint

Derealisation (feelings of unreality) or depersonalisation (feelings of being detached from oneself)

Fear of dying

Fear of losing control or going crazy

Paraesthesia (numbness or tingling sensations)

Chills or heat sensations

**Wrong:**

Feeling on the verge of tears

Feeling panicked

Hallucinations

Headache

Feeling an urge to talk really fast

Feeling alone/lonely

Existential anxiety

Feeling really afraid

[Back to - Activity 2 Symptoms of panic attacks](" \l "Session1_Activity2)

#### 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.

[Back to - Activity 2 Symptoms of panic attacks](#Session1_Activity2)

## Activity 3 What is it like to have panic disorder?

### Part

#### 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.

[Back to - Part](" \l "Session1_Part3)

### Part

#### 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.

[Back to - Part](" \l "Session1_Part4)

## Activity 4 A pathway to panic

#### Discussion

The pathway to a panic attack that you plotted might be quite different that 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.

[Back to - Activity 4 A pathway to panic](" \l "Session2_Activity1)

## Activity 5 The body’s response to fear

### Part

#### 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!

[Back to - Part](" \l "Session2_Part1)

### Part

#### 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.

[Back to - Part](" \l "Session2_Part2)

## Activity 6 Fear of fear

#### Answer

**The correct matches are:**

The fear response is really strong:

so that it can save you in an emergency

The fear response feels really awful:

but it is designed to save you (not kill you)

A key driver of panic attacks is:

a fear of the fear response

[Back to - Activity 6 Fear of fear](" \l "Session2_Activity3)

#### 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.

[Back to - Activity 6 Fear of fear](#Session2_Activity3)

## Activity 7 Identifying interpretations

#### Discussion

Some key interpretations that Stanley makes are in bold.

Start of Quote

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?’

End of Quote

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.

[Back to - Activity 7 Identifying interpretations](" \l "Session2_Activity4)

## Activity 8 Avoidance behaviours

### Part

#### 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.

[Back to - Part](" \l "Session2_Part3)

### Part

#### 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.

[Back to - Part](" \l "Session2_Part4)

## Activity 9 A 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.

[Back to - Activity 9 A example of successful therapy](" \l "Session3_Activity1)

## Activity 10 Preventing panic and coping with panic

### Part

#### Discussion

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

[Back to - Part](" \l "Session3_Part2)

# Figure 1 The overwhelming nature of panic attacks

## Description

This is a photograph of a person surfing a wave.

[Back to - Figure 1 The overwhelming nature of panic attacks](" \l "Session1_Figure1)

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

## Description

This is a photograph of the Ancient Green god Pan, carved into a wall.

[Back to - Figure 2 The Ancient Greek god Pan, whose voice was thought to cause panic](" \l "Session1_Figure2)

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

## Description

This is an illustration of a tornado.

[Back to - Figure 3 Panic attacks can appear suddenly and unexpectedly, like a tornado out of a blue sky](" \l "Session2_Figure1)

# Figure 4 The cognitive model of panic disorder: the viscious cycle of panic

## Description

This is a diagram showing a cycle. At the top are the words ‘Trigger stimulus (internal or external)’. There is then an arrow to ‘Perceived threat’, then an arrow to ‘Apprehension’, then an arrow to ‘Body sensations’, then an arrow to ‘Interpretation of sensations as catastrophic’ then an arrow back to ‘Perceived threat’.

[Back to - Figure 4 The cognitive model of panic disorder: the viscious cycle of panic](" \l "Session2_Figure2)

# Figure 5 When fear colours perception

## Description

A toy sheep is in the foreground, with the shadow of a wolf in the background.

[Back to - Figure 5 When fear colours perception](" \l "Session2_Figure5)

# Figure 6 Avoidance may not be a helpful strategy

## Description

This is an image of an ostrich with its head buried in the sand.

[Back to - Figure 6 Avoidance may not be a helpful strategy](" \l "Session2_Figure6)

# Figure 7 Coping and avoidance behaviours

## Description

This shows a series of circles containing text. The text is as follows: Feared bodily sensation; Avoidance of coping behaviour; No catastrophe. There is then another set of circles with the following text: Feared bodily sensation; Person does nothing; No catastrophe.

[Back to - Figure 7 Coping and avoidance behaviours](" \l "Session2_Figure7)

# Figure 8 What treatments are effective for panic?

## Description

This shows the words’Don’t panic’ written on a blackboard.

[Back to - Figure 8 What treatments are effective for panic?](" \l "Session3_Figure1)

# Figure 9 Facing the fear

## Description

This is a photograph showing a person’s feet standing on a bar high up above a street.

