



Anxiety: Psychological Perspectives on Panic and Agoraphobia

Richard S. Hallam

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This volume analyses the perplexing and often disabling form of distress known as anxiety from a psychological rather than a biomedical perspective, illustrating the rich contribution that psychological theory has made and is making to this topic. The first section extensively examines the clinical literature, describing and delineating with case examples the cluster of characteristic features termed panic-anxiety. Research findings in other clinical areas such as alcohol dependence are shown to have conceptual and empirical links with panic-anxiety. The second section of the book reviews and evaluates the main theoretical approaches to anxiety, including specific models of panic and agoraphobia, challenging many traditional assumptions and advocating the analysis of anxiety as a socially constructed meaning imposed on experience rather than a theoretical concept or psychopathological state. The methodological implications are discussed and a schematic model of panic-anxiety is proposed. The theoretical integration represents a major contribution to the resurgence of interest in this field and will be of relevance to all researchers and postgraduate students within the mental health professions.

FROM THE PREFACE: This book has two main objectives. The first is to describe a dimension of psychological distress I have called panic-anxiety. This takes up the first part of the book, which surveys literature that is primarily descriptive and psychiatric. The second objective is pursued in the second part of the book, in which I examine a large number of theories of anxiety to see what they might have to offer in explaining the panic-anxiety cluster of complaints. I am therefore concerned to apply psychological theory to a real-world problem, that is, to what people who seek professional help loosely describe as panic, anxiety and fears of public situations. The theoretical and experimental literature on anxiety is so vast that I have had to be disciplined and in no small measure prejudiced in favour of a particular theoretical perspective. I have attempted as far as possible to treat anxiety as a lay construct, that is, as a social construction and not a scientific concept. For this reason, I have endeavoured to refer to reports of anxiety or to complaints of anxiety in order to avoid the common tendency to reify anxiety as an entity which exists independently of the social origins of the term. Accordingly, I believe that the relevant question to ask is not, What is anxiety? but, What are the antecedents of reports (or complaints) of anxiety? It is intended that this book should provide a coherent perspective on a common form of psychological distress, of value to therapists, researchers and students of abnormal psychology. In many ways, the problems for which people seek help do not define 'natural' areas of scientific research, and so it is difficult to combine theoretical and practical interests in one book. The complaints with which I am particularly concerned--panic and fears of public places--can be analysed to reveal scientific questions which have a significance much wider than the explanation of particular complaints made to professionals working in a clinical context. Apart from its obvious social significance, a clinical area is therefore simply a point of departure for scientific investigation. My intention, then, is to use this clinical area as an illustration of how such problems might be tackled from a theoretical perspective which is essentially psychological. The theoretical position I have adopted owes much to the views of Sarbin (1964, 1968), Mandler (1975) and Averill (1980a,b). In taking anxiety to be a lay construct, I assume that the 'What is?' questions rightly belong to the sociology of knowledge. Of course, the applied psychologist also has substantive issues to consider. For example, How can this individual be helped to report calmness rather than anxiety? or, How can that individual be helped to travel freely on public transport? I suggest that the most positive contribution a social constructivist position has to offer is to dissuade researchers from regarding these real-life problems as reflecting an underlying emotion of anxiety, or, even less helpful, an anxiety disorder. Biological and medical research on anxiety is also considered in this light. Reductive biological and pathological hypotheses

are rejected, but an attempt is made to integrate the biological aspects at a higher level of analysis. For this reason, the book differs from others which tend to confine themselves to a description and explanation of postulated disorders or syndromes. Because the emphasis of this book is essentially conceptual, there is relatively little discussion of assessment and therapy, apart from a general critique of current approaches.

