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STRATEGIES FOR OVERCOMING PANIC ATTACKS AND HYPOCHONDRIA IN YOUNG PEOPLE

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The article presents the author's view on a current issue – hypochondria and panic attacks in youth. It reveals that a panic attack is an irrational and practically uncontrollable burst of anxiety with extremely high intensity. It has been found that the symptomatology of panic attacks includes a wide range of physiological, emotional, cognitive, and behavioral reactions. The article also analyzes the syndrome of health anxiety, also known as hypochondria, which involves excessive worry and fear about the possibility of having a serious illness, such as cancer, autoimmune diseases, or heart problems. It is determined that this condition is based on the misinterpretation of normal bodily sensations as pathological or threatening.

The author of the article asserts that panic attacks typically occur for the first time in adolescence when mental and emotional stress can be particularly high due to the processes of personality formation and adaptation to changes. Therefore, at this age, young people may experience stressful situations related to education, social relationships, development of self-identity, and sexual maturity, which can contribute to the onset of panic attacks.

The article presents the results of an empirical study conducted among young people. The results of correlation analysis using Pearson's correlation coefficient established a correlation between panic attacks and hypochondria, measured using the Beck Anxiety Inventory and the Health Anxiety Inventory (SHAI), with the data falling within the significance zone of 0.99 with a correlation coefficient $r = 0.647$.

Correlation was also found between panic attacks and trait anxiety, measured using the Beck Anxiety Inventory and the Spielberger State-Trait Anxiety Inventory (STAI), with the data falling within the significance zone of 0.99 with a correlation coefficient $r = 0.462$.

A weaker correlation was established between panic attacks and social anxiety, measured using the Beck Anxiety Inventory and the Social Phobia Inventory (SPIN), with the data falling within the significance zone of 0.95 with a correlation coefficient $r = 0.416$.

Key words: *intervention, hypochondria, cognitive-behavioral therapy, panic attacks, anxiety, adolescence.*

Мороз Руслана. Стратегії подолання панічних атак та іпохондрії у юнаків

У статті представлено авторський погляд на актуальну проблему сьогодення – іпохондрію та панічні атаки у молоді. Розкрито, що панічна атака представляє собою необґрунтований раціонально та практично некерований вибух тривоги з надзвичайно високою інтенсивністю. З'ясовано, що симптоматика панічних атак включає в себе широкий спектр фізіологічних, емоційних, когнітивних та поведінкових реакцій. Також у статті аналізується синдром тривоги за здоров'я, що також відомий як іпохондрія, та є надмірним переживанням та страхом стосовно можливості серйозного захворювання, як-от рак, аутоімунні захворювання або серцеві проблеми. Визначено, що в основі цього стану лежить неправильне тлумачення звичних тілесних відчуттів як патологічних або загрозливих.

Автор статті стверджує, що зазвичай панічні атаки виникають вперше у юнацькому віці, коли психічна та емоційна навантаженість може бути особливо великою через процеси формування особистості та адаптації до змін. Саме тому у цьому віці юнаки можуть переживати стресові ситуації, пов'язані з навчанням, соціальними взаєминами, розвитком самоідентифікації та статевою зрілістю, що може сприяти появі панічних атак.

Подано результати емпіричного дослідження, проведеного серед молоді. Результати дослідження кореляційних зв'язків за допомогою коефіцієнта кореляції Пірсона дали змогу встановити наявну кореляцію між панічними атаками та іпохондрією, вимірювані за допомогою шкали тривоги Бека та опитувальника тривоги за здоров'я (SHAI) дані увійшли в зону значущості 0,99 з показником $r = 0,647$.

Кореляційні зв'язки також було встановлено між панічними атаками та особистісною тривожністю, вимірювані за допомогою шкали тривоги Бека та шкали тривоги Спілбергера (STAI) дані увійшли в зону значущості 0,99 з показником $r = 0,462$.

Слабший кореляційний зв'язок був встановлений між панічними атаками та соціальною тривожністю, вимірювані за допомогою шкали тривоги Бека та шкали оцінки соціальної фобії (SPIN) дані увійшли в зону значущості 0,95 з показником $r = 0,416$.

Ключові слова: інтервенція, іпохондрія, когнітивно-поведінкова терапія, панічні атаки, тривожність, юнацький вік.

