



## **PSYCHOLOGICAL FACTORS OF AWAKENING FEAR, PANIC ATTACKS**

Makhmudova Gulchiroy Tukhtasinovna

Lecturer Central Asian Medical University, Uzbekistan

### **ABSTRACT**

This article highlights the factors that awaken fear and panic attacks. The theoretical foundations of the emotional and physiological manifestation of fear, panic attacks, and factors that predispose to them are analyzed. Natural and acquired aspects of phobias and fears are considered. The article is intended for students of psychological and medical faculties, as well as for those interested in the problem of emotional states of the individual.

### **KEYWORDS**

Emotion, fear, phobia, panic, panic attacks, pain, uncertainty, factor, aspect, cognitive processes.

### **INTRODUCTION**

Fear is an emotion that is encountered less frequently than sadness, anger, disgust, contempt, and even shame. In a psychological study conducted by Izard (Izard.1971) various emotions were studied in different countries (USA, England, Germany, Sweden, France, Greece, Japan), the majority of respondents in response to the question "What emotion are you most afraid of?" named the emotion of fear. Perhaps because we experience it quite rarely - the emotion of fear in itself causes horror. Fear is an emotion that is encountered less frequently than sadness, anger, disgust, contempt, and even shame. In a psychological study conducted by Izard (Izard.1971) various emotions were studied in different countries (USA, England, Germany, Sweden, France, Greece, Japan), the majority of respondents in response to the question "What emotion are you most afraid of?" named the emotion of fear. Perhaps because we experience it quite rarely - the emotion of fear in itself causes horror.

A person can experience fear in a variety of situations, but all these situations have one big common feature - they are perceived by a person as situations in which his peace and safety are threatened. The feeling of insecurity is one of the basic causes of fear, since it is experienced by a person as a threat. An intense experience of fear is remembered for a long time. In people suffering from phobias, fears, even if they are unfounded, are caused by certain objects, events or situations. The problem of controlling the emotion of fear, especially in the case of phobias, still remains unsolved in the psychological science of human behavior.

Fear consists of certain and quite specific physiological changes, expressive behavior and specific experience resulting from the expectation of a threat or danger. In small children, as well as in animals, the feeling of threat or danger is associated with physical discomfort, with the ill-being of the physical "I"; the fear with which they react to the threat is the fear of physical damage [Carroll E. Izard "Psychology of Emotions" Peter 2008. p. 293.]. As they grow older, the potential possibility of physical damage does not represent a threat, since more often an adult is afraid of failures and

psychological losses that can reduce his self-esteem. Adults may experience panic attacks in the form of a loss of self-control.

A person's fear of losing control over themselves and their body, the fear of getting sick, that the body will stop obeying and other similar concerns are not unfounded. There is a real reason at the root of this fear. Based on my many years of practice, I can say that more than 90% of my clients, after a thorough examination of the first case of a vegetative crisis, begin to understand that their fears are not an illusion or a fantasy that arose out of nowhere. That panic, that is, a panic attack, was a consequence of what happened before it. Unfortunately, most of the Internet articles on the manifestations of fear and panic attacks focus on the panic itself, making it the root cause. And not only they - many specialists working with this problem, as well as most trainings and individual practices, are aimed at working with the consequence, that is, fear, anxiety and panic. Such activities help to eliminate only the physical manifestations of these emotions, as well as some types of phobias, in particular agoraphobia and social phobia, but not the main cause of the attack. I managed to interview some of those who underwent such trainings or individual therapy, who believe that the root causes of a panic attack are fear, anxiety and panic. Well, about 60% of them said that the therapy gave only a temporary result and nothing more.

The rest, about 40%, lost their fears, anxieties and some symptoms that caused concern. I ask you to pay special attention to this point, since further we will talk about conscious symptoms, that is, attached, and unconscious, that is, true. I will note that not a single person reported a complete recovery. This is not a deception of specialists, everything really lies in your fears. But not only in obvious ones, but also in unconscious, repressed ones. Clients at the first meeting describe it approximately like this:

"I was driving to work, suddenly my head started spinning, my heart started pounding, I started to choke. I started shaking. I couldn't understand what was happening to me. I thought I was getting seasick and it would soon pass. But the unpleasant condition got worse. I thought I was dying. The doctors diagnosed high blood pressure." "I was lying down and watching a movie, some kind of comedy. Suddenly something inside me went cold, shrank, everything started swimming before my eyes, the world became unreal. My head started spinning badly, my arms and legs started shaking. The doctors said it was vegetative-vascular dystonia."

These are the most common descriptions of panic attacks. In none of these cases does the person understand what is happening to him. The key point is "DOESN'T UNDERSTAND". Therefore, the psyche creates support in the form of a conscious phobia, so that later it understands what to avoid.

In the first case, it is the fear of death due to cardiac arrest or a heart attack, in the second, the fear of dying from a stroke. Working with panic attacks is the job of psychologists and psychotherapists, although most often those suffering from panic attacks turn to neurologists and hope to take medication.

In psychotherapy, painstaking work is carried out to build a system of emotional self-regulation, which includes the ability to distinguish and experience various emotions, understand the reasons for their occurrence and look for adequate ways of expression. It should be noted that the work is not fast, since such a system is built for a long time and almost "from scratch", and clients, having little understanding of what is happening to them, often demand immediate relief. In fact, in the process of work, panic attacks often turn into phobias first - that is, more structured neurotic disorders, where there is an object or situation that causes an avoidance reaction, then they are transformed simply into concerns

or fears regarding certain situations, and then finally disappear. In some cases, secondary depression is formed in response to the inability to lead a normal lifestyle.

