Panic Attacks Over COVID 19 : A Survey Study on An Iraqi University Sample

Instructor.Ph.D. Noor Badri Noori
Ministry of Education/Directorate General Of Education-Karkh/3
Psychological Sciences / Psychological Guidance and Educational Direction
Nouralhakeem85@gmail.com
Prof. Khalid Jamal Jassim
University of Baghdad/College of Education –Ibn Rushd for Human Sciences
Educational Psychology in Measurement and Evaluation
khalid.jamal@ircoedu.uobaghdad.edu.iq

استلام البحث: ٢٠٢٢/٥/١٩ قبول النشر: ٢٠٢٢/٦/٢٢ تاريخ النشر : ٢ /١٠/٢٠٢٢
https://doi.org/ 10.52839/0111-000-075-023

Abstract

The present paper attempts to detect the level of (COVID-19) pandemic panic attacks among university students, according to gender and stage variables.

To achieve this objective, the present paper adopts the scale set up by (Fathallah et al., 2021), which has been applied electronically to a previous cross-cultural sample consisting of (2285) participants from Arab countries, including Iraq. The scale includes, in its final form, (69) optional items distributed on (6) dimensions: physical symptoms (13) items, psychological and emotional symptoms (12) items, cognitive and mental symptoms (11) items, social symptoms (8) items, general symptoms (13) items and daily living practices (12) items. All items were accepted and the data were analyzed using the two programs: SPSS (26) and LISREL (8.8). After removing the answers of (400) male and female students from the electronic application, and after collecting data and analyzing it statistically, the researchers concluded the following results:

- the scale has an appropriate degree of stability as the internal consistency of alpha coefficient has increased for the six dimensions of (0.80),
- the six-factor model proved to be a good match to the sample data.

As for the level of the pandemic panic attacks, the study has concluded the following: university students, of the four stages, have a clear decrease in panic attacks of the spread of the virus (COVID-19); males have a clear decrease compared to females; there is a statistically significant difference between male and female students in the level of panic attacks in favor of females and there are no statistically significant differences between the four stages.

In the light of the results of the present paper, the researchers have developed a number of conclusions, recommendations and suggestions.

Key words: panic attacks, coronavirus (COVID-19) pandemic, university students

نوبات الهلع من جائحة فيروس كورونا COVID-19 دراسة مسحية لدى عينة من طلبة الجامعات العراقية

م.د. نور بدري نوري
وزارة التربية/مديرية تربية الكرخ الثالثة
العلوم النفسية/ الإرشاد النفسي والتوجيه التربوي

أ.د. خالد جمال جاسم
جامعة بغداد/كلية التربية ابن رشد
علم النفس التربوي القياس والتقويم

الملخص :

هدف البحث الحالي إلى تعرف مستوى نوبات الهلع من جائحة (COVID-19) لدى طلبة الجامعة وبحسب متغيري الجنس والصف.

ولتحقيق هذا الهدف اعتمد الباحثان المقياس الذي أعدهُ (فتح الله وآخرون، ٢٠٢١)، والذي طُبق إلكترونيا على عينة عبر ثقافية سابقة مكونة من (٢٢٨٥) مشاركاً من الدول العربية ومن ضمنها العراق، واشتمل المقياس في صورته النهائية (٦٩) مفردة اختيارية موزعة على (٦) أبعاد، أعراض جسدية (١٣) مفردة، أعراض نفسية وانفعالية (١٢) مفردة، أعراض معرفية وعقلية (١١) مفردة، أعراض اجتماعية (٨) مفردات، أعراض عامة (١٣) مفردة، الممارسات اليومية المعيشية (١٢) مفردة تم قبولها جميعاً, وحللت البيانات باستخدام برنامجي SPSS(26) وLISREL(8.8)، وبعد عزل إجابات (٤٠٠) طالب وطالبة من التطبيق الالكتروني وجمع البيانات وتحليلها إحصائيا توصل الباحثان إلى النتائج الآتية: أن المقياس يتمتع بدرجة مناسبة من الثبات حيث زاد ثبات الاتساق الداخلي لمعامل ألفا للأبعاد الستة عن (0.80) وثبت أنموذج العوامل الستة مطابقة جيدة لبيانات العينة، وأما بالنسبة لمستوى نوبات الهلع من الجائحة فتوصلت الدراسة إلى: أن طلبة الجامعة لديهم انخفاض واضح لنوبات الهلع تجاه انتشار فيروس (COVID-19) وللصفوف الدراسية الأربعة، أن الذكور لديهم انخفاض واضح مقارنة بالإناث إذ تبين لديهن مستوى متوسط لنوبات الهلع، كما بينت النتائج وجود فرق دال إحصائيا بين الذكور والإناث في مستوى نوبات الهلع ولصالح الإناث، وعدم وجود فروق ذات دلالة إحصائية بين الصفوف الدراسية الأربعة.

وفي ضوء نتائج البحث الحالي وضع الباحثان مجموعة من الاستنتاجات التوصيات والمقترحات.

الكلمات المفتاحية : نوبات الهلع ، جائحة فيروس كورونا (COVID-19) ، طلبة الجامعة

First: The Problem

The detection of mental disorders goes through many difficulties and obstacles which psychiatric practitioners, therapists and psychological guides encounter due to the nature of these disorders. Their manifestations do not always express their nature which is formed by a group of factors that complicate treatment. This, in turn, prompts those concerned to further research and investigation to diagnose those factors to develop an integrated treatment plan.

The spread of psychological and mental disorders at the present time has serious consequences, as these disorders and problems play a role in the emergence of physical and chronic diseases, and that their size exceeds the possibilities available for their treatment (Radwan, 2009, p. 11).

Panic attacks due to the epidemic of the virus (COVID-19) are considered one of the most stressful life events that cause psychological disorders. Individual are exposed to sleep disturbances, nightmares, eating disorders, loss or increased appetite; on the other hand, feelings of guilt, helplessness, frustration, depression and tendency to be alone play a very important role in influencing social aspects and loss of desire to communicate with others, in addition to sudden, unpredictable or controllable behaviors such as anger, crying, distraction and aggression with family, friends and relatives (Serafini et al., 2020).

A panic attack is defined as "a severe fear characterized with unpredictability and severe paralysis, often striking without any warning and often without a clear cause. It also occurs when a person is relaxed or even during sleep. They are common panic attacks. A panic attack may occur once, but usually many people experience recurrences over a longer life span (Dimitar & Andromahi, 2020, p1).

Studies in this field indicate that (COVID-19) virus has become a threat to global health, since the reporting of a number of cases of idiopathic pneumonia in Wuhan in October 2019 and the continued transmission and spread of the virus led to declare a health emergency by World Health Organization due to the outbreak of the virus. In January 2020, despite these measures aimed at limiting the spread of the virus, many countries faced a serious health crisis. On the first of September 2020, 25 million cases and 800,000 deaths were declared during the practice and research of various treatments (Huang et al., 2020).

The injuries have increased, until the writing of this research, to 219 million injuries, and the number of deaths to 4.550,000 according to the latest report issued by the World Health Organization, which is approximately an increase of 800% and this is a dangerous increase.

