Panic Attacks: Listen to the Messenger

*by Chuck Sigler**

The message on Sarah's answering machine jolted her like an electric shock: "Sarah, call me as soon as you hear this message. Luke is dead. He killed himself."

Sarah and Luke had served as short-term missionaries in Haiti a few years ago. They became friends while in the mission field but drifted apart after returning to the States. Sarah returned home, started a new job, and married her fiancé, Jeremy. Luke returned to his church and became involved in a local ministry to the homeless.

It's a shock to hear that someone you know has died by taking his or her own life. With Sarah, the news struck deep. As she hung up the phone, two thoughts came to her: "What was going on with Luke that he did such a thing? His faith had always seemed so strong." And "If this could happen to someone like Luke, it could easily happen to me."

Fear and anxiety gripped Sarah's heart. She felt dizzy and light headed. She had trouble breathing. She trembled and shook. Her heart pounded like a drum. She feared that she was losing control, going crazy. When Jeremy came home thirty minutes later, Sarah threw herself into his arms. It was another fifteen minutes before she could tell him what happened.

That night, Sarah awoke at 2 a.m. seized by fear that she was going to lose control as Luke did and kill herself. Jeremy stayed home from work the next day to be with her, and initially she was less fearful and anxious. Then in the late afternoon, she listened to her voice mail and heard Luke's voice on it. She then experienced another episode of heart palpitations, dizziness, breathing trouble, tremors, and fears of losing control and killing herself. This pattern of symptoms continued over the next few weeks.

Sarah and Jeremy began to make accommodations in their nightly routine that became a part of their lives for several months. Jeremy hid the kitchen knives, as Sarah asked, and only brought them out of hiding for her to use when cooking. And at Sarah's suggestion, he carried his set of weights, weighing several hundred pounds, from the basement to their bedroom. Every night before they went to sleep, he moved the weights in front of the bedroom door, so Sarah could not wake up in the middle of the night in a panic and run from their room before he could stop and calm her. With these precautions in place, she was eventually able to fall asleep for a few hours.

Within the next two weeks, Sarah had five additional panic attacks along with problems sleeping—even with the weights blocking her door. She became restless and irritable and was easily fatigued. She had problems concentrating. Her family doctor gave her some samples of Ativan and made Sarah promise to see a recommended psychiatrist.[1] She took an Ativan that night and was able to fall right to sleep.

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[1] Ativan is in a class of drugs called benzodiazephines and is standard treatment for panic disorders. Ativan works by suppressing overall brain function, initially experienced as relaxation or reduction in anxiety and tension. Other drugs in this class include: Xanax, Librium, Valium, and Klonopin. This class of drugs is potentially habit forming.

Sarah was afraid to be alone during the day and spent as much time as possible with family members. In the evening, Jeremy and Sarah continued with their rituals with the knives and the weights. Sarah continued to have two or three episodes of anxiety and panic per week, usually in the late afternoon or early evening. Jeremy cancelled several planned social activities because Sarah was worried she would have a panic attack in public. Three weeks after her initial attack, she saw a psychiatrist who warned that her panic attacks could develop into an anxiety disorder if she didn't do something. He advised her to use the Ativan immediately after each panic attack and that she take Paxil daily.[2] He advised her to return in two weeks to review how she was adjusting to the medication. The psychiatrist also suggested that she begin to meet with a counselor. This brought her to you.

Diagnosis

This case study presents some potentially tricky issues for the biblical counselor. Sarah's "symptoms" are evidence of what the DSM-IV-TR describes as a panic attack.[3] She rings all the diagnostic bells for a psychiatrist to make tentative diagnosis of panic or anxiety disorder. Making a diagnosis is a pivotal decision that summarizes how the psychiatrist understands the presumed disorder and "guides the clinician to select disorder specific treatment," often involving psychotropic medication with people like Sarah.[4] The heart of the DSM's method of diagnosis is a checklist of specific behaviors identified as "diagnostic criteria" which 1) delineate the specified category of mental illness; 2) identify the observable symptoms of the pathology (but not the disorder itself); and 3) provide guidelines that enhance agreement among clinicians making diagnoses.[5]

