

PROFESSOR DERRICK SILOVE is a practising clinical psychiatrist and Director of the Psychiatry Research and Teaching Unit, School of Psychiatry, University of New South Wales.

VIJAYA MANICAVASAGAR is a senior clinical psychologist and is Research Coordinator of the Psychiatry Research and Teaching Unit of the University of New South Wales.

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# **OVERCOMING PANIC AND AGORAPHOBIA**

*A self-help guide using  
Cognitive Behavioral Techniques*

DERRICK SILOVE  
AND  
VIJAYA MANICAVASAGAR

Robinson  
LONDON

Constable & Robinson Ltd  
3 The Lanchesters  
162 Fulham Palace Road  
London W6 9ER  
www.constablerobinson.com

First published by Robinson Publishing Ltd 1997  
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A copy of the British Library Cataloguing in Publication Date for this title is available from the British Library.

ISBN 978-1-85487-701-7

#### **Important Note**

This book is not intended to be a substitute for any medical advice or treatment. Any person with a condition requiring medical attention should consult a qualified medical practitioner or suitable therapist.

Printed and bound in EU

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## **Introduction by Professor Peter Cooper**

### **Why a cognitive behavioral approach?**

Over the past two or three decades, there has been something of a revolution in the field of psychological treatment. Freud and his followers had a major impact on the way in which psychological therapy was conceptualized, and psychoanalysis and psychodynamic psychotherapy dominated the field for the first half of this century. So, long-term treatments were offered which were designed to uncover the childhood roots of personal problems – offered, that is, to those who could afford it. There was some attempt by a few health service practitioners with a public conscience to modify this form of treatment (by, for example, offering short-term treatment or group therapy), but the demand for help was so great that this had little impact. Also, whilst numerous case histories can be found of people who are convinced that psychotherapy did help them, practitioners of this form of therapy showed remarkably little interest in demonstrating that what they were offering their patients was, in fact, helpful.

As a reaction to the exclusivity of psychodynamic therapies and the slender evidence for its usefulness, in the 1950s and 1960s a set of techniques was developed, broadly collectively termed 'behavior therapy'. These techniques shared two basic features. First, they aimed to remove symptoms (such as anxiety) by dealing with those symptoms themselves, rather than their deep-seated underlying historical causes. Second, they were techniques, loosely related to what laboratory psychologists were finding out about the mechanisms of learning, which were formulated in testable terms. Indeed, practitioners of behavior therapy were committed to using techniques of proven value or, at worst, of a form which could potentially be put to test. The area where these techniques proved of most value was in the treatment of anxiety disorders, especially specific phobias (such as fear of animals or heights) and agoraphobia, both notoriously difficult to treat using conventional psychotherapies.

After an initial flush of enthusiasm, discontent with behavior therapy grew. There were a number of reasons for this, an important one of which was the fact that behavior therapy did not deal with the internal thoughts which were so obviously central to the distress that patients were experiencing. In this context, the fact that behavior therapy proved so inadequate when it came to the treatment of depression highlighted the need for major revision. In the late 1960s and early 1970s a treatment was developed specifically for depression called 'cognitive therapy'. The pioneer in this enterprise was an American psychiatrist, Professor Aaron T. Beck, who developed a theory of depression which

emphasized the importance of people's depressed styles of thinking. He also specified a new form of therapy. It would not be an exaggeration to say that Beck's work has changed the nature of psychotherapy, not just for depression but for a range of psychological problems.

In recent years the cognitive techniques introduced by Beck have been merged with the techniques developed earlier by the behavior therapists to produce a body of theory and practice which has come to be known as 'cognitive behavior therapy'. There are two main reasons why this form of treatment has come to be so important within the field of psychotherapy. First, cognitive therapy for depression, as originally described by Beck and developed by his successors, has been subjected to the strictest scientific testing; and it has been found to be a highly successful treatment for a significant proportion of cases of depression. Not only has it proved to be as effective as the best alternative treatments (except in the most severe cases, where medication is required), but some studies suggest that people treated successfully with cognitive behavior therapy are less likely to experience a later recurrence of their depression than people treated successfully with other forms of therapy (such as antidepressant medication). Second, it has become clear that specific patterns of thinking are associated with a range of psychological problems and that treatments which deal with these styles of thinking are highly effective. So, specific cognitive behavioral treatments have been developed for anxiety disorders, like panic disorder, generalized anxiety disorder, specific phobias and social phobia, obsessive compulsive disorders, and hypochondriasis (health

