Fortunately, there are a variety of effective treatments available which produce improvement in a fairly short period of time:

- Controlled Breathing: Can be learned quickly and, if practiced regularly, can help during anxious times and lower susceptibility to panic.
- Progressive Relaxation Techniques: Deep muscle relaxation reduces psychological tension and is incompatible with anxiety (Jacobson, 1974).
- Visualization: Learning to consciously create visual images or sense impressions that train the body to relax and ignore stress.
- Meditation: The practice of uncritically attempting to focus attention on one thing or object at a time.
- Self-Hypnosis: A quick and safe way to gain increased control of emotions and improve concentration on tasks.
- Medication: Controlled studies have shown several medications to be effective in controlling panic symptoms.
- Psychotherapy and Medication Combined: Often produces effective results in a short time.
- SRB Method (Goldstein & Stainback, 1987):
  - Stop catastrophic thinking.
  - Refocus attention on the present and direct it elsewhere.
  - Breathe!
- Biofeedback: Using instrumentation to become aware of processes in the body, which are not ordinarily noticed, and bring them under voluntary control.
- Autogenic Training (AT): A systematic program that teaches body and mind to respond quickly and effectively to one’s verbal commands to relax and return to a balanced, normal state.
- Cognitive Therapy; Rational Behavior Therapy; and Assertiveness Training.

### First Aid for Panic

**14 “On the Spot” Tips to Get Through a Panic Attack (Beckfield, 1994):**

1. Take a “time out” and slow down. Slow your rate of breathing, slow your racing thoughts, slow your entire body, head to toe. Then slowly resume your previous activities.
2. Picture a relaxing scene, using all your senses. Now put yourself into the scene.
3. If there are places available, take a walk. If there are people available, talk to one of them.
4. Picture someone you trust and who believes in you, supports you, and cares about you. Now imagine the person is with you and offering you encouragement.
5. Recall a time you handled a similar situation well, or try to bring to mind past success and the good feelings you experienced at that time.
6. Focus on the present, on concrete objects around you. Make a game of noticing details or inventing questions about every object you identify.
7. Count backwards from 20 and, with every number, picture a different image of someone you love, something that pleases you, something that calms you. These might be images you recall from the past, or those you only imagine.
8. Occupy your mind with an absorbing task. Plan your schedule for the day/evening; try to recall the names of all the Tom Hanks or Richard Gere movies you’ve ever seen; plan a sumptuous meal, appetizer through dessert, and imagine yourself eating one bite of every course.
9. Bring to mind the image of a person you admire and imagine yourself to actually be that person. Think as they might think, act as they might act, even feel as they might feel.
10. Remind yourself that panic attacks always end. Always.
11. Remind yourself that panic is not dangerous.
12. Take a giant yawn and stretch your body, head to toe.
14. If all else fails, inhale deeply and hold it as long as you can. Use one of the other strategies to occupy your mind. Your physical symptoms should diminish and stay that way!

### Bibliography


Informational materials are also available in Counseling Services Self-Help Library.
Shari, a 30-year-old senior in Nursing, had been having a couple of really bad weeks following a mild, positive reaction to a T.B. test required of all nursing students. She was not reassured by the physician who told her it was “probably nothing to worry about”. She had been learning a lot in classes about a host of malignant diseases, and she recognized some of the symptoms herself. What if she had AIDS? Shari had just turned 30; an uncle recently died of cancer (“So that is in the family!”); and her boyfriend was trying to decide between Shari and resuming a relationship with an “old flame”. Now, sitting in a lecture class at 3:30 PM on Friday afternoon, Shari felt intense pain in her head, neck and back, and a searing sensation in her chest, “like someone pouring hot honey over it”. She could not get her breath, her heart was pounding furiously, and she felt weak, dizzy, and disoriented. Terrified, she thought, “Is this a heart attack? Am I dying?” She lurched to her feet, sure that everyone in the lecture pit was staring at her, and fled from the class!

