

I AM NOT AFRAID

Barbara Grizzutti Harrison

Psychological Concept panic disorder

Barbara Grizzutti Harrison, recipient of the O. Henry Prize for Short Fiction, suffers from anxiety and panic attacks. Harrison has traveled worldwide, interviewed the first lady at the White House, and visited countries on the brink of civil war. Yet she is so terrorized by stairs that one time when an elevator was out of order, she sat on the nearest stair and bumped her way down ten flights. She is nearly paralyzed by the prospect of taking an escalator, crossing a street, or being overwhelmed by panic. At such moments, she may suffer chest pains, have difficulty breathing, and believe that she is having a heart attack. Therapy, antidepressant medication, and courage have enabled Harrison to live a creative life in spite of this disorder.

*Comes out of
no where* —
Sometimes I feel a vague foreboding, a slight dislocation, as if the world had swung almost imperceptibly off its appointed axis, before the quicksilver onset of a panic attack. I am speaking of terror brought on by no recognizable stress or trouble or sadness, terror that strikes like an assassin on a sunny day. I am in the middle of a panic attack before I know it or can pronounce its name. The neurons of my brain are doing a lunatic dance, thrashing and colliding and nattering in an unknown tongue. An attack may last seconds or minutes but seems to have lasted for hours, and it leaves a kind of hangover—an anticipatory fear of the next attack that lasts for days and weeks.

*Symptoms or
signs?* —
This is what it's like: I am at MacDowell, an artists' retreat in New Hampshire. It's the bright end of a glorious autumn day and I have worked intensely and with good results. I am contented. I am sitting at dinner with my fellow residents—amusing, some of them, irritating, some of them, and most of them kind and work-obsessed. The conversation is desultory; the food is good. Suddenly and without warning my limbs turn to jelly; my jaw tightens until my teeth hurt. I cannot breathe. The pain in my chest presents itself to me as the harbinger of a heart attack.

*→ shortness
of breath
→ chest pain*
* —
My dinner companions are unaware of my altered state. I am exhibiting no outward symptoms; I feel detached from them and indeed from all outward reality. I am living inside my fear. When I stand to leave, the ground does not quite rise to meet my feet. It's perhaps 15 yards from the dining hall to the residence where my pretty room awaits me—the fire in its fireplace, white curtains stirring slightly in the autumn breezes, faded bunchy pink roses decorating old white wallpaper, a big brass bed. I cannot bring myself to walk the familiar path. My legs are not the ser-

vant of my will. Something terrible will happen if I walk to my room. And something terrible will happen—is happening—if I continue to stand here.

Later, I am able to see that what I have experienced (and would not wish my worst enemy to suffer) corresponds, in a general way, to the criteria for panic attacks established by the *Diagnostic and Statistical Manual of Mental Disorders IV*: "The attack has a sudden onset and builds to a peak rapidly (usually in ten minutes or less) and is often accompanied by a sense of imminent danger or impending doom and an urge to escape. . . [Symptoms are palpitations, sweating, trembling or shaking, sensations of shortness of breath or smothering, feeling of choking, chest pain or discomfort, nausea or abdominal stress, dizziness or lightheadedness . . . fear of losing control or 'going crazy.'" An estimated 3 million Americans suffer from panic disorder, meaning they have four or five attacks a month. Women are twice as likely to develop the disorder.

I suffered crippling panic attacks on and off for more than a decade before I went for help. Now I am ever so much better, though I am not cured. Panic—and the fear of panic that leads to phobias—will always be my unwelcome companion. Still, I have learned something from my experience that I feel impelled to share with you.

I am skipping backward in time, back before I was diagnosed: I have left the tenth-floor office of a psychiatrist I do not like. The elevator is not working. Nor am I. I bump down ten flights of stairs on my rear end. I am afraid of stairs, and my erstwhile "healer" is the last person in the world to whom I'd apply for help.

