Information Handout

Professional Version | US English

What Keeps Panic Going?



PSYCHOLOGY**TO&LS**®

Description

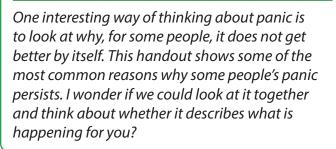
A **panic attack** is a sudden surge of intense fear which is accompanied by strong body feelings (such as your heart beating rapidly, or finding it hard to breathe) and catastrophic thoughts (such as thinking that you will lose control or die). Panic attacks feel terrifying, but they are not dangerous. Some people might just have a single panic attack and not experience any more. People who worry about their panic, and who take steps to try to prevent the possibility of having more, are said to suffer from **panic disorder**.

Research studies have shown that cognitive behavioral therapy (CBT) is probably the most effective treatment for panic disorder (Pompoli et al, 2016). CBT therapists work a bit like firefighters: while the fire is burning they aren't very interested in what caused it, but are more focused on what is keeping it going. This is because if they can work out what keeps the problem going, they can treat it by 'removing the fuel' and interrupting this maintaining cycle.

In 1986, psychologist David Clark identified key components that are thought to explain why some people keep suffering from panic attacks. The *What Keeps Panic Going?* information handout describes these factors, which maintain panic attacks and panic disorder. It illustrates these maintaining factors in a vicious flower format in which each 'petal' represents a separate maintenance cycle. Helping clients to understand more about the cognitive model of panic is an essential part of cognitive therapy for panic. Therapists can use this handout as a focus for discussion, or as a template from which to formulate an idiosyncratic model of a client's experiences of panic.

Instructions

Suggested Question



References

Clark, D. M. (1986). A cognitive approach to panic. Behaviour Research and Therapy, 24(4), 461-470.

Pompoli, A., Furukawa, T. A., Imai, H., Tajika, A., Efthimiou, O., & Salanti, G. (2016). Psychological therapies for panic disorder with or without agoraphobia in adults: a network meta- analysis. *Cochrane Database of Systematic Reviews*, (4).

People who panic tend to misinterpret harmless body sensations as being signs of impending doom or catastrophe. You might have thoughts like:

- I'm going to die.
- I'm going to lose control.
- I can't breathe, I'll pass out.
- I'm having a heart attack.

Interpreting your body sensations as a sign of catastrophe activates your fight or flight system. This leads you to experience even more uncomfortable and frightening body sensations in a worsening cycle.

Misinterpreting what your _ body sensations mean

If someone told you there was an escaped tiger in your neighborhood, you would probably keep a lookout when you left your house. It's the same for body sensations that you think are dangerous - you stay on the lookout for them.

The problem of being on the lookout is that you're more likely to notice things. Even noticing and worrying about harmless body sensations can set off a 'false alarm' in your fight or flight system and trigger anxiety.



What keeps it going?

<u>Panic</u>

Avoidance and safety-seeking behaviors

Safety-seeking behaviors are the things that you do to prevent the worst from happening. People with panic often do things like: • Carry medication (just in case).

Look for the exits (in case they need to make a quick getaway).
Distract themselves (to prevent panic from escalating).

• Avoid exercise or coffee (to avoid increasing their heart rate). Safety behaviors can make you feel reassured in the short term, but they come with unintended consequences. They can prevent you from learning that your panic symptoms are just the result of a 'false alarm' from your fight or flight system.

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