Introduction

Anxiety disorders are among the leading mental health issues among youth, affecting up to 25% of young people. Meanwhile, panic attacks and hypochondria, as distinct forms of these disorders, are becoming increasingly common among adolescents, significantly impacting their quality of life and psychological well-being.

Contemporary changes in the world, such as armed conflicts, economic crises, natural and man-made disasters, mass diseases, including the COVID-19 pandemic, inevitably increase the psychological disability of society. Young people are particularly vulnerable to these global transformations, which provoke anxiety and worry. All these changes lead to social instability and cause adolescents to feel uncertain about their future and prospects, potentially leading to the onset of panic attacks and hypochondria.

Adolescence is a critical developmental period when young people finalize their self-awareness and identity. The emergence of panic attacks and hypochondria at this age can negatively impact their functioning and quality of life. This can affect academic performance, social relationships, intimate communication, and overall well-being, with inevitable consequences for mental health and well-being in adulthood [1, p. 38–46].

Understanding the psychological characteristics of panic attacks and hypochondria in adolescence is crucial for developing effective prevention and intervention strategies. Research into the relationship between panic attacks and hypochondria is essential for creating more specific and effective methods of psychological support and assistance for young people. Understanding the origins of panic attacks is a key aspect of addressing these issues, and identifying hypochondriac beliefs as a primary cause of panic attacks can aid in developing specialized intervention programs.

Analyzing the correlations between hypochondria and panic attacks can help identify specific triggers and mechanisms that cause panic attacks in young people. With this knowledge, psychologists can develop individualized strategies and therapy programs aimed at supporting adolescents with varying levels of hypochondriac symptoms and panic reactions.

Thus, studying the relationship between hypochondria and panic attacks in adolescence will not only contribute to the development of more effective assistance programs but also to a deeper understanding of the psychological mechanisms underlying these disorders. This leads to more successful treatment and support for young people in Ukraine. Therefore, this issue is extremely relevant and requires more in-depth research.

Materials and method

The study of anxiety in various aspects has been undertaken by I. Kon, D. Feldstein, S. Hall, E. Spranger, S. Buhler, E. Erikson, and others. Psychotherapists and medical professionals frequently address the issue of panic attacks (V. Semko, V. Mendeleovich, and others). One of the most probable causes of panic attacks is a high level of personal anxiety (B. J. Sadock, T. Voznesenskaya), although the number of publications and scientific works on this issue is limited. The conflicting assessments of panic attacks, the conditions of their formation, the personal characteristics of people with panic attacks, the understanding and acceptance of this condition, and rehabilitation all underscore the relevance and appropriateness of our research.

Panic attacks, as a psychophysiological phenomenon, are extremely complex and usually considered in the context of other mental disorders or in their comprehensive study along with other symptoms. Hence, some aspects of panic attacks remain insufficiently studied and understood.

A panic attack represents an irrational and practically uncontrollable explosion of anxiety with extremely high intensity. A panic attack is a sudden and unexpected surge of intense fear or discomfort that peaks within a short time, usually within a few minutes. The symptoms of panic attacks include a wide range of physiological, emotional, cognitive, and behavioral reactions.

During a panic attack, physiological manifestations may include rapid heartbeat, excessive sweating, difficulty breathing, chills, trembling limbs, dizziness, insomnia, gastrointestinal disturbances, difficulty swallowing, elevated or lowered blood pressure. During a panic attack, a person may experience fear of losing control, fear of doing something irrational, fear of losing consciousness, and fear of death. Additionally, such individuals may experience derealization and depersonalization, which means a feeling of alienation from their body or a sense of unreality of the surrounding world.

Scientific research shows that panic attacks can have deep roots in a person's mental state and individual characteristics. Individuals with a heightened tendency towards anxiety or a history of mental disorders may be more prone to developing panic attacks.

The mechanism of panic attacks is related to the body's defensive response to stressful situations. Under the influence of a large number of stressors, such as physical threat or psychological discomfort, the fight-or-flight response is activated. At this moment, there is a redistribution of blood in the body: less blood flows to the brain, which can cause feelings of dizziness and psychological discomfort, and more blood is directed to the motor parts of the body, leading to trembling and nausea.

Panic attacks can occur periodically and recur at specific time intervals. Each time during a new attack, a person re-experiences negative scenarios that never actually happened. Each new episode of panic is accompanied by an overwhelmed imagination, endless internal dialogue, dysfunctional emotions, and anticipation that triggers the next panic outburst.