The spread of (COVID-19) virus in most countries as early as the year of 2020 caused confusion in all aspects of economic, social, health and even political life. That confusion led to many psychological effects, and the World Health Organization called it a "pandemic" due to its spread in all countries. This pandemic has changed most of the social, educational and health systems. On the social level, it has caused home quarantine procedures and social distancing. On the educational level, the

method of distance study has been determined, and on the health level, there was the isolation procedure for patients infected with the virus (Guo, Crum, Fowler, 2021).
(COVID-19) virus also causes physical and psychological problems. The main psychological impact resulted from the spread of infection is reflected by high rates of anxiety, depression and frustration (Holmes et al., 2020). Psychological problems appear not only among the infected, but also among health care workers caused by their feelings of fear of disease and prevention measures (Moreno et al., 2020). One of the most important reasons for fear of the disease is exposure to pressure after the spread of the news about the high number of injuries and deaths every day in the media. The pandemic news causes a feeling of fear and panic, which are reflected in emotional states felt by individuals. These emotional states cause an increase in the level of anxiety and make individuals avoid each other and reject the traditional way of living. If fear is a protective factor only, it causes a state of anxiety from infection, but if it is at high levels, it negatively affects the life of individuals, as it interferes with sleep, causes insomnia and controls moods in general, which in turn weakens the immune system (Abdel Nasser, 2020).
In light of the rapid developments of the pandemic and the emergence of successive waves of it, and given the instability and lack of health in our society, the two researchers noticed the emergence of cases of fear and panic, that appear during the period of the spread of the virus, among certain individuals. The mentioned cases range between a casual or frequent panic attacks suffered by individuals. This is the research problem, i.e., identifying panic attacks from (COVID-19) pandemic by the data which indicate the extent of panic spread in our society, especially the university student community, which represents the basic block for building a mentally healthy society.

Secondly: The Significance of Research

All the peoples all over the world lived difficult and painful period, i.e., the period of the pandemic (COVID-19), which has caused mental health problems. International medical reports indicate an increase in the number of patients suffering from mysterious cases of anxiety and panic attacks, especially those who had the virus, which lead them to go to hospitals and hospitalizations (Zhang, Ma, 2020). Covid-19 also causes some psychological disorders, the most important of which are: fear, frustration, psychological loneliness and anxiety for the family, and thus individuals live a poor-quality life (Guo, Crum, Fowler, 2021).
One of the most important causes of panic attacks is social anxiety. The individuals who suffer from panic are constantly preoccupied with a wrong perception of signals in their behavior, and this perception leads them to fall into a cycle of effects according to feedback, up to panic attacks (Stangier & Heidenreich, 1999, p42) (PA). This makes them lose their control over themselves and they become more receptive to suggestions and being affected by external influences that make them incompatible with life (Al-Qamsh, 2009, p. 262).

Frequent panic attacks (PA) that are not related to a predictable situation make the individuals constantly afraid of recurring; they avoid the situations in which the attack occurs, which makes them stay at home, with poor relationships with others, and weak physical functions, thus forming a state of panic disorder (Abu Hindi). , 2003, p. 2).

(Katerndahl & Realini, 1997) found that individuals with panic attacks (PA) generally have anxiety in public places, but they are better than those who suffer from panic disorder (PD) in terms of quality of life (Grohd, 2006, p2) (Katerndahl & Realini, 1997, p53). Patients often feel panic attacks with levels of nervousness and fear of imminent evil or the so-called expectative anxiety. Panic attacks (PA) are more common than panic disorder (PD) by (9%-23.5%)

(Kessler et al, 2006, p.415-424).

The term panic attacks (PA) and panic disorder (PD) appeared in modern psychiatric references to describe a mysterious disease that affects a large proportion of people of all ages (Al-Sherbiny, 2001, p. 260). Affected women are often twice that of men, as shown by a statistical report by the National Center for Psychiatry and Neurology; the percentage is (0.7%) in women compared to (0.3%) in men

(Katerndahl, 1993, p216-249).

It was also noted that individuals with panic attacks (PA) live in a state of intense fear and terror that cannot be explained or controlled (Mohammed, 2004, p. 271). There are many studies, including the study (Ankrom, 2009), which indicated that about (55% - 66%) of women and (35% - 40%) of men who experience panic attacks suffer from frequent headaches and are more likely to suffer from the most severe type of headache, which is migraine. A study showed that (2) out of every (3) individuals People with panic attacks have migraines (Ankrom, 2009, p1).

(Robillard, 2020) argues that panic attacks appear in the form of severe fears accompanied by physiological changes such as increased sweating, a change in skin color, suffocation, and sometimes fainting; it is also accompanied by the individual feeling of fear of death, and the attack lasts only for a few minutes but creates a negative impact on the individual; namely, the fear of recurring. However; the fear of death does not accompany all panic attacks (Quittkat et al., 2021).

The assessment of anxiety caused by (COVID-19) is important in studying the mental health of individuals and during the epidemic period. Individuals show anxiety to express latent behaviors that negatively affect their psychological and mental health. Feelings of fear and anxiety are a natural response to some life situations, so anxiety and fear play an important role in motivating individuals to adhere to preventive behaviors such as social distancing, personal hygiene, and the cleanliness of public and private places constantly (Shigemura et al., 2020).

The present paper derives its significance from the current situation. The researchers have followed up the studies in this field. The emergence of the (COVID-19) crisis more than a year ago and its transformation into a pandemic within months have negatively affected all areas of life, especially those related to the educational field in

schools and universities. The suspension of study and distance education has an impact on the student's psyche. It is also important to mention that the current study provides data, to be added to the database, to contribute to establish an appropriate ground for developing plans and methods for treatment later. Iraqi society has gone through difficult situations in recent decades and there are negative psychological effects on the personality of Iraqi individuals.

Thirdly: Research Objectives

The present research attempts to:

1. identify the level of panic attacks among university students.
2. identify the level of panic attacks among university students by gender (males, females)
3. identify the level of panic attacks among university students according to year or stage (first, second, third, fourth).
4. identify the significance of the differences in the level of panic attacks among university students, according to:

A. gender.
B. class.

Fourthly: Research Limits

The present research is limited to Iraqi university students for the four years, with the exception of fifth and sixth grade students in some colleges for the academic year of 2020-2021.

Fifth: Defining the Paper Terms

The following are definitions of the terms that constitute the main axes of the paper:

First: Panic Attacks

the American classification of panic attack is: (DSM-IV-TR-2000) a certain period of intense fear during which four or more of the following symptoms suddenly develop, reaching the peak within (10) minutes. Panic attacks symptoms are: palpitations, trembling, sweating, shortness of breath, nausea, lack of reality, loss of control of movements, fear of death, numbness, chills (APA, 2000, p430).

Panic attacks are defined by the Medical Psychological Dictionary (2008) as: a period of panic characterized by a group of different symptoms, such as shortness of breath, dizziness, palpitations, trembling and sweating, in addition to nausea and a feeling of fear that one is going crazy. These attacks are sudden and do not last more than (15) minutes (Reaper, 2008, p457).

Second: Corona Virus Pandemic (COVID-19)

It is a new species of the emerging coronavirus, which appeared in (2019), Scientists faced difficulty in identifying it. The virus is characterized by the rapid transmission of infection. Its common symptoms are respiratory symptoms, fever, shortness of breath, coughing, difficulty of breathing. In more severe cases, infection can cause acute respiratory inflammation (pneumonia), especially in individuals who suffer from chronic diseases and respiratory diseases such as asthma and allergies, and in the elderly, and sometimes causes kidney failure and even death

(Allewi et al, 2021, p1529-1539).

Theoretical Framework and Previous Studies

The Concept of Panic Attack and Panic Disorder

Panic disorder is associated with unexpected fear and anxiety, and the more difficult the situations to which individuals are exposed, the greater the avoidance and the less self-confidence they feel until they reach the point of withdrawal as they are afraid of public places (Jawdat, 2001, pp. 263-164). Panic disorder is associated with feelings of discomfort, fear of insanity or fear of death which distinguish between turmoil and seizure, as panic attacks are associated with cases of disability in people who suffer from lack of social effectiveness or cases of poor memory. In fact, panic disorder differs from one person to another and from one situation to another

(Grohd, 2006, p2). By comparing panic attacks with panic disorder, we will conclude that the latter is responsible for the occurrence of a state of chronic anxiety and tension even in the absence of danger. The person who suffer from panic disorder feels embarrassed even in natural situations like going shopping or driving a car … etc. (Ballenger, 2000, p123).