[Back to - Figure 9 Facing the fear](" \l "Session3_Figure2)

# Audio 1 The experience of panic

## Transcript

NATALIE

I just thought I was going mad –

TIM

Yeah – definitely

ALAN

Yeah – definitely

INTERVIEWER

You all thought you were going mad?

NATALIE

And also I felt a failure because I wasn’t coping – I felt I wasn’t coping with stuff, every day stuff that other people were seemingly coping with and I just felt a failure.

ALAN

More like you feel alone, actually

NATALIE

Yeah very –

INTERVIEWER

Yes it’s such a strange experience that you think it’s just me until you realise there’s thousands –

Hello I am Professor Roger Baker from Bournemouth University and we’re here in Bedford, in Mind Centre, to really try to explore panic attacks and what it’s all about and what it feels like, so that’s why we’ve asked you to be here, thank you very much for coming, Tim and Natalie and Alan. I want to ask you a question. This is perhaps to help people understand it. Now a lot of people say, oh yeah I felt panicky like before an exam I felt panicky. Now, is this the same as having a panic attack?

TIM

No –

ALAN

No

INTERVIEWER

You're all shaking your heads

TIM

I'm feeling a little bit anxious now but it’s nowhere near a panic attack. Panic attacks just – I feel they’ve got a life of their own. When they – when they start, they – it just builds and it builds and it’s completely – the word ‘detached’ is quite a good word I think because it’s detached from every other experience that I've had in life. They're very separate. They're very, very, very, very intense. They're very, almost sort of the instant version of long-term anxiety. It’s just all suddenly comes to a head whereas I suppose like using what you said some people feel panicky before an exam, that’s kind of a more anxious long term thing I think, whereas panic is very, very intense and in the moment.

INTERVIEWER

You seem to agree with that Natalie –

NATALIE

Yeah. I find it really debilitating. I can't physically get out of – once it takes hold, that’s it. I have strategies to try and reduce them once I feel them coming on but if its really bad then there's no stopping it and it just completely consumes you. If I move out of bed I am physically very sick. It’s like my body’s way of rejecting the anxiety, pushing it out. I can't get dressed. I can't do anything.

INTERVIEWER

So when Tim described it like it’s got a life of its own does that –

NATALIE

Definitely – yeah, definitely – and it’s really difficult for those who live with you to understand.

INTERVIEWER

What about yourself Alan – is it feeling panicky or is it something –

ALAN

No, it’s like an asthma attack.

INTERVIEWER

Right

ALAN

That is, because I've got asthma as well, so it’s very similar to an asthma attack. Not a lot of difference but your heart racing a bit more or – and your mind racing as well. Basically like you're going on a speed trip as well.

INTERVIEWER

So you can tell the difference between an asthma attack and a panic attack –

ALAN

Yes now I can. Panic attack has got feelings involved – you know what I mean by that?

INTERVIEWER

Emotions?

ALAN

Yeah and tearfulness and stuff –

INTERVIEWER

Which is worse?

ALAN

Panic attack–

INTERVIEWER

Panic attack?

ALAN

Yeah. With an asthma attack you can take three or four puffs and it will go away, with a panic attack it don’t.

[Back to - Audio 1 The experience of panic](" \l "Session1_MediaContent1)

# Audio 2 Tim’s first panic attack

## Transcript

TIM

Okay. So the first panic attack was at work. So circumstantially I was – I was sitting at my desk – I was working in a call centre selling mobile phones at the time and there was a group – the team was around me. There was a lull in the phone calls so we were all talking. And I was probably holding people’s attention with what I was saying and about half way through I completely forgot what I was saying and then I couldn’t remember what came next and then it just sort of – like I say it took on a life of its own. Obviously at the time my adrenaline was shooting up. I couldn’t get my words out. I felt people were looking at me. So there's a sense of – there's a sense sort of responsibility a little bit of humiliation I suddenly can't remember what I'm doing. Started to feel silly. Started to feel a bit odd and then it all just – it’s almost like it’s just like this fountain that just sort of wells up and it sounds dramatic but it just – it becomes uncontrollable –

It’s really strange because it probably only lasts I imagine it’s like a ten second, twenty second experience for everyone else but it feels like its lasting days when its inside. Everything slows down. I just froze. I completely froze because I didn’t know what was happening. I couldn’t get words out. I had a room full of people that I probably wanted people’s respect, attention. I don't know. So none of this is on your mind – not on our minds when we’re talking but when a panic attack comes in it, the fact that you are after attention and respect it all seems to come into the equation. Does that make any sense? Suddenly everything seems to matter and everything seems to be important. You can't think. It snowballs. This is important. That’s important. You need to be doing this. You should be doing that. You’ve got to get out. There’s a hundred thoughts that come in at that particular time and you can't – you can't hold on to one because the next one comes and it's slightly more important than the last one and it just becomes really difficult to cope with. But what I did – the only memory of it I have is freezing. Being 21 – being a 21-year-old man I laughed it off and kind of you know said I don’t know what happened and had a laugh with my friends but it did shock me and I know afterwards as well, I feel quite exhausted after a panic attack. It changes my day. If I have a panic attack I'm not gonna have a good day afterwards.

