

## *The Panic Cycle*

After a person has had a first panic attack, he will usually be suspicious and fearful of the situation in which he had that first attack. A person who had a first panic attack in a movie theater is probably not going to go back and see that particular movie, or go back to that particular theater, anytime soon.

Unfortunately, it usually doesn't stop there. People usually find that the anticipatory anxiety, and often the attacks themselves, spread to other situations and circumstances.

This leads people to fear that their lives are spinning out of control. People often describe their fear as irrational and random. The entire problem seems so illogical to them that they don't see how it can be solved.

If that were actually the case, that panic attacks occurred at random, it would make the task of recovery much more difficult. But the fact is that, for most people, there are rules which govern where and when they will experience recurrent panic attacks. It may seem random and irrational, but there is a logical set of rules that tell us where and when most recurrent attacks will occur.

It will help you in your recovery efforts to know what the rules are, so that you can be better prepared to work with them. You can also use these rules to identify the situations and activities you need to include in your exposure practice.

Recurrent panic attacks are likely to occur:

***1. In situations that remind you of your first attack.***

If you had your first panic attack in a large grocery store, for example, you will probably have some fears about going back to that particular store and, if it's part of a chain, about going to other stores in the chain. But, for many people, it won't stop there. You may find that you become uneasy about going to other large grocery stores as well. This fear may spread to other types of stores, for instance, large department stores and malls, even though you've never had an attack there.

You might avoid these stores, or you might still go but change your pattern of shopping in ways designed to avoid a panic attack. It's also common to associate panic with the time of day, or the kind of weather, that accompanied the first attack.

**What situations or activities remind you of your first attack?**

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***2. In situations that you see as a "trap."***

When a person with panic disorder talks about a "trap," they usually mean any situation from which they can't leave as quickly, quietly, and invisibly as they may wish. They're on the lookout for such situations not only because having been sensitized by the first panic attack they naturally want to avoid recurrences, but also because they want to feel sure that they can leave any time they become anxious, without anyone noticing and asking about it. A supermarket line can seem like a trap, as can a divided highway, a red light, and the middle section of a church pew or movie theater.

**What situations or activities do you think of as "traps"?**

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### *3. In leisure-time activities and situations.*

People tend to panic in situations in which they're bored or just killing time. Examples of this include watching a dull movie, waiting in a restaurant while your companion lingers over yet another cup of coffee, and sitting in a doctor's waiting room. They also include activities that don't really engage your mind because you can do them without much thinking, such as driving or taking a shower. Going to bed and waiting to fall asleep is another situation that gives a lot of people trouble.

**During what leisure-time situations or activities do you get anxious because your mind is idle?**

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### *4. When there is no emergency.*

This is related to number 3 above. People tend not to panic "when the chips are down." Firemen who have panic attacks almost never have them during a fire when they're actually in danger. Instead, they tend to panic when they've been at the station for a long time without a fire, playing too much pinochle. If the fire bell does ring, the panic attack stops immediately. Parents rarely panic when their child falls down and breaks a nose or an arm. Instead, they typically take care of business, get their child treated at the ER, and don't start to feel panicky until after their child is safely home again.

The experience of recurrent panic attacks is not a random or mysterious process. Rather, it follows logical and consistent principles, even though they may lead to illogical fears. Understanding these rules can help you move from confusion to coping.

## *Understanding the Panic Cycle*

Let's take a closer look at an individual panic attack. The better you understand the process and pattern of an individual panic attack, how physical sensations, thoughts, emotions, and behaviors interact to produce panic, the more able you will be to observe it, accept it, and wait for it to end without getting caught up in the turmoil it offers.

The first thing to notice, even before we consider the individual parts, is that the panic attack is cyclical. This is a big advantage. Why? Because it always follows the same, predictable pattern. A problem that keeps changing, that never follows the same pattern twice, is a very difficult problem to solve. A problem that follows the same pattern time and again is much easier to solve.

Many people with panic attacks don't realize that there is a pattern, and this makes their task of recovery much harder. They focus on the illogical or "irrational" aspects of the fears and fail to notice what a predictable pattern a panic attack follows.

They say things like "It doesn't make any sense...it's irrational," and give up on finding any logical pattern to the attacks. Naturally, this leads them to feel discouraged, because if they can't understand something, how can they change it? But, while it's true that the fears of a panic attack are exaggerated and unrealistic, the pattern a panic attack takes is predictable and regular. The symptoms often change over time, but the pattern remains the same. The diagram on page 78 depicts the stages of a panic attack.