Panic disorder often begins at late teens or early adulthood, i.e. between (25-18) years (Kaplan et al, 1998, p42), but the attack may occur at any age according to The Diagnostic Manual Fourth Psychiatry which states that it "is a state of sudden fear that lasts for about (10) minutes and has several symptoms, and that panic attacks can be associated with symptoms of other disorders such as social anxiety, post-traumatic stress, and generalized anxiety disorder, (APA, 2010, p4).

Panic Disorder Diagnosis

Panic disorder (PD) is diagnosed by the occurrence of unexpected episodes of acute anxiety accompanied by evoking situations that cause distress. There should be full assessment for panic disorder symptoms during diagnosis for individuals who suffer from panic in accordance with (DSM-IV-TR, 2000) of panic disorder which detects unexpected panic attacks that include exaggerated fear of the effects and consequences of the attacks. It also shows attempts to change behaviors related to attacks. In the presence of these cases, the diagnosis is comprehensive.

Panic Attacks Diagnosis

It is an obvious period of intense fear or intense discomfort (anger) in which four or more of the following symptoms occur suddenly. They reach their peak within (10) minutes.

1. Choking or feeling short of breath.
2. Increased heart rate.
3. Sweating.
4. Shivering.
5. Chest pain and discomfort.
6. Dizziness or nausea.
7. Loss of sense of reality (lack of realism).
8. Feeling of schizophrenia.

9. Fear of losing control or going crazy.
10. Fear of death. (APA, 2000, p13).

The present paper addresses panic as a seizure rather than a disorder.

The Theories that Explain Panic Attacks.

Biological Theory:

This theory explains the occurrence of a panic attack (PA) when any part of the body is affected as a result of going through some experiences; the nervous system, with its two parts: the sympathetic nervous system and the parasympathetic nervous system, begins to work together when the brain is stimulated by an external stimulus, The brain sends a signal to the parts of the body and begins to prepare to face the risks; thus, the parasympathetic system makes the body normal again
(George, 2005, p10-11).

The study of (Bourin, 1995), (Bradwejn, 1991) and (Bradwejn, 1992) indicate that genetic factors have a role in increasing emotional and physical symptoms of panic (Bourin et al, 1995, p116-126) (Bradwejn et al, 1991, p91-95) (Bradwejn et al, 1992, p903-912) (Douglas et al, 1997, p504). Howard in a study published in the Journal of Psychiatry argues that the default explanation "is the sharp decrease in the main steroid-stimulating hormone. As for cortisol, its percentage is high in people who suffer from severe panic attacks. The same thing is applied to prolactin whose percentage increases during spontaneous panic attacks (Howard, 2001, p40-42).

Serotonin, norepinephrine, and dopamine are chemicals that have a role in neural interactions in the brain, They transmit messages to different areas of the brain and have effects on mood and anxiety levels, This theory indicates that the imbalance in one or more of these chemicals is sufficient to cause seizure symptoms
(Ankrom, 2009, p3), as we notice in the reduction of panic symptoms in the patient by antidepressants, which alter brain chemistry.

In its interpretation of panic disorder, the biological theory focuses on the role of the respiratory system, and it is associated with respiratory disorders
(Respiratory Abnormalities), which is a constant feature of panic disorder since it is linked to the intense sensitivity of the brain to detect short and long suffocations in respiratory activity (Monique et al, 2009, p864-876). Experimental evidence supports this, as it is found that (8-3) of patients with panic disorder (PD) have respiratory disorders (Coryell & Dindo, 2006, p754-761).

There are some theoretical views that focus on the role of anxiety sensitivity in panic disorder (PD), Anxiety refers to all feelings related to fear, it is considered one of the variables that are closely related to patients with panic disorder, Fear csn be considered an indicator of panic symptoms through individuals' responses to the biological changes that accompany panic attacks, Feeling of fear is one of the internal causes of high levels of anxiety, which is generated in the process of panic attack (Fava & Morton, 2009, p629).

Psychoanalysis Theory:

The psychoanalytic model presents the assumption that anxiety comes from early psychological conflicts or fears, so panic attacks result from the emergence of unconscious conflicts at the level of feeling, For example, the child's restraint of his unconscious thoughts makes him wish to disappear from the environment of the family, With the development of his life, his fears become stronger and emerge with the emergence of any stimulus or situation that symbolizes these fears (Philipo & Richard, 1999, p652).

According to Freud, the ego tries to prevent the id from expressing its desires, which are usually related to sex or aggression. However, fearing punishment generates anxiety which is caused by an unconscious inner conflict of actualizing desires or curbing them. Since it is impossible for individuals to conceal themselves or to actualize their desires or to avoid inner conflict, because it is unconscious, the conflict continues, and consequently the anxiety continues (Davidoff, 1983, p. 670).

This theory discusses the impact of childhood experiences on the child subsequent psychological development (Faravelli et al, 2005, p144). (Bowlby) states that psychological disorders in the children are due to the lack of stability and safety in the relationship between the child and his parents. The impact of this relationship is reflected in the stage of maturity, when anxiety increases. Anxiety occurs, for children, when there is an abnormal attachment to parents or in the event of losing a parent (Bowlby, 1977, p201-211), There are many studies that indicate that the loss of parents in childhood or adolescence increases panic attacks in individuals and appears in a defensive style (Fava, 2009, p.625).

The various conclusions of psychoanalysis and training programs in neuropsychology or neurobiology are often conflicting in their interpretation of the term anxiety, Some rely on Freud's ideas to explain panic attacks by focusing on memories that play an important role in anxiety, The term anxiety neurosis is used to refer to the most sensitive personality, and Freud consideres anxiety as one of the main symptoms of sexual conflicts (Fava, 2009, p625).

Shear (Shear, 1993) argues that "anxiety does not appear as a symptom only with sexual conflicts, but it can be the result of other conflicts such as early contradicting feelings of dependence and non-dependence, which play an important role in the occurrence of general anxiety, General anxiety results in symptoms of panic disorder or panic attack. As an attempt to avoid situations, this procedure creates internal conflicts are associated with stresses, When the defensive mechanism becomes unable to reduce symptoms, the problem is generated" (Shear et al, 1993, p859-866).

Stressful life events can also give rise to high levels of early unconscious conflicts that lead to anxiety and miscalculation of fearful or dangerous situations that generate episodes (Fava, 2009, p.625).

Behaviorism Theories:

Behavioral theories of panic and anxiety focus on symptoms resulting from reinforcement and conditioning, They do not investigate unconscious conflicts and

early childhood experiences because they are phenomena that cannot be directly observed, Behaviorism is often used to explain classically conditional fear.
(Richard, 1996, p. 652).

Cognitive Theories:

Bandura's Model.

(Bandura, 1988) focuses mainly on self-efficacy through the individual's dependence on its abilities in dealing with its fears, and on its sense of panic, Self-efficacy generates an ability that is considered as part of the skills that individuals must rely on to face different and stressful circumstances.

Bandura believes that "a sense of fear can generate individual's own ability to deal with and perceive assessments of dangerous conditions". According to his theory, panic attacks can be reduced by increasing self-efficacy somewhat by reducing errors in the interpretation of sensations (fava & Morton, 2009, p627).

The essence of the model presented by Bandura differs from Beck's causal model. The first focuses on self-efficacy in learning to replace fears; the second one considers self-efficacy as a complex factor because it depends on the attitudes of individuals that are influenced by environmental factors or conditions

(Fava & Morton, 2009, p627). In a study comparing cognitive behavioral therapy with pharmacological treatment, it was found that CBT was successful by (87%) in treating panic cases, compared to (50%) who took pharmacotherapy

(Barlow et al, 1994, p163-179).