I am also afraid of escalators: One day, at Lexington and 53rd Street, my husband grabs my arm at the top of the escalator, the longest subway escalator in New York City, and says, with a smile containing a world of soured gratitude and contempt, "Grow up." Halfway down the escalator, drenched with sweat, I know I will divorce him.

I cannot cross avenue streets.

I cannot swim with my head in the water.

I used to be able to cross broad avenue streets, and then my father died, and I couldn't anymore. I remember looking up at the windows of the apartment my children and I shared and thinking, I will never get to them. I called my son from the street-corner telephone. He could see me from the window, stuck as if in some kind of existential glue.

I used to float in the water—there is a pool on the roof of my building that gave me enormous pleasure—and then an old lover came into my life. Desire and stimulation of a new and remembered kind came into my life, and all of a sudden I was afraid of the water, afraid of suffocating.

Today, there are times when my world shrinks. More accurately, I shrink the world around me and cocoon myself. I spend the greater part of days—not unhappily—in bed. I tell social lies. I break dates, disturbing and in some cases forfeiting friendships. I lie in bed with a heating pad on occasions when I could be having a glam (and maybe even a good) time. I regard the changing sky and the skyline. I can see the Empire State Building and the Chrysler Building from my bed. I rearrange the thousands of silk swatches I am making into collages. I listen to Johnny Cash, Bach's Mass in B Minor, my honeybunch Mr. Sinatra. I pledge allegiance to the TV remote control. I am safe.

Seeking help helps not cure

afraid of stairs & escalator

"STUCK" after father died

panic attack = new fear

happy to be in bed

4 holes left up in room
I know could be having good time

traumatic event

why?

Can't escape it.

I am not safe.

Anywhere, any time, even in this bedroom arranged entirely to suit me, panic may intrude.

I am not a coward. I write for a living. I entertain. My kids, now grown, come to commune and play and so do my friends. I make love, I go to the movies. I live. But I live with the echo and the shadow of experienced terror.

I had courage enough, when I was 22 and wholly innocent of the world, to extricate myself from the religious cult that had been my life. I was nine years old when I was indoctrinated into a religious organization that preached its message door to door—by my mother, who was the group's leader. When I left the group, I did so in the face of my mother's icy disapproval and the loss of the only friends I had.

Courage also enabled me to give rein to the love and passion I felt for a man of a different race, at a place and time—Brooklyn in the fifties—when intimacy between races was literally life-threatening. And later I had courage enough to leave a moribund marriage with no financial resources and two small children and no plans except to survive and keep my babies joyfully alive.

I have, in the course of my work, visited countries on the brink of civil war. I have come nose to nose (as it were) with snakes, wild dogs, and murderers. I have interviewed the first lady over lunch at the White House. In the interests of journalism (and my need to make a living), I have reported on the ravings of cult leaders from their claustrophobic confines in border towns.

My courage is a source of vanity to me, and from it I draw self-love. And, because it is a gift from God, I am immensely grateful for such courage as I have.

You would think, would you not, that courage and bravery were inseparable. No such buoyancy for me. Not only can I not cross avenue streets, easily climb down steps, or submerge my face in the swimming pool, I take a shower (feeling myself to be on the threshold of suffocation) only because my funk demands it. There are days when I can't walk from my house to the post office.

I have not always had panic attacks. I used to have mere anxiety attacks (I called them the shakes) almost daily after working hard. I would find myself in the middle of preparing dinner, unable to control a feeling of diffuse unease (trembling in a minor key). The Victorians called this the vapors, a tenseness accompanied by an exhausted sadness. It was disturbing and uncomfortable, and I would retire to bed, leaving the final assembly of dinner to my children.

With anxiety, I almost always saw the light at the end of the tunnel. I met anxiety on its own grounds, and for many years it did not escalate.

A panic attack has the force of an oncoming train. Panic is anxiety severely, grotesquely heightened. When you think of anxiety, think of Woody Allen; when you think of panic, think of the Last Judgment. While sometimes an attack may be triggered by a stressful situation, often it comes completely out of the blue. The nervous system mounts a fight-or-flight response normally reserved for life-threatening emergencies. It is hard not to believe that you are about to die. Not unnaturally, you go to great lengths to avoid a recurrence.

