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Cognitions in generalized anxiety disorder and panic disorder patients. A prospective approach

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Abstract

Self-observations of cognitions during episodes of anxiety were examined in 38 patients with generalized anxiety disorder and 36 patients with panic disorder. Two independent observers who were blind to the diagnoses categorised the cognitions. The inter-rater reliability was high (mean kappa 0.82). The GAD-patients had significantly more cognitions in the following categories: interpersonal confrontation, competence, acceptance, concern about others and worry over minor matters, while the PD-patients had significantly more cognitions in the physical catastrophe category. Furthermore, GAD-patients with a comorbidity of social phobia reported more cognitions regarding social embarrassment than did GAD-patients with other or no (axis-I) comorbidity. The results of this study support the cognitive theory regarding the cognitive specificity of anxiety disorders. The implications of these results are discussed, along with the issues of reliability and validity of the instrument used. © 1999 Elsevier Science Ltd. All rights reserved.

1. Introduction

Over thirty years ago Beck applied the concept of negative schemas to explain the ‘thinking disorder’ depression (Beck, 1996). Since then the cognitive behavior theory and therapy has gained a solid ground regarding a large area of different psychological and psychiatric disorders. The basis of Beck’s cognitive model is now widely accepted and applied for different psychiatric, somatic and other health related problems (Salkovskis, 1996).

According to Beck (1976) and Beck, Emery, and Greenberg (1985) anxiety disorder patients have cognitions (schemata) regarding ‘personal danger’. The source of the threat varies

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between different types of anxiety disorders. Social phobics for example, fear negative evaluation, and panic disorder patients internal stimuli (physical sensations). Generalized anxiety disorder patients have cognitions concerning rejection, control, domination and depreciation (Beck et al., 1985).

Several attempts have been made to test the empirical status of the cognitive model. Recently, the nature of cognitions have been investigated in order to more fully understand different emotional disorders (especially the anxiety disorders). These studies on the thought content have consistently showed a negative orientation of the thinking for different groups of anxiety disorder patients (see Chambless & Hope, 1996, for a review). A more thorough understanding of the mental content described by psychiatric patients will lead to the development of new, and better methods for treating and preventing emotional disorders (Wells & Butler, 1997).

Different approaches have been used in this field of research. The characteristics of automatic thoughts in different anxiety disorder samples have been examined retrospectively by the use of structured interviews. Hibbert (1984) compared 8 GAD-patients with 17 panic disorder-patients using the following categories to classify cognitive content; illness, death, loss of control, injury (to self or other), inability to cope and social embarrassment. Patients with panic disorder reported significantly more thoughts regarding illness, death and loss of control than did the GAD-patients. Rapee (1985) used the same methodology and reached similar findings; patients with panic disorder reported having more thoughts about death, losing control, having a heart attack, etc. than did patients with generalized anxiety disorder. Breitholtz, Westling, and Öst (1998) replicated Hibbert's study (using a larger sample) and found that panic disorder patients reported significantly more thoughts concerning physical catastrophes than did the GAD-patients. On the other hand the GAD-patients reported having significantly more thoughts about mental catastrophes than the panic disorder patients. Although the findings of the described studies are quite consistent, retrospective self-report data are almost always biased in that most patients have a tendency to over-estimate, or exaggerate, the topic being measured or asked about; an artefact of the assessment method. A prospective method would therefore be preferred in this kind of studies.

Westling and Öst (1993) used a prospective, self-observation method to investigate thought content during the actual panic attacks (self-perceptions) for a group of panic disorder patients. The results of their study showed that 91% of the recorded full-blown attacks contained catastrophic cognitions; the majority of which concerned physical, mental or social catastrophes. These sets of data support the cognitive theory of panic (Clark, 1986, 1989). As far as we know there exists no study, that has used a prospective methodology for investigating thought content in generalized anxiety disorder patients.

The role of cognitive features of anxiety and their impact on the development of more effective treatments, especially for GAD, warrants further research. The methodology issue is of great importance when it comes to drawing valid conclusions from the investigations of cognitive content in anxiety disorder patients. The purposes of this study were twofold. Firstly, to describe GAD- and panic disorder patients regarding prospectively reported cognitions. Secondly, to perform a micro-analysis regarding data for the GAD-patients. This seems to be important since in comparison with other anxiety disorders there is less theoretical

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