Anxiety Disorders

Anxiety: An unpleasant emotional state characterized by physical arousal and feelings of tension, apprehension or worry.

Anxiety is normal. Abnormal anxiety is when it becomes so frequent interferes with a person’s social and professional functioning.

Nervous about your job that you do well

Nervous about a new job
# Pathological and Normal Anxiety

<table>
<thead>
<tr>
<th>Pathological</th>
<th>Normal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irrational</td>
<td>Rational</td>
</tr>
<tr>
<td>• Anxiety provoked by threats that are exaggerated or non-existent.</td>
<td>• Anxiety provoked by real and reasonable threats.</td>
</tr>
<tr>
<td>• The response is out of proportion to the actual importance of the situation.</td>
<td>• The response is proportional to the actual importance of the situation.</td>
</tr>
<tr>
<td>• It is intense.</td>
<td></td>
</tr>
<tr>
<td>My sister screams and jumps at the sight of a spider or its picture.</td>
<td>My mother pays no attention at the sight of a spider.</td>
</tr>
<tr>
<td>Uncontrollable</td>
<td>Controllable</td>
</tr>
<tr>
<td>• The person cannot shut off the alarm reaction even when they know the reaction to the anxiety is unrealistic.</td>
<td>• The person can control their reactions to anxiety.</td>
</tr>
<tr>
<td>• Their reactions are more frequent.</td>
<td></td>
</tr>
<tr>
<td>My sister cannot contain her anxiety, even though she realizes it is “just a spider”.</td>
<td>I can calmly respond to a spider, even though I don’t like spiders either.</td>
</tr>
<tr>
<td>Disruptive</td>
<td>Undisruptive</td>
</tr>
<tr>
<td>• The anxiety interferes with relationships, job, or academic performance.</td>
<td>• The anxiety does not interfere with your relationships, job, or academic performance.</td>
</tr>
<tr>
<td>My sister cannot continue working with a spider in the room.</td>
<td>I can continue working in the room with a spider.</td>
</tr>
</tbody>
</table>
Anxiety Disorders

Anxiety disorders: Disorders characterized by excessive anxiety in the absence of true danger. It is normal to be anxious in stressful or threatening situations. It is abnormal to feel strong chronic anxiety without cause.

People often experience more than one type of anxiety disorder at a given time and can often occur with mood disorders (especially depression).

Types of anxiety disorders include:

- **Phobias**: Anxiety disorders based on the object of fear
- **General anxiety disorder (GAD)**: A diffuse state of constant anxiety not associated with any specific object or event (page 633)
- **Posttraumatic Stress Disorder (PTSD)**: A mental disorder that involves frequent nightmares, intrusive thoughts, and flashbacks related to an earlier trauma (page 633)
- **Panic Disorder**: An anxiety disorder that consists of sudden, overwhelming attacks of terror (page 634)
- **Obsessive Compulsive Disorder (OCD)**: An anxiety disorder characterized by frequent intrusive thoughts and compulsive actions (page 634).

Anxiety disorders are the most common category of psychological disorders and account for about 4 million visits to doctors’ offices each year in the United States.
Emotional symptoms
- feelings of tension
- apprehension

Cognitive symptoms
- worry
- thoughts about inability to cope

Physiological symptoms
- increased heart rate
- muscle tension
- other autonomic arousal symptoms

Behavioral symptoms
- avoidance of feared situations
- decreased task performance
- increased startle response
Phobias

Phobia disorders—An anxiety disorder that is characterized by marked, persistent and excessive fear and avoidance of specific objects, activities or situations.

The fear response is out of proportion to the stimulus and the fear and avoidance significantly interferes with daily life.

About 11% of people in the United States will develop a specific phobia in their lifetime. Generally, phobics realize their fears are irrational, but feel compelled to avoid the feared situation or objects.

