

## Asthma and Anxiety

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In this document I am going to summarize a question received from a newsletter subscriber. While anonymity is something I always uphold in every case, with this specific question, I will summarize the important aspects of the enquiry in a way that hopefully will allow everyone to utilize the techniques of Cognitive Behavioral Therapy when looking at this issue.

**Question: This person's issue is asthma as well as panic attacks. Of course asthma itself can make it more difficult to breathe, which of course would add to one's anxiety.**

Fortunately there has been research that has looked at using Cognitive Behavioral Therapy with asthma sufferers. One such study conducted by the Department of Clinical Psychology, NIMHANS, Bangalore looked at efficacy of Cognitive Behavioral Therapy, as an adjunct to standard pharmacotherapy in bronchial asthma.

They found that there was significant decrease in asthma symptoms, anxiety and depression; and significant increase in quality of life in the experimental group. Researchers concluded that Cognitive Behavioral Therapy helps in improving the management of asthma.

This is of course good news for asthma sufferers but also really good news for anxiety and panic attack sufferers.

You see if Cognitive Behavioral Therapy is helpful for persons dealing with physical conditions I think this is supportive of the notion that the same would be true for mood problems such as anxiety and panic attacks.

So now let's look at some of the specific thoughts that might be plaguing the above referenced subscriber who has asthma to deal with along with anxiety and panic.

(Note: Below I will use the term "we" but this is not to infer you have asthma but rather to simplify the overall scenario and make it most relevant.)

Now, as always when looking at the Cognitive Behavioral Therapy process, I am including below a list of distortions. Can you look at the list below and think about what fears might be looming in the background? Don't worry the exercise can be useful even if you don't have asthma.

Likely present are: 1) jumping to conclusions, and 2) magnification and 3) emotional reasoning 4) disqualifying the positive

You might be asking why:

Well it's certainly understandable to see how someone who's having difficulty breathing could become anxious, so it would be reasonable to assume that the emotion behind this anxiety would be a fear of harm or fear of dying.

Moreover, anytime we have a "what if" thought we are really entertaining, at least in our mind, the actual scenario that is feared.

So:

1) Jumping to conclusions is present because at some level we are likely predicting that this will happen because, as mentioned, we are imagining the actual scenario happening – at least on some level - or beginning to happen (i.e. passing out, dying) even though that's not likely the case.

2) Magnification is present because we are thinking worst case scenario is likely, in other words, we are "catastrophizing" which is defined as "Focusing on the worst possible outcome, however unlikely, or thinking that a situation is unbearable or impossible when it is really just uncomfortable."

3) Emotional reasoning is present because we feel bad, obviously, and conclude that things are bad, dire in this instance.

4) I also mentioned disqualifying the positive because we are likely overlooking all the many times we had an asthma attack and in the end, really suffered no harm and obviously did not die.

An alternative thought is that just because one has asthma does not mean one will pass out or die.

Moreover, there are various options that an asthma sufferer can discuss with his/her doctor and/or health care professional to help with asthma.

In my newsletter I discuss various techniques that one can learn to do help with stress, anxiety, and panic attacks. In particular, I want to discuss one technique.

First, though, I want to make a point. I remember reading an article some time ago that said that in many drowning cases, the reason for drowning is due to the panic. It could be due to a current or suddenly noticing the water is deeper than expected (i.e. over their head).

The person begins to panic and immediately begins to gasp for air which quickly draws water into their lungs. I say this not to scare you but to impart to you what a helpful psychologist once explained to me. He said that asthma sufferers have the same experience when they begin to fear an asthma attack.

That is, their anxiety begins to arise and they start to hyperventilate but by learning to do the opposite of this behaviour, i.e. take slower and more deep breaths they can reverse this experience.

This strategy is not exclusive to those who have asthma but rather anyone. We've discussed before that by discontinuing to feed your physiological symptoms with actions that would increase them more and more, you actually are taking actions that have the opposite effect.

It seems that the brain receives a message that there is no need to continue the "fight or flight response" and instead begin to induce the "relaxation response," which we have discussed in previous newsletter installments.

As I've said before: over time Cognitive Behavioral Therapy process can be very helpful for anxiety but it does take commitment.

In other words you can't expect to work through one instance like we've done above and completely eliminate your panic attacks – but doing so with your OWN thoughts can make you feel better quickly, and over time, as you continue to tackle your own thoughts, you will become very good at recognizing distortions and generating new and more valid viewpoints which will allow you to make a shift which can have a dramatic effect on your panic attacks and anxiety and agoraphobia too.

Also working with the examples presented in this newsletter is great practice and a great primer – to prime the pump so to speak!

This Cognitive Behavioral Therapy is something that can be utilized for free. Best of all: It doesn't cost anything. It doesn't have any side-effects. It doesn't require anyone else – you can do it on your own. It can work in a number of situations, for a number of people, as we've seen.

Take care

Matthew Wagner  
Panic Attack Recovery Newsletter

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Page 3 of 5

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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)