Vicious Circle Theory (VCT).

It is a theory developed by (Clark, 1986); it is a comprehensive theory of panic attacks, The essence of this theory is that panic attacks are characterized by their rapid development reaching high levels of anxiety due to the negative feedback ring between anxiety and the effects resulting from it, This ring generates an outburst and amplification of anxiety (Boton et al, 2001, p4- 32) (Roth et al, 2005, p173).

Clark touches upon a kind of selective attention that filters out unimportant signs and marks. This makes individuals realize the importance of what they have gone through, Expectation has an important role as it gives a signal to the individual to recognize her/his thoughts and learn how to nullify them preventing the escalating of panic attacks (Roth et al, 2005, p173).

(Beck & Emery) believe that some experiences occur automatically, and that individuals are inaccurate in their assessment of situations, especially in situations of danger, There are many studies that confirm this, which indicates that individuals are in danger situations and threats tend to interpret situations as overwhelmingly negative (Wenzel, 2005, p1-3). However; this tendency is weak in psychotic patients (Beck et al, 2004, p320-321). The first stage of understanding situations is to objectively assess what patients write about thinking and the delusions they live, their perspective on their false past, and their ability to rearrange their misinterpretations from other people (Beck et al, 2004, p321).

The importance of cognitive behavioral therapy emerges here, in modifying erroneous thoughts by rearranging them (Beck & Clark, 1992, p778-783). Beck's cognitive therapy emphasizes changing the irrational thoughts of individuals to help the client achieve an interaction between logical errors and emotional response
(Clark et al. , 1994, pp.171-178).

McNally reviewed the lack of ideas by evaluating the cognitive model of anxiety disorder (McNally, 1996, p513-521). hence this theory give partial explanations for panic attacks and panic disorder (Ankrom, 2009, p3). This theory is based on the assumption that "If bad thoughts are suppressed panic will be suppressed, and if panic will be suppressed, previous bad thoughts will be suppressed"
(Roth et al, 2005, p173).

Beck Theory.

(Beck, 1988) discusses the importance of interpretations of physical sensations and that they are the basis for evaluation processes, He explains the essential role of anxiety disorder, which is reflected by individual's ability to perceive internal and external danger to control them in order to provide herself/himself with a sense of safety (Beck et al, 1985, p67). One of the most important factors that Beck focuses on are heredity, physical effort, and skills to effectively deal with trauma: all of which may be factors that contribute to making individuals affected by specific accidents or experiences they have had, According to this theory, the symptoms that follow anxiety are nothing but chain reactions that express serious experience of panic attacks (Ankrom, 2008, p.4).

Beck's recent approach emphasizes that patients with severe depression and panic overreact and interpret others' reactions as signs of personal rejection or inferiority, Panic-prone patients misinterpret physical symptoms as a sign of acute physical impairment, Cognitive behavioral therapy reduces panic attacks and panic disorder by modifying the individual's own misconceptions and misbehaviors, including his misinterpretations and exaggeration of his reactions to fearful stimuli or distressing situations (Beck et al, 2004, p320).

The causal model of Beck's theory looks similar to what Bandura put forward; however, the latter replaced the concept of vulnerability with the concept of low self-efficacy, These two concepts look different but they are similar since they are helpful in choosing the best as a related active structure when cognitive behavioral therapy (CBT) is used.

Casey Theory.

This model has appeared recently to explain panic, and it is considered a complement to the cognitive model that came with (Bandura, Clark & Beck). It was discovered that errors in interpreting physical sensations as well as relying on self-efficacy and instantaneous knowledge were all responsible for the sequential and repeated processes of panic, Casey tried through a modern approach of the theory to focus on factors such as ((levels of self-efficacy and physiological influences on thinking)). There are cognitive factors that must be present in the panic cycle, with low levels of

self-efficacy that can cause the start of the panic cycle (Casey et al, 2004, p529-555). It can be noted that the concept of self-efficacy in this theory is affected by threatening situations, and here emerges cognitive behavioral therapy, which focuses on developing the concept of self-efficacy by changing some situations with positive knowledge, which, in turn, is affected by errors in the interpretation of physical sensations. There are two fundamental differences of the Bandura theory. The first one is the Low self-efficacy and its role in increasing physiological stimuli, which in turn increases the circle of fear or threat. The second one is the correlation between low self-efficacy and errors of bad interpretations (Fava&Morton, 2009, p628).

Cognitive-Behavioral Theories:

Many theories have postulated a variety of causes for panic, including thinking defects or thinking patterns that naturally make some individuals susceptible to anxiety disorders (Weiten, 1998, p570). and (McNally & Beck) mentions that there are some individuals who are more susceptible to symptoms of anxiety because they:

- misinterpret painful situations as frightening.
- focus their attention specifically on recognizing fears.
- selectively recall the fears that appear to them (Weiten, 1998, p570).

Whereas behavioral theories about panic and anxiety focus on symptoms resulting from reinforcement (Reinforced) and Condition, They do not detect early unconscious conflicts or early childhood experiences because they are phenomena that cannot be directly observed (Philipe & Richard, 1999, p652).

There are many theories that explain panic attacks in a cognitive framework (Fava & Morton, 2009, p626). Beck thinks that the extent of anxiety that an individual feels leads to an increase in stimuli, as any movement, sound, or changes in the environment in which he lives are made interpreted as a kind of danger, Thus, the individual's thinking is confused and her/his focus is linked to his concept of danger and the signs of this danger, which makes him lose control over external stimuli, leading to an increase in anxiety as the individual's thoughts reflect his assessment of the perceived situation and not the actual situation (Muhammad, 2000, pp. 191-192).

Goldfried introduces a new technique through which individuals' unrealistic vision of different life situations is re-evaluated. This helps to distinguish between the real threat in the environment and the perceived threat incorrectly, He has combined relaxation and cognitive behavioral therapy in a technique he calls (Gradual Rational Reconstruction), which is similar to gradual immunization. However; he uses reconstruction rather than relaxation, which is similar to Beck's cognitive reconstruction of the world, Eills uses verbal persuasion as an attempt to get people to change their view of things (Muhammad, 2000, pp. 192-193).

(Barlow, 2009) handled the importance of cognitive behavioral therapy in the treatment of panic through its direct relationship in reducing symptoms of depression and anxiety, as they are the most accompanying panic attacks (Barlow et al, 1994, p151-154).

There are some experts who have proven that collective cognitive behavioral therapy is able to rid individuals of panic attacks by (85%); whereas in the case of panic disorder, collective cognitive behavioral therapy has achieved a percentage of (63%) (Michael et al, 1993, p279-289) (Larry et al. al, 1990, p141-151). Cognitive behavioral therapy, whether individual or group, was used as a first step in treating panic, and it could be the second option in case a patient fails to respond to other treatments (Gisele, 2008, p581-588).

All psychological theories focus in their research on three basic elements (Analytical, Cognitive, and Behavioral).

Previous Studies

Many researchers agree that panic attacks are the most severe and strongest of all anxiety disorders. They are also the most costly in terms of personal and economic terms since they cause material and moral damage. They limit the capabilities of and disrupt patients' lives. Hence; researchers have studied the issue panic caused by (COVID-19).

A study (Wang et al, 2020) in China found out that: 58.8% had negative psychological effects that ranged from moderate to severe attacks as a result of the pandemic; 16.5% had moderate to severe depressive symptoms; and 28.8% had moderate to severe anxiety symptoms; 8.1% suffered from moderate to severe psychological stress. (Zhang & Ma, 2020) found out that 52.1% of Liaoning Province, China, suffered from fear, terror and panic because of the pandemic.