Specific phobias fall into five categories:

<table>
<thead>
<tr>
<th>(1)</th>
<th>animals (dogs, cats, rats, snakes, spiders)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2)</td>
<td>natural environments (heights, darkness, water, storms)</td>
</tr>
<tr>
<td>(3)</td>
<td>situations (bridges, elevators, tunnels, enclosed spaces)</td>
</tr>
<tr>
<td>(4)</td>
<td>blood injections and injury</td>
</tr>
<tr>
<td>(5)</td>
<td>other phobias including illness and death.</td>
</tr>
</tbody>
</table>
# Phobias

**TABLE 28.2 SOME COMMON—AND NOT-SO-COMMON—PHOBIAS**

These are common:
- Blood: hematophobia
- Darkness: nyctophobia
- Enclosed space: claustrophobia
- Germs: spermophobia
- Heights: acrophobia
- Mice: musophobia
- Snakes: ophiophobia
- Spiders: arachanophobia
- Wasps: spheksophobia

Phobias can develop to almost anything, including:
- Air: aerophobia
- Churches: ecclesiaphobia
- Eyes: ommatophobia
- Frost: cryophobia
- Shadows: sciophobia
- Swallowing: phagophobia
- Trees: dendrophobia

*Source: Adapted from Melville, 1978.*
Social Phobia

Social phobia: An irrational fear of being publicly humiliated or embarrassed.

Social phobias can be restricted to situations such as public speaking, eating in public, or urinating in a public bathroom or generalized to a variety of social situations that involve being observed or interacting with unfamiliar people.

People with social phobia try to avoid situations (negative reinforcement) where unfamiliar people might evaluate them, and the experience intense anxiety and distress when public exposure is unavoidable (page 560).

<table>
<thead>
<tr>
<th>Situation</th>
<th>Behavior</th>
<th>Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public situations cause anxiety</td>
<td>You remove or avoid public situations</td>
<td>You feel relief. The anxiety is removed, thus making it more likely to avoid public situations.</td>
</tr>
</tbody>
</table>
About 11% of men and 15% of women qualify for a diagnosis of social phobia at some point in their lives. Higher rates are found for people who are undereducated and/or have low incomes.
## Explaining Phobias: Learning Theory

<table>
<thead>
<tr>
<th>Classical conditioning:</th>
<th>Neutral stimulus = UCS = UCR = CS = CR =</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>•</strong> eg. being bitten by a poodle, you become anxious and fearful around poodles.</td>
<td><strong>Operant conditioning (negative reinforcement):</strong></td>
</tr>
<tr>
<td><strong>Stimulus generalization = fear of dogs</strong></td>
<td><strong>•</strong> In order to reduce your anxiety or fear of poodles, you avoid them.</td>
</tr>
<tr>
<td><img src="image" alt="Classical conditioning diagram" /></td>
<td><strong>•</strong> <strong>Event:</strong> Seeing poodle makes you anxious.</td>
</tr>
<tr>
<td></td>
<td><strong>•</strong> <strong>Behavior:</strong> You avoid the poodle and walk the other direction.</td>
</tr>
<tr>
<td></td>
<td><strong>•</strong> <strong>Consequence:</strong> You are more likely to walk away when confronted with a poodle, thus allowing the avoidance behavior to continue and unable to learn that not all poodles are aggressive.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Observational learning:</th>
<th><img src="image" alt="Observational learning diagram" /></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>•</strong> You learn to be afraid of dogs by seeing other people responding quite negatively to dogs.</td>
<td><strong>POSITIVE REINFORCEMENT</strong> Behavior is followed by a desirable event or state.</td>
</tr>
<tr>
<td></td>
<td><strong>NEGATIVE REINFORCEMENT</strong> Behavior ends an undesirable event or state.</td>
</tr>
<tr>
<td></td>
<td>$10 for an A makes it more likely a student will earn more As.</td>
</tr>
<tr>
<td></td>
<td>Taking aspirin relieves headaches and makes it more likely that aspirin will be taken in the future.</td>
</tr>
<tr>
<td>Evolution: biological preparedness: we are biologically more likely to become afraid of objects that have posed a threat to previous generations (eg. snakes, spiders, heights, drowning, etc.)</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td></td>
</tr>
</tbody>
</table>

Other learned phobias:
- Fear of cars
- “haunted houses”
- Tuesdays
Explaining Phobias

Temperament (see chapter 11 and 12): Infants who display excessive shyness and inhibition are at a higher risk of developing phobias later in life (at the extreme end, shyness is biologically based—they may have a more sensitive nervous system).