Sarah demonstrated five of the thirteen diagnostic criteria listed for a panic attack in the DSM. Only four criteria, or behaviors, that develop abruptly and reach a peak within ten minutes are needed to make a diagnosis. Sarah felt dizzy and light headed. She had trouble breathing. She trembled and shook. Her heart pounded like a drum. She was afraid that she was losing control. And the panic attacks were recurrent. Sarah worried about going crazy. She demonstrated significant behavioral changes related to the attacks (the nightly rituals with the weights and kitchen knives). Sarah is on the verge of a panic disorder diagnosis but is one week short of the required four weeks with the above symptoms to be diagnosed as such. She's restless and irritable. She's easily fatigued. She has problems concentrating and continues to have sleep problems.

While it's too early for a diagnosis of generalized anxiety disorder—Sarah would have to struggle with these symptoms "more days than not for at least six months"—but according to the psychiatrist, she's on her way to that diagnosis if she doesn't do something.

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[2] Paxil is an antidepressant classified as a selective serotonin reuptake inhibitor (SSRI). Withdrawal reactions (discontinuation syndrome: anxiety/agitation, dramatic crying spells, and irritability) have been reported with SSRIs. (Luvox, Zoloft and Prozac are also in this class of antidepressants.)

[3] *The Diagnostic and Statistical Manual*, 4th edition, with Text Revisions.

[4] Stewart Kirk and Herb Kutchins, *The Selling of the DSM: The Rhetoric of Science in Psychiatry* (New York: Aldine De Gruyter, 1992), 23.

[5] Herb Kutchins and Stuart Kirk, *Making Us Crazy: The Psychiatric Bible and the Creation of Mental Disorders* (New York: The Free Press, 1997) 247.

Sarah is a "poster child" for panic attacks. She's knocking on the door of panic disorder and is headed towards generalized anxiety disorder. She has received prescriptions for Ativan and Paxil to take for her troubles. The Ativan seems to be helpful, but she hasn't begun to take the Paxil yet.

What happens when Sarah decides to use the medication recommended to her by the psychiatrist? The Ativan helps her in the immediate aftermath of her panic attacks. When she takes the Paxil and it reaches therapeutic levels in her blood, the cluster of symptoms associated with her anxiety decreases and even disappears. The panic attacks become less frequent and eventually stop; and Sarah sleeps through the night without interruption. The knives are back in the kitchen; the weights are in the basement again. These reactions now seem silly and a bit embarrassing. She begins to believe that she must always be drugged in order to be "normal" and that her problem is fundamentally biochemical. The medications seem to have solved her problem. But have they?

Sarah has reservations about taking the Ativan, but it does seem to work when she uses it. Her symptoms of panic and anxiety diminish or disappear. She's able to sleep and does feel calmer for awhile. But she comes to you and asks about the psychiatric labels the psychiatrist discussed with her: panic disorder and anxiety disorder. What do these mean? What should I do? Should I continue with the medication? Do I really have a mental illness, a panic or anxiety disorder?

How do you help Sarah?

There are at least two entry gates you can use to work with Sarah. First, you can explore and address the thoughts, feelings, and behaviors that contribute to her reaction of fear, panic, and anxiety in the wake of her friend's suicide. Second, you need to address her questions about medication.

Entry Gate #1: Biblically Framing Sarah's Fear

Even though medication relieves most of her symptoms, Sarah's life is still ruled by fear. She continues to take Paxil each morning. She has decided not to accept a position at a Christian school because the school's insurance coverage would not cover enough of her medication expenses. While never much for arguing, Sarah is noticeably more passive with others. She consults her older, sometimes controlling, sister more and more about decisions she has to make. She tries to change the subject or generally avoid conversations related to death, anxiety, suicide, and Luke. She walks away when she can't avoid the subject. Increasingly, she evaluates her actions and words against their potential to generate anxiety or fear. She agonizes over whether or not to say certain things to other people and then worries afterwards when she does say something and whether or not she had said it in the right way. Periodically, when she misjudges a situation, her anxiety is strong enough to warrant taking an Ativan. Although less incapacitated with her medication, the inescapable influence of fear in her life is clearly evident.

