

# Anxiety and Panic

*"I'm so worried... I'm so frightened... I just panic."*

Abnormal anxiety states affect about five per cent of the population at any one time, and about three in every ten people are likely to suffer a panic attack at some stage in their lives. Although anxiety and panic have their roots in very normal, life-preserving reactions for a poorly-protected mammal in a dangerous world, there are times when they can get such a hold, or appear in such a ferocious, unexpected way, that life becomes very difficult. They are clearly linked to a range of similar conditions, such as phobias, obsessive-compulsive behaviour, and stress-related problems, and can also appear in a wide range of other psychological disorders. A large proportion of those who suffer from abnormal anxiety and panic are also likely to suffer from depression.

## What is anxiety?

Anxiety is a normal and healthy feeling that arises in response to threats to our existence, including accidents, sickness and death. Healthy anxiety is proportionate to the threat and can be used creatively to recognise what is going on and help deal with it. Unhealthy anxiety is usually much bigger than the threat would appear to warrant, so that it actually blocks an appropriate response and generates unhelpful behaviour. Unhealthy anxiety can be repressed, storing itself up to create a generalised high level of fear and worry, venting itself occasionally in almost inexplicable outbursts of panic.

Anxiety is associated with the following symptoms, at a level sufficient to cause significant distress at home, in social situations, or in the workplace:

- fear and apprehension,
- restlessness or feeling "keyed up" or "on edge",
- tiredness,
- poor concentration,
- irritability,
- a tendency to be jumpy and easily startled,
- muscle tension, possibly with other symptoms such as backache or headaches,
- difficulty falling or staying asleep, or restless unsatisfying sleep.

The anxiety or worry is generally out of all proportion to the likelihood or impact of the feared event. In some cases the feared event may be hard to identify. Adults may fret about almost anything: money, health, the possibility of accident, meeting the daily schedule, job responsibilities. The list is endless, and the focus of the worry may shift from hour to hour. In such cases the problem may be called free-floating anxiety. Children also suffer from excessive anxiety, and here the focus is often on how well they are doing at school or socially.

In the long-term, anxiety may manifest through a variety of stress-related complaints, such as cardiovascular problems, tension headaches, indigestion, irritable bowels, bladder problems and sexual difficulties. It may also result in behavioural traits such as reclusiveness, miserliness and underachievement.

### What is panic?

Panic is a distinct period of intense fear or discomfort. A typical panic attack builds to full intensity within ten minutes and is gone within the hour. It will include some of the following physical symptoms without there being any other cause:

- palpitations, a rapid, pounding heart or an irregular rhythm,
- hyperventilation – very fast breathing,
- sweating,
- trembling or shaking,
- sensations of shortness of breath, smothering, choking,
- chest pain or tightness,
- nausea, abdominal pain,
- a need to urinate or empty the bowels,
- dizziness, unsteadiness, weakness, light-headedness, faintness,
- numbness or tingling,
- chills or flushes.

The psychological symptoms include the following:

- fear of dying or serious injury,
- fear of losing control, fainting or going crazy,
- feelings that the outside world is not real,
- feelings of not being present, as though detached from events or one's normal self.

No-one who has a full-blown panic attack is likely to want another. The fear of further panic attacks can itself become a cause of serious anxiety and even panic.

### What causes anxiety and panic?

The symptoms of anxiety and panic are based on a perfectly normal physiological and psychological response to danger. Any perceived threat gives rise to fright and fear, and under this stimulus a small part of the brain goes into action – regardless of what the threat may be. It starts a cascade of over 30 stress hormones, including adrenaline, noradrenaline and something called ACTH, which generate a series of effects, often described as the fight-or-flight reaction:

- glucose is released into the bloodstream as fuel for brain and muscles.
- heart-rate, blood pressure and breathing increase,
- inessential activities, like digestion, are curtailed,
- saliva and mucus dry up, increasing the size of the air passages in the lungs,
- endorphins (natural painkillers) are secreted in case of injury,
- surface blood vessels in the skin constrict to concentrate blood to brain and muscles and reduce the severity of any bleeding,
- more blood cells are released to carry oxygen and fight infection,
- numerous fairly minor effects such as dilated pupils and body hair standing up.