Neurobiological factors:
- Abnormal levels of serotonin and dopamine are found in people with phobias
- High levels of activity in the amygdala.
General Anxiety Disorder (GAD)

General anxiety disorder (GAD) or free-floating anxiety—A diffuse state of constant anxiety not associated with any specific object or event (page 633)

An anxiety disorder characterized by chronic excessive worry accompanied by three or more of the following symptoms:
- restlessness,
- fatigue,
- concentration problems,
- irritability,
- muscle tension, and
- sleep disturbance.

Other symptoms may include
- trembling,
- palpitations,
- sweating,
- dizziness,
- nausea,
- diarrhea or
- frequent urination.
General Anxiety Disorder (GAD)

People with General Anxiety Disorder (GAD)
- feel anxious about a wide range of life circumstances with little or no apparent reason. The source of anxiety is not apparent.
- expect the worse, their worries are either unfounded or exaggerated and difficult to control
- may unduly worry about their finances, their own health or that of family members, performance at work, or their ability to function socially.

- It is estimated that 5% of Americans suffer from GAD at some point in their life.
- Those living below the poverty line are at an increased risk.
- GAD affects twice as many women as men. This could be because gender and poverty are related.

- The heritability estimate is about 30%.
Explaining GAD

- The stress of living in poverty increases the likelihood of developing GAD.
- Traumatic events—especially in childhood can increase the odds of developing GAD.
- Major life changes (new job, new baby, personal loss, physical illness, etc) often precede the development of GAD.
Posttraumatic Stress Disorder

Posttraumatic Stress Disorder (PTSD) A mental disorder that involves frequent nightmares, intrusive thoughts, and flashbacks related to an earlier trauma (page 633)
Panic Disorder

Panic disorder—An anxiety disorder that consists of sudden, overwhelming attacks of terror (page 634)

Unlike General Anxiety Disorder (GAD), anxiety occurs in spurts, rather than continuously.

- The acute symptoms of a panic attack typically last for a few minutes that include:
  - Shortness of breath
  - Heart palpitations
  - Sweating
  - Dizziness
  - Depersonalization (a feeling of being detached from one’s body), or
  - Derealization (a feeling that the external world is strange or unreal)
  - and a fear that one is going crazy or about to die.
- People commonly report a pounding heart, uncontrollable trembling or shaking, sensations of choking or smothering. Some believe they are going to die or are “going crazy”.
- Panic attacks often send people rushing to emergency rooms or their doctor’s offices for what they believe is either an acute cardiac, respiratory or neurological episode (page 505).
Agoraphobia versus Social Phobia

Agoraphobia—the intense fear of venturing into public places where they are afraid of having a panic attack in a public place or around strangers who might view them with disdain or fail to help them.

- The intense fear of having another panic causes a person to avoid places or situations where a previous panic attack occurred.
- In such cases, a person plans their life around avoiding feared situations such as busy streets, crowded stores, restaurants, and/or public transportation (thus, negatively reinforced).
- An agoraphobic will often not leave home unless accompanied by a friend or family member.

- Women are 4 times as likely to suffer from agoraphobia as men.
- Agoraphobia typically begins during the early adult years with repeated panic attacks.
Agoraphobia versus Social Phobia

Social phobia—an irrational fear and avoidance of any social or performance situation in which one might embarrass or humiliate oneself in front of others by appearing clumsy, foolish, or incompetent.

Although agoraphobia and social phobia may appear on the surface to be the same, the underlying fear is different.
Explaining panic disorders

- About 8% to 12% of the U.S. population report having an occasional panic attack, typically during a period of intense stress.
- About 2% of men, and 5% of women suffer from panic disorder.

- Biological: Panic disorders tend to run in families, however patients tend not to have other relatives with panic disorders. Twin studies indicate a higher rate of anxiety disorders than non-twins.
- Psychological: Overreaction to physiological arousal. Eg. caffeine can lead to panic attacks. People prone to panic attacks can misinterpret physical signs of arousal as catastrophic and dangerous. People become conditioned to associate the physiological arousal as a panic attack.
Figure 13.3  Cognitive Model of Panic

Cognitive theorists conceptualize panic disorder in terms of a panic cycle that involves an interaction of physiological and cognitive factors. A triggering stimulus, such as sudden light-headedness or boarding a crowded train, sets the cycle in motion. The stimulus is perceived as threatening, leading to feelings of apprehension (anxiety and worry), which in turn lead to bodily sensations associated with anxiety, such as a tightening feeling in the chest. These sensations are misconstrued as signs of an impending catastrophe—a heart attack, for example. Perceptions of threat are increased, further raising the level of anxiety, and so on in a vicious cycle that can quickly spiral into a full-fledged panic attack.

