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## **A Handicap That No One Can See**

***Question: “Is there a way to get rid of them or does one have to get used to them? The problem is that it is a handicap that no one can see and life is just waiting for the next attack, which leads me to avoid people and open spaces, some periods it can be easier, so my question is: would it be smart to go back in life like in psychotherapy?”***

### ***Answer:***

The first question has been answered throughout this newsletter in which I have provided a variety of techniques. As this question was asked by the subscriber early on in the newsletter series, I will assume that he or she has now had a chance to review the variety of techniques and tips that have been discussed in regards to alleviating anxiety and panic attacks. If not, I would recommend doing so.

Of course one of the techniques discussed in this newsletter is Cognitive Behavioral Therapy (CBT). Throughout the series I have provided examples in which various thoughts and statements from real sufferers were analyzed for cognitive distortions and then healthier thoughts were substituted in their place. CBT is a great technique for people to proactively do on a regular basis and overtime can help one alter their beliefs and attitude towards panic attacks and feel much better.

We will continue on this path of CBT, but I first wanted to address another question asked by this subscriber. The subscriber mentioned going back “in life like in psychotherapy.” I take it from this statement that this person’s experience in psychotherapy has not been positive. For the remainder of this letter, let’s say the person’s name is Steve, so that’s it easier to discuss it. (The person’s true identity will be held in confidence).

If Steve’s experience in therapy has not been positive, and he’s been giving it an honest and sincere effort, then he should at least consider switching or raising this point with his therapist.

You may ask why?

First of all you’re the boss. That is, either you or your insurance company are likely paying for the service. If you are unhappy with the service from another professional or business you’d switch, why should this be different? You don’t need to feel bad about switching, you just need to indicate that it’s not a good fit (feel free to provide more reasons if you wish) and you would like to try someone else.

Second: It’s going to be pretty hard to get better if you don’t really have good rapport with the therapist you’re seeing. Many people when they don’t have a good fit, just drop out of therapy,

but one great lesson or experience for anyone in this position would be one in assertiveness. If you don't want to stay then say so and tell them you wish to see another therapist.

Third: Just like other people and professionals, therapists are not all equal. You may just have someone who's not very good. If this then becomes our belief about all therapists then it might be hard to be open to the help you can receive from therapy.

Fourth: Again (I've certainly said this before), ensure you are seeing a licensed mental health professional – someone who is accountable to a regulatory body in which he/she has had to meet certain educational standards and someone whose practice is guided by ethical principles.

A simple question to your therapist such as “Where are you registered/licensed?” You can then easily verify this as a regulatory body will have a website where you can visit and then verify whether this person's name is listed as a member/registrant. If not, the site should contain a phone number or email that you use to verify the person's registration.

As promised we will now use Cognitive Behavioral Therapy to analyze the thoughts behind Steve's above statement to locate the cognitive distortions present and then will substitute healthier thoughts that can make us feel better.

The key points of the statement are:

“...the problem is that it is a handicap that no one can see...”

“...life is just waiting for the next attack, which leads me to avoid people and open spaces...”

Let's deal with one at a time.

The first thought that “...the problem is that it is a handicap that no one can see...” is not really a distortion but Steve can actually look at the situation more positively.

While Steve indicates that no one is aware of his problem – referring to his anxiety and panic attacks – and I suspect agoraphobia too. If that's truly the case and no one is aware of Steve's problem, then it is one less thing to be worried about (many sufferers often worry what other people are thinking about them).

Alternatively, if Steve wants more people to know how he's feeling then he has the option of simply telling them. For many people this can be very freeing. You just need to state that you're feeling anxious. If you're having performance anxiety, simply stating you're nervous can make you feel better.

You feel better because you are not pretending to be something that you're not (which at the moment is someone who's not anxious!). People generally will see you as more realistic and approachable and genuine when you're honest about things such as this.

Now let's look at Steve's second statement – which definitely contains some distortions.

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 Steve'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 distortions are present then you're right: 1. Overgeneralization; 2. Jumping to Conclusions - Fortune Telling

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. Overgeneralization – Steve's statement starts out "life is just..." Clearly Steve is making a generalization about his entire life – which is exactly what overgeneralization refers to. Such generalizations generally do not hold up in real life though.

2. Jumping to Conclusions - Fortune Telling – Notice that Steve's statement finishes "...waiting for the next attack, which leads me to avoid people and open spaces..." This is significant because the thought lurking in the background is that he can't go to open spaces or go to see people because he's waiting for the next attack. Clearly Steve is predicting that he'll have another attack if he goes into an open space or goes to a place where people are. This is not necessarily the case though.

Now let's try to generate some alternative, more accurate thoughts that we can substitute in place of the ones containing distortions. 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 are some alternatives:

Just because at the present time Steve feels that panic and anxiety, these things are not the only thing he has in life. He no doubt has other things/interests in his life. He may be anxious at present but over time he can continue to work on his thoughts with CBT and utilize the techniques he is learning to feel better.

Just because Steve may have had an attack or feared an attack coming on when he went into a place that contained a lot of people or a lot of open space it does mean it will happen again. While he may feel anxious it does not mean for sure he'll have an attack any time he goes out.

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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](http://en.wikipedia.org/w/index.php?title=Cognitive_distortion&oldid=224669620)