Panic is a boundary phenomenon that performs a protective function for the organism in a situation of extreme danger from the environment. It occurs when the subject is confronted with a sudden, imminent and severe threat and can neither avoid it nor effectively resist it; it is a type of response to extreme stress: the danger of death, torture, a cataclysm, exposure to very bad news. This does not create the panic attack itself, but post-traumatic stress disorder, where the problem is surviving a sudden and intense trauma.

Unlike fear or panic, a panic attack is an experience of an attack of acute fear and horror in a situation where there is no specific extreme threat from the environment or immersion in the memory of a traumatic experience; however, it is also a protective function at the contact boundary, acute and extremely intense.

A panic attack can be defined as an episode of acute anxiety for which there is no support. The person feels alone before facing a danger that is perceived as extreme and which he feels unable to cope with. The excitement is so strong, boundless, and uncontrollable that the subject begins to experience the danger of death. There is no single moment when the panic attack itself occurs. Anxiety can appear at any moment of contact when support is insufficient. Avoidance of anxiety occurs by stopping the process of contact itself. Interruption of contact serves precisely this – avoidance of anxiety in a situation where support is insufficient. The cycle is repeated over and over again.

Psychotherapy is a special case for such a situation, as it is a "place of adequate support" where anxiety can be endured without using the usual interruption of contact. Human thinking is designed in such a way that it singles out a certain figure against the general background, which cannot exist separately without the background. This is a dynamic process that occurs in us every second. During a panic attack, the background on the basis of which the contact figure is formed suddenly becomes very problematic and unstable, it is destroyed and collapses.

Tomkins names drives, emotions and cognitive processes as the causes of fear. Bowlby considers fear as a function of the child's attachment to the mother. Other researchers identify specific events and situations. Drives and processes that ensure the body's homeostasis constitute the least significant class of fear activators. Drive acquires psychological significance when its intensity reaches a critical level, when it signals a person about an acute physical deficiency. Tomkins gives the following example: when the need for oxygen becomes so critical that it activates a drive, it simultaneously activates an affect, and this affect, as a rule, is a massive fear reaction. If the obstacles standing in the way of satisfying the need are not immediately eliminated, the fear reaction will develop into panic. The body's need for oxygen - the vital needs of the body, and the powerful affect accompanying the sensation of suffocation, guarantees immediate concentration of attention on satisfying the need, and therefore is one of the most important factors of safety [Tomkins S. Affect Imagery Consciousness. 1962, p.46.]. The factors of fear arousal are considered in two aspects: natural and acquired. But, since the role of biological predisposition to experience fear of certain events can change in the process of learning and gaining experience, psychiatrist J. Bowlby names only 4 factors: pain, loneliness, sudden change in stimulation and rapid approach of the object.

Pain is the first and most important factor in the awakening of fear. Fear caused by the expectation of pain greatly accelerates the learning process. In order to learn to experience fear in a certain situation, it is not necessary to experience pain. It should be noted that many of our fears and phobias have no

negative experience. For example: many people tend to be afraid of snakes, although they have never been bitten by one; some are afraid of flying on airplanes, although they have never been in a plane crash; many are afraid to cross the street at a busy intersection, etc. Consequently, our fears and phobias increase not only on the basis of real experiences of pain, they can be the result of our fantasies and illusions.

In the vast majority of cases, the most effective treatment and prevention of these emotional states is a combination of drug treatment and psychotherapy. Among the methods of psychotherapy used in the treatment of panic disorder, the effectiveness of psychological relaxation methods, behavioral and cognitive-behavioral psychotherapy, neuro-linguistic programming, and suggestion methods has already been proven. Almost all scientific studies devoted to the problem of treating panic disorder have proven the maximum effectiveness of the combined use of drug treatment and psychotherapy. The choice of drug treatment and psychotherapy method depends on many variables (patient characteristics; causes, course, and duration of panic disorder; presence of concomitant diseases). Therefore, a course of treatment that allows you to cure panic disorder is developed individually for each patient, taking into account all of his or her characteristics.

## References:

1. Petruseva M.S. "Panic attacks" as a result of experiencing autoaggression // Materials of the 1st All-Russian scientific and practical conference "Psychology of mental states: theory and practice", Kazan, 13 - 15.11.2008.
2. Carroll E. Izard "Psychology of emotions" Peter 2008. p. 293.
3. Tomkins S. Affect Imagery Cjnsconsciousness. 1962, p. 46.
4. Ivy A.E., Ivy M.B., Simak-Downing L. Psychological counseling and psychotherapy. Methods, theories and techniques: a practical guide. M., 1999.
5. Cognitive psychotherapy of personality disorders \ Edited by A. Beck, A. Freeman. SPb.: Piter, 2002.
6. Handbook of a practical psychologist: Psychotherapy \ compiled by V. Solovieva. M., 2007.
7. Horney K. Neurotic personality of our time. Self-analysis \ edited by G. V. Burmenskaya. M., 1993.
8. <http://subscribe.ru/archive/psychology.flogiston>.