A panic attack is a circular process and can be seen as starting at one of several points on the panic cycle. For our purposes, let's presume it starts with what I labeled the event. By *event*, I mean an anxiety symptom. The attack thus begins with an internal event, not something that takes place outside of you.

**Recall a recent panic attack you experienced—one that you remember reasonably well, a strong one that scared you. What event (anxiety symptom) did you notice first?**

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However, you will note on the diagram that there is often an external *cue* that "triggers" the attack. For instance, as you drive toward an intersection where you want to turn left, you see a great big traffic jam, and you feel a lump develop in your throat, followed by a difficulty in breathing. The traffic jam is the cue; the physical symptoms are the event.

**In the same attack you recalled above, did an external cue trigger the event in you? If so, what was it?**

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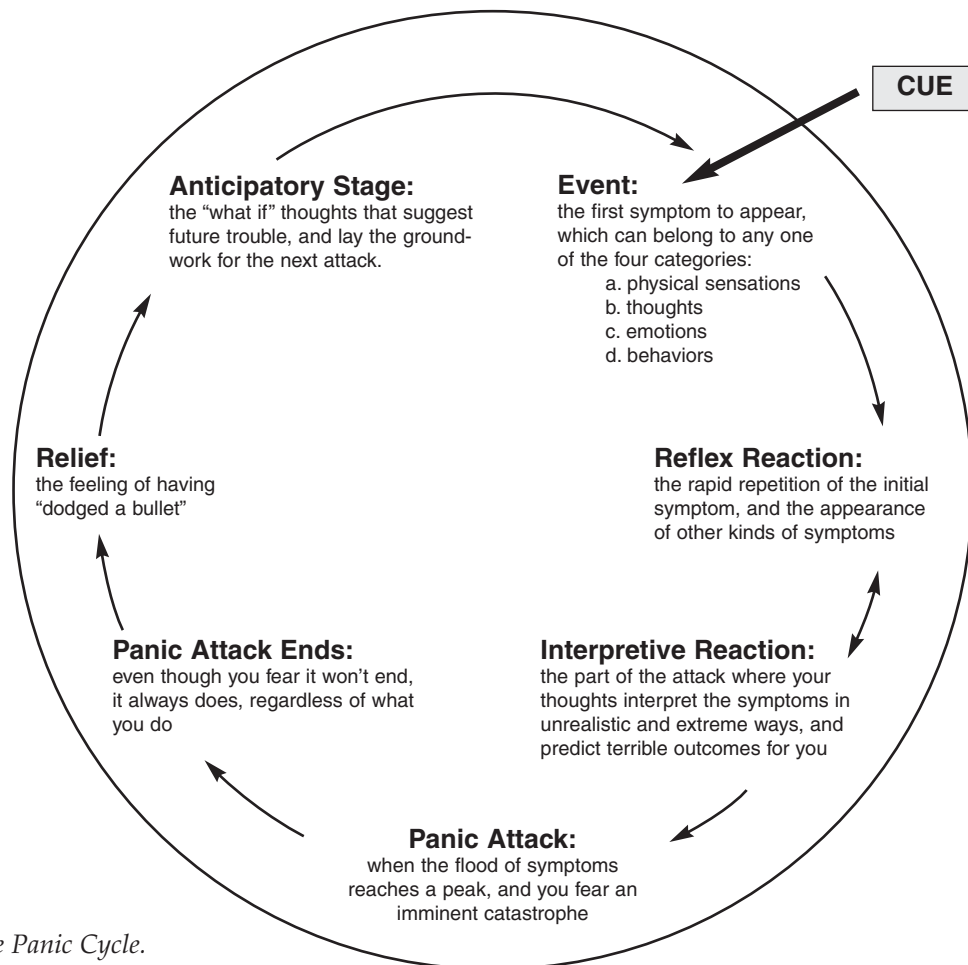


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How does a cue such as the traffic jam trigger a change in your body? Most often it will fill you with thoughts about the traffic jam, quick interpretations of what it means to you, and these will produce physical and emotional responses in you. These thoughts are largely beyond your voluntary control. You can't will yourself not to have them. If you're afraid of traffic jams (or dogs, or whatever), I assure you that you will have thoughts and mental images as soon as you see one. You may not consciously remember the thoughts, but they'll be there. Sometimes, you'll see a cue that appears to immediately mobilize your "fight or flight" response without ever producing a thought. But either way, the cue triggers the precipitating event of a panic attack.



