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An example of successful therapy

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Ralph – an Example of Successful Therapy

The account of Ralph, a 28-year-old postgraduate student, is a true illustration of someone going through this therapy programme. He is an example of someone with very severe panic who completely recovered. Obviously, everyone who experiences panic attacks is unique so no two people's cases will be exactly the same. Ralph's case has much in common with other panic sufferers but differs in certain features. One of the unusual aspects of his case was the age at which he first experienced panic attacks (thirteen years old). This is younger than is typically the case.

I first heard about Ralph when a psychiatrist at the hospital where I worked asked me to see him as an urgent referral. He had been admitted voluntarily as an inpatient to one of the psychiatric wards, at the urgent request of his General Practitioner. The psychiatrist described him as intensely anxious, with a high pulse rate and profuse sweating. His stomach was churning and he had a fear of losing control of his bladder and bowel and of fainting. The psychiatrist started him on the drug fluoxetine, and decided to discharge him home with the idea of referring him to the Clinical Psychology Department for outpatient therapy (the most usual route for panic sufferers). However, Ralph returned to the ward the following day, having had a completely sleepless night with intense feelings of terror. He was given diazepam, along with fluoxetine, and the psychiatrist asked me to see him urgently.

Session 1: Fear of madness

I met Ralph first on the following day. This was to be the first of our thirteen sessions, which altogether stretched over seven months. I asked him to describe what he had been experiencing recently. He felt that any problem in life could push him over the edge. Going 'over the edge' meant that he thought he might completely disintegrate, no longer being responsible for his actions, turning into a different person unable to return to normality. He also described a fear of breaking down in front of others – that he would start crying with no control over his emotions. In the last year, his panic attacks had worsened. 'Now I would call them "terror attacks",' he told me.

He was completely bewildered about why he should be experiencing such terror – there was no particular cause that he could see, in fact he felt he had had quite a happy life in general. The fact that he saw no cause proved to him that he had an 'innate deficiency in my personality, which can't be cured'. Going into a psychiatric hospital had simply confirmed his own worst fears about his insanity. He said while he was in hospital he experienced almost constant panic, feeling nothing could be done and that he could not cope. 'As if I would explode... I was rooted to the spot with fear.'

The point to realize here is that this man was experiencing severe tension, anxiety and fear. His problem was not insanity, but a fear of insanity, and that fear stoked up more and more anxiety.

HOW IT ALL STARTED

I asked him to describe the problem right from the start. The idea at this point in therapy was to get him to put his thoughts in order and discover that there was a pattern and causes for his panic rather than it just being irrational. The sort of questions I asked were aimed at helping him to spot these causes and connections himself, just as described in Chapters 9 and 10.

He remembered his earliest years as happy until the age of five, when his mother was admitted to hospital with a nervous breakdown. She was gone for a long time and he was given no explanation about it. His family moved about the world a lot. At the age of thirteen, when his family was living in Trinidad, he was sent to boarding school in the UK.

He arrived three days before term started. The whole school was empty and he slept in a large dormitory by himself. He was left alone the next day. There were no friends or relatives nearby. Over the next few days other pupils arrived with their parents, but from the start he felt he didn't fit in. The first panic attack was still vivid in his mind. He was sitting in the school hall with many boys round about him. Suddenly he experienced terrific fear and wanted to get out. He was confused because he could see no reason why he should suddenly and for no apparent reason be struck with such strong, overpowering emotion.

After this, he began to be afraid of speaking in front of a group of boys, which he refused to do, and apprehensive of any new places.

Eighteen months later he was moved to another boarding school nearer to relatives, where he felt less isolated, and the problem largely subsided.

At eighteen years old, he went to Birmingham University to study economics. He lived with a friend in a nearby flat, and this was quite a good period in his life, when he was reasonably clear of panic. After graduating at the age of twenty-one, he set up his own business, later moving to Cardiff to live closer to his father, who by then had separated from his mother.

