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The psychological diagnosis of panic disorder

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Abstract. Psychological disorders are common among society individuals because of life stresses' accumulations, which differ in terms of diagnosis, categorization and the reasons behind them. This makes them difficult in terms of diagnosis and understanding. Therefore, psychologists have to examine them for the sake of identifying their types, according to psychological and social examinations. The disorders interfere with anxiety and the concerns of panic disorder, which is categorized as an independent pathological category characterized with frequent seizures with subsequent physical signs. This is what we shall explain through this article.

Keywords. the psychological diagnosis, panic disorder

Introduction:

Panic disorder is characterized with frequent seizures of panic, which aren't linked to certain situations and anxiety about more panic seizures. Panic seizure is a sudden seizure of extremely wary, scare and feeling of death.They're accompanied with symptoms including difficult breathing, heart palpitation,nausea, chest pain and feeling of suffocation as a result of throat, mouth and nose block, rotor, sweat and trembling.Other panic symptoms may include:

- Depersonalization: the individual's feeling of being out of his body.
- Derealization: the individual's feeling of being in an unreal world.

Besides the concerns of being out of control and even fear of death. It's not a sudden that the patients feel a persistent desire of escaping from the situation during the panic seizure. The symptoms usually appear very quickly, and they reach their peak in ten minutes.

The panic seizure is a disfunction in fear system. Physiologically speaking, the neural sympathectomy system is disposed to a similar discord process to what happens when the individual faces a serious threat threatening his life. When the symptoms are uninterpreted, the individual tries to understand what happens with him.If the patient starts thinking of being out of control or loosing his mind, his fear probably increases. (Samer Djamil Rodwan, 2009, p.36) 90% of patients suffer from these concerns, when panic seizure occurs.

According to the criteria of panic disorder in the diagnostic and statistical manual of the psychological disorders,the individual suffersfrom frequent sudden panic seizures, and he suffers from anxiety about these seizures or strong anxiety about these seizures' frequency. Panic seizures may occur because of facing certain situations like seeing frightening

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things,which will be linked to the concerns. In this diagnosis, panic disorder is the main diagnosis.

Although panic seizures suddenly occur, the diagnostic and statistical manual of psychological disorders confirms the individual's anxiety about seizures' frequency or his behaviour change for at least one month. Thus, the patient's reaction towards panic seizures is as important as these seizures for diagnosing the disorder.

Panic disorder criteria require the panic seizures frequency, however it's so common that the individual faces only one seizure. Some studies report that 30% of US' citizens say that they've at least one panic seizure, and from 3% to 5% say that they had a panic seizure last year. Few individuals suffer from the total panic disorder symptoms. (Ann King, 2017)

In addition to that, panic seizures may appear in other disorders like anxiety disorder, with all of its categories, and mood disorders, with all of their categories. They may be accompanied with open places phobia or what's similar to.

1. Definition of the psychological diagnosis

The word diagnosis is of a Greek origin. It means the complete comprehension. Diagnosis requires the patient's full understanding, and examininghim in the course of two perspectives: vertical and horizontal perspectives. The vertical perspective is studying the escalation processes from simple undistinguished levels to complex distinguished levels in order to track all the development aspects and their specificities characterizing thepatient's behaviour and facing reality.Whereas, the horizontal perspective is studying the reciprocal effect between the individual and the internal and the external environment in order to identify the patient's non-consensus aspects. It's based on collecting info regarding a disorder or a disease. It's the way leading to the identification of the disorder or the disease type. It has a great importance for both of the examiner and the examinee. It helps the diagnosis in understanding what the patient suffers from.

Diagnosis signifies the deep overall understanding of the patient's behaviour.Some scientists say that diagnosis is a therapeutic process. It's more than categorizing the disorder within a pathological minority. (Ijlal Mohammed Sara, 2000, p.57)

2. Definition of panic disorder

Intermittent seizures of fear or fright accompanied with physical and cognitive symptoms. It's known, according to panic seizure assimilation in the 4th edition of the diagnostic and statistical manual of mind disorders, that they're intermittent panic seizures due to being sudden and not continuous, unlike the gradual escalation in anxiety activity. The intermittent seizures sometimes appear unexpectedly. The non-expectation concept has an understanding meaning in the diagnostic assimilation.