In Spain, a study (Rodriguez et al, 2020) found out that 36% of individuals suffered from moderate to severe psychological effects, 25% showed symptoms of anxiety at mild to severe levels, 41% suffered from depressive symptoms, and 41% were exposed to psychological stress.

In Saudi Arabia, a study (Alkhamees et al, 2020) found out that 23.6% admitted a psychological impact, at moderate to severe rates, as a result of the pandemic; 28.3%, 24% and 22.3% admitted moderate to severe symptoms of depression, anxiety and tension respectively.

(Abdel Nasser Amer, 2021) stated that 74.6% of the sample feel moderate to significant fear of the pandemic, 40% feel depressed, 59.4% feel psychological pressure, 60% feel bored, 45.3% feel frustrated, 52.4% suffer from Psychological loneliness and 87.2% worry about their families. The results show that there are significant statistical differences between males and females in all problems except for psychological loneliness which is in favor of females.

In the light of the pandemic second wave, a study (Amer, Azmat and Bin Khaled, 2021) found that 50% of the sample members in the Arab community suffer from moderate degree of fear, and 72.80% of the sample suffer from moderate to severe fear. Many studies have found that psychological disorders, that are associated with (COVID-19) pandemic, such as fear, anxiety and depression, were more severe in females than males, (Amer&Farag, 2020), (Rodriguez-Rey et al, 2020),

(Zhou et al, 2020), (Fathallah et al., 2021) study, applied to a random sample of the Arab community, showed that 25.73% suffer from panic attacks due to the (COVID-19) pandemic to a large extent, 49.37% suffer from panic attacks to a moderate degree, and 75.1% suffer from panic attacks from a moderate to high degree, There was a difference between males and females; the average panic attacks in females were 143.03 and in males 130.12. This means that females suffer from anxious more than males do.

Research Methodology and Procedures

This chapter tackles the method and the procedures adopted by the present paper to achieve the objectives of the research.

First: The Research Method:

This paper has adopted the descriptive approach to achieve its objectives, The descriptive approach is one of the most common and widely used approaches in educational and psychological research. It shows the extent of the phenomenon (Abbas et al., 2011, p. 47).

Second: The Research Community:

The research community includes Iraqi university, four years male and female students, of the academic year 2020/2021, The total number of the students is 846,132 male and female students.

Third: The Research Sample:

The current research sample consists of (400) male and female students, They were chosen in a random and electronic way, classified according to year and gender. The first year students are (100): (50) male and (50) female students. The second year students are (100): (50) male and (50) female students. The third year students are (100): (50) male and (50) female students. The fourth year students are (100): (50) male students and (50) female students. See table (1) shows this.

Table (1)

The research sample classified according to year and gender

Fourth Year		Third Year		Second Year		First Year	
Male	Female	Male	Female	Male	Female	Male	Female
50	50	50	50	50	50	50	50

Fourth: The Search Tool:

The present research aims to (measure the level of panic attacks) among university students, it is necessary for the researchers to have a scale to measure the concept, Review of a number of studies related to the current study and the literature on the subject of the research, the researchers decided to use the panic attacks scale set up by (Fathallah et al., 2021). The scale was applied electronically to a previous cross-cultural sample consisting of (2285) participants from Arab countries, including Iraq, One of the benefits of this application is that the effect of the response is not transmitted between respondents and this enhances the reliability of the results, The scale included in, its final form for the exploratory application (69) optional items

distributed over (6) dimensions according to the assumptions of the response theory IRT: physical symptoms (13) items, psychological and emotional symptoms (12) items, cognitive and mental symptoms (11) items, social symptoms (8) items, general symptoms (13) items and daily living practices (12) items. They were all accepted; knowing that the scales alternatives are (usually, often, sometimes, never) with scores (1,2,3,4) and the highest score in scale is (286) and the lowest one is (69) with a theoretical meams (172.5), the data was analyzed using the programs SPSS (26) and LISREL (8.8). It was found that the scale has an appropriate degree of stability, where the internal consistency of the alpha coefficient of the six dimensions increased more than (0.80). The six-factor model is a good match to the sample data.

Psychometric Properties of the Scale:

The standard characteristics of the scale are an indicator of its accuracy in measuring, Reliability and stability can be considered the most two important standard characteristics of psychological scales Psychometric specialists emphasize the need to verify them (Allam, 1986, pg. 206).

First: Reliability.

Specialists in psychometrics almost agree that reliability is one of the most important psychometric properties that must be available in psychometric testing and measuring, All other psychometric properties can fall under the reliability property (Harrison, 1983, p11).

For the purpose of detecting the apparent validity of the scale, it was presented to a group of experts and arbitrators*, (80%) or more of the experts' agreement on the validity of the scale was adopted. Depending on the experts' opinions some paragraphs were modified and the scale became ready for application.

Second: Stability.

Stability is one of the basic standard characteristics of psychological scales with reliability which comes first, A reliable scale is considered stable but a stable scale is not necessarily reliable, Therefore, we can say every reliable scale is stable
(Al-Imam et al., 1990, p143).

In order to measure its stability, the scale was applied to a sample of (40) male and female students classified equally according gender variable (males, females). The stability was measured using the Re-test method, Measuring stability in this way which is called the stability coefficient and over time, requires the re-application of the scale to the same stability sample with time difference
(Zellera & ar Manesk, 1986, p52).

Therefore, the researchers re-applied the scale to the same stability sample consisting of (40) male and female students After (15) days of the application, the stability of the first application and the second application was caliculated The researchers used Pearson correlation coefficient for the degrees of the two applications and the correlation coefficient was (0.89) which was a good stability coefficient according to the test for common explanatory variance.

The Final Application of the Scale:

After verifying the psychometric properties of the scale represented by (reliability and stability) the scale was ready for application, as the scale was applied to a sample of 400 male and female students distributed according to year and gender variables, The application was performed electronically* Table (2) illustrates it.

Table (2)

Application Sample Classified According to Year and gender

Total	Fourth	Third	Second	First	**Year/Gender**
200	50	50	50	50	Male
200	50	50	50	50	Female
400	100	100	100	100	Total No.

Fifth: Statistical Tools:

1. Pearson correlation coefficient to calculate the stability coefficient.
2. T-test for one sample to identify panic attacks.
3. The t-test for two independent samples to find out the significance of the differences in the gender variable.
4. One-way variance analysis to identify the significance of the differences in the stage variable.

Presentation, Interpretation and Discussion of the Results

This chapter includes the presentation and interpretation of the results of the present paper in the light of the objectives. The discussion is based on the theoretical framework. The results can be summarized in the following:

First Objective:

The first objective, "to detect the level of panic attacks among Iraqi university students", of the present paper was verified. The average student grades came to (160.162) degree with a standard deviation of (30.01) degree. When the t-test for one sample was conducted, the calculated T-value of (8.22) was greater than the tabular t-value of (3,291) at a significance level (0.001) and at the degree of freedom (399). The achieved average is smaller than the theoretical average of the scale of (172.5) degrees, and this means that university students have a clear decrease in panic attacks towards the spread of panic attacks of (COVID-19) virus in a statistically significant manner, as indicated by Table (3).

Table (3)

The Results of a Single-sample T-test for the Students' Scores as a Whole on the Panic Attack Scale

Parents' Treatment	Number	Arithmetic Mean	Standard Deviation	Theoretical Average	T Value		Significance Level
					Calculated	Tabular	

The Whole Sample	400	160.162	30.01	172.5	8.22	3.291	Significant at 0.001 in favor of the theoretical average

Interpretation and Discussion of This Result:

It was found out from the presentation of the result of the first goal that the current research sample, represented by university students, is not concerned about the spread of the virus due to the duration which extended for a long period of time. The society has now reached the stage of coexistence with the virus; most individuals now have experience about how to dealing with the virus through the guidelines and directions of the World Health Organization and the instructions provided by the Ministry of Health on prevention methods to avoid infection. These instructions and directions helped individuals to understand and comprehend the current situation. Hence; panic attacks of the risks of spreading the virus (COVID-19) have decreased. This result differs from the results of the studies that are presented in the theoretical framework. Several studies like (Wang et al, 2020), (Rodriguez et al, 2020),
(Alkhamees et al, 2020) and (Abdul Nasser Amer, 2021) show moderate to severe rates of panic seizures or one of its symptoms. This result agrees with the daily statistics provided by the Ministry of Health on the rates of infection with the virus, which indicate a gradual decrease in the level of infection.