But now let's examine how to biblically frame the cycle of thoughts, feelings, and behavior that Sarah's reactions manifest.[6] Sarah follows a clear cycle of bad "root and fruit" as seen in Jeremiah 17:5–10 and Luke 6:43–45.

The heart of the situation: The shock of hearing about Luke triggered a heart-based reaction: fear and anxiety took root in her heart. Sarah realized that someone whose faith she perceived as

[6] Organize the case data within the "root and fruit" structure of Paul Tripp's 'hook' questions in *Instruments in the Redeemer's Hands* (Phillipsburg, NJ: P&R Publishing, 2002), 188. See also Timothy S. Lane and Paul David Tripp's article in this issue of the *Journal*, "Order from Chaos: When a Bad Marriage Gets Worse."

stronger than hers had taken his own life in a moment of despair; and what happened to Luke could happen to her.

The bad fruit of the heart reacts to the situation: Sarah's *immediate* outward response (fear) to her interpretation of this situation was the cluster of "symptoms" that contributed to her own "diagnosis" of being anxious and afraid and the psychiatrist's later assessment that she had a panic attack. Her ongoing worry about losing control and hurting herself (bad root) brought on more panic attacks.

Sarah's initial reaction eventually subsided, but since fear had taken root in her heart, Sarah wakes up during the night feeling anxious. She is again fearful of losing control and killing herself. Again she institutes the accommodations with the knives and the weights. She again experiences the cluster of behaviors and feelings that eventually are labeled as panic attacks. As fear and anxiety respond to the fertile soil of Sarah's heart over the next few weeks, they contribute to a downward spiral of consequences.

Heart Idolatry, Stumbling Blocks, and the New Heart

We can further specify the dynamic of her fear by applying the two-fold idea of heart idolatry and its stumbling block as seen in the Ezekiel 14. Heart idolatry is a key metaphor in how biblical counseling views the problem of entrenched sin in our lives. "Idolatry becomes a concept with which to comprehend the intricacies of both individual motivation and social conditioning. The idols of the heart lead us to defect from God in many ways."[7] But the concept of heart idolatry can also be understood as the tendency for believers to wander away from God.

We see a pattern in the Old Testament: God repeatedly addressed His people when they wandered after idols. This resulted in God's judgment on them (Isa. 1 & 2; Jer. 11; and Ezek. 20). God directly identified their judgment as a consequence of their original idolatry. He called upon them to repent or face destruction. God's intention throughout this intervention process is for His people to turn and resume their relationship with Him and to stop wandering into their idolatries:

> … that the house of Israel may no more go astray from Me, nor defile themselves anymore with all their transgressions, but that they may be My people and I may be their God, declares the LORD God. (Ezek. 14:11)

But as the history of the Old Testament illustrates, God's people never seem to remain in relationship with Him. They keep wandering after things they desire more. Their hearts "tend to wander"; they crawl off the altar of self-sacrifice.

Within the book of Ezekiel itself, God repeatedly calls for Ezekiel to prophesy judgment against the elders, prophets, shepherds, and people of Israel for their wandering, idolatrous hearts. In Ezekiel 20 the elders come again to inquire of the Lord, but God refuses them again because of their idolatry. There seems to be no hope. Those within the siege of Jerusalem (4:17) will "rot away because of their punishment." Against the house of Israel God will stretch out His hand (6:14) and "make the land desolate and waste." The LORD is against the shepherds (34:10) and "will require my sheep at their hand and put a stop to their feeding the sheep." The consolation God promises in Ezekiel 14:23 gives little comfort. We know that He does nothing without cause.

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[7] David Powlinson, "Idols of the Heart and 'Vanity Fair,' " *Journal of the Biblical Counseling*, 13.2, Winter, 1995, 35. See also Paul Tripp, *Instruments in the Redeemer's Hands* (Phillipsburg, NJ: P&R Publishing, 2002), chapter 4.