It is important to distinguish a panic attack from panic disorder, as they have different characteristics and consequences. Panic disorder is defined as a mental illness characterized by persistent panic attacks or recurrent feelings of anxiety. Panic attacks themselves are not direct evidence of panic disorder, but people who suffer from this condition often experience panic attacks.

During a panic attack, it is difficult for a person to grasp reality and understand that there is no real danger or threat to life. Panic attack symptoms can also appear in healthy individuals during intense fright, such as from a loud door slam or an encounter with a large dog. This is a completely natural response to a stressful situation.

Among age groups, young people aged 16 to 30 are most prone to panic attacks. However, while panic attacks can also occur in old age, their characteristic symptoms are often masked, the key manifestations are not as pronounced, although the emotional experience remains significant. Even when analyzing anamnesis data, it can be found that panic states were present in young age [2, p. 54–58].

According to the latest research by S. Woods and J. Gorman, panic attacks are more common in women than in men, with a ratio of about 4:1. This is, of course, related to various hormonal characteristics of the female body and their role in modern society. But this is not the only aspect. The lower number of men seeking help for panic attacks may be related to other factors. For example, some may convert anxiety disorders into alcohol problems. Data show that half of the men who experience panic attacks previously had alcohol problems.

Wartime, as a period of great social and political tension, carries extremely traumatic aspects that affect people's mental and emotional well-being. Such events can leave deep marks on an individual's psyche and psychological state, causing a range of stress-related and mental health problems. Studying wartime as a traumatic event is important for understanding the mechanisms and consequences

associated with it and developing effective approaches to psychological rehabilitation and support for those who have experienced war.

The most optimal approach to treating panic attacks is a combination of cognitive psychotherapy and pharmacotherapy. Specialized psychotherapy programs help a person understand and control their emotions, while pharmacotherapy can provide the necessary mental stabilizing effect.

Let us consider hypochondria more extensively as a symptom of hyperfixation on one's health, which sometimes takes the form of anxiety disorder and panic attacks. In the conditions of war and uncertainty, young people experience many negative emotions and feelings. In particular, prolonged stress serves as an invisible provocateur of psychosomatic diseases, and the availability of medical and pharmacological information enhances fixation on the topic of diseases. Emphasis is on diseases, not health.

People suffering from hypochondria excessively worry about their health, may constantly consult doctors to confirm their anxious thoughts, despite diagnoses and recommendations from medical professionals. Moreover, they constantly doubt doctors' diagnoses and treat them with distrust. Even minor bodily sensations or symptoms can be perceived as serious illnesses. For example, a regular headache can cause panic due to fear of a brain tumor. As a result, fear of serious illness can lead to constant stress, complicating daily functioning and affecting their environment.

One of the most common types of hypochondria is cancerophobia – the fear of getting cancer. Some people experience this fear so intensely that they consult doctors daily, undergo numerous tests, and even self-diagnose. Others avoid doctor visits because they fear confirming their fears. B. Fallon describes hypochondria as a tendency to turn the most mundane things into a catastrophe. However, this condition can also be explained by the fact that hypochondriacs generally have high levels of anxiety and are easily influenced. Therefore, banal advertising or relatives' illness and their warning to "monitor health" take on the scale of a catastrophe.

When a hypochondriac notices a new skin formation, feels a headache, or muscle spasms, or observes a change in stool color or urine smell, they may perceive it as a sign of a fatal illness, causing excessive anxiety, trembling, insomnia, and numbness. This can be explained by the fear that activates the production of stress hormones, particularly adrenaline, which makes a person more vulnerable to infections and complicates the recovery process.

The peculiarities of panic attacks and hypochondria manifestation in adolescence is an important topic for research, as many young people may often experience panic attacks without understanding their causes and consequences. Often, they do not associate their symptoms with anxiety disorders but believe they have serious health problems. For example, they may perceive the physical symptoms of panic attacks as a sign of a heart attack, loss of consciousness, or stomach disorder [2].

Panic attacks can cause significant discomfort and fear in young people, as they may feel they are losing control of the situation and their body. This can lead to a deterioration of their mental state and overall well-being. Due to the lack of understanding of panic attacks and their symptoms, young people can get caught in a vicious cycle that deepens their anxiety and fear of repeated panic attacks. When a person does not understand what is happening with their body and mind during a panic attack, they may start to worry that the attack will happen again. The vicious cycle of panic attacks can become a significant factor in the deterioration of the mental state and overall well-being of young people. The constant fear of the possibility of repeated panic attacks can affect their daily life, making them more vulnerable and limiting social activity and professional opportunities.

