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Panic Attacks While Driving

I would like to start out by discussing Cognitive Behavioral Therapy (CBT), and in particular, want to make clear that CBT has been shown by research to be as effective, and, in some cases, more effective than anti-anxiety medications such as SSRIs (Selective Serotonin Reuptake Inhibitors). Of course with CBT, though, there aren't any side-effects or worries of dependency which can be a concern with medications.

With CBT you're really changing your overall thinking so that you can get right to the root of your problem (your thoughts and overall beliefs about things).

While CBT definitely takes some work, it can definitely pay off. One of the things you'll likely notice happening the more you do the steps of CBT to analyze our thoughts is that you'll find yourself getting insights and ideas that are very helpful to you.

When you are doing CBT exercises, I believe that they may very well unleash both the logical and creative aspect of your thought processes – the same thought processes that seem to get mowed over by anxiety and panic. By having these processes come back, you'll likely notice your control coming back.

Let me discuss a personal example. I was at a meeting recently with about 20 people and because of what I brought to the table I was put on the "hot seat." All of a sudden I was being peppered by questions. My initial reaction was to get very nervous and I instantly got an extreme tightness in the pit of my stomach.

I knew the material though and began speaking. Something great happened: although I was very nervous, I began speaking and did just fine. My anxiety lessened dramatically and I gave answers in a calm but effective manner.

Now I am not providing this example to show off. Rather, I want to illustrate that when we are required to do something, because of one situation or another, we often do much better than anticipated and nothing drastic happens.

Furthermore, because we were not able to "wriggle out" of the situation or back-out, we face the situation head on and do just fine. Often an anxiety sufferer will avoid many situations where he or she would have done just fine.

As in the personal example I just provided: when we are put in a situation in which we need to act calmly and logically, we become calm and logical. It's obviously very helpful that we're preoccupied with something else that we cannot focus on our anxiety.

Let me put this example another way.

If you've ever heard a performer talk about the experience he or she had when acting or performing before a live audience, you'll likely have heard it said that at first he or she was very nervous. (Even Robin Williams has reported suffering from anxiety before a performance!)

Yet someone these performers make it through just fine and the anxiety subsides. Why do you think this is so? This is because when performers need to focus on their lines and actions and they cannot focus on both their anxiety and the lines so the anxiety falls away.

The above examples definitely relate to the techniques of CBT because the process involves us putting ourselves on the hot seat so to speak. That is we are putting our own thoughts under the magnifying glass and through the process of analyzing them we're finding the cognitive distortions (causing our anxiety) and then substituting healthier thoughts that allow us to see things in a more logical and realistic fashion (making us feel better).

This also means that when you, as an anxiety sufferer, go through the process of CBT you are focusing on the CBT process, the logical process, not your anxiety.

Let's look at a recent question received from a subscriber and then we'll go through the CBT process with the underlying thoughts.

Question: *"I have panic attacks mostly whilst in a car. This has led to me being unable to drive my own car. I used to drive everywhere but am now unable to drive to the shops. I am a little better if someone is with me but cannot do this on my own as my chest gets tight, my heart races and I shake all over and that is before I get in the car?"*

Answer: For the purpose of an example let's say that the above statement was made by an individual with the name Amanda (obviously the person's true identity will be held in confidence). Let's again use Cognitive Behavioral Therapy to analyze the thoughts behind the statement to locate the cognitive distortions and then substitute healthier thoughts that can make us feel better.

The key points of Amanda's statement are:

"This (having panic attacks) has led to me being unable to drive my own car."

"...am now unable to drive to the shops."

"...cannot do this on my own..."

First I recommend that you scroll down below and look at the list of Cognitive Distortions and then try to locate what possible distortions might be present in Amanda's

thinking before continuing to read directly below. Hint: There is more than one distortion present. Once you've done this, write them down or type them out and then come back to this spot.

Okay, welcome back (I hope you have really given this a try yourself)

If you guessed that the following four distortions are present then you're right: 1. Disqualifying the positive 2. Jumping to conclusions: fortune telling 3. Magnification

Let's look specifically at how each distortion is actually present in this statement and then we will look at some alternative more realistic thoughts.

1. Disqualifying the positive - All of the points put forward by Amanda are likely disqualifying the times that she has driven her car to various locations, including the shops, and did perfectly fine.

2. Jumping to conclusions: fortune telling – Amanda is concluding that because of her anxiety while in the car that she can never drive alone. Again there are probably many times she's done (We'll come back to this one though).

3. Magnification – Amanda obviously is having symptoms of anxiety before she gets in the car but she is not dying and is really just feeling anxiety.

Now to really see something beneficial come from the process, let's try to generate an alternative, more accurate way of thinking about the situation. Again, before reading on, try to generate some on your own. Once you've done this, write them down or type them out and then come back to this spot.

Okay here's an alternative:

As pointed out, Amanda has likely driven many times alone and done just fine. She has probably done so after feeling very anxious too. Just because she is nervous does not mean she cannot drive.

While she may be extremely uncomfortable driving her car she can start out by taking baby steps. That is, by going on short drives accompanied by a friend or someone else. Over time she can increase the distance. She can then start the same process again, this time without anyone in the car with her. Over time she can go a further and further.

I would encourage you to stick with the examples that I feature in newsletters, and, rather than looking for immediate payoffs, look to the future, but with a belief that you are slowly working on your thoughts and overall perceptions and that slowly over time you can change.

I have read about and known of many individuals who have had success with CBT even when they had either very difficult cases or felt there was no hope. In many cases they may have had a persistent therapist that worked with them and stayed on top of the situation to ensure that they followed through on their “homework.”

I hope you will give yourself plenty of this very beneficial homework, i.e. working on your own thoughts.

Take care,

Matthew Wagner
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Cognitive Distortions*

1. All-or-nothing thinking - Thinking of things in absolute terms, like "always", "every" or "never". Few aspects of human behavior are so absolute.
2. Overgeneralization - Taking isolated cases and using them to make wide generalizations.
3. Mental filter - Focusing exclusively on certain, usually negative or upsetting, aspects of something while ignoring the rest, like a tiny imperfection in a piece of clothing.
4. Disqualifying the positive - Continually "shooting down" positive experiences for arbitrary, ad hoc reasons.
5. Jumping to conclusions - Assuming something negative where there is no evidence to support it. Two specific subtypes are also identified:
 - Mind reading - Assuming the intentions of others.
 - Fortune telling - Predicting how things will turn before they happen.
6. Magnification and Minimization - Inappropriately understating or exaggerating the way people or situations truly are. Often the positive characteristics of other people are exaggerated and negative characteristics are understated. There is one subtype of magnification:

Catastrophizing - Focusing on the worst possible outcome, however unlikely, or thinking that a situation is unbearable or impossible when it is really just uncomfortable.
7. Emotional reasoning - Making decisions and arguments based on how you feel rather than objective reality.

8. Making should statements - Concentrating on what you think "should" or ought to be rather than the actual situation you are faced with, or having rigid rules which you think should always apply no matter what the circumstances are. Albert Ellis termed this "Musterbation".

9. Labeling - Explaining behaviors or events, merely by naming them; related to overgeneralization. Rather than describing the specific behavior, you assign a label to someone or yourself that puts them in absolute and unalterable terms.

10. Personalization (or attribution) - Assuming you or others directly caused things when that may not have been the case. When applied to others this is an example of blame.

*Cognitive distortion. (2008, July 9). In Wikipedia, The Free Encyclopedia. Retrieved 00:08, July 15, 2008, from http://en.wikipedia.org/w/index.php?title=Cognitive_distortion&oldid=224669620

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