Nevertheless, the four judgments of sword, famine, wild beasts, and plague will be sent against Jerusalem to kill its people and animals.

But then in Ezekiel 36, God makes a wonderful promise: He will cleanse His people from all their iniquity and their wandering. He will replace idolatrous hearts with new hearts. The Israelites will again be His people and He will be their God. He will rebuild the ruined places and replant what was desolate. The despairing cycle of repeatedly wandering off will be remembered with shame. God will place His Spirit within them, causing them to obey the statutes and rules of the Lord. The land that was desolate will be like the Garden of Eden. The fruit of the tree and the land will be restored. The vicious cycle of sin and folly described so clearly in Ezekiel 14 will be a thing of the past. A new cycle of godly fruit and abundance will be made possible by a new, obedient heart and Spirit. We will be His people and He will be our God. Our hearts will no longer wander away from Him.

These dual, opposing cycles of idolatry and godly fruit found in Ezekiel 14 and 36 illustrate the Pauline contrast in Galatians 5:16–26 of life in the flesh and life in the Spirit. The works of the flesh and the works of the Spirit are opposed to one another; we won't do what we know will please God. What motivates us to do what we actually do? We either have a wandering heart full of idolatries or a new God-given heart surrendered to His Spirit within us. The choice is ever before us: forsake Him by serving other gods or serve Him (Josh. 24:14–15). Even with the clear impact upon our circumstances of heredity, environment, and seemingly random events, the choice remains as to how we will respond: from a new heart or a wandering heart; serving the Lord or wandering away to serve other gods. The allure and the assault of our life experiences tempt us to crawl off of the altar upon which we presented ourselves as living sacrifices to God.

Sarah's wandering heart issues may not be obvious to her at first. She has to examine her fear. She needs to ask: What did she want and believe in the midst of the situation of hearing of Luke's suicide? How did she interpret the news about Luke? How does she now interpret her symptoms of panic and anxiety and her withdrawal symptoms?

Sarah can recognize that the *root* issue of her wandering heart is manifested as the *bad fruit* (the stumbling block of her own fear evident in symptoms of panic and anxiety). Her heart is not full of the confidence that comes with a heart that follows God. As God said to Ezekiel about the elders of Israel, in order to remove the stumbling block, Sarah must give up her wandering and be reconciled to God. What rules her heart? What has she come to treasure or value in her life that has estranged her from God? Where has she wandered? What lives in her heart—fear or God?

Engage Sarah in the process of examining and monitoring her cycle of folly. She could journal the times and frequency of her panic attack symptoms, noting what she was thinking, feeling, and doing. She could assess the intensity of her anxiety in conjunction with her journaling. She can use one of several anxiety scales available online or in cognitively-oriented self-help books, like *The Feeling Good Handbook,* by David Burns. As she gains insight into the pattern of her idolatry, she simultaneously identifies exactly how and what she needs to change.

But simple insight into Sarah's cycle of folly is not enough. Neither is finding satisfactory answers to such questions as: 1) What's going on? 2) What does Sarah do? 3) What does she think? and 4) What does she want? Sarah has to *do* something: She has to return to God and stop her wandering. She has to replace her fear with confidence in her God.

Biblically Intervening in Sarah's Fear

Sarah needs to specifically target her fears and strive to grow in grace and sanctification. As you and she recognize the inroads that fear has made into her life, she can learn to seek wise

counsel with the right issues and avoid doing so out of fear that she'll "do the wrong thing." She can become more alert to whether a passive, nonassertive response from her in a particular situation is the godly fruit of patience, kindness, or gentleness or whether it is a response that comes from her fear of conflict. In conversations on topics that make her feel uncomfortable, she can verbalize that she's uncomfortable with the topic instead of just walking away. She can be selective in talking to others about the topics she avoids. She can talk to other people who struggle with fear and anxiety and maybe other people who knew Luke. When she feels the need to say something to someone else, she can work to "speak the truth in love," to pray ahead of time about the encounter, and to leave it in God's hands afterwards.

