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Panic Attacks

What are panic attacks (also known as ‘anxiety attacks’)? The most common symptoms include:

- ❖ a pounding heart
- ❖ difficulty breathing
- ❖ being sweaty or cold
- ❖ a feeling that one is going to die or ‘go crazy’
- ❖ a feeling that one might faint

They can occur at any time and any place. Some people can wake up in the morning and be in the midst of one as soon as they open their eyes. Others find that they are more specific to certain activities or places, such as being in a grocery store, or driving on the highway, or being alone and without others around at the time such as family members.

One way to understand panic attacks is that everyone has a ‘panic button’ in their brain, which serves us well at times. Consider what should happen if you are sleeping at 3 AM and the smoke alarm in your house goes off. There are times that an immediate reaction, with your mind and body going in to high gear, and your becoming keenly focused on just one issue, are desirable. So, having a panic button can be good. However, given the variability of people some individuals have a ‘hair trigger’ and their panic buttons go off way too easily.

Panic attacks can occur with or without agoraphobia. In the simplest terms, agoraphobia is a fear of going outside and especially being in crowded situations. The three most common agoraphobic avoidances I have seen over the years are fears of being in a grocery store, on the highway, or merely leaving the home. Grocery stores are probably the most common. Agoraphobics will either not go in to them for any reason, or only if they are accompanied by someone else such as a close family member. Parents who have agoraphobia may do okay in a store if they are accompanied by their children who may still be minors. Spouses are also commonly needed. Many have to leave the store prematurely, before they have finished their shopping, due to an anxiety attack. Others will go to stores but only in the off hours, such as at midnight, when they are less crowded.

Fear of driving, and being on the highway in particular, is also fairly common. A fair portion of individuals will not drive whatsoever, and have never even obtained a driver’s license at any time in their adulthood. Others may drive, but only if accompanied by someone such as an adult child or spouse. Still others will drive, but only within a comfortable radius, which can be loosely defined as ‘local driving.’ That is, the agoraphobic will not go to more distant locations, such as 50 or 500 miles away, like while taking a vacation by car.

The greatest agoraphobic avoidance that I have seen are those individuals who will not leave their home for any reason. Some have become prisoners to such an extent that they can not even go to the end of the driveway to pick up their mail. Others may be able to walk up and down their own block and that is as far as they can go. The most severe agoraphobic I ever saw involved a man who lived in an apartment building with his brother on the same floor, and his mother one floor below. All three had agoraphobia, and none of them had seen the others in 35 years, because they were all afraid to leave their own apartment.

What causes panic attacks?

The current thinking is that panic attacks are due to a combination of biological and social factors. The biological factors can include:

- ❖ being female. Female hormones, especially at the end of the monthly cycle, can increase the likelihood of panic attacks.
- ❖ mitral valve prolapse also has an increased incidence of panic attacks being present.
- ❖ hypoglycemia (low blood sugar) can cause panic attacks.
- ❖ caffeine consumption, be it from caffeinated soda, tea, coffee or other sources. This has been reported in the literature for many years, but only a small percentage of people I see report caffeine consumption causing an increase in panic attack symptoms.

The social factors typically include:

- ❖ a history of early loss and/or separation. What this entails varies from person to person. Most commonly it is death of a loved one, such as a parent, grand-parent who was living with the individual, or a sibling. Separation or divorce of the parents at an early age is also fairly common. I usually find that whatever separation or loss that occurred usually happens between roughly the ages of 5-10 years old, although some are even earlier, such as down to 3-4 years old. A modest percentage of people I see do not report any such loss or separation during those years, but may have had something happen to them later, such as between the ages of perhaps 15-25 years. And a smaller percentage will report nothing out of the ordinary in terms of loss or separation right up to the time that the panic attacks began. That is, some major loss occurred in adulthood, and anxiety attacks began around that point.
- ❖ high levels of dependency on others. Individuals with panic attacks typically are not comfortable or confident about themselves. The words that best describe them vary, but the general cluster is along the continuum of: passive, submissive, insecure, lacking in self-confidence, or low self-esteem.
- ❖ bottled up anger. Individuals who have panic attacks typically have a very hard time expressing anger. The two most common patterns I hear are 1) that the person almost never gets angry. If the individual claims they do show anger, it is not expressed against others. The person may think about it. Or, they may express it against things, such as throwing papers up in to the air out of frustration, but it is not directed against a particular individual who is causing such feelings to arise. Such individuals may go for weeks, months or years without ever getting openly angry at someone. 2) Other people I see claim that they do get angry at individuals in their lives and often on a regular basis, such

as daily or weekly. Usually such anger is against family members that they interact with a lot, such as a spouse or children. But, when questioned if they feel better after ‘letting it out’ they invariably will say they feel worse. They may feel guilty. Or, they are more tense and upset with themselves. Or, the expressed anger simply does not clear the air, or resolve what needs to be fixed.