*The Panic Cycle.*

It's possible to have panic attacks both with, and without, a cue. People with panic disorder have probably experienced it both ways, having had attacks with and without an observable cue. As you become more "stuck" with the panic disorder, you will find that you no longer need an external cue to trigger a panic attack. It's often sufficient to just think of something you find threatening, or feel an unwelcome emotion like anger, and those thoughts and emotions serve as the

cue. For example, people with a fear of heights can often experience panic symptoms just by thinking of a high, vulnerable situation, or by seeing a film in which such a scene is depicted.

In any event, the cue is much less important than what's happening inside you. The initial event could be any of the following:

1. a physical symptom (such as labored breathing, or feeling light-headed)
2. a scary thought ("what if I have a panic attack at the party this weekend?")
3. an emotion (such as feeling angry or afraid)
4. or a behavior (such as holding your breath because you've been talking fast).

The event, then, is simply a panic symptom, the first one that comes to your attention as you start experiencing the first signs of a panic attack. This first symptom triggers the next part of the panic cycle: the *reflex reaction*. In a way that seems automatic and reflexive, you experience more of the first symptom you already experienced as the event. It's as if "one rapid heartbeat deserves another." And, like a landslide triggered by one rock falling down a slope, you start having more symptoms as well.

Many, but not all, of these additional symptoms are actually caused by your reaction to the event. For instance, if you start by feeling short of breath, you may tense up in ways that make your breathing even more labored...and the labored breathing will then begin to produce other symptoms, such as feeling dizzy or lightheaded.

**In the same panic attack you described above, what reflex reaction (additional symptoms) was brought on by the initial event?**

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You might wonder, why do the symptoms start flooding over me this way? What produces this "avalanche" kind of effect?

This is what Dr. Claire Weekes, the renowned Australian anxiety expert, called "the second wave," and it usually feels worse than the first. This wave of additional symptoms occurs in response to the interaction between the reflex reaction and the next part of the cycle, the *interpretive reaction*.

The interpretive reaction is the part of the panic attack where you tell yourself what the symptoms mean for you. This is the “guess” that I referred to earlier. In some way, consciously or unconsciously, you decide what the symptoms of the event and reflex reaction mean, that is, you make an interpretation of those symptoms. Most of the time, this interpretation will be some form of this thought: “uh oh, I’m in trouble.” This is the proverbial “fear of fear” you hear so much about.

**In the same panic attack you described above, what interpretive reaction (thoughts about your symptoms) was brought on by the event and your reflex reaction to it?**

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Notice that the arrows in the diagram between the reflex reaction and the interpretive reaction are pointing both ways. This indicates that these stages interact and affect each other. What happens between the two reactions is a two-way street. The interpretations of danger and illness lead to more physical symptoms, and the physical symptoms give rise to more scary interpretations.

The interpretive reaction is usually an anticipation of doom. For instance, a person might see an airplane overhead and picture himself on board a plane, having a panic attack, and acting like a crazy person. That’s an interpretive reaction. All that really happened is that he saw an airplane. But in response, he experienced some involuntary thoughts that reflect his fear. When he instinctively

### *The Meaning of “Unconscious”*

Before I go any further, let me explain what I mean by “unconscious,” because that term means different things to different people, and can often be confusing. I use it in a very simple way to describe thoughts, feelings and sensations of which I am unaware, or that I don’t notice when they occur. For instance, as you read this now, you have probably not been consciously aware of the sensation of the floor beneath your feet...

...but now you are.

resists these thoughts, he produces more reflex reaction symptoms—muscular tension, labored breathing, and so on. That, in turn, leads to an even more catastrophic interpretive reaction (“Oh NO! It’s happening again!”) and thus keeps the cycle moving along. If nothing else intervenes, these two reactions escalate and fuel each other, creating more fear—and fear of fear—and culminating in the peak of the *panic attack*.

At last the *panic attack ends*. It always does. You retain your life and your sanity despite the terror you experienced.

And yet, how many times have you had a panic attack and had this thought: “What if it never ends?” This kind of thought makes the panic attack feel worse if you don’t have the right answer.

And the right answer is: “This panic attack will end because they all end. It’s not up to me to end the attack. This panic attack will end regardless of what I do. Whether I do everything the best way possible to calm me down, or the worst way possible to get myself more agitated, the panic attack will end. It is not my job to end the attack. My only job is to make myself as comfortable as possible while waiting for the attack to end.”

How do I know that’s true for you? It’s true for everyone I’ve ever met who had panic attacks. You can tell if it’s true for you. Review your own history. Have you had any attacks that didn’t end?