A secular counseling approach would also likely address these very areas. In fact, cognitive therapy techniques are quite effective with anxiety and fear. What constitutes the biblical nature of these changes is their ultimate purpose and source. In biblical counseling, Sarah's ultimate purpose for changing is to be more Christ-like. The source of her change is the new heart placed within her through God's grace. In effect, her goal is progressive sanctification, "a divinely wrought character change freeing us from sinful habits and forming in us Christ like affections, dispositions, and virtues."[8]

Pecheur and Beck have suggested that the change process in sanctification and cognitive therapy are the same. But this cannot be true if, as they themselves note, the major difference between cognitive-behavioral therapy and sanctification is God's active participation in the process of sanctification.[9] There is a "divinely wrought character change" in sanctification. God places a new heart within us. This new heart seeks to form a Christ-like character. This can be imitated, but not duplicated, by cognitive therapy. The self-awareness of the cognitive approach that challenges ineffective, unproductive thinking and behavior at best produces a lost soul who responds to situational heat without stumbling over the stumbling block. You drug the messenger (the panic attack) to avoid or ignore it. But through biblical counseling, you learn to listen to the messenger (the panic attacks). You struggle to hear its message. You look to your own heart to see how it has strayed from God. You seek to find where you have replaced confidence in God with human fear. And you seek God's Spirit in helping you change. Godly change brings heart change. Heart change brings renewed confidence in God and replaces fear.

Concentrated efforts in spiritual disciplines such as prayer, meditation, reading and memorizing Scripture, and reading and studying spiritual works are called for. Sarah needs to recognize that as she turns from serving her idols and instead honors the Lord, He will deliver her from the hand of her enemies (2 Kings 17:38–39). She needs to realize the reality of Psalm 73: that God is good to those who are pure in heart, and that she does not vainly strive to keep her heart clean before Him. God has a hold of her right hand. He guides her with His counsel and will receive her in glory. As she learns that there is nothing on earth for her to desire but God, "My flesh and my heart may fail, but God is the strength of my heart and my portion forever" (Ps. 73:26).

How can we know these are the right interventions into her fears and anxiety? Look at *their* fruits: Do the symptoms decrease? Do the panic attacks lessen and eventually stop? Does her sleep improve? Does she feel less fearful and anxious? You will know a tree by its fruits.

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[8] J. I. Packer, *Concise Theology: A Guide to Historic Christian Beliefs*, (Wheaton, IL: Tyndale House, 1995, c.1993).

[9] D. Pecheur and J. R. Beck, "Cognitive Theory/Therapy and Sanctification," *Journal of Psychology and Theology*, 6:4, Fall 1978, 239–253.

Sarah will find that as she comes through her panic attacks, she will become a more effective witness to others suffering through panic and anxiety. As she describes her own struggles and her growing victory over her fears, she shows others that God is their refuge and strength; a help in times of trouble. They need not fear. God is their fortress (Ps. 46). As she goes on with her own life, she will know that the God who delivered her from fear will continue to deliver her from the Philistines of outward trouble and the inward temptations of her flesh (1 Sam. 17:37; Rom. 7:24).

Entry Gate #2: Assessing the Need for Medication

If we were to use magnetic imaging technology (MRS, Magnetic Resonance Spectrograph) on Sarah as she experiences a panic attack, it's possible we would see subtle changes in her brain chemistry. However, that by itself would not "prove" that the root cause is biochemical, and that the treatment should include medication. We are, to use Anthony Hoekema's phrase, a psychosomatic unity of physical and immaterial; of the inner and outer person. The cascading pattern of physiological reactions makes sense because of this psychosomatic unity of being. We should expect evidence of neurochemical, physiological changes when we panic. The MRS would demonstrate what we already know biblically. Our behavior, how we respond to the world, is inescapably related to our heart (Ezek. 14:1–11; Matt. 6:21). Psychotropic medication potentially "kills the messenger" of symptoms (the bad fruit) that announce that fear has taken root in Sarah's heart.