The diagnostic manual indicates panic appearance in unexpected times and places. Panic seizures are linked to escape with the potential of monitoring several signs and symptoms be it physical or psychological.

3. The assimilation of panic seizure diagnosis, according to the 4th and 5th diagnostic and statistical manual

3.1 According to the 4th Diagnostic and Statistical Manual (DSM)

Panic seizure is an unconnected period of strong fear and non-comfort accompanied with at least four sudden symptoms during at least one fright seizure. It reaches its peak after ten minutes. The symptoms are: (Warda Rachid Ben Lehsini, 2014, p.29)

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- The heart bits rate increases.
- Sweat rate increases.
- Trembling.
- Shortness or stop of breath.
- Shock.
- Chest pain or being uncomforted.
- Stomach ache.
- Rotor, nausea and fainting.
- Derealization or getting detached from reality.
- Fear of loosing control over breath, which may lead to the potential of becoming mad.
- Fear of death.
- Feeling of limpness or tingling in several body parts.
- Feeling of chills (hot blood flow).
-

3.2 According to the 5th Diagnostic and Statistical Manual (DSM)

Panic seizure is characterized with four or more of the following symptoms (Steven Ganz DSM5):

- Heart bits' rate increases.
- Sweat rate increases.
- Trembling.
- Shortness of breath or suffocation.
- Chest pain or comfortlessness.
- Nausea and stomach pain.
- Rotor or fainting.
- Derealization feelings or getting detached.
- Fear of loosing control.
- Limpness of feelings.
- Hot fever.
-

4. Difference between panic and anxiety seizures

Although they're similar, it's difficult to distinguish them. There're some symptoms through which the distinction becomes possible, and they're listed as follows:

- Panic seizures include strong destroying symptoms, whereas those of anxiety are varied from weak to strong.
- The physical symptoms of panic seizure are often stronger than those of anxiety.
- Panic seizures are sudden, whereas those of anxiety gradually increase.
- Panic seizures may raise fears related to another seizure, which influences the individual's behaviour.
- Unlike anxiety seizures, panic ones occur without reasons. It's a response to stresses or feeling of being threatened.
- Panic seizures include the derealization feeling.
-

5. Panic disorder factors

5.1 Bioneural factors

Neural studies, related to panic disorder, have focused on the locus coeruleus role in the brain and on the experiments through which the panic seizures caused. Panic seizure indicates

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a disfunction in fear circle,besides an enormous increase of the neural sympathetic system activity.The locus coeruleus plays a role in panic occurring, and this belief basis is that the locus coeruleus is the main source of the neurotransmitter in brain. This transmitter plays a key role in raising the neural sympathetic system; a kind of monkeys exposed to hidden influences, like serpents, which causes the increase of the locus coeruleus activity. Moreover, when the locus coeruleus activity is raised with the use of electrical sign, the monkeys behave as they're suffering from a panic seizure. With human beings, we find that the drugs increasing the locus coeruleus activity may cause panic seizures,and those decreasing the locus coeruleus activity, including Clonidine and some antidepression drugs, decrease the panic seizures danger. (Ann King, 2017, p.377)

5.2 Behavioural factors

The behavioural perspective dealswith the reasons behind panic disorder through focusing on the traditional training. That perspective indicates that panic seizures may be reactions learnt by the individual through the traditional training and reactions towards the situations causing anxiety or razing the internal feelings. Reactions towards the internal feelings are called the Interceptive Conditioning.The physical signs of anxiety appear on the individual, andthey're followed by the first panic seizure. So, panic seizures become conditional reactions for the physical changes. This traditional model supports the studies through which the patients indicate that anxiety and physical feelings are often prior to panic seizures,and the following figure clarifies that. (Ann King et al, 2001, p.378)

