Anxiety disorders: theory and research

Discuss the Theory and Research into one or more Anxiety disorders

This assignment will attempt to discuss theory and research into one specific Anxiety disorder. The assignment will firstly describe in detail what Anxiety is. This will then be followed by an in-depth discussion on Panic disorders which will look at theories and research surrounding this particular Anxiety disorder.

There are many misconceptions around Anxiety disorders often described as being a behavioural condition and given less importance than other mental health condition. Anxiety disorder sufferers have an unrealistic belief of reality, for example they will have disproportionate feelings of worry, stress, and fear and be preoccupied with a feeling of imminent disaster. Anxiety sufferers by nature are guarded and scared and will focus deeply on their symptoms and thoughts of their condition rather than reality.

The oxford dictionary defines Anxiety as ‘ an anxious felling or state’

The diagnostic and statistical Manual of Mental disorders this manual is used by all health professionals when making any mental health diagnosis. For an individual to be diagnosed with Anxiety disorder the manual details a specific diagnostic criteria in which particular behaviours and feelings must be present in patients. The criteria for Anxiety patients described in the

DSM-IV-TR, 2000 is as follows;

a) Patient must have had excessive worry for a minimum of 6 months

b) Difficulties in controlling Anxiety and worry

c) Having three or more of the following symptoms, fatigue, irritable, muscle tension, sleep deprivation, feelings wound up, lack of concentration

d) Condition is not part of any other mental disorder

e) Difficulties in functioning on a daily basis

f) The condition is not caused by other factors such as substance or other medical issue

(DSM-IV-TR, 2000)

In the diagnostic and statistical Manual of Mental disorders anxiety disorders are categorised in many subclasses such as, Phobic disorders, Panic disorders, Obsessive compulsive disorders, generalized anxiety disorders and post traumatic stress disorder. (4th Ed, DSM- IV). Amongst all anxiety disorders panic disorders are one of the most common disorders. National statistics 2000 survey identified one in six adults living in the UK had a neurotic disorder. Furthermore findings from the survey showed that 4% of the population where described as having generalized anxiety disorder. Less than 2% had other anxiety disorders such as phobias, obsessive compulsive disorders, and panic disorders. The survey also found that unlike other anxiety disorders in which there were more female suffers than male; panic disorders showed equal rates amongst both sexes. (Office of National Statistics 2002).

Panic disorders can be variable, there may only be a single episode or the disorder may last for a number of weeks or months. An individual suffering from Panic disorders usually endures panic attacks which can last from as

little as seconds to minutes in severe cases. Sufferers display symptoms such as an uncontrollable fear of death, nervousness, palpitations, confusion, dizziness and chest pains. Although these symptoms can often be very frightening there is no evidence that shows that anyone suffering from panic attacks has ever come to any real harm. There is no one given reason that triggers a panic attack. According to Sigmund Freud (1894) anxiety attacks are caused by anxiousness surfacing from the subconscious mind into the conscious mind resulting in a panic attack. Later, Donald Klein (1964) reversed this theory by suggesting that panic attacks occurred unprompted and anxiety developed after a string of these panic episodes. (Edelman, 1992, pp 76). Klein theory basically implies that anxiety is a direct result of panic attacks unlike Freud who suggests that panic attacks occurs after a state of anxiousness.

Panic disorders only appeared as a separate psychiatric condition in the DSM III 1980 publication. Shortly after this in the 1987 revised publication of the DSM III, panic disorders where categorized as panic disorders with agoraphobia, panic disorder without agoraphobia and agoraphobia without any history of panic disorder. Klein (1964) claimed that agoraphobia was a result of panic attacks. (Edelman, 1992, pp 76). This suggests that the fear of panic attacks can instigate avoidance behaviour in individuals resulting in agoraphobia.

Panic disorders are caused by a combination of factors and cannot just be caused by one single event or reason. Research and theories suggest there are three main factors which lead to Panic disorders, such as biological, psychological and social factors.