anxiety), as well as for other conditions such as compulsive gambling, alcohol and drug addiction, and eating disorders like bulimia nervosa and binge-eating disorder. Indeed, cognitive behavioral techniques have a wide application beyond the narrow categories of psychological disorders: they have been applied effectively, for example, to helping people with low self-esteem and those with marital difficulties.

At any one time almost 10 per cent of the general population is suffering from depression, and more than 10 per cent has one or other of the anxiety disorders. Many others have a range of psychological problems and personal difficulties. It is of the greatest importance that treatments of proven effectiveness are developed. However, even when the armoury of therapies is, as it were, full, there remains a very great problem – namely that the delivery of treatment is expensive and the resources are not going to be available evermore. Whilst this shortfall could be met by lots of people helping themselves, commonly the natural inclination to make oneself feel better in the present is to do precisely those things which perpetuate or even exacerbate one's problems. For example, the person with agoraphobia will stay at home to prevent the possibility of an anxiety attack; and the person with bulimia nervosa will avoid eating all potentially fattening foods. Whilst such strategies might resolve some immediate crisis, they leave the underlying problem intact and provide no real help in dealing with future difficulties.

So, there is a twin problem here; although effective treatments have been developed, they are not widely

available; and when people try to help themselves they often make matters worse. In recent years the community of cognitive behavior therapists have responded to this situation. What they have done is to take the principles and techniques of specific cognitive behavior therapies for particular problems and represent them in self-help manuals. These manuals specify a systematic program of treatment which the individual sufferer is advised to work through to overcome their difficulties. In this way, the cognitive behavioral therapeutic techniques of proven value are being made available on the widest possible basis.

Self-help manuals are never going to replace therapists. Many people will need individual treatment from a qualified therapist. It is also the case that, despite the widespread success of cognitive behavioral therapy, some people will not respond to it and will need one of the other treatments available. Nevertheless, although research on the use of cognitive behavioral self-help manuals is at an early stage, the work done to date indicates that for a very great many people such a manual will prove sufficient for them to overcome their problems without professional help.

Many people suffer silently and secretly for years. Sometimes appropriate help is not forthcoming despite their efforts to find it. Sometimes they feel too ashamed or guilty to reveal their problems to anyone. For many of these people the cognitive behavioral self-help manual will provide a lifeline to recovery and a better future.

Professor Peter Cooper  
The University of Reading, 1997



## **PART ONE**

# **About Panic Attacks and Agoraphobia**



## Prologue

### 'A day in my life'

*As I approach the bus, the symptoms become much worse. It's like being hit by a tornado. My mouth goes dry, my heart starts pounding, I feel sick in my stomach, I can hardly breathe, and my hands are shaking. I am sure that I am going to faint. I don't know how I manage to reach my seat - I feel as if I am just a spectator, everything seems a bit unreal and distant. Am I going crazy? I bet the other people on the bus have noticed. I really can't control my breathing any more, I feel like I am going to suffocate and die. When will it end?*

*By the time I get off the bus, the symptoms have lessened. Why do these attacks start and stop for no reason? I feel drained, exhausted and weak. I can't think straight. Maybe I should give up taking the bus for a while. Or should I go to the hospital for another check-up? I don't know. I can't cope with this any more. All I know is that I spend most of my time worrying about having another attack. I can't go on like this or my whole life will be ruined.*

*That night I lie in bed tossing and turning, and the next morning I awake exhausted. It seems ridiculous, but my mind keeps wandering back to those dreadful feelings I had on the bus. What if I have an attack when I'm out shopping? Will I be able to escape before it gets so bad that I can't reach home? I keep checking my body for symptoms. I think about those strange tingling and numb feelings I had in my hands and feet. I have heard that you can have funny feelings down your arms when you are having a heart attack. Perhaps that's what is wrong with me.*