It is worth noting that individual character traits and personal characteristics can also influence the manifestation of panic attacks and hypochondria in adolescence. For example, youth with a high level of perfectionism or a tendency towards negative self-perception may be more prone to developing anxiety disorders. In their search for identity and support points, young people may exaggerate medical symptoms as a way to draw attention to themselves, to be noticed. Such individuals may experience

the consequences of panic attacks and hypochondria with greater intensity and frequency. Moreover, the consequences of panic attacks and hypochondria can block self-efficacy, provoke social isolation, and a number of unfounded complexes.

For empirical research, a set of diagnostic tools was selected, including the Beck Anxiety Inventory, the Health Anxiety Questionnaire (SHAI), the Panic Attack Inventory, the Social Phobia Scale (SPIN), and the Spielberg Anxiety Scale (STAI).

All these diagnostic tools were the subject of intensive research and tested for reliability and validity and have scientific justification in their construction. They are not too short and contain a sufficient number of questions, while not being too long to cause fatigue or overload and not impairing response accuracy. They have accumulated significant evidence of their effectiveness and reliability through numerous studies that have made them the standard in the relevant field of research.

The research was conducted in April-May 2024 at the Petro Mohyla Black Sea National University. The experimental sample consisted of 30 individuals aged 17 to 23 years, including 21 girls and 9 boys. It should be noted that we did not aim to study the gender aspect of this problem.

According to the results of the Beck Anxiety Inventory, it was established that 1 person (3%) has a normal level of personal anxiety, 2 people (7%) have a mild level of anxiety, 12 people (40%) have a medium level of anxiety, and 15 people (50%) have a high level of anxiety.

According to the results of the Health Anxiety Questionnaire (SHAI), it was established that 9 people (30%) have a normal level of health anxiety, 12 people (40%) have a medium level, and 9 people (30%) have a high level of anxiety.

According to the results of the Social Phobia Scale (SPIN), it was established that 18 people (60%) do not have social anxiety, 3 people (10%) have mild social anxiety, 6 people (17%) have medium social anxiety, 2 people (6%) have severe social anxiety, and 2 people (7%) have extremely high levels of social anxiety.

According to the results of the Spielberg Anxiety Scale, it was established that 3 people (10%) have a low level of personal anxiety, 6 people (20%) have a moderate level of anxiety, and 21 people (70%) have a high level of anxiety.

According to the results of the Panic Attack Inventory, it was established that 6 people (20%) experience panic attacks, while 24 people (80%) do not experience panic attacks from our sample.

The results of the correlation analysis using Pearson's correlation coefficient (critical value of the coefficient for degrees of freedom – 28 at a significance level of 0.95 $r = 0.36$ and at a significance level of 0.99 $r = 0.46$) are reflected in the table 1.

Table 1

Correlation between the results of measuring panic attacks and hypochondria and other aspects of anxiety

№№	Compared Criteria	Pearson's Coefficient	Significance Level
1.	Panic attacks and hypochondria (Beck Anxiety Inventory and Health Anxiety Questionnaire (SHAI))	0.647	Data reached significance at 0.99
2.	Panic attacks and social anxiety (Beck Anxiety Inventory and Social Phobia Scale (SPIN))	0.416	Data reached significance at 0.95
3.	Panic attacks and personal anxiety (Beck Anxiety Inventory and Spielberg Anxiety Scale (STAI))	0.462	Data reached significance at 0.99

Thus, the results of the empirical study confirmed the hypothesis that in this sample, the correlation between panic attacks and hypochondria is higher compared to other aspects of anxiety.

The results

The identified data demonstrated the prevalence of the problem and the need for immediate measures to ensure the psychological well-being of the youth population. These results highlighted the

importance of developing and implementing effective programs and approaches aimed at supporting the psychological well-being of young people and the need to increase awareness and understanding of the causes and characteristics of panic attacks and hypochondria in youth and ways to prevent them.

Psychological support is extremely important for those who face panic attacks and hypochondria. Firstly, it is important to consult a qualified psychologist for professional help and support. Unfortunately, there is a low level of awareness and acceptance of effective strategies for managing panic attacks.