Second Objective:

The second objective, detecting the level of panic attacks among university students by gender (males, females), has been verified.

1- Males: the average grades of male students are (149.84) with a standard deviation of (28.92). When a t-test for one sample was conducted, the calculated t-value of (11.07) has been greater than the tabular t-value of (3,291) at the level of significance (0.001) with a degree of freedom (199). The achieved average is less than the theoretical average of the scale (172.5). This means that the difference is in favor of the theoretical average, which indicates a clear decrease in panic attacks of the spread of the virus (COVID-19) in males and in a statistically significant way; as its indicated by table (4).

Table (4)

The Results of a Single Sample T-test for Male Students' Scores on the

Variables	Number	Arithmetic Mean	Standard Deviation	Theoretical Average	T Value		Significance Level
					Calculated	Tabular	
Males	200	149.84	28.92	172.5	11.07	3.291	Significant at 0.001 in favor of the theoretical average

Panic Attack Scale

2- Females: the average score of females was 170.48 with a standard deviation of 27.47. When a t-test for one sample was conducted, the calculated t-value of (1.03) was less than the tabular t-value of (1.96) at the level of significance (0.05) with a degree of freedom (199). The achieved average is less than the theoretical average, which means that females have a moderate degree of panic and in a statistically significant way, as indicated by Table (5).

Table (5)

Results of T-test Results of a Single Sample of Female Students' Scores on the Panic Attack Scale

Variables	Number	Arithmetic Mean	Standard Deviation	Theoretical Average	T Value		Significance Level
					Calculated	Tabular	
Females	200	170.48	27.47	172.5	1.03	1.96	Not Significant at 0.05

Interpretation and Discussion of This Result:

The result of the second objective shows that there is a difference between males and females. Females suffer from panic attacks of (COVID-19) pandemic to a moderate degree, whereas males show a clear decrease in panic attacks of the pandemic. The reason for this is that females have intensive emotions therefore they are affected by life events. Females are concerned with their families and the harsh conditions associated with the pandemic. Hence; they are exposed to panic attacks at a level of panics higher than males. This result is consistent with what was mentioned in the

theoretical framework about females' excess concern and care for the family and its protection. It also agrees with some of the results of the studies that were presented in the theoretical framework, namely (Amer & Farag, 2020),
(Rodriguez-Rey et al, 2020), (Zhou et al, 2020) and (Fathallah et al., 2021), which show average percentages of severe panic attacks or one of its symptoms.

Third Objectives:

The third objective, detecting the level of panic attacks among university students and according to years (first - second - third - fourth)" was verified.

First-year Students: the average scores of the first-year students are (156.43) with a standard deviation: (28.61). When the t-test for one sample was conducted, the calculated T-value was (5.62) degrees, which is greater than the tabular t-value of (3.373) at the level of significance of (0.001) with a degree of freedom (99). The arithmetic mean is less than the theoretical average and this means that the difference is in favor of the theoretical average, which indicates that first-year students have a clear decrease in panic attacks towards the spread of the virus (COVID-19) in a statistically significant way as indicated by table no. (6).

Table (6)

T-test Results of one Sample of the First-Year Students in the Panic Attack Scale

Variables	Number	Arithmetic Mean	Standard Deviation	Theoretical Average	T Value		Significance Level
					Calculated	Tabular	
First-year Students	100	156.43	28.61	172.5	5.615	3.373	Significant at 0.001 in favor of the theoretical average

Second-year Students: the average scores of the second-year students in the were (157.24) degrees with a standard deviation of (29.26). When a t-test was conducted for one sample, the calculated t-value was (5.214), which is greater than the tabular t-value of (3.373) at the level of significance (0.001) with a degree of freedom (99). The arithmetic mean is less than the theoretical average, and this means that the difference is in favor of the theoretical average, which leads to the fact that second-year students have a clear decrease in panic attacks of the spread of (COVID-19) and in a statistically significant way as shown by table no. (7).

Table (7)
T-test Results for a Single Sample of the of second-year Students Scores in the Panic Attack Scale

Variables	Number	Arithmetic Mean	Standard Deviation	Theoretical Average	T Value		Significance Level
					Calculated	Tabular	
Second year Students	100	157.24	29.26	172.5	5.21	3.373	Significant at 0.001 in favor of the theoretical average

Third-year Students: the average scores of the third-year students were (162.22) with a standard deviation of (31.21). When a t-test was conducted for one sample, the calculated t-value came to be (3.294), which is greater than the tabular t-value of (2.617) at the level of significance (0.01) with a degree of freedom (99). The arithmetic mean is less than the theoretical average; this means that the difference is in favor of the theoretical average, which leads to the fact that the third-year students have a clear decrease in panic attacks of the spread of the virus (COVID-19) and in a statistically significant way as indicated by table (8).

Table (8)
T-test Results for one Sample of the Third-year Students' Scores on the Panic Attack Scale

Variables	Number	Arithmetic Mean	Standard Deviation	Theoretical Average	T Value		Significance Level
					Calculated	Tabular	
Third-year Students	100	162.22	31.21	172.5	3.294	2.617	Significant at 0.001 in favor of the theoretical average

Fourth-year Students: the average scores of the fourth-year students were (164.76) with a standard deviation of (30.53). When a t-test was conducted for one sample, the calculated t-value came to be (2.535), which is greater than the tabular t-value of (1.98) at the level of significance (0.05) with a degree of freedom (99). The

arithmetic mean is less than the theoretical average; this means that the difference is in favor of the theoretical average, which leads to the fact that the fourth-year students have a clear decrease in panic attacks of the spread of the virus (COVID-19) and in a statistically significant way as indicated by table (9).

Table (9)

T-test Results for one Sample of the Fourth-year Students' Scores on the Panic Attack Scale

Variables	Number	Arithmetic Mean	Standard Deviation	Theoretical Average	T Value		Significance Level
					Calculated	Tabular	
Fourth - year Students	100	164.76	30.53	172.5	2.535	1.98	Significant at 0.05 in favor of the theoretical average

Interpretation and Discussion of This Result: University students of the four years are not exposed to panic attacks from the spread of the virus. The health field, the provision of vaccines licensed by the World Health Organization, and motivating different groups of community, especially students and university professors, to take the vaccination increased the stability of the psychological state of individuals and their sense of safety for their lives from the risk of death which can be caused by the virus.

Fourth Objectives:

The fourth objective, detecting the significance of the differences in the level of panic attacks between males and females was verified. The average scores of male students were (149.84) with a standard deviation of (28.92). The average degrees of females were (170.48) with a standard deviation of (27.47). When conducting a t-test was conducted for two independent samples, the calculated t-value was (7.318), which is greater than the tabular t-value of (3,291), at a significance level of (0.001) and a degree of freedom (398). This result indicates that there is a difference between males and females in the level of panic attacks in favor of females, in a statistically significant manner, as indicated by table (10).