*At last, I drag myself out of bed. I have that hollow feeling in the pit of my stomach and I feel a bit light-headed. I know the doctor said 'everything is OK,' but it is hard to believe that. There must be something seriously wrong with me. Maybe I should insist on seeing a specialist. They must have more accurate tests to pick up something wrong with your brain or your heart.*

*I am irritable with the kids at breakfast. They seem bewildered about my moodiness, but I can't tell them about my worries. What if I am seriously ill? It's better to keep it from them until I am sure. Anyway, they will just say the usual things about my worrying too much. I have an extra few cups of coffee to wake me up so that I can cope with the day. We talk about visiting mother in hospital and that seems to upset me even more. She has always been so healthy and now she has suddenly been taken ill. Life seems so unpredictable.*

*After seeing the kids off to school I rush to get the bus. I notice that the 'clamping' sensation is starting*

*in my chest. I am having difficulty breathing and I feel hot and sweaty. I just hope that I don't have that 'spaced out' feeling on the bus. Why do I keep feeling like this? It seems to be getting worse. Why can't I be confident and in control the way I used to be? I must pull myself together.*



## What are panic disorder and agoraphobia?

Almost everyone feels anxious at some time in their lives. It is common to become anxious in situations such as a job interview, an examination or a public speaking engagement. Mild anxiety is so common that it is regarded as normal, and it is not usually a cause for concern. In fact, a degree of anxiety is necessary to help us perform well in situations requiring concentration, efficiency and skill. For some people, however, anxiety symptoms are so severe and persistent that they become disabling. People with such intense anxiety often are suffering from an anxiety disorder.

Many people suffer from anxiety disorders, yet only a small percentage of them seek treatment. The majority either cope on their own, suffer in silence or use risky methods (e.g. alcohol or drugs) to damp down their symptoms.

In some cases, people develop episodes of sudden and intense anxiety, known as *panic attacks*. They may not realize that they are suffering from an anxiety disorder, but instead believe that they have developed some other illness, like heart disease or stroke – which is understandable, because

many of the symptoms of panic are physical. The experience of panic attacks often leads people to avoid situations where they fear experiencing further attacks.

*I began having panic attacks when I was about nineteen, during a stressful time at work. I would become breathless and sweaty, my heart would pound, and I had pains in my chest. I became so frightened that I thought I would have a heart attack or die. After that, attacks came out of the blue, and I noticed that I was avoiding certain situations, such as visiting department stores or travelling on buses. I felt that I couldn't talk to anyone about the problem since they would think I was going crazy.*

John

## What is a panic attack?

*It starts when I suddenly feel like I can't breathe properly. I then start feeling dizzy and sweaty and notice that my heart is racing. Sometimes I become nauseous or feel like I am going to choke. My fingers go numb and I have a tingling sensation in my feet. I feel strange, as if I am not really 'there', as if I am detached from reality. I start thinking that I am about to lose control or die. This makes me feel extremely frightened. . . . Even though the attack only lasts for five or ten minutes, it feels like forever and that I will never get over it.*

Christine

## What are panic disorder and agoraphobia? 9

A panic attack refers to a sudden burst of acute anxiety, usually accompanied by a number of physical symptoms and catastrophic thoughts. It usually lasts for between two and thirty minutes – but at the time it feels as if it will last for ever, and when it does pass it leaves the sufferer weak and exhausted. Without treatment, panic attacks can occur several times a week or even daily.

### The experience of having a panic attack

*Every episode is slightly different. At first I used to feel that I was about to vomit or have diarrhea. More recently, I have had this severe choking feeling and sharp pain in my chest. I realize now that those feelings of being detached from myself and the environment are part of the same pattern.*

Fay

Panic attacks are particularly frightening because they appear out of the blue, or in situations in which most people do not expect to be nervous or frightened. The speed at which the symptoms occur, their intensity and the fact that they involve so many parts of the body all add to the sense of fear and helplessness. Commonly occurring symptoms include:

- difficulty breathing, or being short of breath;
- a feeling of choking;
- tightness, pressure or pain in the chest;
- shakiness, trembling and weakness;
- sweaty palms and excessive perspiration;
- tingling or numbness in the hands and feet;

- palpitations or a pounding or rapid heartbeat;
- feeling faint, dizzy or unsteady;
- feeling 'out of touch' with your body or your immediate surroundings;
- nausea, churning or upset in the stomach or lower bowel;
- feeling hot and cold, or flushed.