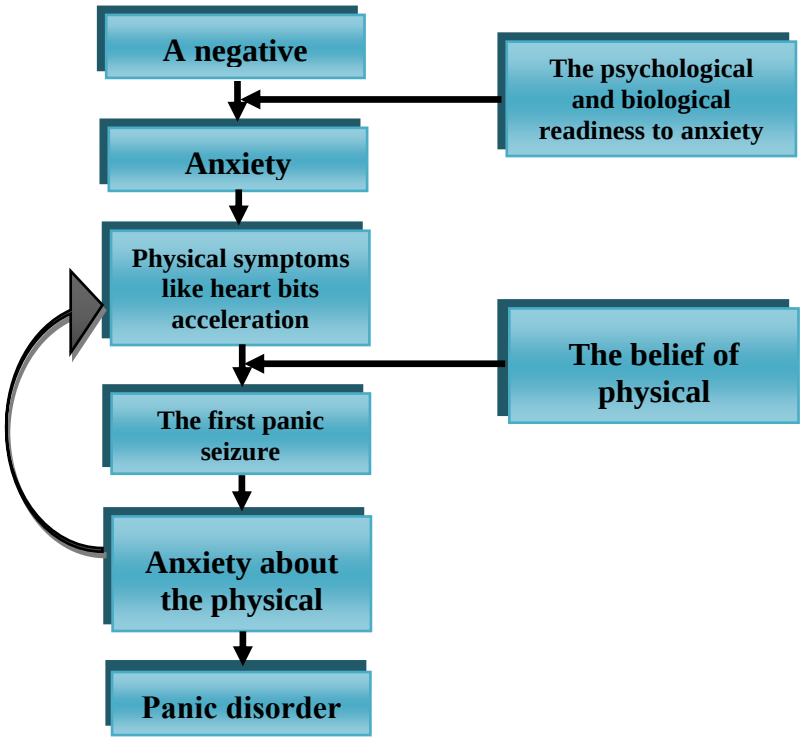

Figure 1: The internal training of interception and interpretation Anxiety disorder occurring.

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5.3 Cognitive factors

The cognitive systems of panic disorder reasons focus on the wrong interpretation of the physical feelings, according to this model. (Ann King et al, 2001, p.379) Panic seizures occur when the individual interprets the physical feelings that they're signs of death. The individual may interpret the increased heart bits rate as a medical crisis. These ideas increase anxiety, which leads to the emergence of more physical feelings, so the individual enters into an empty circle as it's clarified in the following figure 2.