**Take a few minutes to consider the answer above, and compare it to your own history and experience.**

**Is this answer true for you?**    Yes    No

**If you checked “no,” this answer is not true for you because:**

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**If this answer is not true for you, I suggest you review this aspect of your panic with a professional therapist.**

When the panic attack ends, as they all do, you feel *relief*. You’re glad it’s over. It’s common to feel tired and drained, as if you just ran a hard race. You might have other reactions as well, either positive or negative, depending on your experience and the interpretation you put on it. You may feel embarrassed or ashamed for getting so afraid. You may feel angry that it happened again. You may feel

depressed by the reminder that your life is so easily turned upside down. Or, if you had some good results with your belly breathing, or some other helpful technique, you may feel encouraged, and proud of your effort.

**In the same panic attack you described above, what positive emotions did you experience after the attack ended?**

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**What negative emotions did you experience?**

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But at some point—maybe the next hour, maybe the next day, maybe the next week, it's bound to happen that you'll experience some "what if" thinking, and enter into the *anticipatory stage* of the cycle. It's here that you start dreading the next appearance of panic, or panic symptoms, and hoping that they don't return. Once you've started worrying about a symptom or situation, it's easy to produce another event, and you're off again, into the vicious, repetitive cycle of panic.

This is why I said that the panic attack could begin at several places on the cycle. It makes just as much sense to see one starting in the anticipatory stage, as it does to see it starting with the event itself. They're all points on a loop, constantly cycling through the same pattern.

**How does the panic cycle described in this chapter compare to your experience of panic? Are there any important differences?**

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**Does the model describe your experience reasonably well? If not, why not?**

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**If the model doesn't adequately describe some aspect of your panic attacks, how would you modify it to better fit your experience?**

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### *Breaking the Panic Cycle*

If you're satisfied that the panic cycle I've described here is a reasonable description of the way you experience panic attacks, then you can use it to figure out how you can break the panic cycle.

First, answer these questions.

**At a time when you were starting to panic, have you ever been interrupted by a surprise visit from a good friend, an important phone call, a child falling down and getting hurt, or some other unexpected event that demanded your attention?**    Yes    No

**Did you later remember that you had been starting to panic, and realize that the panic attack simply ended when you were interrupted?**    Yes    No

Most people with panic have had these kinds of experiences. If you have, use the following questions to create a brief description of your experience.

**I was at \_\_\_\_\_ doing \_\_\_\_\_. I noticed the following symptom(s) that made me think I was starting to panic:**

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**Then, the following unexpected event occurred:**

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**The result of this interruption was:**

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Most people with panic have found connections between their thoughts and the panic. For instance, maybe as they were entering a large grocery store, they had the thought “what if I have a panic attack in here?” and were so frightened and upset by that thought that they had a panic attack almost immediately. Or maybe they’ve noticed that sometimes, when they get distracted from panic, it fades more quickly. This often leads people to think along this line: “If I don’t think about it, I won’t panic.” So they try to distract themselves from panic by avoiding the subject entirely, in the hope that by so doing, they can protect themselves from panic.

Unfortunately, this can cause you a lot of trouble. There are a couple of problems with it. It’s certainly true that, at least under certain circumstances, a distraction can interrupt and stop a panic attack. But the kind of distraction that can help you most is distraction that comes from an outside source—the kind that results from somebody else doing something that distracts you. The problem is, you can’t count on a distraction being available whenever you want one.

### *Fear of Burritos*

I worked for a while with a client who was in the habit of eating a lot of heavy food, such as burritos. Sometimes he would get a severe burst of indigestion and discomfort in his stomach an hour or so after one of his heavy lunches. His instinctive reaction was that this was some sign of physical disease, like a tumor. No sooner did the thought of a tumor cross his mind than he was off and running with a panic attack.

Those of you who aren't so used to eating this way might think it would be easy to recognize what was going on. But he was used to eating this way, had eaten this way most of his life, and no longer made direct connections between how he was eating and how his stomach felt. After we discovered this pattern (thanks to his use of panic diaries), he was able to stop and recognize that there were numerous possible explanations for his stomach upset. He trained himself to review these possibilities before coming to any conclusions about the source of his stomach upset.

Realizing that the scary thoughts he experienced were only his instinctive guess, rather than a reliable warning of danger that was always accurate, helped him reshape his responses to the fear.

People often try to distract themselves. This doesn't work as well, because when you do it, you know why you're trying to distract yourself, and from what. The inner dialogue, or self talk, of someone trying to distract herself or himself goes something like this.