This is where phobias—especially agoraphobia—come in. One-third of panic sufferers go on to develop agoraphobia. Patients are not so much afraid of open

Examples she sees her self as courageous.

Showers bring her to the edge

rough against it.

Panic = anxiety x 10

why?

FEELS WORSE IN THE DARK

ATTACKS ARE OFTEN TRIGGERED

agoraphobia
mentions how
"normal" they
are when not
anxious

spaces—the classic definition of agoraphobia—as fearful of suffering an attack in public. They progressively constrict their activities until they are no longer able to travel alone for fear of being suddenly rendered helpless, says Donald Klein, a psychiatrist at Columbia University who has written extensively on panic disorder. "The condition is episodic, with exacerbations and remissions," he says. "Complaints of depression and apathy are frequent. But patients are often lively, popular, and friendly when not anxious."

ME

I am interested in Klein's account both for the ways it validates my own experience and for the ways my experience tends to contradict it. Patients are often popular and friendly? I am overaccommodating. I apologize excessively. I sing for my supper. I am gregarious enough to entertain and amuse a small nation-state. I overcompensate when I am not anxious to make up for those times when I am anxious. In either mode, I risk becoming a bloody bore.

Comfortable
in other
countries.

On the other hand, my experience of traveling differs from what Klein describes. I am often more at ease in India, Italy, Hungary—where I reinvent myself by writing about a world that is new every day to me. I escape from myself and find myself in the innocence of the new, away from the scene of earlier emotional crimes. In a world of strangers, who is there to betray or reproach me?

able to
feel free
of
self.

I say I am more at ease. I mean I am less apt to suffer anxiety. I am more apt to suffer the Big Bang of panic: Two years ago, my confidence bolstered because I have not had an attack for some time, I fly to Italy. At night the moon illuminates my bedroom in the old farmhouse where I'm staying. The shadow-tracery of leaves on the roof beams mingles with the smell of brown water from the source of the Arno river and the exotic smell of ripe peaches. I am as happy as if the world were totally good and known to me to be good (and deserved).

So scared she
needs to go to
the hospital

A few hours after I wake up, I am calling my doctor in New York, convinced I am having a heart attack. He sends me to the nearest hospital. When it is all over—the trip over bumpy roads, the prodding, the mangling of two languages, the battery of tests—I realize I have been heedless and overconfident.

In a matter of days, I have another attack. Memory is erased: I forget I was not having an embolism the last time. Memory is also enlarged: The terror is so strong that I go the hospital again.

childhood
trauma =
science

What causes it? Medical treatises can give us at best the rough outline of the braiding of mind and body that go into the making of inappropriate panic. Most scientists now believe that changes in the brain are partly responsible, that panic is a biological disorder owing to neurochemical abnormalities. Early childhood trauma also seems to play a role. Klein believes that panic is prompted not by fear but by a defect in the way the brain warns against oxygen deprivation. Normally, when levels of carbon dioxide in the blood get too high, the brain sounds an alarm. In panic patients, Klein says, the alarm is tripped too easily: A slight increase in carbon dioxide may trigger a false suffocation alarm. "Just before the attack, the victims are overwhelmed by feelings of suffocation and try to compensate by breathing deeply," he says. "When they still can't catch their breath, they panic." This, I am not happy to say, rings true for me.

Makes
sense

My father tried to kill me when I was a child, by strangulation. I derive no

his personal
trauma

denying w/ pain for a long time.

pleasure from such self-revelation. But I want you to profit from my example: Trumpet your pain. Panic does not yield to stoicism. I was stoic for years, and consequently cranky for years, congenitally out of sorts. I am much better now. Sometimes screaming is more dignified than whining or grumbling. It is certainly more therapeutic. That's my advice. *You do not die of panic. You can find help.*

ME
Medication therapy reduce attacks.