When he was twenty-five, the relationship with the woman he had lived with for six years broke up. At this point, he completely uprooted himself, leaving all his friends and the familiar surroundings of Cardiff, and went to live with his mother in Huntly near Aberdeen. He later enrolled on a postgraduate course at Aberdeen University and bought his own flat in a village outside Aberdeen.

It was while he was sitting in a crowded lecture theatre in his first week at Aberdeen University that panic unexpectedly returned. After this first panic attack, he became constantly anxious and fearful of more panic attacks and over a period of time he found that even the most simple of tasks became difficult through fear. He dropped out of university and his life became more restricted until it reached the crisis point when he was admitted to hospital.

WORKING OUT THE LINKS

At this point in the session, we tried to work out if there was any link between the two main panic attacks he had described at the ages of thirteen and twenty-five. At first, any link escaped Ralph, but by listing the similarities between the two situations he began to see that on both occasions he had been living by himself, isolated from his usual friends and

family. In fact, throughout his life he very rarely lived anywhere by himself but always had others near him. This was something of a revelation to him. Whereas before he thought these 'terror attacks' were merely random outbursts of his hereditary 'madness', now he began to see that there might be some meaning or cause to them. At the end of our (long) first session, I gave him some earlier drafts of Chapters 4 to 8 of this book to take away and read, and we arranged the next session for one week's time. He decided at the end of the session that he would go back to live with his mother instead of living by himself in his cottage.

Session 2: Ralph's fears in detail

Ralph reported the next week that he had been slightly relieved since going home to live with his mother, and although still in a state of constant tension had not been having panic attacks. He said that he was now aware through reading the chapters that panic attacks would not cause him any harm. He felt on reflection that he had been in a state of constant tension or mild panic before, but had developed ways to avoid having a full-blown panic attack.

Most of our second session was taken up in trying to understand his feelings a little more.

He described his symptoms as the need to go to the lavatory, a quickening of his pulse, palpitations, extreme tension in the forehead, cold hands, shaking, all of which happened at the same time. Typical triggers were being alone in crowded shopping areas or pubs, in queues and being alone driving the car.

His ultimate fears were that he believed that in a full-blown panic the tension would cause the chemical balance in his mind to alter his personality. He described the 'powers of reasoning' as being 'finely balanced', and an overload of anxiety might 'make it go'. He also thought the 'overload' of anxiety would make him dizzy and tense, and eventually make him urinate and pass out. He summarized this as a fear of 'losing control of the mind and body'.

His safety routines were as follows:

- Avoiding crowded situations.
- Being able to leave the pub at any time.
- Withdrawing from any stressful situations.
- When going to the hairdresser, picking a particularly good moment or having a drink beforehand.
- When in a library, concentrating on the books to stop thinking about fear.
- Avoiding picking up cups when other people were present.
- When having to write on a blackboard, having a drink beforehand.
- Trying to exhaust himself physically before attempting things.
- Cutting down on tea.
- Finding a public lavatory every so often to check his underwear to see if he had urinated in it.

His lifesavers were the following:

- On a particular day when he thought he would have a panic attack, he took a change of clothes with him (for fear of urination).
- When shaking, he would try to keep himself perfectly still.
- He would tell himself, 'When I finally go crazy, I won't know it any more and that will be OK.'
- He would mentally resign himself to a life of disability.

I explained to him that by carrying out these routines he never really allowed himself to discover what would actually happen during a panic attack. He would always continue to believe that 'anxiety overload' could lead to him losing control of his mind and body because the 'safety routines' he employed stopped panic attacks occurring, and even if they did start to occur he had lifesaving routines to reduce them, so he constantly shielded himself from knowing what would really happen. I explained that he needed to go into the sort of situations that might set off a panic attack without 'withdrawing', as he put it.

Session 3: The 'crunch point'

Ralph returned one week later. He was still living with his mother and did not feel as isolated as before. He was also sleeping better. He had been holding on to the idea that panic attacks came down of their own accord, as I had explained in the previous session. He had tried in a limited way to test this out by going into supermarkets for a short time.