*"Stop thinking about it!"*

*"Hmmm, stop thinking about what?"*

*"Aauuggghhh! You're thinking about it again!"*

Try this:

**For the next ten seconds, do not think about elephants. What happened?**

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There are some real limitations to how useful distraction can be as a strategy for coping with panic. The more deliberately you try to use it—the more consciously you choose to distract yourself—the less likely it is to work. Aside from the fact that it doesn't work reliably, there are other reasons to not rely on distraction.

The idea behind distraction is that, if you don't think about panic, you won't panic. This often leads people to assume that thinking about panic is enough to cause a panic attack. It's not that simple. Such an assumption can mislead you.

**Have you ever pulled out a bottle of Xanax (or some other medication) when you were feeling panicky and felt better just by looking at it?**  Yes  No

**Have you taken a Xanax (or some other medication) and gotten instant relief as soon as you took one, even before it could actually take effect?**  
 Yes  No

**If you haven't used these medications, have you ever started having a panic attack and then your "safe person" arrived, or called you on your cellular phone, and you started to feel better because of it?**  Yes  No

**Have you ever started to panic and found that it ended as you pulled out some written material about panic, such as this book or your own written observations?**  Yes  No

In such instances, people often start to feel better even though they clearly haven't been distracted from the subject of panic. When they see or take the Xanax, they know it's a medication for panic attacks. When they see their safe person, they know that this person helps them not panic somehow. When they review their panic materials, they're reminded of certain aspects of panic.

They're thinking about panic, rather than being distracted from it—and yet they feel better. That's because they're not thinking about the panic *in a particular kind of way*. Their viewpoint has changed. They're thinking about the panic from an observer's point of view rather than a victim's. And by thinking about it in a more realistic, less catastrophic way, they are no longer engaging in phobic self talk.

## *What Is Self Talk?*

Self talk is simply the process of thinking to yourself, about the world and your place in it. We do this all day long, every day of the year, every year of our adult lives, often without even noticing it. We probably all learned to do it in a similar way, even though we don't remember the process because we were too young.

One of the most important characteristics of self talk is that it's subliminal. In other words, you hear it as a background sound, without paying a lot of attention to it. Because you don't pay much attention to it, it has more influence with you, because you don't notice what you're telling yourself, and therefore don't usually challenge or analyze it.

But even when you're not paying close attention to your self talk, your body will still "get the message." And that brings up another important characteristic of self talk. Your body will respond as if it were true, even when it isn't. This is

okay when your self talk is reasonably positive, or realistic; but can cause you lots of trouble when your self talk is negative and unrealistic. I'll show you:

### **Imagine a lemon.**

Close your eyes and imagine holding a yellow lemon in your hands. Feel the two different ends of the lemon. Feel the texture of the skin of the lemon. Hold the lemon under your nose and smell it. Cut the lemon open and smell it again. Taste the juice that gets on your fingers.

If you're like most people, you don't have to do too much of this before you notice some extra saliva in your mouth. That's produced just by thinking about the lemon. You don't actually have to taste a lemon to produce extra saliva. You don't have to travel halfway across town to actually get a lemon. Simply picturing it in your mind is enough to get your body to produce some extra saliva to help digest it.

What we think about and visualize in our minds can have effects on what we actually experience physically. Our thoughts and self talk are not just idle chatter. They can, and do, influence our physical experience.

### *Phobic Self Talk*

Phobic self talk is the kind of thinking and talking to oneself that sets the stage for panic attacks. It's full of suggestions and innuendoes, some subtle and some not so subtle, which are continually offering a subliminal influence to keep the person in a state of anticipatory panic. It has three characteristics:

- It's unrealistic.
- It's negative.
- It's persistent.

Phobic self talk comes into play at two key parts of the panic cycle: the interpretive reaction and the anticipatory stage. These are the two parts of the cycle where you can benefit the most from observing and working with your thoughts.

Phobic self talk in the interpretive reaction consists principally of misinterpreting discomfort for danger. It's here, for instance, when you feel dizzy or light-headed, that you might hear yourself thinking it means you're about to faint, when it really means that you're breathing too short and shallow, or maybe holding your breath. It's also here that you might feel tightness or pressure in your chest and hear yourself thinking that it means a heart attack, when it really means that you've tightened up your chest muscles with shallow breathing. You might find yourself getting disoriented by your own racing thoughts and hear yourself thinking that it means you're "losing it," when it really means that you're upset and confused.