- ❖ passive-aggressive behavior is also extremely common. Given that individuals with panic attacks have high levels of dependency on others – and they also are angry at the same person but will not show it openly, what usually results is a lot of passive-aggressive behavior. How it comes out again varies within the family. Common examples include a wife having the attacks and the husband not being able to travel for any reason beyond a certain distance, such as a 5 mile radius around the home – lest he need to be called back to handle ‘an emergency.’ Kids who have panic attacks will have high demands on the parents, such as not being able to go to school, and the parents having to stay home and care for the child to prevent a panic attack from occurring.
- ❖ an ‘external locus of control.’ What does that phrase mean? It is easiest to understand when one looks at individuals who are agoraphobic as well, and avoidant such as not wanting to go in to a grocery store. Someone with an external locus of control in effect says ‘The grocery store is making me scared.’ It may be phrased in their own mind as ‘I am scared in grocery stores.’ But, really what is being felt and thought is that an inanimate object, being the store, comprised of steel and concrete, somehow can make the person feel fear. Guess what? Steel and concrete can not make you feel anything. An ‘internal locus of control’ involves a person who thinks to themselves, ‘I may be feeling fear inside this store, but I’m not going to let it drive me out before I finish my shopping. I can handle this.’ The same external locus of control can occur in other situations, such as a kid going to school, or someone driving on the highway, and having panic attacks ensue.

Prognosis & Treatment

Panic attacks have some of the best prognoses of any psychological problem – **IF** the individual is willing to deal with it. And that is a big IF for a reason. Way too many people I have seen over the years who have panic attacks are frozen by the fears, and do not deal with it effectively. They are like the proverbial ‘deer in the headlights’ who freeze up when confronted with something that is scary and intimidating – and they get run over in the process.

Franklin Roosevelt said it best when he spoke the famous line about ‘having nothing to fear but fear itself.’ This is probably the most important point to keep in mind when dealing with panic attacks: the fear is internal to yourself. Fear is not real in terms of it being tangible. How we think and feel about ourselves and other issues in our life (being in stores, driving on highways, etc.) can greatly influence how we perceive emotions within ourselves. We can turn fear and anxiety on, by thinking in wrong ways (‘the grocery store is going to make me scared’). Or, we can turn fear off by thinking in healthier ways (‘I am in control of my life, and not an inanimate object’).

When individuals with panic attacks give in to the fear and become like the deer in the headlight, they inevitably lose. The fear grows over time, especially for agoraphobics. I have seen many

adults, who may have been anywhere from 30-60 years old when I evaluated them, who could trace the panic attacks back to their early years, such as when they were adolescents or young teens. Back in their childhood years the panic was relatively minor such as perhaps causing them to miss school some number of days per month. But over the ensuing decades the fear continued to grow until it became disabling and crippling in various ways.

Those people with panic attacks who have not been fearful of fear but have stood up to it inevitably get better. They may become 'cured' and the panic disappears all together. Or, they at least have a major reduction in the panic, and the quality of their life is vastly improved and they are far more functional in their daily living.

What percentage of people get better if they are willing to confront the fears? Most commonly cited are estimates of about 85-90% of people getting better if they give themselves a chance by confronting their issues in appropriate ways. What is more amazing is that such numbers of people get better measured over perhaps 6-13 weeks. Wouldn't it be great if something like cancer could be cured that often and that fast?

What kind of treatments are employed to have such a high rate of success? Two methods can be used. Both work alone, and research typically suggests they work a bit better if employed together. The two methods are psychotherapy and medication.

I am not a medical doctor, and so it is inappropriate for me to get in to much of a discussion about prescription drugs, since it is outside my area of expertise. I will simply say that there are generally two classes of drugs that physicians may want to try. One is the anti-anxiety drugs. Valium is probably the best known of the drugs in this class, although research says it is not a good drug to use with panic attacks.

The other class of drugs actually works on the heart and stabilizes its beat. The idea is that if a person feels their heart pounding in their chest, they think 'Oh my God! I must be really anxious!' If they can not feel their heart pounding, but instead it has a normal rhythm and style, then that anxiety-arousing thought never occurs, and so they do not have a panic attack.

The therapy that is employed deals with the social factors that contribute to panic attacks occurring. Common approaches include:

- ❖ helping the individual to learn how to better understand different emotions. People with panic attacks typically label all feelings as 'anxiety.' There are many emotions, such as anger, depression, loneliness, or irritability. Anxiety is only one feeling. As noted above, anger in particular is a very hard emotion for people with panic attacks to express. So, learning how to a) identify different emotions, b) express each in more appropriate ways, can be helpful.
- ❖ helping the person develop an 'internal locus of control' so that their personal power and effectiveness is not given away to something like a grocery store. This involves teaching them how to think in more healthy and accurate ways.
- ❖ reducing dependency (insecurity, passivity, submissiveness, etc.) and increasing feelings of self-worth and –confidence

- ❖ increasing healthy and more appropriate communication skills. Passive-aggressive behavior is not an effective means to share one's feelings, relate to others, or influence their behaviors. It is manipulative, self-destructive, and all too often can cause a rebellion by the person it is being directed against. There are better ways to communicate, or 'How to win friends and influence people' as Dale Carnegie put it. Healthy and effective communication skills are like anything else we learn: they can be taught and learned easily. And they need to be practiced on a regular basis to maintain and improve them.

In summary, anxiety attacks are among the easiest of psychological problems to treat. What they most require is a willingness to deal with the problem, and not be crippled by the fear of fear.