

A LINE ON LIFE

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Predicting Panic *

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On November 31 of this year, the American Psychological Association had a news conference in New York to discuss recent research related to panic. Many of us have experienced symptoms of anxiety – sweaty palms, a racing heartbeat, shortness of breath. Our responses to these symptoms vary, depending on how we perceive them.

Evidence seems to support the view that anxiety symptoms can foster panic, depending on how we think about them. People who have a "*fear of fear*" tend to be more likely to panic. These people interpret anxiety symptoms as a threat of a traumatic disease. Other people consider these symptoms as passing irritations. The people with this "*fear of fear*" are more likely to panic.

People who are more **anxiety-sensitive** are more likely to panic under stress. Psychologists have recently had some success in *predicting* panic attacks. The "*fear of fear*" is measured by an **Anxiety Sensitivity Index (ASI)**. Those who score high on the ASI are more likely to develop **panic disorders**.

Most psychologists assumed that clients only learned to fear panic attacks *after* they have been experienced. However, in 1985, psychologists Steven Reiss, Richard McNally and Rolf Peterson developed an **expectancy theory** related to panic. They indicate that anxiety sensitivity is on a continuum. At the low end, people are relatively undisturbed by anxiety symptoms. In the middle, people are uncomfortable with anxiety symptoms and try to avoid them. At the upper extreme, people view anxiety symptoms as signs of physical or mental illnesses. This third group is more likely to develop panic attacks or a panic disorder.

Psychologist David Clark (Oxford University) has a different but similar view. Panic can be predicted from a "*catastrophic misinterpretation*" of bodily sensations. Stress symptoms – like tightness in the chest – are connected to catastrophic problems, like heart attacks. To Clark and his associates, making "*mountains out of molehills*" leads to panic attacks. These people would tend to score high on the ASI.

All types of anxiety disorders – including obsessive-compulsive disorders and phobias – score higher on the ASI than people in the general population. However, people with panic disorders score higher than anyone else. This makes this scale a good predictor for people at risk for panic attacks.

Several studies were made to test the scale. One used college students who had never experienced panic attacks. Symptoms of stress – dizziness, shortness of breath or a racing heart – were induced by hyperventilation. Students with the highest ASI scores were much more concerned than those with lower scores.

At the University of Texas in Austin, one study induced full-blown panic attacks in high ASI students by having them inhale carbon dioxide. (Excessive carbon dioxide makes people feel as if they are suffocating.) However, when cognitive behavioral methods were used to reduce their sensitivity to anxiety, they no longer panicked when they were stressed.

These studies predicted panic well in the laboratory. To test the ASI in a *real-life* situation, psychologist Brad Schmidt used 1,172 Air Force Cadets. They were going through five weeks of stressful basic training. Cadets were stripped of all sense of control. They might be asleep at one moment, running five miles the next, and taking academic exams shortly after that. They were under observation constantly and cut off from family and friends.

Just before the training began, the cadets had taken the *Anxiety Sensitivity Index*. The experimenters recorded the number of panic attacks during the training period. During training, 6% of the cadets experienced panic attacks. Those with high ASI scores were twice as likely than average to have a panic attack. Those with highest scores were four times more likely to have panic attacks than those with lowest scores – 13% compared to 3%, respectively. This predictability is without knowing anything about their previous history of panic attacks.

However, prediction is far from perfect. Only 13% of highest scorers had panic attacks, and 3% of low scorers succumbed to panic. Even though the ASI does indicate risk of panic attacks, it does not predict full-blown panic disorders. (A panic disorder is only diagnosed if panic attacks occur repeatedly over a 6-month period.)

The ASI scores only predict a portion of panic attacks. Other unknown factors may predict panic attacks. These factors may also increase sensitivity to anxiety, which, in turn, leads to panic.

**If we view everyday stressors as a normal part of life,
we will be less likely to panic when they occur.**

For each of us, life is full of stressors. Some are relatively mild, like waiting in long checkout lines at the grocery store. Others may involve severe frustrations – not obtaining important goals or the loss of treasured relationships. We can react to *all* frustrations as if they are terrible – like they are catastrophes. If we view stressors this way, we are more likely to have panic attacks.

On the other hand, I do not recommend that you act as if nothing has happened. However, if you can accept stress as a normal part of your life, the effect will not be as traumatic. If you never experience sadness, you can never appreciate joy. If you minimize the importance of the minor stressors, you can save your energy to deal with the staggering ones. With this attitude, you are less likely to panic.

Wishing you a New Year with *no* stress would be futile. However, I do hope your stresses will be small and few. To phrase it in a more positive way, "*Best wishes for a happy and prosperous New Year!*"

* Adapted from Beth Azar's "Research reveals clues to who suffers panic attacks," [*The APA Monitor*](#), December, 1996, page 23.