### *Power of Suggestion*

Here's an example of what I mean from my own life. I had occasion, while living in Chicago, to paint the interior walls of my condo. I had a big window, floor to ceiling, in my living room. I painted all the other walls just fine, using a step ladder to get the top of the wall. When it came time to paint the trim around the window, I remember thinking it would not be a good time to trip or stumble on the ladder, because I'd probably crash through the glass and down four flights onto the parking lot. The entire time I was painting, I was very conscious of the need not to trip. I survived. But when I finished that wall, and got down off the ladder, guess what happened?

If you guessed that I tripped, once I was safely on the floor, you're right. And I think it's reasonable to conclude that it had to do with the fact that "tripping" was on my mind the entire time I was on the ladder painting. It was such a powerful self-suggestion to myself to not trip that, once I was no longer in a vulnerable position, all that thinking about not tripping persisted until I actually did trip.

Now, would everybody in that situation, painting around a big window overlooking a parking lot, have the same reaction? No. There are probably lots of people who wouldn't give it a second thought. There are probably some people who wouldn't get on the ladder at all. And there's me, with a sufficiently mild fear of heights to allow me to get on a simple stepladder, but not without such thoughts.

The key in that type of situation is to recognize the thoughts as signs of nervousness, not danger.

Or you might be making more global generalizations about yourself and what's happening to you. If you could listen in to someone's thoughts as they were having a panic attack, you'd probably hear some of the following:

- "I can't stand it!"
- "Everybody is watching me and wondering what's wrong!"
- "I'm trapped!"
- "I have to get out of here!"

**What are some of the misinterpretations you hear in your thoughts in the interpretive reaction stage of a panic cycle?**

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Phobic self talk in the anticipatory stage consists mostly of “what if” messages about terrible things you imagine might happen to you, such as:

- “What if I have a heart attack?”
- “What if I faint?”
- “What if I freak out?”
- “What if I freak out and drive off the bridge?”
- “What if I freak out and abandon my car and start running down the highway?”
- “What if I start screaming in that very quiet and sedate jewelry store?”
- “What if the neighbors invite me to their daughter’s wedding reception?”

This is often called anticipatory worry. There’s a simple formula for this type of thinking, and it goes like this.

Say “what if.” Then fill in the blank with something terrible. Most people with panic and phobias think this way a lot. How about you?

**What are some of the “what if” thoughts you notice in your self talk before, or during, a panic attack?**

- What if \_\_\_\_\_ ?
- What if \_\_\_\_\_ ?
- What if \_\_\_\_\_ ?
- What if \_\_\_\_\_ ?
- What if \_\_\_\_\_ ?

Some people say they never have such thoughts. I guess it’s possible, but I think a more likely explanation is that they’re so used to this kind of self talk that they don’t pay it much conscious attention. But self talk doesn’t need conscious attention to have the effect of scaring you and starting up the panic cycle.

If you’re like most people with panic and phobias, that means you’re regularly experiencing thoughts predicting personal catastrophes that don’t tend to occur. Sometimes these thoughts are subliminal and automatic. They create in you an anxious mood without your understanding where it comes from. Sometimes the thoughts are loud and obvious, and you become embroiled in an argument with them, or you struggle to distract yourself from them.



**Thinking back to the panic attack you were describing in the exercises earlier in this chapter, what did your body experience?**

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**If you find yourself in the same circumstances in the future, do you imagine that your body will experience the same sensations?  Yes  No**  
**Why or why not?**

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When you talk to yourself about catastrophic consequences, it's only natural that your body is going to trigger its emergency responses and flood you with adrenaline, speed up your heart, and make you feel like fleeing. That would be

### *Welcome Changes*

Once you learn how to get the practice you need, and actually get that practice, you will notice some changes appear in your life:

- You'll notice that the average severity of your panic attacks becomes less and less.
- You'll notice that the average length of time in between panic attacks becomes longer and longer.
- You'll notice that the average duration of a panic attack becomes shorter and shorter.
- You'll notice that your use of avoidance and other "self-protective" methods gradually declines.
- And your fear of fear will gradually diminish.
- And finally, when you lose your fear of the attacks, that's when they fade away.

great if there really were an emergency, because it would give you the energy and motivation you need to protect yourself. But since there's no real danger to run from, it's only going to make you feel worse.

People often underestimate the power of their mind to create panic attacks and think of them as a purely biological phenomenon. "Aren't they due to a chemical imbalance?" is a question I hear frequently.

