



When We Can't Breathe, Panic is the Normal Reaction – But it can be Controlled and Modified by the Mind

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Taken from the book Overcoming Anxiety and Depression and Breathing Correctly in COPD/Emphysema: A Self Care Book for People with COPD and a Psychosocial Manual for Professionals

by Vijai Sharma, intended for future publication

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Anxiety or panic attacks are among the most common and disabling problems encountered by both mental health professionals and general medical practitioners. Even otherwise healthy people can have an absolutely terrifying experience during anxiety and panic attacks. When a person actually has a breathing disorder, anxiety and panic attacks present even a bigger challenge.

People with normal lung function are terrified by such thoughts as “I might not be able to catch my breath,” “I may smother to death” or “I may be having a heart attack (or stroke). For people who actually have lung impairment such fears feel dauntingly real.

However, fears of a person with COPD may not always be proportionate to the seriousness of the problem. For example, if you had a major episode in the past, it's not necessary that chest tightness and more-than-usual shortness of breath you experience right now would result in a medical crisis and hospitalization.

I know a person with emphysema who used to panic every time she felt a common cold coming. The basis of her fear was that one time her cold caused several complications and she ended up having pneumonia. Since then, whenever she had a cold, she would think of lying in an intensive care unit bed with tubes in her throat with uncontrollable coughing and other medical complications. Since cold equaled pneumonia for her, the first signs of a cold she noticed would lead her to endlessly worry about it. Such obsessive worry would then lead to panic attacks.

One time she came to my office with a cold. She was crying and hyperventilating fearing pneumonia was on its way. I asked her why she was so upset, she said, "I don't want to get that terrible pneumonia again!" This is how the rest of our conversation went:

Sharma: Every time you have a cold, do you end up developing pneumonia?

Client: "No, but that sure happened to me a couple of years ago and it was not pleasant!"

Sharma: What is the guarantee that it would happen again? How do you know it won't just be an awful cold rather than pneumonia?

Client: True I don't know for sure. All I know is that I don't want it to happen to me ever again.

I asked her to join me for Pursed-Lip Breathing (PLB) to get control over the hyperventilation. Then we talked about the treatment and precautions she was taking for her cold. We talked about the steps she would take if she starts developing complications. I told her I could see the benefit in taking precautions for possible complications. She should talk with her doctor about her concerns, but I didn't see any benefit in making herself scared of pneumonia before it happens. At this point she had calmed down, her chest was not heaving any more and instead of whispering, she spoke in an audible voice.

What Do We Learn from this Example?

People with impaired lung function can have exaggerated fears, that is to say, but their fears may be disproportionate to the actual breathing problem at the time.

Panic attacks occur because of our highly exaggerated response to the following:

1) Breathing discomfort

2) Unpleasant bodily sensations

3) Due to the catastrophic thoughts that cross our mind in relation to the breathing discomfort and bodily sensations.

Self-help exercise

What you have a major problem with breathing, what are your worry/fear thoughts?

What do you think or do when you experience increase in your symptoms?