Table (10)
T-test of Two Independent Samples in Terms of Differences Between Males and Females

variables	Arithmetic Mean	Standard Deviation	T Value		Significance Level
			Calculated	Tabular	
Males	149.84	28.92	7.318	3.291	Significant at 0.01 in favor of females
Females	170.48	27.47			

The fourth objectives, identifying the significance of the differences in the level of panic attacks by study stage, was verified. The average scores of the first year was (156.43) with a standard deviation of (28.61). The average scores of the second grade were 157.24 with a standard deviation which was (29.26). The average of the third year scores were (162.22) with a standard deviation of 31.21. Finally, the average scores of the fourth year were (164.76) with a standard deviation of (30.53) as indicated by table (11).

Table (11)
One-way Analysis Results of Variance of the Scores of the Four Stages Students

Source of Variance	No. of Squares	Degree of Freedom	Mean of Square	T Value	Significance Level
No. of Squares	4784	3	1594.763	1.781	0.05
Within Groups	454618.150	396	895.500		
Total	359402.4389	399	-		

The results of the one-way variance analysis showed that there were no statistically significant differences between the four stages. The calculated t-value was (1.781), which is less than the tabular t-value of (3.01) at the level of significance (0.05) at two degrees of freedom (3, 396). This indicates that there is no difference in the feeling of panic attacks among Iraqi university students due to the academic stage variable.

Conclusion

In the following are the conclusions obtained in the present paper:

1- There is a clear decrease in the level of panic in males, whereas in females the level of panic appeared to moderate. This indicates that females feels worried, fearful and tense more than males do.

2- The level of panic is low among the members of the present paper sample represented by the four stages students. This indicates that progress in the study does not affect the psychological state of individuals, but it is awareness and education which affect individuals.

Recommendations

1- Every individual must protect her/himself and her/his family by educating them with the means of prevention. People should support each other, especially at the time of need for support and assistance such as phoning the injured people and raising their morale because attention to the psychological aspect is no less important than the physical offender. Providing assistance to those who need it is necessary with maintaining distance, wearing a mask and sterilizing.

2- Health care workers should take care of themselves, eat healthy food that strengthens the immune system and have adequate rest between work periods to reduce the pressure that generates tension and reflects the inability to perform the job. Caregivers, like doctors and nurses, should avoid mixing with their relatives and friends because they are more susceptible to infection with the virus.

3- Officials and decision-makers in all ministries must impose preventive health measures to ensure community safety and to resume normal life, because the virus still poses a threat to the lives of individuals.

Suggestions

The researchers the following for future research:

1- Conducting research and studies on psychological, social and economic problems that impact the life of people even after living with the pandemic.

2- Conducting a study on panic disorder and its relationship to some variables among secondary school students.

References

1. Allewi, Sader Jazeeh. Mohammed, Anwer Mahmood. Khalid, Jamal Jasim. Nizar, Bunyan Shamkali. (2021): **Arabic Language Department Students'Cognitive Structure Under Corona Virus (COVID 19) Pandemic**, Psychology and Education, 58(3): pp.1529-1539. issn:00333077
2. Alkhamees, A.A. Alrashed, S.A. Alzunaydi, A.A. Almohimeed, A.S. & Aljohani, M.S. (2020): **The psychological impact of COVID-19 pandemic on the general population of Saudi Arabia**, Comprehensive psychiatry, 102.152192.
3. Amer, A.E & Farrag, S.S. (2020): **The Psychological Impact of COVID-19 on a Sample of Young People in Arab Society**, Journal of Pediatrics and Therapeutics, 10.15-28.
4. American Psychiatric Association, (A.P.A) (2000): **Diagnostic and Statistical Mental Disorder,** 4 th. Ed. Washington Dciauthrpp.30-31.
5. Ankrom, Sherry (2008): Panic Disorder **and Agoraphobia Understanding the Fear**. www.About.com.Guide
6. Ankrom, Sherry (2009): **Chest Pain Symptoms and Panic Disorder**. www.About.com.Guide
7. Ankrom, Sherry, (2009): **Biological theories of panic disorder. about com health disease and conditions**, Medical Review Board.
8. Ballenger, J.C. (2000): **Panic Disorder and Agoraphobia in G. fink Encyclopedia of stress**, san Diego Academic press.
9. Barlow, H.D. Laura, B. Allen, Kamala S. White, M. Katherine, Shear Jack M. Gorman, Scott W.W. (1994) : **Cognitive Behavior Therapy (CBT) for panic disorder; relationship of anxiety and depression comradely with treatment outcome**, J. Psychopathology and Behavioral Assessment, pp.9151-9154.
10. Beck, A.T. Emery, G. & greenery, R.L. (1985): **Anxiety Disorder and Phobia. A cognitive perspective**, Basic Book, New York; pp.461-470.
11. Beck, A.T. Clark, D.A.L. Sokol, Berchick R. & wright, F. (1992): **A crossover study of focused cognitive theory for panic disorder**, Am. J. Psychiatry, Vo ,149. pp.778-783.
12. Beck, Aaron T. Edward, Baruch Jordan M. Barter, Robert A. Steer, Debbie M. War, Man (2004): **a New Instrument for Measuring Insight the Beck Cognitive Insight Scale. Schizophrenia a Researcher**, Vo, 68. pp.319-329.
13. Boton, ME. Mineka, S. & Barlow, DH. (2001): **A Modern learning Theory Prespective on the Etiology of Panic Disorder**, psychological review, Vo, 108. pp.4-32.
14. Bourin, M. Malinge, M. Vasar, E. Bradwejn, J. (1995): **Tow Faces of cholecystokinin : Anxiety and Schizophrenia**, Funding Clin Pharmacology, Vo, 10. pp.116-126.
15. Bowlby, J. (1977): **Making and Breaking of Affection Bonds**, British. J. Psychiatry, Vo, 130 .pp.201-211.

16. Bradwejn, J. koszycki, D. Bourin, M. (1991): **Does ranging study of cholecystokinin in healthy volunteers,** J. Psychiatry Neurosci, Vo, 16. pp.237-239.
17. Bradwejn, J. koszycki, D. Annable, Couetoux du Tertre A. Reines, S. Karkanias, C. (1992): **A Dose Runging Study of the Behavioual and Cardiovas Effects of CCK-tetrapeptide – induced in panic disorder**, Biological Psychiatry, Vo, 32. pp.903-912.
18. Casey, M.L. Obi, P.S. & Newcomb, A.P. (2004): **An Integrative Cognitive Model of Panic Disorder; the Role of Positive and Negative Cognitions**, Clinical Psychology Review, Vo, 24. pp.529-555.
19. Clark, DM. Gelded, P. Salkovskis (1994): **Cognitive Treatment for Panic Disorder**, J. of Psychiatric Research, Vole, 27. pp.381.
20. Coryell, W. Dindo, L. flyer, A. Bine, DS. (2006): **Onset Spontaneous Panic attacks: A prospective study of risk factors**, J. Psychosomatic, Med, pp.754-761.
21. Dimitar, B. & Andromahi,N. (2020): **Panic Attacks and Panic Disorder**, In(ed), Psychopathology-An International and Interdisciplinary Perspective, DOI. .http://dx.doi.org/10.5772/ intechopen.86898
22. Douglas, A. Berastien Alison, Clarke Stewart, Edward, J. Roy, Christopher D. Wickens, (1997): **Psychology**, Boston, New yourk; 4th edition, Houghton Mifflin company.
23. Faravelli, F. Dipades Scarpato, G. firavniti (2005): **Parental Attitudes of Mother of Patients With Panic Disorder**, Granule Italian Di Psychopathology, pp.144-149.
24. Fava, Leonardo Morton John (2009): **Causal Modeling of Panic Disorder Theories**, Clinical Psychology Review, Vo, 29.
25. Fava, GA. Rafanelli, F. Ruini, G. Cazzaro, M. Grandis (2009): **Psychological Well-being and Residual Symptoms in Remitted Patient with Panic Disorder and Agoraphobia J. Affect Disorder**, Vo, 65. No, 2.
26. George, Christodoulou. (2005): **The Anxiety Control System Free Simple edition**, pp.10-11.
27. Gisele, Gus Manfro. Blizeth, Heldt. Aristides, Volpato C. Michael, W.Dtto (2008): **Cognitive – Behavioral Therapy in panic disorder**, Rev. Bras. Rsiquiatr. Vo, 30.
28. Grohd, John, M. (2006): **Panic Disorder Treatment Psych Central**. http://www.midline.com
29. Guo, A.A. Crum, M.A. Fowler, L.A. (2021): **Assessing the Psychological Impacts of COVID-19 in Undergraduate Medical Students**, Int. J. Environ. Res. Public Health 18, 2952.https:// doi:10. 3390/ijerph18062952
30. Harrison, A. (1983): **A laguage testing handbook**, London, Mac Millan press.
31. Holmes, EA. O'Connor, RC. Perry, VH. Tracey, I. Wessely, S. Arseneault, L. et al (2020): **Multidisciplinary research priorities for the COVID-19 pandemic**,