Many research studies have shown that genetic factors are known as one of the causes of panic disorders. This implies there maybe links with a person's family history of anxiety suggesting that if anxiety is present in a parent there is a likely hood of this being passed on to a child. Statistics show that 40% of people who suffer agoraphobia have a relative suffering the same condition; furthermore having an immediate relative who suffers from anxiety disorders such as, parent or siblings increases the risk of anxiety by 10-20 %. (Rethink, 2006). Many studies using twins have also shown that genetics play a huge role in panic disorder (Barlow, 1988). Although studies show that genetic factors can play a part in panic disorders, psychoanalytic theories suggest that panic disorders can be formed through learnt behaviour.

Another physical factor that can cause panic disorders can be a chemical imbalance in the brain. The brain consists of transmitters that send information to the cells in the brain, which allows the brain to carry out actions, thoughts and feelings. If there is an imbalance of neurotransmitters, then this can affect the way in which messages are sent to the brain. This causes the brain to react differently to situations as it would if it was working correctly.

Research shows that substance such as Lactate, Caffeine and Isoproterenol have caused panic in patients that suffer from panic attacks. This was demonstrated by researchers in laboratory provocation of panic experiments. The study involved administrating these substances to both clinical and non-clinical patients. The results from these experiments have shown that biological chemical imbalances in the brain can cause panic

attacks in people with a history of panic disorders. However biological theories can not be the only explanation for panic disorders as there are many psychological explanations which challenge these biological conceptualisations.

Clark (1986) suggested that any substance that are administrated to induce panic were only simulating activity in the body and producing physical symptoms which were associated with panic attacks, implying that any experiment involving panic inducing techniques maybe impacted by psychological factors. Furthermore Van Der Molen et al (1986) carried out an experiment with two groups of subjects with no clinical history. One group was informed of the sensations they would experience which were similar to symptoms of anxiety and the other group was informed that they would experience pleasant sensations. The results found that the former group showed intense anxiety whilst the latter group showed no changes at all (Edelman, 1992). Additional studies were carried out by Rapee, Mattick and Murrel (1986), involving clinical patients in which one group had been informed of the effects on inhaling Carbon dioxide/ gas mixture whilst the other group was not given any information. Again the former group showed a reduced level of panic in comparison to the uninformed group.

Psychological theories suggest that environmental factors that contribute to anxiety are usually described as an individual’s response to a stressful or traumatic situation, which have occurred in an individual’s life. This can be caused by life events such as abuse, neglect or death of a loved one. Freud (1936), distinguished between two types of Anxieties. “ Objective” Anxiety which is caused by external and environmental factors and “ Neurotic”

Anxiety which is present in the psyche of a patient which is mediated by the Ego. (Leonard and Thomas, 1998, pp 6- 7). Nineteenth century theories from scientists such as Darwin and Freud describe anxiety as a signal to inform an individual in the face of any form of danger, which would prepare them to either ‘ fight or flight’.

Contemporary psychoanalytic theories suggest that panic disorders have a link with the interaction between temperamental and environmental factors. This suggests that panic disorder patients are born with a predisposed physiological reaction to fear. This factor combined with parental inadequacies in managing a fearful infant has detrimental effects, causing psychological vulnerability towards panic disorders. This results in individuals becoming incapable of coping with daily stresses and worries. For example they are not able to apply strategies to manage their stress levels and often use avoidance behaviours. Moreover, these vulnerabilities in tern exacerbate the physiological fears in an individual. The psychological and physiological changes such as feelings of fear and loss of control combined with other negative emotions such as anger, guilt and shame all result in a panic attack.

The cognitive model implies that panic disorders occur when individual’s somatic sensations, such as heart palpitations, shaking, sweating and hyperventilation is exaggerated by the sufferer as being more harmful than they actually are, leaving them feeling even more panicky and fearful.

