



## Panic

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Dr Brendan Lloyd, Psychologist Byron Bay



The two most common things that I hear from clients about panic attacks are, 1) they just happen out of the blue without warning, and 2) these clients had no idea that they were experiencing a panic attack at the time.

It's interesting but very few people bring themselves off the street, or come from their own initiative to see me about panic attacks. The people who I do see have been told by someone else that what they are experiencing is panic attacks.

Usually the first port of call is their GP because people who experience panic attacks think that there is something wrong with them psychically, usually heart disease. The doctor finds nothing wrong physically and suggests that they see a psychologist.

One man told me that he had been admitted by ambulance three times to the emergency department of a big capital city hospital with suspected heart attacks. Each time he had been driving home from another capital city along the freeway when he felt pains in his chest. He thought that his chest was going to explode. His heart was racing like mad. He started to feel as if he was going to die then and there as he drove along the freeway. He said that each time he pulled over and managed to call an ambulance. The ambulance would arrive and each time the paramedics thought that he was having a heart attack. The end result was that the doctors at the hospital did all the known tests for heart disease and each time he was given a clean bill of health.

A young woman came to see me on a GP's referral. She had taken herself to the local hospital emergency department one Sunday night because she was having a weird experience that made her feel as if she was going to die. She had just come back from her honeymoon in Fiji. She had one of these episodes whilst in Fiji. She had experienced one or two before she left. This one on the Sunday night was the third since she got back. The GP told her that she was experiencing panic attacks. He had given her some short-term medication and referred her to see me.

In both the example above, these people were in some sort of panic anyway. In other words, their panic attacks were merely a reflection of their lives and related head-chatter at the time. The man was working long hours. He was a manager of a very busy business. He was driving up and down to coast over long distances to do business deals. He was desperately making money for the business to receive big bonuses. He was running on adrenalin.

The young woman told me that she was working full time as a legal secretary. She was studying law fulltime at university. She had just gotten married. Her husband was just going out on his own as a self-employed tradesman. She too was running on adrenalin.

Another example was a woman with chronic lower back pain. Her work-related accident had happened two years earlier. She began to have strange experience whilst she was out shopping. The experiences began with spasms in her lower back. Her GP had told her that these spasms were a *WARNING* sign to do with exacerbating her injury. So whilst she was out shopping and these "warning signs" appeared, she would abandon her shopping and try to race home so that she could lie down. She found that when she did this, she began to experience a weird feeling like she was going to die. Her breathing altered, her heart-rate pounded, she felt strange, and she could hardly



make it home. She went to her GP who told her that she was having panic attacks. At that point she wanted to see a psychologist.

The GP apparently said, "I know what's wrong with you, you know what's wrong with you, all you need to do is go home and rest". This fantastic advice from her GP made her problem worse of course. It meant that she was unable to get out of her house to go shopping or to venture far for any reason. This went on for over a year. Eventually her Workcover solicitor gave her my card and told her to insist on a referral from her GP. She did this. The "warning sign" story from the GP had created a state of emergency for her every time she felt a muscle spasm in her lower back. Then in the end it became an emergency for her every time she even thought about going out or to go shopping. She was running on adrenalin in the end.

Is there such a thing as a panicky person? I don't really know. I suppose there might be given that we all have different personalities. So if it is possible to think of panic as a personality trait, then there will be the full range of people, some with low panic, some with high panic, and those in-between. There certainly is a Personality Disorder called Histrionic Personality Disorder (HPD). These are the people who over dramatise everything to the *Mth* degree. Someone with HPD would affect panic; you might even believe that it's real panic. They might even convince themselves that it's real panic.

Panic is categorised as an anxiety disorder. HPD is a Personality Disorder. The major difference is that panic as an anxiety disorder is very treatable. Someone with an anxiety disorder such as panic is usually very happy to find out that their panic is treatable. On the other hand, someone with HPD, or any PD, would be very disappointed to hear that their particular problem was easily treated. Their disappointment would in fact worsen their problem.