This is all great news for a caveman preparing to beat off a sabre-toothed tiger with a short piece of root, or even for a modern fireman about to plunge into a burning building. However, anyone who has stood up to give a business presentation with a shaking leg, pounding heart and a dry mouth knows that many of these responses can be counter-

productive a lot of the time. And if there is no obvious source of stress at all – as often happens in a panic attack – the result can be truly frightening.

In a real life-or-death situation, the fury of the fight (or flight) will burn up the newly-released blood glucose, the heaving body of the victor will be glad of its increased oxygen-carrying capacity, and all those bites and gashes will benefit from the body's emergency first-aid system turned up high. However, if you're stuck in the middle of Trafalgar Square, holding onto a lamp-post, breathing like a train, and desperately worrying that you're becoming more of a tourist attraction than 5,000 diseased pigeons, it may seem like the world is coming to an end. All those hormones and nowhere to go. When you *can* move your first reaction may be to go for coffee or reach for a cigarette. This may push your arousal levels up again.

#### What causes a panic attack?

The short answer is that the body's fight-or-flight emergency reaction, as described above, has been turned full on. Sometimes there may be no obvious cause, in which case the attack may be described as unexpected or uncued. Sometimes they may arise from exposure to a particular situation (often involving a phobia), or from the expectation of exposure. In this case the terms situationally-bound or cued may be used. The words situationally-predisposed may refer to an apparent link to an activity (such as driving) where an attack does not invariably occur and may have a delayed onset.

The reasons for anyone's panic attack are very individual. Clear precipitating factors include phobias and current situations which in the past have been a cause of stress or danger. Bereavement is another frequent cause. Apparently uncued attacks may arise from the unconscious perception of very subtle links to such situations. Separation and losses from the past may suddenly provoke panic, particularly where they involve the loss of a parent or loved one, or loss of the love and security they provided. Loss of self-esteem or feelings of shame are other possibilities. Often those who have panic attacks have acquired high moral or behavioural standards. Their lives may be ruled by ideas of who they *should* be or what they *must* do. A woman may glance at herself in a shop window and think that she *should* dress more smartly. Five minutes later she may be hyperventilating and waiting for the sky to cave in. She may have no idea what triggered it.

Some medical conditions are associated with anxiety symptoms, including disorders of the heart and thyroid. Many prescription medicines are known to contribute, as well as paint, petrol, insecticides and carbon monoxide. Anxiety and panic symptoms may result from the use of many recreational drugs, and are also commonly seen in withdrawal.

As with many psychological disorders, panic and anxiety run in families, and there appears to be a genetic component to the risk of developing symptoms.

#### What causes abnormal anxiety levels?

High anxiety may be the result of the body's fight-or-flight reaction (described above) being left slightly "turned on", though not at the level seen in a full-blown panic attack. However, this is a simplification. High anxiety levels are not always associated with high levels of adrenaline.

There are various psychological theories for the causes of persistent anxiety, but in general they relate to the idea of unresolved tensions. As noted in the case of panic attacks, anxiety

may be about old losses and separations. Perhaps something went wrong which has never quite been dealt with. Maybe we have had an overprotected childhood and never learned to deal with normal fear. Or perhaps we encountered so much that it has always seemed overwhelming.

As in the case of depression, anxiety can be a way that the buried part of ourselves signals to the conscious part that something is wrong. Perhaps it's saying, "You need to pay more attention. Start noticing what's going on."

### How can anxiety and panic be treated?

Both anxiety and panic are very treatable and often respond excellently. The type of treatment chosen will tend to depend on the practitioner you choose, and on the type of symptoms you present. Treatment for phobias is a whole area in itself. This article looks at generalised anxiety and worry, and panic attacks as phenomena in their own right.

#### *Medication*

High levels of anxiety may require some sort of drug treatment, and this is the province of the psychiatrist and GP. The most familiar anxiety-reducing drugs (known for their effect as anxiolytics) are the benzodiazepines, which are also described – somewhat misleadingly – as minor tranquilisers. The most famous representative is diazepam, or Valium, but there are plenty of others. In the past they have been widely overprescribed for a variety of unhappiness and stress-related problems. They damp down anxiety through their sedative effect. Although they may help people through a particularly stressful event, such as a surgical procedure, they do not help an ongoing, underlying problem. In bereavement they may actually inhibit normal psychological adjustment.

