

Getting Used to the Sensations

PANIC · INTEROCEPTIVE EXPOSURE

How practising feared body sensations can reduce fear of a racing heart, dizziness and breathlessness

In panic, the body's ordinary alarm sensations can start to feel dangerous in themselves. **Interceptive exposure** means deliberately and safely bringing on some of these sensations, so that you can learn, through experience, that they are uncomfortable but not harmful. It is usually practised as part of cognitive behavioural therapy with a trained clinician, and this page is not intended as a self-guided programme.

WHAT PRACTICE CAN DO

Same sensation, less alarm

With repetition, a racing heart can go from feeling like an emergency to feeling familiar.



01 Why it helps

Understanding the fear of sensations

Sensations get linked with danger

Panic can involve reading normal body sensations as signs of catastrophe, such as a racing heart as a heart attack (Clark, 1986).

Avoiding them keeps fear going

Steering clear of exercise, heat, coffee or stairs can bring relief, but leaves the fear untested.

Practice teaches something new

Bringing on sensations on purpose, and staying with them, gives the mind a chance to learn that they rise, peak and pass.

02 Practice exercises

Only with your psychologist's guidance

Some interoceptive exercises can bring strong physical sensations. Choose exercises with your psychologist, particularly if you have a medical condition or are unsure whether an exercise is suitable for you. Durations and intensity should be agreed individually, rather than taken from a general guide.

EXERCISE	SENSATIONS IT MAY BRING	AGREED WITH MY PSYCHOLOGIST	STRENGTH	FEAR	LIKE MY PANIC?
Running on the spot	Racing heart, breathlessness, warmth		/10	/10	/10
Spinning gently in a chair	Dizziness, unsteadiness		/10	/10	/10
Shaking head side to side	Dizziness, feeling 'off'		/10	/10	/10
Stair walking	Racing heart, faster breathing, heavy legs		/10	/10	/10
My own exercise			/10	/10	/10

Practise seated or near support where relevant: sit for spinning, and hold the rail on stairs. Skip head shaking if you have neck problems.

03 How to practise

Small, repeated and on purpose

1

Choose together

Agree on one exercise with your psychologist that feels manageable and suitable for you.

2

Notice the sensations

Allow the sensations to be present without immediately trying to make them stop. Follow the exercise and intensity agreed with your psychologist.

3

Stay with it

Where it's safe to, notice the sensations rather than distracting yourself, unless your psychologist advises otherwise.

4

Notice what happened

Compare what you feared with what actually happened.

5

Build gradually

Only repeat, increase or move into daily activities as agreed with your psychologist.

04 My reflection

After a practice

The sensation I fear most

What I fear it means

What I learned after practising

An everyday activity I've avoided because of sensations

Safety first

If your physical symptoms haven't been medically checked, see a doctor first. Get medical advice before trying any exercise if you have a heart, lung or circulation condition, epilepsy, balance or inner-ear problems, neck, back or joint problems, a history of fainting, are pregnant, or have any other health concern. **Stop straight away** and seek medical help if you have chest pain, faint, or feel unwell in a way that's different from your usual panic.

What the research suggests

In a large analysis of cognitive behavioural therapy for panic, packages that included interoceptive exposure were associated with better outcomes and acceptability (Pompili et al., 2018). These findings come from therapist-delivered treatment, so results from self-guided practice may differ.

SOURCES

Clark, D. M. (1986). A cognitive approach to panic. *Behaviour Research and Therapy*, 24(4), 461-470.

Pompili, A., Furukawa, T. A., Efthimiou, O., Imai, H., Tajika, A., & Salanti, G. (2018). Dismantling cognitive-behaviour therapy for panic disorder: A systematic review and component network meta-analysis. *Psychological Medicine*, 48(12), 1945-1953.