Together with these physical symptoms of panic, people commonly experience distressing thoughts, such as:

- 'I'm going crazy/insane';
- 'I'm going to lose control';
- 'I'm going to faint';
- 'I'm going to collapse';
- 'I'm having a heart attack';
- 'I'm having a stroke';
- 'I'm going to start screaming and make a fool of myself.'

The likelihood of any of these things happening is remote, and when the episode has ended these thoughts often seem silly or irrational; but at the time of the panic attack they can be very strong. Indeed, the fears can be so real during a panic attack that they persist at the back of the mind and lead to more worry and anxiety in between attacks.

### **How do people feel after a panic attack?**

After a panic attack subsides, sufferers often feel exhausted, dispirited and confused. It is an intensely

frightening experience, especially when you do not know what is causing it. Many people understandably believe that they are physically unwell and seek medical attention at a hospital or from their local doctor. Others feel ashamed or embarrassed by what they consider to be a lack of self-control, and suffer in silence rather than reveal their problems to others or seek professional help.

### **What is panic disorder?**

Some people have panic attacks repeatedly and the problem begins to interfere with their lives. These people suffer from *panic disorder*. Studies report that approximately 2–4 per cent of us will experience panic disorder at some time during our lives.

Sometimes, people may suffer from just one or two severe panic attacks, and then begin to fear having another attack. Their preoccupation with the problem dominates their minds and their behavior, making them ever more anxious and perhaps causing them to adjust their lifestyles: for example, they may avoid going out for fear of having another panic attack. Such people also suffer from panic disorder, even though they do not experience frequent panic attacks.

Avoiding situations where panic attacks might occur can affect people's lives as much as actually having regular attacks. The experience of worrying that a panic attack will recur is known as *anticipatory anxiety*. Overcoming anticipatory anxiety is one of the key elements in recovery from panic disorder and agoraphobia.

## What is agoraphobia?

*After a while I became afraid of going shopping in case I couldn't get back home quickly enough. I felt more and more anxious waiting at the check-out, and on one occasion I had to leave my shopping trolley there and hurry home. After that, I could only go to the shops if someone came with me. My fears extended to other situations so that I began to avoid public transport and even driving in the car. Now I can hardly leave the house.*

Mavis

People who have had a panic attack in a particular situation may start to find that they avoid that place for fear of having another attack. Someone who has experienced a panic attack in a large department store may begin to avoid going shopping altogether. Using public transport, entering crowded places or being in traffic may remind a person that they have had panic attacks in those situations, so that avoiding those places becomes a way of preventing further anxiety. This kind of behavior is known as *agoraphobia* – literally, translated from the Greek, ‘a fear of the market place’. In reality, agoraphobic fears are more extensive than simply a fear of shopping or public places. For some people, being alone at home for any reason is enough to make them very anxious. Agoraphobia is fairly common – over 7 per cent of women and nearly 3 per cent of men suffer from the disorder at some time in their lives.

A person suffering from agoraphobia tends to avoid situations in which escape might be difficult if they have

a panic attack, or else tolerates being in that situation only with great dread or apprehension. Sometimes people with agoraphobia find that they only can cope with a feared situation, such as sitting in a car in traffic or going through a tunnel, if they are accompanied by a trusted companion. Others, if they go to see a movie or play, may choose to sit in the aisle seat of the auditorium, as close to the exit as possible, so that they can 'escape' if they become anxious.

Often, these fears extend to include all situations similar to the one in which a panic attack occurred: for example, a panic attack in a restaurant may lead to avoiding all restaurants. In this way avoidance behavior can escalate, restricting people in their movements and activities, even to the point where they may become housebound.