Benzodiazepines should only be prescribed in the lowest possible doses for the shortest possible term. They may not be suitable for some cases and can cause withdrawal effects quite similar to the original event. Withdrawal should normally be staged and under strict medical orders.

The other main drugs that are prescribed for patients suffering from anxiety are anti-depressants. This is partly because about a third of all patients with serious anxiety also suffer from depression, and partly because they are believed, some more than others, to be useful in reducing anxiety symptoms. They are generally considered to be fairly safe and suitable for medium to long term use.

The physical symptoms of panic and anxiety may be reduced by using beta-blockers. Although they do not affect the psychological symptoms directly, they may be very useful where the fear of a panic attack has actually become as serious as the fear of what caused it in the first place.

In very extreme cases, or where patients have lost touch with normal reality, antipsychotic drugs may be prescribed as a short-term measure.

#### *Other non-talking cures*

As a last-resort for long-term sufferers of severe anxiety, where all other treatments have failed, surgical treatment may be suggested to destroy a small area of the brain. Only a tiny number of sufferers are considered for such a procedure.

Otherwise, the field is wide open for a whole range of complementary treatments whose primary focus is likely to be relaxation and stress reduction. One of the most common and likely to give useful effects is hypnotherapy. This can work in a variety of ways, and most hypnotherapists should be able to offer clients a daily self-relaxation routine, as well as some sort of "emergency procedure" to help people relax (or at least not tense up so badly!) in the face of panic.

Anything else which soothes the client and offers them time out should tend to reduce overall anxiety levels and, quite likely, the incidence of panic attacks. Meditation, massage, aromatherapy, Reiki, yoga and lots more may help – depending on the ability of the client to use them to reach a really good state of relaxation.

Stress immunisation, like exposure therapy, is a largely behavioural technique particularly successful in the case of phobias. However, it may also be very helpful where someone has had panic attacks and their biggest fear is having more. In any case, both offer useful insights into dealing with anxiety more generally.

### *Psychotherapy and counselling*

Anxiety and panic usually respond very well to therapy and many of the professionals on this page will be able to help you. They usually take panic attacks very seriously. This is not because they are life-threatening in themselves, but because they are well-known to be very distressing. A skilled therapist should be able both to help you find a routine to stop attacks when you feel them coming on, and to deal with some of the underlying causes.

Different therapists set about things in different ways. Someone from a psychodynamic background, for instance, may not place too much emphasis on the actual symptoms, but will aim to get to grips with the nature of the anxiety itself, which is likely to have its roots in some of the events of childhood.

A more person-centred or humanistic therapist will give you the conditions to unpack your experience of the problem in great deal, listening, seeing and giving you space to find your own answers.

Cognitive and behavioural therapists are likely to be most interested in what has caused the symptoms, and how you might find ways to address this. They are also likely to be very helpful if you wish to want to reconstruct your life to avoid stress and the conditions which cause anxiety to mount. Cognitive-Behavioural Therapy (CBT) investigates the links between feelings and the thoughts and beliefs that underpin them, and can be very successful in dealing with anxiety.

Other modern approaches involve mindfulness, which draws heavily on the meditative techniques practiced for thousands of years in yoga and Buddhism, but without the spiritual framework. It can be very useful both as a way of finding calm and of recognising the issues underpinning anxiety.

Integrative and transpersonal therapists will try to draw on a wide range of theoretical models and practical techniques, including cognitive ideas and mindfulness, to help you solve your problems in a way that works for you. They can help you investigate your experience of anxiety, what causes it, and how you can reduce its impact on your life. For panic attacks they may suggest meditations or visualisations, or perhaps just short

cognitive routines, to help you prepare for attacks and defuse them if they threaten. They can also help you examine why they arise.

High anxiety levels and panic attacks are associated with high levels of “shoulds”, “oughts” and “musts” in the sufferer’s vocabulary. Perhaps the standards you are trying to meet are just too high. Perhaps they are not really your own. Good therapy will help you unravel all this, and help you adjust to a set of standards that suit you better.

You may also have had a great deal of loss in your life which has never been properly recognised and honoured. Bereavement is a separate issue in itself. The loss may not just be about people, but can also be about other issues, such security, health, youth, hope, innocence and faith. A therapist may be able to provide a space for you to work through these issues and examine how they continue to affect you. Once they have been made conscious, they are less likely to sabotage you in invisible, unconscious ways.