The diagnostic criteria or symptoms of her anxiety disorder exist because Sarah's heart is ruled by fear. When we encounter frightening events, as Sarah did with Luke's suicide, or become fearful that we could harm ourselves or others, we need to address that fear in order to have lasting change in our symptoms. Taking medication will only reduce the intensity of the symptomatic bad fruit; it will not address the root problem of fear. It will cover up the very thing that needs to be exposed to God's light.

Help Sarah weigh the pros and cons of taking psychiatric medication before she begins taking her prescriptions. In my experience, using psychiatric medication to cope with anxiety and panic should only be done in a limited way or as a last resort, if at all. In order for Sarah to feel better, to not panic, she has to be able to face and deal with her problem. But the medications can short-circuit her understanding of what her symptoms actually mean. But far more important, consider the serious side effects to taking both of the classes of medication that were used to treat Sarah's panic and anxiety. In addition to being habit forming and causing withdrawal reactions (discontinuation syndrome: anxiety/agitation, dramatic crying spells, and irritability), warning labels on these drugs describe the increased risk of suicide thinking and behavior in children, adolescents, and adults who take them. Patients on these drugs may interpret withdrawal symptoms as evidence of reemergence of psychiatric symptoms and their need to resume taking the medication.[10] The person becomes dependent on the medication and never addresses the underlying heart issues.

MRS Magnetic Resonance Spectrograph

[10] 'See A. F. Schatzberg, "Antidepressant Syndrome: An Update of Serotonin Reuptake Inhibitors," and P. Haddad, "Newer Antidepressants and the Discontinuation Syndrome"; in the *Journal of Clinical Psychology*, 1997, 58 (supplement 7), 3–4 and 17–22; and B. G. Pollock, "Discontinuation Symptoms and SSRIs," *Journal of Clinical Psychiatry*, 1998, 59, 535–536. Also refer to Peter Breggin and David Cohen, *Your Drug May Be Your Problem: How and Why to Stop Taking Psychiatric Medication* (Cambridge, MA: DaCapo Press, 1999), 62–72; 153–156.

How many people actually achieve clinical remission after their first treatment with an antidepressant? According to Kate George, "only 22.6 percent of patients achieve clinical remission after their first treatment with an antidepressant." Depression is a complex disorder with a number of predisposing genes as well as multiple contributing behaviors. George states, "It is possible that depression will never be reduced to a series of genes and molecular mechanisms, and this complexity, combined with the infancy of these biotech programs, means that a ground-breaking pharmacological therapy or the use of tailored therapies for depression is a long-way off and may never be possible at all."[11]

Symptomatic Relief or Permanent Relief?

Current psychiatric practice is quick to prescribe medication for a myriad of problems in addition to the fear and anxiety described in the above case study. This over-reliance on medication is a concern that biblical counselors need to address. The immediate distress of anxiety, depression, mood swings, and other identified "mental" disorders makes it hard for someone to resist the promise of symptomatic relief inherent with psychiatric medication. Sometimes a neurochemical "makeover" presents a dramatic, positive difference in the "before" and "after" of a person's life. But taking medication will not bring lasting change to whatever the situational stressors may be. And its efficacy will also dull or "kill" the message being communicated to the person and the biblical counselor about the true root and heart of the matter.

As we also saw, taking psychiatric medication brings a series of complications in its own right. Automatic deferral to the "greater wisdom and expertise" of a psychiatrist prescribing medication is then not in the best interest of the person taking the medication. Except in cases of extreme debilitation, psychiatric medication should be avoided.

As with Sarah, in many situations where medication is typically prescribed, it may not even be necessary. What is necessary is that the LORD God again "lay hold" of the heart of the one who was estranged from Him through her idols (Ezek. 14:5).

[11] From "Depression—a bleak future?" by Kate George. Retrieved online at: imshealth.com. IMS Health is a company used by the pharmaceutical industry to globally monitor pharmaceutical market intelligence.