Like most panic-prone patients, I had been averse to talk therapy. It's common for people with panic disorder to consider their affliction unrelated to their emotional relationships. The experience is so physical that psychotherapy seems irrelevant.

Then, two years ago, a long and winding road of successes and failures, heart's ease and heartbreak brought me to my current therapist's office, where he proposed talk therapy, together with the antidepressant Prozac. It is the closest I have felt to having recovered. I now have far fewer panic attacks, but I still have them. I had one two nights ago.

Appropriate treatment reduces panic attacks in 70 to 90 percent of cases. The National Institute of Mental Health is currently engaged in a study to determine which treatment works best: behavioral therapy, antidepressants, or a combination of the two. (The results won't be in for another two years.)

In behavioral or cognitive therapy, patients are taught to confront fearful situations and develop what professionals call coping skills; they are conditioned to recognize that their bodies are having a false alarm. Antidepressants regulate the amount of the neurochemical serotonin, which may be involved in flipping the switch that causes panic. And talk therapy, given the multiple influences that are likely involved, can't hurt. In the right hands, psychotherapy is poetry; it is intuition and art. I am lucky enough to have a psychiatrist who believes in both—and in Prozac.

How dependent is she on this? does she need it?

The more I write about panic the more apocalyptic it sounds, which is why many sufferers take drugs or booze. Life is hard; perhaps you've noticed. It is wonderful, too—a human comedy. All our lives are in some way circumscribed—by temperament, luck, class, opportunity. And our lives are a struggle to transcend circumstance and enter a realm of freedom where we can be our truest, best selves. Today, my life is circumscribed by panic attacks, by the siren call of agoraphobia. I struggle. What is amazing to me is not the amount of pain that lurks in the shadows, but the amount of joy that can be seized from the pain.

Making the best of circumstances.

Response and Analysis

1. Barbara Grizzutti Harrison describes her husband's reaction to her fear of getting on an escalator: "Grow up," he tells her. What thoughts and feelings might have produced his reaction? What does the reaction imply about beliefs that persons with this disorder can control their responses?
2. How does anxiety affect Harrison's social and professional life? In what ways are her experiences typical? Atypical?
3. What physiological symptoms associated with anxiety does Harrison experience?
4. Harrison suggests that there is a relationship between panic and other anxiety disorders. What is this relationship? How might you distinguish between panic disorder and panic that occurs with other disorders?

able to feel free of self.

5. What treatment has Harrison found helpful? How does she deal with her anxiety after receiving treatment?

Research

Suppose you suspect that persons with panic disorder are more sensitive to physiological arousal than are persons without panic disorder, and that this heightened sensitivity is a cause of their panic. Heightened physiological arousal is called *biological sensitivity*. To examine this idea, you design a study and recruit one hundred participants of whom some have and some have not been diagnosed with panic disorder. To create physiological arousal, you have the participants hyperventilate. You hypothesize that individuals

with panic disorder will show more symptoms associated with panic attacks than will individuals without panic disorder. Suppose your results reveal that 70% of individuals with panic disorder displayed symptoms associated with panic attacks but only 10% of individuals without panic disorder showed these symptoms. Do the results support your hypothesis? What alternate interpretations could explain why individuals with panic disorder reacted as they did to being physiologically aroused? Does a finding that physiological arousal produces higher rates of panic attacks among panic sufferers rule out the role of cognitive appraisal of the arousal? Why or why not?

A FEAR OF SNAKES

Raeann Dumont

Psychological Concept specific phobia

When Sam was in his late thirties, he sought help for his fear of snakes. He was so incapacitated by this fear that often he could not leave his apartment, and he checked every cranny for snakes. Sam insisted that his therapist treat him at home because he feared snakes might be on buses, taxis, or subways. The snakes did not have to be real to send terror through him; even pictures or thoughts of them could upset him. Yet Sam, his therapist writes, was one of her brightest, most creative clients, and eventually he was able to master many of his fears, continue working productively, and get married. What are some of the techniques the therapist used that helped Sam?