The other possibility for some people who experience panic attacks on a regular basis is that some of these people might have a hair trigger on the emergency button. You can read about the emergency button in my other articles Self-Help for Stress, Anxiety, Depression, etc. The emergency button is a metaphor or analogy to describe the trigger for our flight or fight response. In other words, some people might have a biological variation that means that they over produce adrenalin far too easily. The common thread through all this discussion about panic attacks is the over production of adrenalin, one way or the other, for whatever reason.

Importantly, none of this makes panic a mental illness *per se*. Someone who experiences panic is not sick. You do not need medication for panic attacks as such. You would only need medication if you don't know that you are having panic attacks and your GP is clueless in this regard or is just not paying attention. If you do need medication then it should be for an acute exacerbation of panic. In other words, you start experiencing panic attacks, you don't know what it is, you go to your GP or the hospital, and the doctor gives you something to treat the short-term effects.

When we talk about panic attacks as a problem, we are of course talking about panic that is out of context with the situation. All the examples above are panic that is out of context. To say panic was in context, you would need to have a situation that presented you with an actual threat to account for the over production of adrenalin. If your house was on fire you might panic trying to save your children and then your photos. Or if you have a very important appointment and you can't find your tie, you might panic. Or if you are told that there is a bomb in the building you might panic. I'm not saying that panic in these situations is going to be of any help to you, but at least your adrenalin production would be due to a real emergency.

You might be disappointed with yourself for panicking in a real emergency. Your panic may have made things worse for you in that one-off situation. Your panic might have been an annoyance for

the people in your company if say it was because you couldn't find your tie. But there is no need to flog your self for this. No one is perfect.

It is vital to understand that panic is not something that just happens out of the blue. Any human experience that has anything to do with the over production of adrenalin, such as anxiety, depression, panic, or any other stress related symptom, etc, is an outcome. Panic is an outcome. An outcome is due to a process. A process is a sequence of events. The sequence is something like this...

There is an unresolved stressor that represents an emergency of one kind or another. The unresolved stressor gives rise to the head-chatter with perhaps a panicky quality. The panicky head-chatter gets you on the emergency button and can even jam it in the "on" position (a metaphor). Elevated levels of adrenalin over extended periods of time will certainly cause anxiety. Sharp increases of adrenalin whilst anxious will cause a panic attack.

Panic attacks also often involve an alteration to your breathing. Some people will say that panic is caused by hyperventilation. This observation is most certainly not true. Hyperventilation might coincide with a panic attack. In other words you might find that you are hyperventilating during a panic attack. But the hyperventilation did not cause it. During the sequence of events that lead up to a panic attack, particularly whilst giving over to the panicky head-chatter, you are more than likely to subventilate, not hyperventilate. Subventilation means that you are holding your breath for periods of time, or that at least you are breathing very shallowly. This is the baited-breath of anxiety.

Subventilation retains carbon dioxide (CO<sub>2</sub>) in your blood. This makes your blood more and more acidic. There is a part of your brain that monitors the pH of your blood. If your blood gets too acidic, this part of your brain assumes that you are running out of oxygen, even if it's not true. Subventilation or hyperventilation does not affect the partial-pressures of oxygen in our blood much at all. On the other hand, subventilation or hyperventilation does affect the levels of CO<sub>2</sub> in our blood quite dramatically. Therefore, whilst you are subventilating in an anxious state and you begin to experience panic, you can get the effect that you are about to die and that you are lacking oxygen. The response to this is a panic attack with hyperventilation.

During hyperventilation you will flush CO<sub>2</sub> from your blood which then creates a whole new set of problems for you. Breathing into a paper bag will not make the panic go away, but it will at least help you to get your levels of CO<sub>2</sub> back to normal in your blood. Flushing CO<sub>2</sub> from your blood can cause a temporary condition in your body called Tetany which can result in cramps in your hands, wrists, throat and jaw.

## What to do?

From the self-help perspective there are two important points to understand that will give you a good head-start.

