



Cognitions in Generalized Anxiety Disorder and Panic Disorder Patients

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Abstract—Forty-three patients with generalized anxiety disorder (GAD) and 44 patients with panic disorder (PD) were given a standardized interview about thoughts and images during times of anxiety. The two groups differed significantly regarding the ideational content of anxiety. GAD patients experienced more thoughts focusing on themes of mental catastrophes and other catastrophes when suffering from anxiety or anxiety attacks, while PD patients mostly described the theme of physical catastrophes. Only 34% ($n = 30$) of the total sample reported experiencing images when feeling anxious/having panic. For PD patients (70%) onset of anxiety or panic attacks was precipitated by somatic symptoms (a physical feeling). GAD patients reported that onset of anxiety was precipitated by all three alternatives given: a physical feeling (42%), anxious thoughts (37%), or “it all came at once” (21%). The implications of these results are discussed. © 1998 Elsevier Science Ltd

During the last decade, development in the field of anxiety and its disorders has come to emphasize the importance of cognitions. The cognitive theory of anxiety holds that it is not the events per se, but rather expectations and interpretations of events that are responsible for the production of negative emotions (Clark, 1989). Cognitions are said to be crucial for the development and the maintenance of generalized anxiety and panic attacks. Furthermore, anxiety-disorder patients are characterized by “overactive cognitive patterns

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(schema) relevant to danger that are continually structuring external and/or internal experience as a sign of danger” (Beck, Emery, & Greenberg, 1985, p. 15).

Patients who experience pervasive anxiety and are diagnosed with generalized anxiety disorder (GAD) have beliefs and dysfunctional assumptions about issues of acceptance, competence, responsibility, control, and the symptoms of anxiety (Beck et al., 1985). The most common themes of the GAD patients’ cognitions are death, disease, social rejection, and failure (Beck, Laude, & Bohnert, 1974). Little research has been carried out concerning the ideational components of GAD. Researchers have been studying the characteristics and processes of worry—the defining feature of GAD (Borkovec, Robinson, Pruzinsky, & DePree, 1983; Craske, Rapee, Jackel, & Barlow, 1989). In the Borkovec et al. (1983) study, one of the main findings was that worriers reported a greater difficulty in controlling (stopping) their worrisome thoughts, as compared to nonworriers. Craske et al. (1989) reported that GAD patients worried more about illness, health, and injury issues and that they had a tendency to worry more about “minor” issues than nonanxious controls.

Since the mid-1980s, a number of psychological models of panic disorder (PD) have been published (Rapee, 1993). Beck et al. (1985) proposed that panic attacks involve a change in a person’s physiology that leads to an interpretation that these sensations may indicate a serious internal disorder. This causes the individual to experience extreme anxiety. Clark (1986) proposed that panic attacks are caused by a misinterpretation of bodily sensations as dangerous. An initial internal or external stimulus results in a perception of threat, which leads to increased apprehension, followed by bodily sensations that are misinterpreted in a catastrophic fashion. Rapee (1987) suggested that panic attacks involve a combination of hyperventilation-induced somatic sensations associated with dramatic or catastrophic outcome. Margraf and Ehlers (1989) also recognized the essential feature of panic attacks as constituting an association between bodily and cognitive changes perceived as immediate threat. Furthermore, PD patients experience panic attacks because they have an enduring tendency to interpret bodily sensations in a catastrophic way. Such catastrophic misinterpretation involves perceiving these sensations as indicative of an impending physical or mental disaster.

The briefly described models of PD provide a number of similar predictions about patients who experience panic attacks (Rapee, 1993). PD patients should report thoughts concerning disastrous consequences. A number of studies have also provided support for this prediction (e.g., Ottaviani & Beck, 1987). Other studies have shown that PD patients are more likely to hold that type of catastrophic belief than patients with other anxiety disorders, or normal controls (Beck et al., 1974; Hibbert, 1984; Rapee, 1985; Zucker et al., 1989). The Rapee (1985) study asked 38 PD and 48 GAD subjects to complete

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