a call for action for mental health science, The Lancet Psychiatry; 7(6). 547–560.https://doi.org/ 10.1016/ S2215-0366(20)30168-1 PMID: 32304649

32. Howard, James M. (2001): **A hyphetical Explanation of panic disorder German Journal of psychiatry**, Vo, 4. pp.40-42. http://www.gipsy.uni\goettingen.ed
33. Huang, C. Wang, Y. Li, X. Ren, L. Zhao, J. Hu, Y. et al. (2020): **Clinical features of patients infected with 2019 novel coronavirus in Wuhan**, China. Lancet. 395.497–506.https://doi.org/10.1016/ S0140-6736(20) 30183-5 PMID: 31986264
34. Kaplan, MD. Harold Sadock, MD. Benjamin, J. (1998): **Synopsis of psychiatry**, Eighth edition Baltimore, Williams & Wilkins.
35. katerndahl, D.A. Realini, J.P. (1993): **life Time Prevalence of Panic State**, American Journal of psychology, No.(50). pp.216-249.
36. Katerndahl, DA. Realini, JP. (1997): **Quality of life and panic-recorder work disability in subjects with infrequent panic and panic disorder**, J.cline psychiatry, Vo,85. No.4. pp.153-158.
37. Kessler, RC. Chin, WT. Jin, R. et al (2006): the **Epidemiology of Panic Attacks, panic disorder, and Agoraphobia in the National Co morbidity Survey Re placation, Arch Gen psychiatry**, No, (63). pp.415-424.
38. Larry Michelson, Karen Marchione, Michael G, Lawrence gianz, Sandra teat and Norman marchioness (1990): **Panic disorder: Cognitive – Behavioral treatment**, J. Behavioure Research and Therapy, Vo, 28. No, 2. pp.141-151.
39. McNally, R.J. & Foal, E.B. (1996): **The limitations of self efficacy theory in explaining therapeutic changes in phobic behavior**, In R. N. rupee (ED). Current controversies in the anxiety disorder, New York; Guilford press.
40. Michael, J. Teach, John A. Lucas, Norman B. Schmidt, Henry H. Hanna, T. Lanae, Jaimez Richard, A. Lucas (1993): **Group cognitive – Behavioral treatment of panic disorder**, J. Behavior and Therapy, Vo, 31.
41. Monique, C. Pfaltz Tania Michal Pau, G. Ross man, J. Ensblechert, Frank H. Wilhelm (2009): **Respiratory Path physiology of panic disorder**, An Ambulatory Monitoring Study, J. Psychosomatic Medicine, Vo, 71. pp.864-876.
42. Moreno, C. Wykes, T. Galderisi, S. Nordentoft, M. Crossley, N. Jonesm, N. et al (2020): **How mental health care should change as a consequence of the COVID-19 pandemic**, Lancet Psychiatry; 7(9). 813–824.https://doi.org/10.1016/S2215-0366(20)30307-2PMID: 32 682460
43. Philipe, Zimbardo Richard J. Gerrig (1999): **Psychology and Life**, state of new of university study book, fitten ed, American.
44. Quittkat, HL. Düsing, R. Holtmann, FJ. Buhlmann, U. Svaldi, J. Vocks, S. (2021): **Perceived impact of Covid-19 across different mental disorders**, A study on disorder-specific symptoms, psychosocial stress and behavior, Front Psychol;11...https:// doi.org/10.3389/ fpsyg.2020.586246

45. Richard, P. Fleet Gilles Dopuis Ander Marchand Denis Burelle Ander Arsenault Beitman Montreal Quebec (1996): **Panic disorder in Emergency department chest pain patients. Prevalence. Comorbidity. suicidal ideation and psysician recognition**, American Journal of Medicine,Vo, 101.
46. Rodríguez-Rey, R. Garrido-Hernansaiz, H. & Collado, S. (2020): **Psychological Impact and associated factors during the initial stage of the coronavirus (COVID-19) pandemic among the general population in Spain,** Front. Psycho, 23. https://doi.org/10.3389/fpsyg.2020.01540
47. Roth, w.T. Wilhelm, F.H. & Patti, d. (2005) : **Are current therapies' of panic Falsifiable? Psychological Bulletin**, Vole, 131. No. 2. pp.199-201.
48. Serafini, G. Parmigiani, B. Amerio, A. Aguglia, A. Sher, L. Amore, M. (2020): **The psychological impact of COVID- 19 on the mental health in the general population**, QJM; 113(8). 531–537. https:// doi.org /10.1093/ qjmed/hcaa201 PMID: 32569360
49. Shear, M.K. cooper, A.M. Klerman, G.L. Busch, F.N. Shapiro, M. (1993): **A psychodynamic model of panic disorder, American Journal of psychiatry**, Vole, 150. pp.125-161.
50. Shigemura, J. Ursano, RJ. Morganstein, JC. Kurosawa, M. Benedek, DM. (2020): Public responses to the novel 2019 coronavirus (2019-NCoV) in Japan: **Mental health consequences and target populations. Psychiatry Clin Neurosci**, 74(4). pp.281–282.https:// doi.org/10.1111/pcn.12988 PMID: 32034840
51. Stangier, U. & Heidenreich, T. (1999): **Die social phobia aus cognitive-behavioral**, In margrave,J. Rudolf,k. (Hrsg). Social competent Social Phobia Hohengehren, Germany Schneider Verlag.
52. Wang, C. Pan, R. Wan, X. Tan, Y. Xu, L. Ho CS. et al (2020): **Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus disease (COVID-19) epidemic among the general population in China**. Int J Environ Res Public Health;17:1729.https://doi.org/10.3390/ijerph17051729 PMID: 32155789
53. Weiten, Wayne (1998): **psychology**, International Thomson polishing company, Cole publishing company. 4th edition.
54. Wenzal, Emy (2005): **Cognitive Theory of Anxiety disorder; core theoretical and empirical development**, J. Cognitive Behavior Theory.
55. Zellera, R.A. & Catmines, E.G. (1986): **Measurement in the sciences, the link between theory and data**, New York; Cambridge University Press.
56. Zhang,Y. & Ma, Z.F. (2020): **Impact of the COVID-19 pandemic on mental health and quality of life among local residents in Liaoning Province**, China: A crosssectional study, International Journal of Environmental Research and Public Health, 17(7).2381. doi:10.3390/ijerph17072381.
57. Zhou, S. Wu, Y. Zhu, C.Y. Hong, W.C. Yu, Z.X. Chen, Z.K., et al (2020): **The immediate mental health impacts of the COVID-19 pandemic among people with or without quarantine managements**, Brain Behavior Immun, 2:45.doi:10.1016/j.bbi.2020. 04.045.