Firstly, if you are reading this article, then you already know that you've had panic attacks or at least one attack. This is essential knowledge.

So if you know what a panic attack is, then next time it happens, you can take steps to temper the effect. If you are having a panic attack it's too late to stop it from happening. But at least if you know what it is, then you will know that it will not kill you. With all things being equal, no one has ever died from a panic attack.

As soon as you notice the panic attack, the best thing to do is to sit down or lie down regardless of where you are or what you are doing. Save the embracement because it will only add to your panic if you don't. Make a deliberate attempt to relax your body as much as possible. You probably will not be able to experience extreme relaxation whilst having a panic attack, but at least if you attempt to relax yourself at all, it will help to settle the feeling of panic in your body.

Help yourself to relax during a panic attack with clear statements to yourself such as, "this is a panic attack, this will not kill me, I know it will pass and soon I'll be alright. The best thing I can do is accept this inconvenience or embracement and try to relax". Repeat this type of statement to yourself for as much as you need to. Try not to focus on how bad you feel during the panic attack. Try to focus instead on accepting that "this is what is happening now, and soon enough it will pass".

To further help with relaxing your body, whether you are experiencing hyperventilation or not, try to pace your breathing to a slower more normal rate. Don't worry about a paper bag if you don't have one. No point in adding to your panic because you don't have a paper bag on hand. The bag thing is not necessary anyway. You will not die, you will not suffocate, and you will not pass out. The sooner you are able to get your breathing to a more regular rate the sooner your body will automatically adjust.

The sooner you "go with" a panic attack the sooner it will pass. Resisting a panic attack or fighting it will only make you produce more adrenalin and worsen the effect. Relax yourself with reassurance that you will be alright and get your breathing to a regular pace. Secondly, the best defence for panic attack is to know how it works. Panic is quick sharp stress/anxiety. There is a spike in your adrenalin production. If you are experiencing panic attacks, then you are stressed. If you have already read the article *Self-Help for Stress*, then you would have a clear idea of what I mean about the link between stress, anxiety, and panic. Stress does not cause panic because panic is stress.

In all the examples above there is a stressor of one kind or another that represents an unresolved emergency. In the first two examples the lives of those people had evolved into a mad rush to achieve something, be somewhere, and get something. In the example of chronic pain the story is much the same except it was all about a mad rush to get rid of the pain and to avoid the "warning signs". As soon as you start creating emergencies in your life you are on the road to anxiety, perhaps depression, and perhaps panic.

Along with the unresolved emergency is the panicky head-chatter that reflects the unresolved status of the stressor. This is the mind-body connection. If your head-chatter is allowed to carry-on then you will stress yourself. In other words, the head-chatter will keep you on The Button (triggering the flight or fight response). You will maintain elevated levels of adrenalin in your body over extended periods of time. This is the recipe for stress.

## Conclusion

All you need to know about how to prevent panic attacks is in this article and the articles *Self-Help for Stress* and *Mindfulness Skills*. You could also use the information in the article *Self-Help for Anxiety*. If you are able to use this information without professional-help then not only will you save some money, but you will achieve something very worthwhile. Nevertheless, don't be afraid to seek professional-help. It will not be a sign of failure. The subtleties of our own personality are not always easily understood. For example, if you experience panic attacks, then you are somehow creating emergencies. There is no question of that. There is adrenalin involved and we only

produce adrenalin during an emergency. The part of our brain that triggers the flight or fight response does not question whether our emergencies are real or not. You might welcome some help understanding your personality and how you do this. Feel free to use the Self Help Psychology pages.

**WARNING**

For very serious psychological problems such as posttraumatic stress disorder, specific phobias, addiction, conduct disorder, or personality disorders, I strongly recommend that you seek out a local psychologist to tackle those problems in face-to-face consultations. For serious psychiatric disorders such as psychosis or bi-polar or schizophrenia you will need to consult with a psychiatrist face-to-face about suitable medication.