**Shari was having a panic attack!**

- The bad news: Panic attacks are terrifying experiences, causing people to fear that they are dying, going crazy, losing control -- and they tend to reoccur without warning unless treated. Perhaps as many as 5% of adult Americans, millions of people, will have panic attacks at some time in their lives!
- The good news: Panic attacks are very treatable, with 80-90% of cases markedly improved or symptom free and with a low probability of relapse (10%) within a few weeks or months (Seligman, 1993).

**Definition**

A panic attack is:

- An emergency response of the nervous system to a situation that feels dangerous but isn’t, i.e., an “error” in the system caused by an initial misreading of an event as dangerous;
- A spiraling process based on that initial “error” which maintains and amplifies it;
- A case of the body’s alarm system, functioning normally and efficiently, “kicking in” at the wrong time and resulting in a catastrophic misinterpretation of the body’s sensations;
- A discrete period, sometimes lasting ten minutes or more, in which there is a sudden onset “out of the blue” of intense apprehension, fearfulness or terror, often associated with feelings of impending doom.

**Symptoms**

- Shortness of breath or smothering
- Dizziness, weakness, or faintness
- Feeling of unreality
- Numbness/tingling
- Palpitations or accelerated heart rate
- Trembling or shaking
- Sweating
- Choking
- Nausea/abdominal distress
- Flushes or chills
- Chest pain
- Fear of dying, terror
- Fear of “going crazy”, losing control
- “Unique” Symptoms: tilting sensations; surging sensations in the head; fear of impulsively doing something horrible or bizarre; sensation of extra heart beats or powerful, intense heart beats.

**Progression**

The progression of panic attacks:

- Logically, reasonably, once people have experienced a panic attack, they do not want to go through that again! Hence, they begin to avoid situations where they might have another attack.
- Panic attacks with “agoraphobia”: This is the description of the condition where people avoid places and situations where the problem might occur and help would not be immediately available, or escape might be difficult because of physical or social constraints.
- Avoidance becomes a coping mechanism, but not a helpful one, because it is based on the illusion that panic can be controlled by avoidance. An unexpected panic attack then easily leads to more and more avoidance.
- Avoidance leads to lowered self-esteem, exaggerated dependence on others, loss of confidence in one’s ability to cope, depression, and a very constricted lifestyle.

**Why me?** Who Develops Panic Attacks?

Panic attacks likely result from a combination of factors, including:

- A vulnerability to panic based upon one’s biological (genetic) makeup
- The “right” set of circumstances in adult life
- The experiences one had while growing up
- There is some evidence that people who suffer panic attacks have very sensitive, highly reactive nervous systems; hence, stressful events tend to produce in them strong physical reactions.

- There are theories that being raised in a very overprotective home, or conversely, in one where children are forced to shoulder too much responsibility too soon, may contribute to panic in later life.
- Women are 2-3 times more likely than men to develop panic attacks, though the number of men may be underestimated because they are reluctant to admit the problem and seek help.
- Men may be more likely to use alcohol to control abusers rather than panic sufferers.

**“Why Now?” When Do Panic Attacks Occur?**

- Research suggests that panic attacks usually begin between the ages of 18 and 35, with a peak time of onset in the mid-20’s.
- Panic attacks may be related to one, or several, of the following:
  - Times of loss or separation (threatened or actual), or such as death, a serious accident of a friend, an ominous medical diagnosis, secret fears of disease, divorce, or job change;
  - Reactivation of earlier losses or separations by “unique” stressors like: death, divorce, or job change;
  - Interpersonal conflict.
- Most people, once they start to monitor closely and ponder the timing of their attacks, begin to discover that they are sparked by particular thoughts and feelings (loneliness, hurt and anger, resentment, abandonment).
- Then a spiral of anxiety occurs and physical symptoms are generated, based upon fears about the meaning of the physical symptoms themselves, often paving the way for a full-blown panic attack. Interrupting this spiraling is crucial to preventing or recovering from panic!

**Treatment for Panic Attacks**

Panic attacks are real, terrifying and potentially disabling. If left untreated, they may worsen until a person’s life is seriously affected by the attacks and by efforts to avoid or conceal them. They can continue for months or years and, while there may be periods of spontaneous improvement, they do not usually disappear for good unless the person receives treatment designed to alleviate the problem.