Thoughts & Mind

Panic Attack

Grounding during a panic attack

A panic attack is a sudden surge of intense fear or discomfort. It can bring a racing heart, shaking, sweating, dizziness, nausea, breathlessness, chest sensations, tingling, feeling unreal or detached, and a powerful fear that something terrible is happening. Although panic symptoms can feel dangerous, panic itself usually peaks and passes.

First: If symptoms are new, severe, unusual for you, or you are unsure whether they could be caused by a physical health problem, seek appropriate medical help rather than assuming they are panic.

What is happening in the body?

The threat system has switched on. Adrenaline prepares the body to respond quickly: heart rate may increase, breathing may change, muscles tense and attention narrows toward possible danger. When these sensations are interpreted as evidence that something catastrophic is happening, fear can intensify the sensations and create a panic cycle.

Grounding is not about forcing panic away

Grounding gives your attention somewhere safe and concrete to return to while the wave passes. The aim is not to win a battle with every sensation. It is to reduce the struggle, orient to the present and remind your nervous system that you can stay with the moment.

Notice your earliest signs

Early signs might include a sudden rush of heat, a change in breathing, dizziness, tightness, tingling, a feeling of unreality, scanning for exits, racing thoughts or the urge to escape. Recognising your pattern can help you use grounding earlier.

My earliest signs:

A grounding sequence for the moment

You do not have to use every step. Choose what feels accessible. If focusing on your breathing makes panic worse, skip that step and use external grounding instead.

1. Orient to where you are

Look around slowly. Name the place, the day if you know it, and what you are doing. Let your eyes rest on ordinary, neutral objects. This helps move attention away from internal threat-monitoring and toward the present environment.

What can I see around me?

2. Feel physical support

Notice the chair beneath you, your feet on the floor, your back against a surface, or an object in your hand. Press gently rather than painfully. Describe temperature, texture, pressure or weight.

What can I physically feel?

3. Use sound

Listen for the nearest sound, then one further away. You might notice voices, traffic, a clock, wind or another ordinary sound. You do not need to judge it; simply locate it.

What can I hear?

4. Choose one anchor

An anchor could be a cool drink, a familiar object, counting shapes in the room, slowly walking, naming colours, or repeating one steady sentence. Keep it simple.

My grounding anchor:

5. Use a steady phrase

Examples include: 'This is panic and it will pass', 'I can let this wave move through', or 'I only need to manage this moment.' Choose language you actually believe rather than forcing reassurance.

My phrase:

What else can help?

Option	How to use it
5-4-3-2-1	Name 5 things you see, 4 you can physically feel, 3 you hear, 2 you smell and 1 you taste. Adapt the numbers if the full sequence feels like too much.
Temperature	Hold a cool object or splash cool water on your hands or face if safe and comfortable. Focus on the sensation rather than using it as a test of whether panic has gone.
Movement	Walk slowly, stretch, press your feet into the ground or gently shake out tension. Movement can be easier than sitting still for some people.
Breathing	If helpful, allow breathing to become slower and gentler, especially the exhale. Avoid taking repeated huge breaths, which can increase light-headedness.
Reduce input	Move to a quieter or less visually busy space if sensory overload is contributing. Headphones, dimmer lighting or fewer people may help.
Co-regulation	Ask a trusted person to stay nearby, use fewer words, remind you where you are, or help reduce demands until the intensity falls.

What not to turn grounding into

Grounding can become another form of checking if you repeatedly test whether your heart has slowed, demand that anxiety disappear immediately, or perform a technique until you feel completely certain you are safe. Try to use the skill as support while allowing the sensations to settle in their own time.

After the wave

Panic can leave you tired, shaky or emotionally drained. Give yourself recovery time where possible. Drink, eat if appropriate, reduce unnecessary demands and notice what helped without conducting a long post-mortem of everything that happened.

What genuinely helps me during panic?

When to get more support

If panic attacks are recurring, you are avoiding places or activities because of them, or fear of another attack is beginning to shape daily life, professional support can help. CBT for panic commonly explores the panic cycle, catastrophic interpretations, avoidance and safety behaviours, and may use carefully planned exposure to feared sensations or situations.

My interactive panic plan

Complete this when you are relatively settled so you do not have to work everything out during a panic attack.

BEFORE - My early warning signs:

DURING - The grounding methods I want to try:

AFTER - What helps me recover:

SUPPORT - What I want another person to know or do:

REMEMBER - The sentence I want available to me:

A message from Maggie

When panic arrives, your body can make the moment feel urgent and frightening. You do not have to solve everything while you are in that wave. Find one thing in the room, one point of physical support, one next moment. Grounding is not about doing panic perfectly; it is about giving yourself something steady to return to while your nervous system settles.

Further reading & clinical sources

NICE guideline CG113: Generalised anxiety disorder and panic disorder in adults. NHS information on panic disorder and panic attacks. Clark, D. M., cognitive model of panic. Barlow, D. H., clinical work on panic and anxiety. CBT approaches to panic commonly include psychoeducation, cognitive work and carefully planned behavioural or interoceptive exposure.

This guide is educational and does not replace individual medical or psychological assessment. New, severe or concerning physical symptoms should be medically assessed.