Most experiences described as fear or anxiety in an everyday context have an identifiable source or object. When these experiences are reported as unbearably intense or lead to the avoidance of various situations, they are generally referred to as phobias. In the past 20 years there has been a considerable advance in the technology of reducing and eliminating unwanted phobias. The new methods of imaginal and real-life confrontation are successful in the majority of cases when anxiety is reported in connection with specific eliciting stimuli. The same success cannot be claimed for methods of dealing with complaints of anxiety that appear to be unrelated to identifiable circumstances. In one form of these complaints, a person may suddenly feel overwhelmed by unpleasant sensations which are usually described as a panic attack. Panic and other complaints of anxiety which are perceived as irrational form the principal interest of this book. A second major concern is the problem of fears of public places, often referred to as agoraphobia. Typically, the person who complains of these fears is unable to leave the home unaccompanied, although travel by car, a 'safe' environment, is usually possible. Although agoraphobia is tied to situations, the fear is not reported to be about these situations but is usually expressed as a fear of experiencing a panic attack in these situations. As I will argue, fears of public situations appear to be associated with panic and complaints of anxiety of a nonspecific kind.

FROM THE FOREWORD: This book is a welcome addition to a growing literature that treats perplexing and sometimes disabling conduct from a psychological rather than a biomedical perspective. It is one of an increasing number of treatises that boldly assume that psychological events may be studied in their own right without reducing the phenomena to biological or mentalistic categories. Among other topics, Hallam critically reviews the clinical and experimental work on self-reported anxiety, panic and agoraphobia. He demonstrates with considerable force the disutility of the traditional practice of assigning such phenomena to a world of disordered minds.

Anxiety has been employed as a key concept in many psychoanalytic and psychological theories. Before its use as a theoretical construct, anxiety was a lay construct, a metaphor invented to communicate about vaguely perceived and poorly understood sensory experience. This lay construct, or metaphor, was metonymically transformed by certain theorists seeking a universal intervening variable to account for puzzling conduct. That is to say, the theorists transfigured anxiety to a cause from its original use as a metaphor for effects of interpersonal actions and physiological responses. As a staple of biomedical research and practice, anxiety is a reified metaphor. One of the results of the uncritical use of the reified metaphor was the creation of such unproductive diagnostic categories as anxiety neurosis, anxiety hysteria and anxiety state. Hallam's review of research and practice makes abundantly clear that this metaphor-to-myth transformation has little utility, either as a heuristic for research or as a model for therapy.

Many lessons are to be learned from this book, not the least of which is the demonstration that the lay construct, anxiety, is multireferential. When a clinician asks a client for referents for such complaints as, 'I am anxious' (or 'panicky' or 'agoraphobic'), the client's response is drawn from a limitless pool of vague and ambiguous descriptors. Examples of the interpretations offered by clients include such diverse referents as 'I had the feeling I was about to die', 'I was suffocating, gasping for air', 'My legs became rubbery', 'I was about to faint', 'My brain was racing ahead of my thought', and so on.

From Hallam's detailed analysis of the multireferential nature of anxiety complaints, one could formulate the following rule for praxis: When a client employs 'anxiety' or a similar descriptor in his or her self-report, regard it as metaphoric utterance, not as a statement that demands causal analysis. The metaphoric utterance, that is, the complaint, is a social construction whose building blocks include the client's beliefs, linguistic skills, purposes and concurrent existential or identity problems.

Another lesson to be learned from this book is the continuity of anxiety complaints as reported in clinical settings with those of persons who do not come to the attention of professional helpers. Such continuity is an argument against the identification of anxiety complaints as a psychiatric disorder. For example, the fear of strange places may be universal and not restricted to a clinical population if the

definition of strange places is broad enough.**The author holds that the client, like the rest of us, constructs his or her world from perceptions, beliefs, imaginings and rememberings. Thus anxiety is a construction, and it is communicated to others (and to the self) with the aid of metaphoric and metonymic translations. This constructivist view is fast displacing the entrenched biomedical view that treats human beings as passive reactors to stimuli according to still-to-be discovered mechanistic laws. Metaphors drawn from physics, geology and technology, so tightly wove...

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