Session 3 was to be our first real-life 'exposure session'. We would carry out exercises in town rather than spending the session in the office. I explained to Ralph again that it was important for him to try to set off a panic attack and 'sweat it out' without withdrawing, so that he could discover what really happened. We had already established that large stores were most likely to set off a panic attack, so I suggested to Ralph that we should go into Aberdeen city centre to a large store. Like most clients, this was the 'crunch point' he most feared, but I think Ralph appreciated that he could not move forward much more without attempting this hurdle.

So we both set off in my car to the city centre, where we parked and walked down to Debenhams. In Aberdeen, Debenhams is in a covered mall and has three storeys. We started at the bottom floor; perfumes, jewellery, men's clothes and sportswear. Although Ralph felt fear and dread, he was interested in the men's clothing section – panic had for the last two years reduced his shopping to clothes you could buy in the village shop, or what relatives happened to buy for him. As we walked round together a short wave of panic hit him but soon passed.

I must seem like a pest at times like this to clients because I am always saying, 'Did the attack pass off of its own accord or did you do something to bring it down?' exposing the little tricks and lifesavers that they are using to try to stifle a full panic attack. Well, yes, he was holding himself tense to avoid a panic attack getting worse. I again explained how he must allow the panic to come without trying to stop it in any way, so he was to stop purposely tensing himself.

We next went up the escalator to the second floor. Again we strolled round together but as most of it was women's clothing we decided to progress to the top floor. I asked Ralph to

stroll around this floor by himself and we agreed to meet at the top of the escalator five minutes later. When we met up, he explained that he had had a small peak of panic at first, but this had subsided. I then asked him to spend a further twenty minutes by himself on this floor before we met up again. He achieved this satisfactorily – he had felt on edge most of this time but no panic. We then went back into Debenhams self-service café for a coffee, to review what he had achieved in this session and to help plan out ‘exercises’ that he might carry out by himself before the next session. This may sound a pleasant end to the session, but going into a café had its own dreads, such as queuing and being trapped by having to sit at a table and finish your drink or meal. We were both very pleased with Ralph’s achievements. His self-confidence was higher and, as I was to discover in the next session, he was already beginning to plan his own campaign on panic.

Session 4: Progress!

Ralph returned a week later. He had gone into a supermarket himself and had a full-blown panic attack that reached its natural peak, then declined. During this, he said he was unaware of his surroundings and felt exhausted and defeated afterwards. He had expected a revelation but just felt defeat. However, over the next few days he had put his experience in perspective.

Later he pushed himself to do the week’s shopping, again in the supermarket. He refused to leave the supermarket until he had got all the items on his shopping list, which in effect ‘trapped him’ for a period of twenty minutes or so.

He had gone to a football match in Elgin, and he felt awful during the first half but OK in the second (Elgin United: 4; Huntly Football Club: 1). He had also driven sixty-four kilometres by himself (for the first time) to our session in Aberdeen that day. Previously he had thought that forcing himself to have a panic attack would be some sort of magic drug, but he now saw that this was an over-exaggerated view and that overcoming panic would take time and persistence.

In this session, we reviewed these exercises he had described and his reactions to them, and made further plans. For me, what Ralph had attempted in one week showed extreme bravery!

Session 5: Come on, panic: let’s get it over with!

Another week went by, and when Ralph returned for this session his list of successes included going to the supermarket, to the library, to a football match, to a huge shopping centre in Dundee, and spending three hours in a crowded restaurant.

He had stayed in these places until panic feelings had declined before leaving. He was now feeling much more positive and more willing to try things. Now on good days, he felt calm throughout the day with only an occasional twinge of panic.

His worst test had been in the local library where he felt a strong panic attack coming on; he said to himself, ‘Come on; let’s get it over with.’ He felt that now the best exercises were the hardest ones – they helped to confirm to him that the problem was on the way out. He felt that the therapy was helping him not to look inwards.