David Clark (1986) explains this in this theory “ catastrophic misinterpretation”. This theory suggests that panic attacks appear when

individuals misinterpret bodily sensations which are commonly associated with anxiety. For example a panic disorder sufferer may interpret heart palpitations as the onset of a heart attack, or interpret shakiness as losing control or losing their mind. (Clark, D and Purdon, C, 2005).

However, many critiques have argued against the cognitive model of panic disorders and have demonstrated through their studies the notion of " Catastrophic Misinterpretations", arguing that it is an insufficient explanation into the causes of panic attacks. Aronson et al (1989) reported that patients that had been given lactate did not experience feeling of fearing or losing control even though patients where undergoing extreme levels of fear. In addition to this Rachman and colleagues (1988), discovered that amongst patients who suffered from panic attacks 27% did not have any experience any misinterpretations of bodily sensation. (Clark, D and Reinecke, M 2004)

Moreover, the Hyperventilation model is also linked to panic disorders. Ronald Ley (1988) suggested that panic attacks are a result of breathing rhythms that become dysfunctional and cause abnormal respiration. (McNally, R 1994) When hyperventilation occurs the body begins to inhale and exhale Carbon Dioxide and Oxygen rapidly, through which a considerable amount of carbon dioxide is lost, this causes the amount of air breathed to go beyond the body's demand. In tern the body becomes overwhelmed causing pressure to the respiratory organ, leading it to malfunction. As the pressure in the arteries decreases, the heart has to pump faster resulting in shortness of breath and an increase in heart rate. The hypothesis of hyperventilation model suggests that the somatic

sensations that are associated with hyperventilation cause fear which result on result in panic attacks.

Finally, until the 70s panic disorders were considered to be of a biological origin. Studies were based around the physiological causes of panic disorders, assuming people where predisposed towards panic disorders through genetics. Numerous studies have been carried out to back biological theories such as the study of the twins and experiments such as laboratory provoked panic, however psychoanalytical theorists have argued against these studies claiming that they are only successful due to psychological intervention. Suggesting that substances such as lactate only induced panic in patients who were informed of the affects. However it can be argued that psychological theories are not able to prove that their theories have any validity as it is based around the conscious and subconscious assumptions of the human behaviour.

Reference list / Bibliography

Babior, S & Goldman, C. (1996) Panic Anxiety & Phobias: Structured Exercise in Healing. USA. Whole Persons Association.

Clark, D. & Reinecke, M. (2004) Cognitive Therapy Across the Lifespan. United Kingdom. Cambridge University Press.

Davidson, R. J. (2000) Anxiety, Depression, and Emotion. New York. Oxford University Press

Derogatis, L. & Wise, T. (1989) Anxiety and Depressive Disorders in The Medical Patient. USA. American Psychiatric Press.

Edelman, R. J. (1992) Anxiety: Theory, Research and Intervention in Clinical and Health Psychology . West Sussex. John Wiley & Sons Ltd.

Gross, R. (2005) Psychology: the Science of Mind and Behaviour. 5th ed. Kent. Greengate Publishing Services.

Hotes, R. W.(2000) Diagnostic and Statistical Manual of Mental Disorders: DSM-TR. 4th ed. American Psychiatric Association.

Ingham, C. (1993) Panic Attacks. London. Harper Collins

McNally, R. (1994). Panic Disorder: a Critical Analysis. New York. The Guilford Press.

Purden, C. & Clark, D. (2005) Overcoming Obsessive Thoughts: How to gain control of your OCD. Oakland. The Harbinger Publications.

Rethink. (2009) About Anxiety Disorders. [online]. Available from :- http://www. rethink. org/about_mental_illness/mental_illnesses_and_disorders/anxiety_disorders/index. html [accessed 13 November 2009].

The Office of National Statistics. (2006) Mental Health: 1 in 6 Adults have a Neurotic Disorder. [online]. Available from :- http://www. statistics. gov. uk/cci/nugget. asp? id= 1333/ [accessed 23rd November 2009]