### How can I help myself?

For persistent anxiety where the cause is not always obvious or shifts from problem to problem without much let-up in between, the key realisation may be that this is not the way you want to live. Life is stressful and anxiety is normal, but when it becomes the dominant emotion in life, it may be time to make changes.

You may be able to look at your life and think of ways of reducing the things that stress you. This may be enough to reduce anxiety and worry to more tolerable levels. You may need some help to examine your life and explore alternatives. A counsellor can be very helpful here. They can stand back a little and help you check out your ideas about what is, and is not, changeable.

Specific relaxation techniques may be very helpful too. Listening to a self-help relaxation tape a few times a week can make a real difference. You may be able to find a hypnotherapist, or some other therapist or complementary professional, who has a nice voice and will make a special one just for you, purring your name and dealing with the sort of issues that are high on your list of concerns. Many of the complementary therapies (see the suggestions above) can help you reach a good state of relaxation, and give you time and space to enjoy it.

A number of activities can help with anxiety levels. They will normally be things you enjoy doing. Things that can be particularly useful include those where you get your hands dirty and get close to the earth – like gardening or pottery. Cooking can be good too, but the emphasis should be on taking time to nourish yourself.

It’s also a good idea to reduce your caffeine and alcohol intake, cut out cigarettes, and think more about your diet. Foods that produce a blood-sugar rush (they have a high glycaemic index) probably do not help. Some people are intolerant of certain foods, and this is known to cause mood symptoms. If you have the time and inclination, check it out.

One of the problems is, however, that doing things, even if it is listening to a relaxation tape, going for a massage, or preparing a nice healthy meal, just adds to the list of things that *have* to be done, and can make people feel more oppressed by life and less at peace with themselves.

To really get to the bottom of persistent and shifting anxiety, your best bet may be a psychotherapist or counsellor. They can give you the insight to see what really causes you to push your life remorselessly into the grips of discontent and worry. Sometimes the insight alone is enough to show you how to pull things back. Sometimes you may need help to discover what you might do differently. You may not feel you have choices, and may need support to exercise them effectively.

#### How can I cope with a panic attack?

If you are reading this, you may already have had at least one panic attack, and may be fearing others. The most important thing to remember, if it happens, is that *you will survive it*. However terrifying the experience, it will *not* kill you and you *will* come through.

You may be able to recognise the signs before the attack really gets going. They are likely to include accelerated breathing and heart-rate, palpitations, sweating, a surge of fear, changes in perception, and confusion. A state like this, still short of a full-blown panic attack, is sometimes known as an anxiety attack. Your instinct may simply be to get out of the situation you are in. You may need to do that. This is OK. Another choice would be to stay with the symptoms and try and work with them. Have a look at the section on phobias (the part on social phobia) for some tips on how to do this. The main strategy is to do small things to keep the anxiety at manageable levels, make good ground contact, keep your breathing deep and slow, and do anything else you know to monitor and soothe the symptoms down. Many therapists can offer you some tools to do this.

If your symptoms do mount into a full panic attack, get yourself to a safe place where you can be as private as possible. If you know what's caused the attack, try to get something solid between you and it, or move away. Don't run. If you're with someone tell them what's going on, and make it clear that ordinary life is cancelled until this is over.

Make good contact with the ground: sit down, or at least get your back against a wall or tree, or hold onto something. Now concentrate on your breathing. Deepen your in-breaths and slow the whole process down. Breathing in and out of a paper bag (if you have one) or cupped hands (if you haven't) can help you maintain the right level of blood acidity and avoid dizziness and nausea. Feel the solidness of the ground and watch your breathing. You will survive. You will not faint. Fainting is caused by an entirely different and quite contrary physiological mechanism. The attack will be through the worst in a few minutes, at most. Then you need to find a calm space and give yourself some TLC.

If you have more than one attack, or are seriously disturbed by your first, find a professional who can help you.

#### How can I deal with someone else's panic attack?

It can be upsetting and bewildering to witness a panic attack. It is a medical emergency, and – as in the case of any such emergency – the immediate priority is to assess what is happening and make the environment as safe as possible.

Take someone seriously if they tell you what is happening for them. Don't think that plunging them into yet another shop or urging them to run for the next train is going to calm them down. They need something immediate, effective and safe.