The relationship between panic disorder and agoraphobia is complex. Quite a lot of people with panic disorder develop agoraphobia; but many do not, and they are referred to as suffering from 'pure' panic disorder. Also, agoraphobia can develop on its own or as part of another disorder, such as depression. Agoraphobia also can persist after panic attacks have subsided. If a person who is worried about having a panic attack avoids all feared situations, they may thus prevent any further panic attacks; but the avoidance can continue and become an established way of life.

Examples of situations that people with agoraphobia commonly avoid, or in which they experience anxiety, are:

- driving a car in heavy traffic;
- travelling over bridges or through tunnels;
- visiting the supermarket;
- entering a crowded shopping area;
- taking public transport;
- going out to dinner / parties, shows or movies;
- waiting in line, for example, in a hairdresser's, or in a doctor's surgery;
- being alone at home.

### **Why do some people develop agoraphobia?**

It is not clear why some people with panic disorder develop agoraphobia. Two mechanisms may, however, contribute. First, if you have panic attacks repeatedly in a particular situation, it is natural that you will develop a fear that the anxiety will return if you approach that or a similar situation. In other words, your past experience warns you against approaching places or situations where you have experienced panic. Thus you come to experience a 'fear of fear'. Secondly, other, more automatic 'conditioning' mechanisms may be operating. We have all heard of Pavlov's dog who was conditioned to salivate every time a bell was rung. In the same way, humans can be 'conditioned' automatically to react in an anxious way to otherwise harmless situations if they repeatedly experience anxiety when they approach those places. Thus, without being aware of it, we can come to associate panic with situations where it has occurred in the past, even if those places are not genuinely

dangerous. Some people may 'condition' more easily than others. They may need to experience only a few panic attacks in a department store to 'learn' to avoid that place.

The different ways individuals cope with their worries also may influence the likelihood of developing agoraphobia. Assertive persons are more likely to confront their fears, while those who tend to avoid stress tend to withdraw. People with strong fears about separation ('separation anxiety') may tend to cling to others for security, or only to go out in the company of a trusted companion. More women than men with panic disorder develop agoraphobia. One possible explanation for this is that cultural expectations encourage men and women to respond in different ways to severe anxiety. Men are expected (and therefore expect themselves) to 'soldier on' and to fight anxiety (often with the 'help' of alcohol), whereas it may be more acceptable for women to avoid situations that cause fear.

### **What brings on panic attacks and agoraphobia?**

Many people are able to recall several stressful incidents that occurred just before they experienced panic attacks, and some of these 'stressors' may continue or worsen after the attacks have begun. Arguments with a spouse or partner, death of a family member, personal illness or problems at work are commonly reported in the weeks or months before the onset of panic attacks. Stressful life circumstances befall almost everybody and those events do not, on their own, lead to the development of panic attacks. Usually it is a

combination of factors, such as being vulnerable physically and/or psychologically together with life stress, that triggers panic attacks. Stress may play a role in causing panic attacks to continue; however, as we shall see in Chapter 3, there are other factors that may cause a vicious cycle of panic to persist.

## How do panic disorder and agoraphobia affect people's lives?

*My life revolves around the fear of having another panic attack. I can't concentrate on my work, which has suffered greatly. My problem has caused family rows. My family think that I should just pull myself together and stop worrying. I have lost my self-confidence and self-respect. I don't like to socialize any more in case I embarrass myself or I am forced to leave in a hurry because of a panic attack.*

Patricia

Panic attacks and agoraphobia can have a serious impact on sufferers' lives. Severe anxiety and avoidance interfere with work, studies, family relationships and social life. The constant fear of having another panic attack produces feelings of apprehension, tension and fear, making sufferers overly cautious, unadventurous and constrained in their lifestyles. It is no wonder that people with panic disorder and agoraphobia often become depressed.

## Symptoms of depression

*Sometimes I would start to cry and cry . . . I felt so hopeless and useless. Other people around me seemed to be able to run their own lives . . . but for me panic attacks were controlling my life. Why couldn't I just snap out of it and be OK? I started feeling more and more depressed and self-critical as I realized that I could not control the panic attacks. I lost my self-confidence, I stopped wanting to socialize, and my friends seemed to withdraw from me. Life became so difficult that the thought crossed my mind that it was not worth going on.*

Geoffrey

Some sufferers of panic attacks experience periods of depression in addition to their anxiety symptoms. Between 30 per cent and 70 per cent of people with panic disorder develop depression at some time. Depression may last for hours or days at a time; for some people it may persist for weeks or even months. It may be fairly mild, for example feeling rather sad and tearful at times, or more severe, leading to feelings of hopelessness, worthlessness and failure. The depressed person may no longer feel like working or socializing – not only from the fear of having a panic attack, but also because of the low self-esteem, loss of interest and lack of enjoyment that accompany severe demoralization.