Certainly there are chemical aspects to a panic attack, because we are literally made of chemicals. It's also true that the use of certain chemicals in panic medications can often help people. But the "chemical imbalance" explanation overlooks some of the most important aspects of chronic panic disorder. Here's an exercise to help clarify this.

**Write down two situations in which you think you're almost guaranteed to have a panic attack.**

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Now write down two situations in which you would be extremely unlikely to have a panic attack.**

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Now, here's the question to consider:

**How do the chemicals find out where you are?**

If you're like most people, you tell them with your self talk. That's how the chemicals "find out." You can learn how to talk to yourself differently and send the chemicals a message that all is well.

## *Exiting the Panic Cycle*

Let's turn our attention back to the panic cycle. If you're like most people, you've had incidents when you started to panic, but interrupted it yourself by something you did or thought, or had it interrupted by the actions of others. These interruptions are actually common occurrences.

Even once a panic attack starts, you don't always automatically follow through with a full-blown attack. Depending on what you do, how you respond to the initial stages of the attack, you might go on to have a full attack, or you might skip it entirely. It's not a command performance.

What I've called the *event* really deserves a different name. It's an *invitation* to a panic attack, not a command. Depending on how you respond to the invitation,

### *The Worst Thing about Dentists . . .*

I worked with a woman, let's call her Diane, who had many phobias as part of a diagnosis of panic disorder. Over time, she overcame her fear of driving, of elevators, of shopping, of going to the doctor and numerous other fears. But despite our best efforts, she remained unable to go to the dentist. I couldn't really figure out why. Finally, one day she said this to me. "The thing I hate most about going to the dentist is when they chain you into the chair."

My first thought, when she said this, was that I was going to be spending some time in front of the Dental Regulatory Board, testifying against this dentist from hell who chained his patients into the chair.

Then I realized she was talking about the bib.

The bib does have a piece of chain on it. And they do put that chain on you when you sit in the chair. But they don't actually chain you into the chair. That's there for comfort and cleanliness, not confinement.

Of course, she knew that. But she also thought of the dentist's chair as a trap, from which there was no escape unless and until the dentist said she could leave. Many people feel this way about the dentist. These thoughts, operating in the background, kept her anxious enough about the dentist that she was unable to make an appointment.

With this out in the open, our next step was to help her feel more in control of herself during her time in the dental chair. She arranged to talk to the dentist, and told him about her panic attacks, and her need to be able to take a break during dental procedures. They worked out some hand signals she could use. This gave her enough sense of control that she was able to schedule, and attend, her first dental appointment in many years.

Thoughts—however reasonable or unreasonable—really do count.

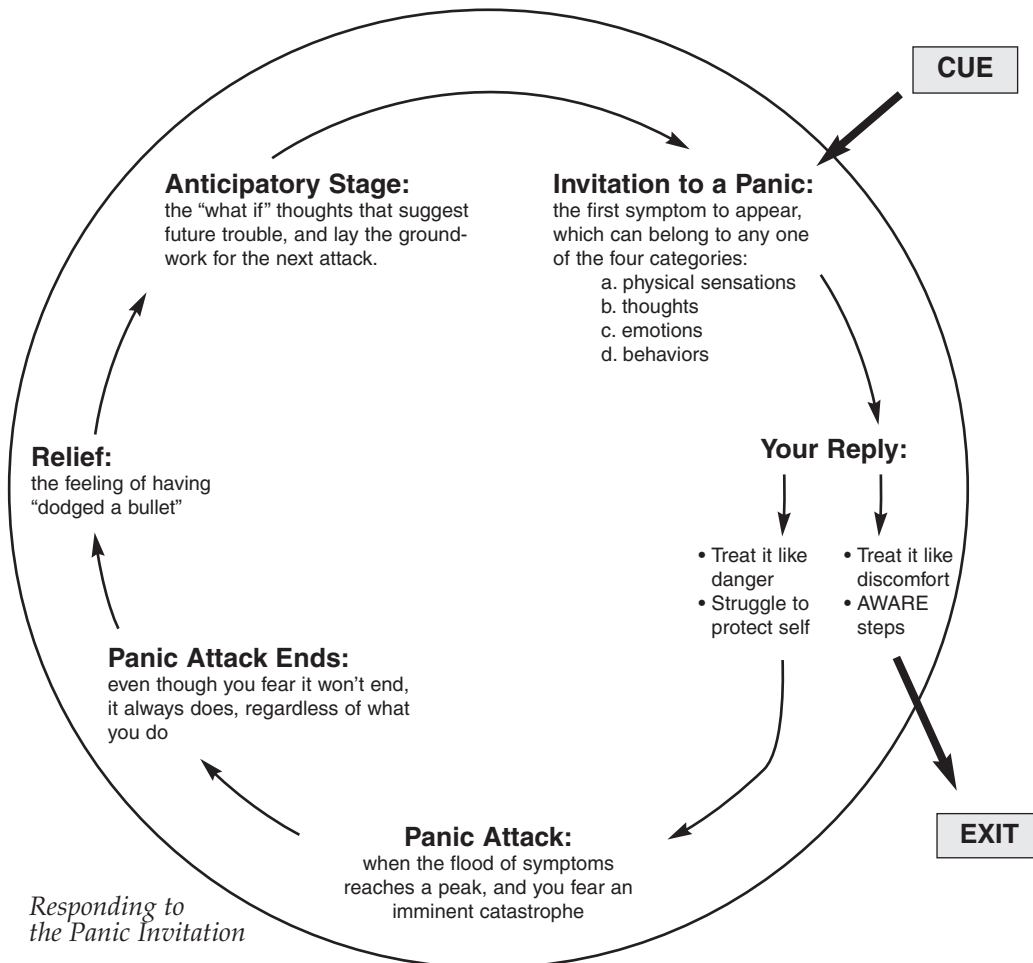
you may or may not “go to the party.” If you take the phobic self talk seriously, and get into a struggle to make it go away, you’re probably “going to the party.” But if you recognize the phobic self talk for the trash talking it is, and observe these thoughts without getting embroiled in a struggle, you’re probably going to skip it.

