Abnormality

In the case of Sarah it would appear that she might be suffering from a panic disorder with agoraphobia, which is characterised, by panic attacks and avoidance of open or public places. It is categorised within the DSM-IV as suffering recurrent panic attacks and also being deeply concerned and embarrassed about any future attacks, and that these attacks are not substance induced.

The agoraphobia causes Sarah to suffer severe anxiety about being in a situation that may be difficult to escape; and the anxiety attacks Sarah suffers cause her intense fear and discomfort. It begins with feelings of anxiety and then dizziness; Sarah is then consumed by the thought of either fainting or even having a heart attack meaning that she may also suffer heart palpitations or an accelerated heart rate in these attacks. Sarah resorts to preventing the risk by staying at home and avoiding the situation altogether.

Panic disorder with agoraphobia differs from schizophrenia; Schizophrenia is characterized by disruption in cognition and emotion affecting the language, thought, perception, affect, and sense of self. This array of symptoms, while wide ranging, can also include psychotic manifestations, such as hearing internal voices or experiencing other sensations not connected to an obvious source (hallucinations) and assigning unusual significance or meaning to normal events or holding fixed false personal beliefs (delusions). Both disorders result in abnormal behaviour but the panic disorder with agoraphobia occurs in a certain given situation, whereas the disorder schizophrenia is messages interpreted by the brain as voices or instructions. Which can occur for no reason at all, other than the

psychotic manifestations. There is no embarrassment felt with schizophrenia as they can consider the behaviour normal whilst deluded, however sufferers of the panic disorder with agoraphobia are constantly conscious of the abnormal behaviour that they display.

Biomedical (Biological) Approach

This approach has been devised upon the evidence of genetic factors within the development of Twins with phobias. Where panic disorder with agoraphobia is concerned Harris et al. (1983) discovered that close relatives of agoraphobic clients were more likely to also suffer from agoraphobia than the close relatives of the non-anxious individuals. Noyes et al. (1986) discovered that 12% of relatives of agoraphobics had also suffered agoraphobia, and 17% of them also suffered with panic disorder. In the case of Sarah it is not known of any other family other than her husband, so without the full family history it is difficult to establish if this disorder is genetically based. With the findings of the biomedical approach it is also difficult to decide whether these disorder symptoms are just imitation or actually genetically inherited.

It could be considered that Sarah may have a high level of physiological arousal making her more vulnerable to such a phobia as agoraphobia, or even that the phobia has increased her arousal. The only reliable findings within the biomedical approach is that there is an increase in heart and respiratory rate which Sarah has displayed, thus suffering with a panic attack, but these findings

only support a cognitive rather than a physiological account of panic disorder with agoraphobia.

Psychoanalytic Approach

It was Freud's opinion that phobias were just a defence against anxiety produced when the impulses of the id or the sexual instinct is repressed. According to the psychoanalytic approach separation anxiety may make people more likely to develop a panic disorder with agoraphobia. Freud may have believed in the case of Sarah that this anxiety was due to the childhood experiences where an important caregiver and Sarah may have become separated causing severe anxiety, leading to the panic disorder with agoraphobia. Again in this instance Sarah's history is unknown so there is no evidence to confirm that the separation anxiety theory is true. The psychoanalytic approach only follows the belief that phobias are most often found in people who had a strict upbringing as a child and were punished for bad behaviour. This approach has very little support and ignores many factors associated with phobias.

Behaviourist Approach

In the behaviourist approach it is believed that phobias are developed from conditioning, a neutral or conditioned stimulus producing fear, in the case of Sarah this would be that she was outside in the open and something or someone conditioned the situation that she might then fear that situation. Then the operant conditioning is established by where Sarah now avoids the given situation thus reinforcing the phobia. It could be possible that Sarah has been conditioned with

this phobia, especially now that the phobia is reinforced by her avoidance of leaving the house. In order for this to be established Sarah's history would need to be identified and seen if there has been a traumatic event that may have led to this. If this approach is correct then it is possible that with conditioning that people may develop a phobia of anything.

Humanistic Approach

The humanistic approach focuses on self-actualisation, by where the individual discovers and fulfils their potential, however this approach was not drawn on a distinction between normality and abnormality.

In the case of Sarah, Rogers and Maslow may have believed that problems only arose due to a discrepancy between Sarah's experiences and her self-perception. In Sarah's case she may believe that the situation is of some threat to her however this is not true, this incongruence may have been unavoidable, due to her self-perception. Sarah's future self-concept will now be distorted, and can only be repaired with her free will. Sarah may struggle with that as she has low morale from being dependent upon her husband. This approach is very limited as it is based on an individual reports not actually the true feelings of Sarah, ignoring the importance of Sarah as an individual.

People diagnosed with panic disorder with agoraphobia may interpret a range of ambiguous events showing a bias for their own bodily sensations, interpreting them in a catastrophic life-threatening manner, making the anxiety heighten. Also it no longer takes into account the medical problems that may have

occurred such as minor heart attacks. Another problem with diagnosis is the reliability and validity, it can depend on the clients culture, Britain may diagnose Sarah with panic disorder with agoraphobia but in America the diagnosis may be completely different, this can also refer to Sarah's culture it does not specify Sarah's culture or upbringing. It could be considered also that a client or even Sarah may act up to a diagnosis e.g. a client diagnosed with schizophrenia may not actually have the condition, but now after being diagnosed may live up to the diagnoses and display themselves as having a split mind.

In the case of Sarah Behaviourist therapy might be used - Behaviour Modification is the process where by the therapist aims to modify Sarah's behaviour and eliminate the current behavioural responses, which are dysfunctional. This process is based on operant conditioning and aims to build up appropriate behaviour. This process is implemented by a system of reinforcements, either negative or positive. Another technique used in Behaviour Modification is Token Economy; the required behaviour is rewarded with tokens, which can then be exchanged for something the person wants. This particular technique is used with people suffering from anorexia, when they eat a certain amount of food they may be allowed a certain magazine, or item of clothing. This therapy may assist Sarah in beginning to condition her feelings and behaviour to adapt her away from the agoraphobia with panic disorder. In the other respect this therapy may also not be ethical, as it would be required to place Sarah in a scenario in which she feels truly terrifying which could be considered cruel and torturous.

The biomedical model of health would define that Sarah is not responsible for her illness and that her mind and body work independently from each other. In the case of Sarah who is suffering from agoraphobia and panic disorder, this indicates that there is a clear link between the mind and body due to Sarah becoming dizzy and panicked suffering with palpitations, when out in an open area. The biomedical model also suggests that treatment is to change the physical state of the body and that only the medical profession can treat the sufferer but in this case; this would be very problematic due to the mind causing the physical illness and the sufferer only being treated for the physical symptoms which would therefore result in a reoccurrence of the illness due to the psychological needs of the Sarah being overlooked, and also the medication that would be prescribed is quite addictive and Sarah may become dependent upon it.

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