Feelings of depression can be made worse by the sense of shame that accompanies uncontrollable anxiety. Shame makes people secretive about their anxiety, so that they

make excuses to avoid social situations rather than having to suffer the embarrassment of revealing their problem to their friends. This may lead to a vicious cycle of avoiding enjoyable activities (like seeing a movie with friends, or going out for dinner), thus increasing feelings of isolation which worsen depression and lead to further loss of motivation. The person may begin to feel helpless and hopeless and then become more self-critical and withdrawn. People with agoraphobia are likely to become depressed because of their greatly restricted activities. In this way symptoms of anxiety, avoidance and depression interact to cause greater suffering and disability. It is important to recognize these vicious cycles and to attempt to break them in the process of recovery.

People suffering from panic attacks may feel quite desperate at times. It may seem impossible to improve their situation. They may begin to overeat, to use alcohol excessively or to take drugs in the attempt to forget about their problems or blot out their symptoms. When panic symptoms are complicated by severe depression or other problems, there is a risk of serious self-harm, even suicide. Clearly, it is important to take steps towards recovery long before such a level of desperation is reached.

For most sufferers of panic disorder and agoraphobia, depression lifts when anxiety symptoms are brought under control. In those few instances where depression lingers after the anxiety has improved, it is important to seek specific professional help. Some people suffer a mixture of anxiety and depressive symptoms; in others, depression is the main problem, with anxiety symptoms being secondary. If you

are in doubt as to which is the main problem – anxiety or depression – you should consult your doctor or the local mental health service.

### **Effects on social life**

*My anxiety problem has taken over my whole life. Even though I have a close family, I can't talk to any of them about it since they don't understand what I am going through. My problem has created a wall between me and my husband. Also, I become terribly embarrassed with my friends when I start developing panic symptoms. I can't face seeing people.*

Joanne

Panic attacks can have a profound effect on family and social life. Often, the situations in which panic attacks occur are those that involve being out of the house among other people. It is understandable that a person who experiences panic attacks at a movie or in a restaurant will be apprehensive about returning to such places and may even avoid them. Sufferers may make excuses not to go on social outings, especially if it means entering situations in which they fear they might panic. Friends and family may become frustrated and offended when their invitations are regularly turned down. On the other hand, some panic sufferers who have disclosed their symptoms to those close to them find that their problems are not taken seriously and that they are given superficial advice, for example 'pull yourself together' or 'be strong'. These responses may seem insensitive, but it

must be remembered that most non-sufferers have very little knowledge about panic attacks and agoraphobia, and they may not understand how difficult it can be to overcome these problems. It is common for people to believe that because it is common to experience anxiety, everyone should be able to cope with it by using will-power.

Severe anxiety can disturb intimate relationships. Anxiety can cause a sufferer to be irritable, preoccupied, withdrawn or in need of repeated reassurance. Sufferers may come to depend heavily on their spouses or partners to carry out everyday chores such as shopping, banking or collecting the children from school. A sufferer may feel that the problem is not understood by a spouse or partner, who in turn feels baffled, frustrated and helpless. Thus a vicious circle of misunderstanding can set in.

The social and personal relationships of those who suffer from panic attacks and agoraphobia commonly are transformed when they recover from the acute symptoms and learn how to master their anxiety. They often feel much happier within their family and social networks, and their spouses or partners are greatly relieved. Occasionally, because the family's lifestyle has adapted gradually to the sufferer's restricted activities, recovery will require other family members to change their own habits and expectations. The household has to adjust to a member who is more active, assertive and independent than they are used to. Such adjustments can cause tension and uncertainty within the family. There are some advantages in having a parent or spouse who is always at home!