If you know someone is prone to panic attacks, look out for tell-tale warnings of nervousness, and physical signs like sweating and hyperventilation.

Once it is clear what is going on, your job is to make the area as safe as possible and to encourage the sufferer gently back to Planet Earth. Panic can be quite contagious so you will need to check your own experience. If you feel anxious, take a few deep breaths and make sure you are making good contact with the ground, either through the soles of your feet or, if you are sitting down, your seat. They need you to be a rock. They certainly don't want to feel responsible for you.

Reassure the panicker that you are there and not about to leave them. A few soothing noises are unlikely to do any harm. Physical contact, if it is appropriate, may help. The emphasis should be on containing and holding, but don't crowd them either. If possible move them gently to somewhere quiet and not overlooked. Encourage them to sit down, or at least to hold onto something to improve their connection to the ground.

If there is an obvious trigger to their distress, such as a pigeon for someone who is phobic about birds, move away from it and place yourself between it and the sufferer. Don't try anything clever like trying to make friends with it or getting it to perch on your finger to show that it means no harm. Shoo it calmly away. If there's no obvious trigger, use your body to give them discreet protection from public scrutiny.

Reassure them that they are going to survive and that the experience will be over very soon. After giving them physical protection, reassurance and a good ground connection, the next most important thing is to get them to breathe normally. If they appear to be hyperventilating, encourage them to slow things down and breathe more deeply. If they have done it before and you have one handy, get them to breathe in and out of a paper bag. However, this may not be a great time to try something new, unless they have agreed beforehand.

That's it. Just be with them, watch them, and ward off any well-meaning but unwelcome attention from others. In a few minutes it will be over. They may be a bit shaky for a while but they are likely to know what will feel best for them - a quiet sit, a walk, a talk, time alone, or perhaps something to eat. Go with whatever they suggest, unless you are positive they are walking right back into the lion's den.

After the attack they may want to talk about it. They may feel ashamed and embarrassed, and you may be able to reassure them that they didn't look half as pathetic and crazy as they felt. Feelings may have come up with which they just don't know what to do. Let them dump them on you. If they don't want to talk, respect that, but be alert, even weeks or months later, for any hints that they may still want to re-examine what happened.

If the panic attack is part of a pattern of unusual anxiety in the person's life, possibly including other such episodes, you may like to suggest that they seek professional help. But this is a conversation for later.

Their attack may have brought up feelings of embarrassment or anger in you. If so, you can choose how you deal with them. Venting those feelings on the sufferer, now or later, may significantly increase the chances of further attacks. If you can't deal with them on your own, find someone else to help you.



The above strategy may need to be modified if a panic attack is triggered while someone is undertaking some sort of therapy to face their fears. Someone you know really well should have told you what they will need and how to help them. With someone you know less well, or a stranger, you may be able to respond to their cues while the attack is happening, but if in doubt just follow the general advice.

#### How can I help someone if they are excessively worried or anxious?

Spending time with someone who is perpetually anxious and worried can be difficult and frustrating. It can be very tempting to try and sort out their problems for them. Even if you could do this, the anxiety might simply shift to something else.

The best thing you can do is listen without trying to “fix” things. This can seem hard if you have a logical, clear-sighted, decisive mind that does not put up with lots of uncertainty. However well-intentioned, fixing can seem unsympathetic, dismissive or judgmental, and may unwittingly build up a climate in which the anxious person feels unseen and unheard. It is important to give someone quiet space to express their anxiety. If you can do this, without rushing in to solve what appears to be the immediate problem, deeper concerns and issues may start to emerge. Don’t expect instant results. The deep stuff can be raw and tender. They may take time to really believe it is safe to explore their intimate concerns without being judged. Don’t take it personally if they cannot manage it.

Worry and anxiety can blight people’s lives and seriously limit the way they function. It can also lead to depression and the risk of suicide. Anxiety is treatable, using a variety of mainstream and complementary cures. A sufferer’s first port of call should probably be their GP or a qualified therapist. Help them make that decision for themselves.

Lastly, look after yourself. If the person concerned is a “significant other”, then you can offer lots of help and support on the way ahead. That will be difficult if you are depressed, exhausted, or at breaking point yourself. You may need to bring strength, stamina, and courage on the journey. What do you need to make this possible?