What actually happens—whether you panic or don’t panic—depends on how you respond to the invitation. When you don’t talk to yourself in a negative, scary, and unrealistic way and when you don’t struggle to protect yourself, you generally don’t panic. Instead, you cope and exit the cycle.

But when you take your phobic self talk at face value and struggle to protect yourself, you’re likely to panic. Your body will respond to the phobic self talk as if it were true, even if it’s not.

This invitation to panic, and the choices you face in responding to the invitation, are depicted in the drawing below.

An essential ingredient to panic attacks is the unrealistic, scary, misinterpretation of what’s going on around you, and especially within you. As we’ve seen, when you get distracted from this scary self talk, or when you’re with a “safe per-



son,” you don’t panic. But you can’t always count on a distraction occurring or your safe person being there.

If you could find some other way to change the scary self talk, you’d have a better, more reliable way of preventing panic. That means you’d get over panic attacks. All you have to do is get rid of the phobic self talk and you’ll get rid of the panic.

Pretty good, huh?

But, there’s a catch.

Once you’ve been sensitized by a panic attack, you probably can’t just dismiss it. If it were that easy, you’d have already done so, and you wouldn’t be reading this book.

### *Practice, Practice, Practice*

When you suspect that your life or sanity is on the line, you need something other than positive self talk to help you. Nothing anybody else might say will be enough. You need to tell yourself something you know to be true from your own personal experience. When you hear that question “what if I have a panic attack?” the only answer sufficiently powerful to help you calm down will be something like “that’s okay, if I panic here I’ll do the same thing I did the last time. That worked pretty well.” Your own reminder that you know how to interrupt a panic attack is the only thing that will be strong enough to regularly put the panic attack to rest. And there’s only one way to get that. You need practice coping with panic. That’s the catch.

You need practice in coping with the sensations of panic—gradual, progressive practice that will help you determine for yourself over time that you are safe. As you come to believe you can cope, from your own practice, you will begin to talk yourself out of the attacks.

You would probably prefer to find a method that helps you recover without ever again feeling the sensations of panic. Who wouldn’t? Yet this is just another way panic tricks you. While you’re waiting for a new miracle drug to be invented, or for the panic disorder to disappear on its own, the panic is becoming a more deeply ingrained habit in your life.

The method that’s been shown to be most effective for panic attacks and phobias is called “exposure therapy”—that is, exposure to panic so that you can practice responding to it. This will enable you to develop a new answer to the question, “what if I have a panic attack?” The answer that will work will be some variation of “I’ll do what I did the last time I panicked. That seemed to work pretty well.”

It's a lot like learning self-defense. If you went to a self-defense class and took copious notes and observed carefully but never participated in the practice sparring, you wouldn't learn much self-defense. You certainly wouldn't develop any confidence in your self-defense abilities. To develop self-defense skills, and confidence in those skills, you would literally need to practice fighting with the other students and the instructor.

It's the same with panic. To develop your coping skills, and your confidence in them, you literally need to practice with panic.

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