[Back to - Audio 2 Tim’s first panic attack](" \l "Session1_MediaContent2)

# Audio 3 Natalie’s panic attack

## Transcript

NATALIE

What's come to mind is a time, can't remember exactly which year it was, but it was about 2008, something like that and I tried to kid myself that I was okay and I had it all planned out because that’s the way that helps me deal with my panic is if I know where I'm going, what time, who I'm likely to see and how I’ll exit the situation. That’s one of the ways that reduces my panic. I convinced myself that I was okay to do a tiny bit of Christmas shopping that year and my dad was going to drive me into town. I knew exactly which three shops I was going to and then my mum was going to pick me up. And I landed in town. It was just overwhelming. I can't put it into words. It was just – it was too much. All the people coming at me. I had someone come at me wanting to sell me a Big Issue and I just couldn’t deal with the people. It just overwhelmed me. And I remember I literally ran – which was quite embarrassing – into Debenhams and threw up in the toilets. And I'd only been in town five minutes. And I was shaking like a leaf. I couldn’t speak properly and I remember, still in the toilet cubicle, I just rang my mum and just said come and get me and she was like, what? What's wrong – what's wrong with you? But yeah my legs were like jelly and it was almost like everything was in slow motion happening around me. It was just a haze.

[Back to - Audio 3 Natalie’s panic attack](" \l "Session1_MediaContent3)

# Video 1 Professor Roger Baker discusses the fear response

## Transcript

ROGER BAKER

Well, lots of things happen in your body. It's huge changes in your body, which are part of the fear reaction. Your heart may double in speed, racing. Your breathing increases. Your stomach turns over. Your legs are like jelly. You might feel hot and cold. You might be sweating a lot. You can be going white. Your mouth may go dry-- hair stand on end. Your eyes blur - many, many physical features. So what's that? And why? This is the fear reaction. What's going on, really, physically with the fear reaction is that the heart is pumping faster to get more blood to the muscles. And you're breathing more oxygen, so that the oxygen will be taken into the blood. And you get more oxygenated blood, particularly, to the arms and to the legs. Anything that's not necessary kind of gets cut off. For instance, you don't need to digest your food if you're being stabbed. That's why you get feelings in your stomach-- turning over. Your mouth goes dry. You don't need to salivate when you're being killed. So anything that is not to do with getting maximum power to your arms and legs cuts off. And just, it's the whole transformation of your body into those muscles. Why? Of course, so that you can either fight ferociously or you can run much faster than you'd ever run before. It’s a fantastic system-- an exquisite system. It’s amazingly quick - the reaction. It’s terrifically powerful. And it’s physical. Your heart does race much faster than usual. Why? So that you can get away. And so in this instance you might run like mad. And you might well outrun the attacker, because this will be your personal best because of this reaction.

[Back to - Video 1 Professor Roger Baker discusses the fear response](" \l "Session2_MediaContent1)

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

## Transcript

ROGER BAKER

But just imagine for a moment if you had that fear reaction and there was no man with a knife. There was no source of danger. It was a sunny day. You're walking alone or watching television. Then that would be very, very worrying. And that's exactly what a panic attack is. It's the fear reaction, which is accidentally triggered off. For some people, this reaction is accidentally triggered off in their body. And when it does, it creates havoc. Because "whoo"-- why is my heart beating twice as fast? Why is my stomach feeling like this? Why am I breathing so fast? It's very, very troublesome. And people naturally begin to think, I'm having a heart attack or this is epilepsy. I'm going mad-- all sorts of things. Just think about the fear reaction now. If it was mild, if your heart beat, let's say, 20% faster-- just a bit like that-- what use would it be? It wouldn't be enough to get you out of danger. And consider this with the fear reaction. If you ran away from the guy, you got away and escaped, and then you died because of the fear reaction. That's kind of idiotic, isn't it? You've got this wonderful protective system and the protective system kills you. So the fear reaction itself is absolutely harmless-- absolutely harmless-- no problem at all there. But it's just, when you don't know why you're getting it, it's very, very frightening. And this is the essence of a panic attack and what makes it such an awful experience.

[Back to - Video 2 Professor Roger Baker explains what happens when the fear response is accidentally triggered](" \l "Session2_MediaContent2)