It is important to learn deep breathing, which can help calm the nervous system during a panic attack. Deep breathing reduces anxiety and tension that may accompany an attack. Techniques like 4-7-8 or other deep breathing methods can be useful for calming down during an attack. It is also important to focus on breathing – the «Butterfly» exercise. Imagination exercises, such as visualizing inhaling gray oxygen and exhaling pink, can help. The «Candle-Flower» technique is interesting: blowing out an imaginary candle (long exhale), inhaling the scent of imaginary flowers (at least 8 times).

It is also important to focus on the fact that a panic attack is a temporary state that will inevitably pass. It is known that such attacks usually peak within 10 minutes and then subside. It is important to try to stay focused on the transience of the panic attack and remember that physical harm from it is unlikely. Here, alternating tension and relaxation of different body parts should be done.

If you feel dizzy, look carefully at your feet, toes, and fingers to get a sense of solid footing. Without turning your head, look right for 15 seconds, then left, then straight ahead. You can lightly press on your eyeballs from both sides. It is also useful to lightly pinch along your eyebrows.

Aromatherapy can also be helpful in calming down during a panic attack. Some studies show that the scent of lavender can help reduce anxiety and vegetative symptoms associated with panic attacks. Drinking a glass of warm water in small sips, even with baking soda, can also help restore calm. Singing or humming can also help restore peace.

Cognitive-behavioral therapy (CBT) is a recommended method for treating and managing panic attacks. This approach involves understanding and changing the negative thoughts and behaviors associated with panic attacks. We recommend focusing on a person-centered approach, emphasizing that in moments of anxiety or panic, it is necessary to shift the client's focus from the realm of emotions and experiences to the cognitive sphere, that is, thinking, awareness, and verbalization.

Fighting hypochondria requires a comprehensive approach. It is important to seek professional help, consult with mental health specialists who have experience working with anxiety disorders. Conversations with psychotherapists or psychologists can provide necessary support and help in developing an individual treatment plan.

Limiting obsessive behaviors related to health is an important step in managing hypochondria. The habit of constantly checking symptoms or seeking reassurance from a doctor can fuel anxiety. It is important to set time limits for these actions to avoid excessive anxiety and stress. That is, clearly defining for oneself when it is time to go for a diagnosis. Until that time, «I am okay».

Responsible consumption of information is also important. Online research on health can amplify fears. It is advisable to choose reliable sources and limit the time spent reading health information on the internet.

Practicing stress-reduction methods such as meditation, yoga, or deep breathing can help calm and reduce anxiety levels. It is important to incorporate these methods into your daily routine to improve psychological well-being.

Setting intermediate goals for managing anxiety can help gradually immerse oneself in fearful situations or symptoms. Working with a therapist to develop realistic goals can improve the management of fear and anxiety. It is helpful to focus on images of a bright, positive future and, when

anxiety sets in, mentally say: «I do not choose these thoughts».

Creating a support network of friends or family is also an important aspect of managing hypochondria. Sharing feelings and experiences should be done only with those who can understand and support you in difficult times. Therefore, it is necessary to carefully choose your surroundings and distance yourself from those who constantly talk about illnesses and undermine the balanced state of a person prone to hypochondria.

It is also important to take an active life stance, dedicating more time to activities that bring joy and satisfaction. Physical activity and healthy eating can have a positive impact on mental health. This does not mean sports per se. Simple physical exercises, movement, and dynamics are key to good well-being. Our wise ancestors rightly said: «A healthy mind in a healthy body». It is necessary to practice self-compassion and acknowledge your efforts in fighting hypochondria. It is important to recognize your achievements in overcoming anxiety through positive affirmations.

Psychological support strategies during experiences of panic attacks and hypochondria are effective and useful in improving both physical and mental well-being. All these strategies together create a holistic approach to psychological support, which contributes to improving the quality of life and the ability to achieve positive changes in attitudes towards one's health and emotional state.

References:

1. Васюк К. Особливості емоційної стійкості осіб юнацького віку з різним рівнем емоційної зрілості. *Вісник Національного університету оборони України*. 2024. С. 38–46.
2. Чухрій І. В. Психологічні особливості емоційних переживань осіб юнацького віку. *Науковий вісник Ужгородського національного університету. Серія: Психологія*. 2023. № 6. С. 54–58.