logically speaking, however, panic can be an obtrusive, life-altering phenomena for many people who suffer panic attacks. Such attacks occur commonly in people suffering from various phobias. People suffering from agoraphobia, for instance, can expect to suffer panic attacks when out in public. While panic attacks are generally short-lived, their recurrence and the severity of the physical symptoms that accompany them can lead people to fear them so intensely that they develop a more severe condition known as anxiety disorder.

Panic attacks usually originate as realistic responses to fearful or stressful experiences, usually in childhood. In more mature persons, however, memories of fearful events are put in perspective, and people generally do not feel the same fear they felt as a child when confronting a similar situation as an adult. Often, however, certain people will be susceptible to a variety of subconscious triggers. For instance, a person may experience intense fear every time he or she goes to the mall, not because of the mall, per se, but perhaps because they once had a very fearful experience, like being lost from a parent, in a mall. Panic attacks can also be caused by internal reactions. For example, increased heart rate can remind a person of an early panic experience, and every time his or her heart rate increases, the person experiences another panic attack.

Psychiatrists have documented the physical manifestations of panic, and are fairly certain that there is a genetic component to panic attacks. Neurologically, recent psychiatric research has identified a brain circuit called the flight/fight system, or FFS. This neurologic area, when stimulated in animals, produces features of tremendous fear and panic. Research in this area is still very new, and with each finding there are controversies and conflicting views. Brain imaging technology should help psychiatrists better understand the neurology of panic attacks, but they are still largely a mystery.

Further Reading

Paranoia

A pervasive feeling of distrust of others.

Paranoia is an ever-present feeling of suspicion that others cannot be trusted. Such feelings are not based on fact or reality; insecurity and low self-esteem often exaggerate these emotions. Typically, paranoia is not seen in children, but in most cases it begins to develop in late adolescence and early adulthood. Most people experience feelings of paranoia, usually in response to a threatening situation or in connection with feelings of insecurity based on real circumstances. These feelings are related to the mild anxiety people experience at some points during their lives.

The fourth edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) includes diagnostic criteria for the more serious condition, paranoid personality disorder. According to the DSM-IV, individuals afflicted with this disorder assume, with little concrete evidence to support the assumption, that others plan to exploit, harm, or deceive him or her; and continually analyzes the motivations of friends, family, and others to confirm his or her doubts about their trustworthiness; expects friends and family to abandon him or her in times of trouble or stress; avoids revealing personal information because of fear that it will be used against him or her; interprets remarks and actions as having hidden, demeaning, and threatening connotations; and is unwilling to forgive an insult. The behavior of an individual with paranoid personality disorder may compel others to react with anger or hostility. This tends to reinforce the individual’s suspiciousness and feelings that friends and associates are “against” him or her.

In the 1990s, the term “everyday paranoia” (EP) came into usage among psychologists to describe the intense anxiety that was becoming prevalent in society. Everyday paranoia is sparked by fear of losing one’s job, feelings of inadequacy when confronting a new interpersonal or romantic relationship, or insecurity in a marriage or other long-term relationship. Low self-esteem and feelings of insecurity contribute to a person’s susceptibility to feelings of everyday paranoia. Stressful situations—economic insecurity, divorce, a move, a job change—can also reinforce a person’s paranoia. Almost everyone experiences feelings of suspicion or insecurity—and in fact, paranoia can be a mechanism for coping with misfortune or personal problems. Rather than view the situation as “bad luck” or personal failure or incompetence, paranoia places the responsibility for the problem on some “enemy.”

The term paranoia is used erroneously at times to define special life circumstances. Members of minority groups and new immigrants may exhibit guarded behavior due to unfamiliarity with their new environment and lack of knowledge of language and cultural norms. This display of suspicion of authority figures and lack of trust
in outsiders is based on a real lack of understanding of the person’s surroundings, and does not represent an abnormal reaction. In addition, the term “political paranoia” is used to describe attitudes shared by members of groups on the fringes of society who suspect that government agencies are conspiring to control the lives of citizens by imposing new values, or suspect that other dominant groups are persecuting them. The growth of paramilitary organizations in the United States in recent years appears to be indicative of such feelings of political paranoia among a small percentage of citizens.

Further Reading

Paraphilia
Sexual feelings or behaviors that may involve sexual partners that are not human, not consenting, or that involve suffering by one or both partners.

To diagnose an individual with a paraphilia, the psychologist or other diagnostician must confirm recurrent, intense, sexually arousing feelings, fantasies, or behaviors over a period of at least six months. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), it is not uncommon for an individual to have more than one paraphilia.

Bestiality
Bestiality is a term that describes sexual feelings or behaviors involving animals. Termed zoophilia by the fourth edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), this is a relatively uncommon disorder. The disorder does not specify an animal or category of animals; the person with zoophilia may focus sexual feelings on domesticated animals, such as dogs, or farm animals, such as sheep or goats.

Exhibitionism
Exhibitionism is the exposure of genitals to a non-consenting stranger. In some cases, the individual may also engage in autoeroticism while exposing himself. Generally, no additional contact with the observer is sought; the individual is stimulated sexually by gaining the attention of and startling the observer.

Masochism (Sexual)
Masochism is a term applied to a specific sexual disorder but which also has a broader usage. The sexual disorder involves pleasure and excitement produced by pain, either inflicted by others or by oneself. It usually begins in childhood or adolescence and is chronic. Masochism is the only paraphilia in which any noticeable number of women participate—about 5 percent of masochists are female. The term comes from the name of a nineteenth century Austrian writer, Leopold von Sacher-Masoch, whose novels often included characters who were obsessed with the combination of sex and pain.

In the broader sense, masochism refers to any experience of receiving pleasure or satisfaction from suffering pain. The psychoanalytic view is that masochism is aggression turned inward, onto the self, when a person feels too guilty or afraid to express it outwardly.

Pedophilia
Pedophilia involves sexual activity with a child, generally under age 13. The Diagnostic and Statistical Manual of Mental Disorders describes a criterion that the individual with pedophilia be over 16 years of age and be at least five years older than the child. Individuals with this disorder may be attracted to either males or females or both, although incidents of pedophilic activity are almost twice as likely to be repeated by those individuals attracted to males. Individuals with this disorder develop procedures and strategies for gaining access to and trust of children.

Sadomasochism
Sadomasochism applies to deviant sexual behavior in which an individual achieves gratification either by experiencing pain (masochism) or inflicting it on another (sadism).

In psychoanalytic theory, sadism is related to the fear of castration, while the behaviorist explanation of sadomasochism is that its constituent feelings are physiologically similar to sexual arousal. Separate but parallel descriptions are given for sexual sadism and sexual masochism in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). The clinical diagnostic criteria for both are recurrence of the behavior over a period of at least six months, and significant distress or impairment of the ability to function as a result of the behavior or associated urges or fantasies. Either type of behavior may be limited to fantasies (sometimes while one is engaged in outwardly nondeviant sex) or acted out with a consenting partner, a non-consenting partner, or in the case of masochism, alone. Sadomasochism occurs in