BEING ALONE

Ralph was beginning to think that he would almost have to reintroduce himself to society. He had noticed that panic attacks were most likely when he went into a new environment or had to do things alone, without support.

At this point, we spent quite a time discussing what 'being alone' meant to Ralph. What happened in the session was that we were going back to discovering causes (as discussed in Chapters 9 and 10) rather than focusing on practical exercises to overcome his fear of panic.

To Ralph 'being alone' signified being unloved. He explained that before he was thirteen, supplies of love were a bit thin in his family. His mother had not *shown* him much affection and he had always felt a little detached from his parents. When his parents were discussing sending him to boarding school, he had said to them that he would rather be with them and their friends and have a poorer education. 'But I always got the impression that they weren't listening.'

At school, when he was alone he had felt that his parents couldn't love him if they did this to him and that 'if *they* didn't love me I would never know real love in my life and never be able to sustain a relationship'.

Sessions 6 to 8: Now that panic has gone...

The first five sessions could be described as 'core therapy' sessions. From then on, the sessions took a slightly different form. They now consisted of the following:

- Reviewing practical tasks that Ralph had carried out by himself, and deciding what the next steps should be.
- Reminding him of certain basic principles such as cutting out safety routines, the normality of good and bad days and the normality of fear sensations.
- Discussing in greater detail the causes for this panic, both in terms of events and in his own attitudes and approach.
- General discussions about his tendency to be pessimistic and negative. His thoughts included, 'If I don't feel better after this therapy, I am never going to rid myself of this condition,' and 'I am dependent on the sessions. When they go, I won't be able to rid myself of negative thoughts.'
- Discussion on whether he really was a normal person or whether he had some mental weakness.
- More discussion on the significance of being alone, 'being alienated' and the need for security.
- Discussion about his feelings of self-worth. This connected with being alone. At the back of his mind, he had thought, 'When I am alone, I am unloved. If I am unloved, it is because I am unlovable. Therefore I am not a very nice person.'

By Session 8, he no longer believed he would lose control and was not experiencing much anxiety in places that had previously bothered him. He said he felt he had previously spent so much time being afraid of what was going on in his own body that he had not learned

how to deal with external fears. He also pinpointed the fact that fear had loomed so large in his life that other feelings had been shut off or stunted and he needed more time for his emotional life to grow. He needed to develop 'emotional strength'.

The significant breakthrough was that he had decided the time was right to go back to his cottage and live alone. He did this gradually from this session onwards.

Session 9: Going back to the scene of the crime

Ralph explained how difficult it had been for him to go back to 'the place where I thought I was going crazy'. There were so many associations with the temptation to think 'I'm going crazy' and, for instance, throw himself out of the window. But, he said, 'I hold on to the idea it is not craziness, just anxiety.'

Sessions 10 to 12: Can fears be forgotten?

By Session 10, Ralph was coping quite well with living at home, and by Session 11, he had 'almost forgotten' about being anxious in crowded shopping areas. He did experience some tension or anxiety in certain situations and had good days and bad days, but by and large was reasonably calm. These last few sessions were taken up with discussing his life in general, how he could handle relationships better, where he was going in life and what sort of job he might aim for. Previously he had not shared feelings much with others, for instance his parents or teachers at school. Now he said that his relationship with his mother had improved a lot, that he was able to share some of his difficulties and problems with her, and to his surprise she had listened and was understanding.

Session 13: Cutting the last thread

In this, our last session, Ralph said that 'It [panic] has almost entirely disappeared.' He sometimes woke in the night thinking, 'Where am I going in life?' But he had decided just to leave things to fate and see how they worked out for him. 'I am not worrying about the future,' he stated. One of the last things Ralph explained to me in this session was that he felt he should cut the threads with me – our sessions were a source of security for him, and he thought that now was the time to branch out by himself. Though it is sad to say goodbye to a client, this showed me how strong and healthy Ralph's attitude to life had now become.