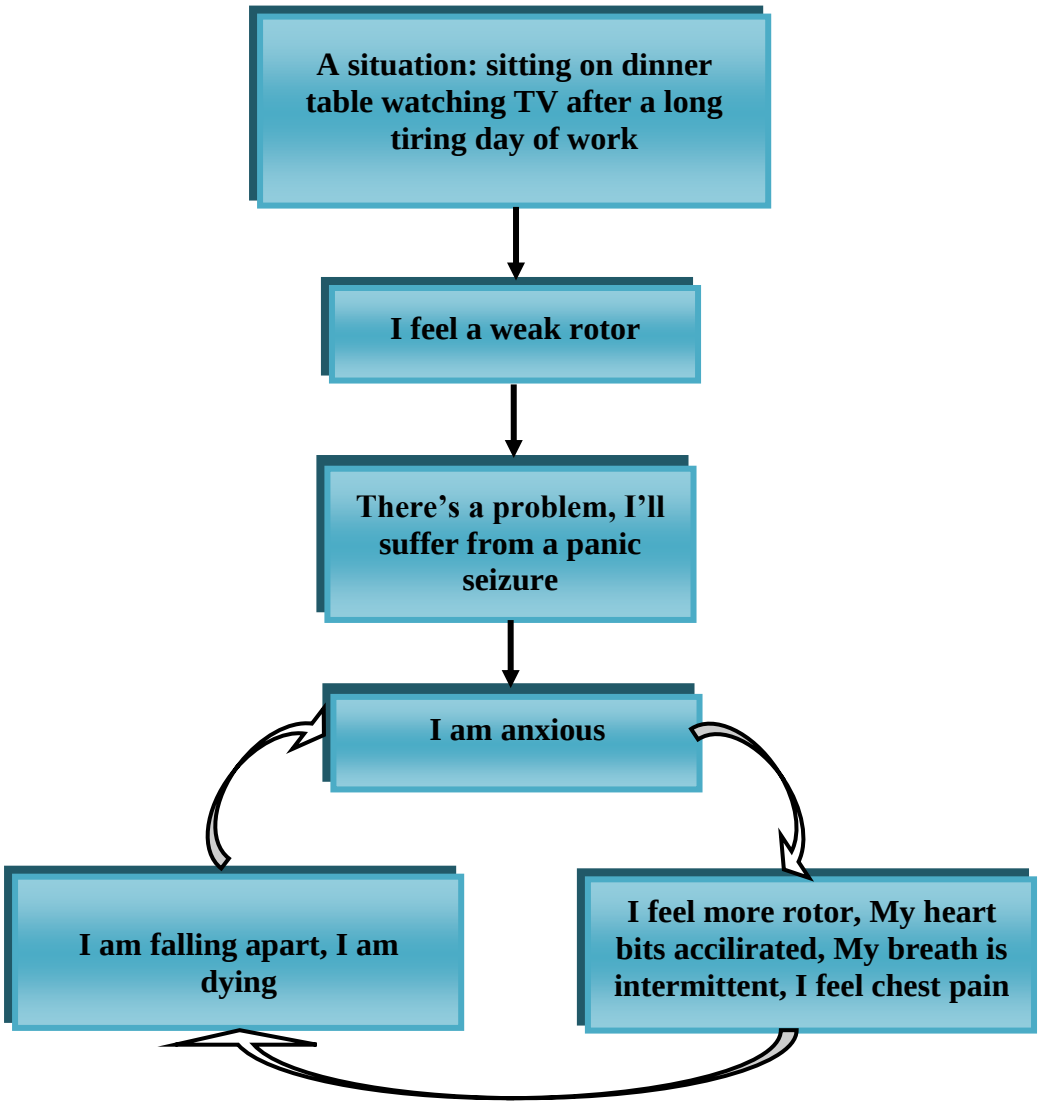

Figure 2 gives the wrong interpretation of the physical signs,according to the cognitive perspective.

5.4 How a panic seizure transforms into a chronic panic

The chronic panic reaches its peak through subsequent steps, which are clarified in the following figure 3.

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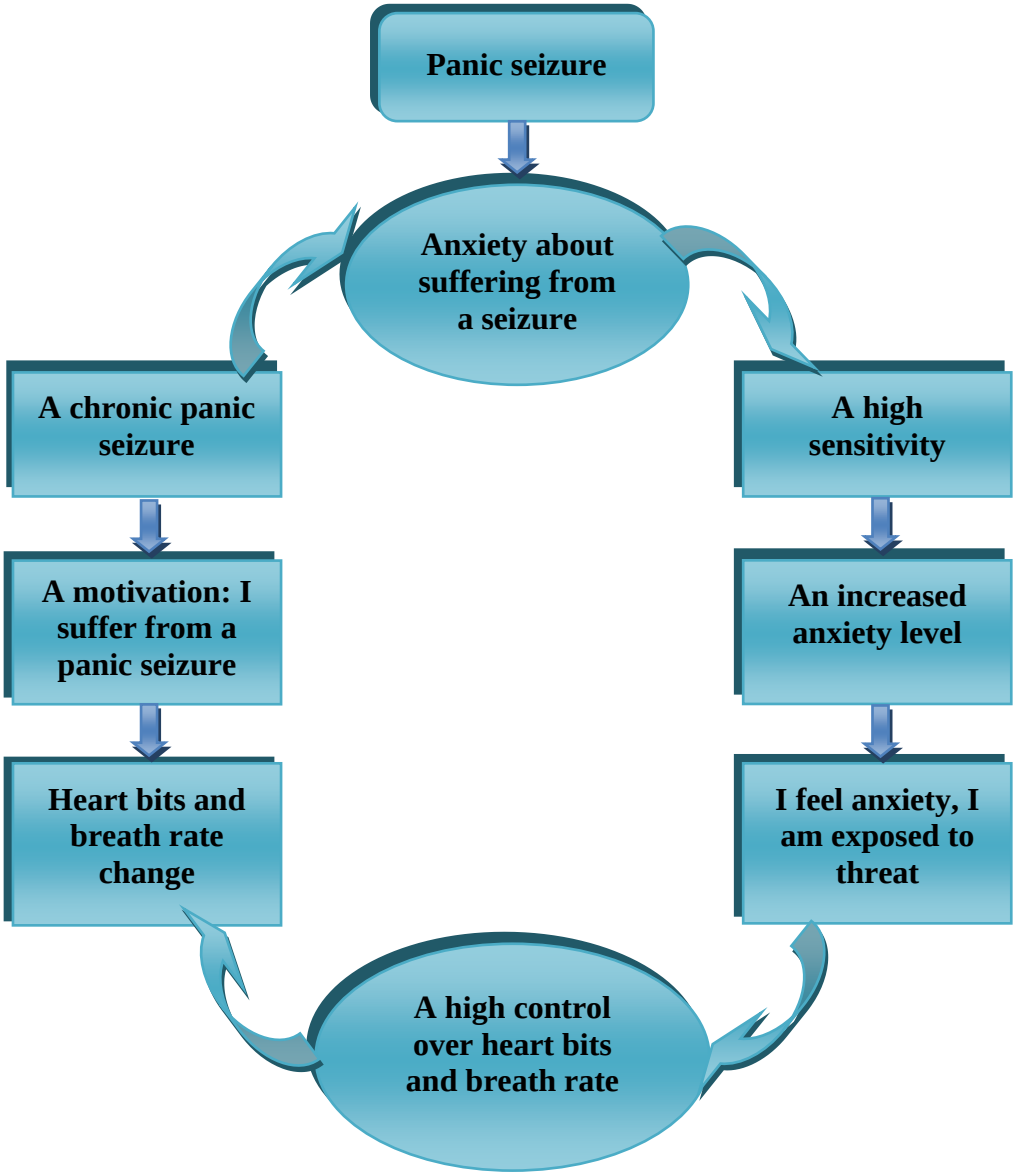

Figure 3. clarifies how a panic seizure transforms into a chronic panic, according to Kawam Menekzi. (Kawam Menekzi, 2013, p.27)

6. Showing the clinical case of Genny suffering from panic disorder

Genny was 23 years old. She was a 1st year student at the faculty of medicine. It wasa difficult year not only because of the long study suffering and study difficulties, but because her mother was suffering from cancer. Genny felt rotor while attending one of the lectures in which the lecturer asks the students to diagnose and clarify one of the cases.She felt strong anxiety, so she couldn't answer those questions. Her heart bits increased and her hands sweated. She felt so afraid. She suddenly left the room without justification. Later, in the same day, she tried to justify her behaviour, but she couldn't find the appropriate way. At that night, she couldn't sleep, and she kept asking herself about what happened. She was anxious about that situation repetition. She was wary about how that case would influence her participation in lectures and herwell performance in other roles like making group research and working with a

staff. A week later, she was driving towards the faculty.She suffered from the same symptoms, so she stopped her car. That day, she took a day off. Throughout the subsequent weeks, she started avoiding people, because she felt embarrassed from those symptoms. She also avoided going out of home with her friends and participating in study groups. She refused training offers including interviews with patients. She left the church despite enjoying it. She sufferedfrom other three unexpected seizures, despite of her isolation. She started feeling that medicine is a wrong choice, since she felt strong fears of facing the same symptoms while studying. She once read about panic disorder,she decided to visit one of the psychologists, who asserted that she's suffering from one of anxiety disorders called panic disorder. He followed with her a cognitive behavioural therapeutic program. (Ann King et al, 2017, p.344)

Conclusion

Panic disorder occurs, when the patients feel anxiety about more panic seizures or about their behaviours change as an attempt to avoid the attacks, whose frequency varies among patients.Some of them suffer from weekly or daily attacks occurring for several months, whereas others suffer from daily attacks followed by weeks and months without attacks. Women are more susceptible to panic disorder; it starts with adolescence or right after puberty. It may be accompanied with depression symptoms.Distinguishing between the physical organic symptoms accompanying the physical deceases and symptoms accompanying panic seizure is so important.

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