Source: Adapted from Clark, 1986.
Obsessive-compulsive disorder (OCD)

Obsessive-compulsive disorder: An anxiety disorder in which the symptoms of anxiety are triggered by intrusive, repetitive thoughts (obsessions) and urge to perform ritualistic behaviors (compulsions) designed to fend off those thoughts. These thoughts and behaviors significantly interfere with the person’s daily life.

The obsessions have very little basis in reality. The obsessions are not the same as everyday worries. Normal worries usually have some factual basis, even if exaggerated. True obsessive-compulsive individuals do not find satisfaction in their obsessions or compulsions.
Obsessive-compulsive disorder (OCD)

About 2-3% of the US population suffers from OCD.

Table 14.3

<table>
<thead>
<tr>
<th>Obsession</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contamination</td>
<td>Irrational fear of contamination by dirt, germs, or other toxic substances. Typically accompanied by cleaning or washing compulsion.</td>
</tr>
<tr>
<td>Pathological doubt</td>
<td>Feeling of uncertainty about having accomplished a simple task. Recurring fear that you have inadvertently harmed someone or violated a law. Typically accompanied by checking compulsion.</td>
</tr>
<tr>
<td>Violent or sexual thoughts</td>
<td>Fear that you have harmed or will harm another person or have engaged or will engage in some sort of unacceptable behavior. May take the form of intrusive mental images or impulses.</td>
</tr>
<tr>
<td>Compulsion</td>
<td>Description</td>
</tr>
<tr>
<td>Washing</td>
<td>Urge to repeatedly wash yourself or clean your surroundings. Cleaning or washing may involve an elaborate, lengthy ritual. Often linked with contamination obsession.</td>
</tr>
<tr>
<td>Checking</td>
<td>Checking repeatedly to make sure that a simple task has been accomplished. Typically occurs in association with pathological doubt. Checking rituals may take hours.</td>
</tr>
<tr>
<td>Counting</td>
<td>Need to engage in certain behaviors a specific number of times or to count to a certain number before performing some action or task.</td>
</tr>
<tr>
<td>Symmetry and precision</td>
<td>Need for objects or actions to be perfectly symmetrical or in an exact order or position. Need to do or undo certain actions in an exact fashion.</td>
</tr>
</tbody>
</table>

Source: Based on Rasmussen & Eisen (1992), Table 1, p. 745.

- **Obsessions**: repetitive, intrusive, irrational thoughts that cause great distress.
  - Common worries are about contamination by germs, or performing a certain act (eg. Did I turn off the stove?).
- **Compulsions**: repetitive behavior that reduces anxiety. People do not derive satisfaction from their compulsions. The experience extreme anxiety if they do not engage in a particular behavior.

Common compulsions involve cleaning and washing behaviors, counting, checking, touching objects, hoarding, and excessive organizing. Cleaning and checking compulsions comprise about 75% of OCD patients receiving treatment.
The behavior becomes a problem when the behavior cannot resist performing it, if it is very time consuming, and if it interferes with the person’s normal activities and relations with others.
Anxiety Disorders: OCD

Explaining obsessive-compulsive disorders

- It appears to have some heritability and genes affecting deficiencies in the neurotransmitter serotonin functioning is suspected of causing OCD in some patients.
- Dysfunctions in the frontal lobes and/or the caudate nucleus.

- We may unconsciously reinforce OCD behavior through negative reinforcement

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Consequence</th>
<th>Future behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washing your hands</td>
<td>You feel relief.</td>
<td>The anxiety is removed, thus making it more likely to wash your hands in the future when you feel anxious.</td>
</tr>
<tr>
<td></td>
<td>You temporarily remove or your anxiety about getting dirty</td>
<td></td>
</tr>
</tbody>
</table>
• Studies have shown that early autoimmune system diseases, early strep infections, and changes in the brain caused by infection may predispose a person to develop OCD.
Summary of Anxiety Disorders

Phobias
- Intense anxiety or panic attack triggered by a specific object (e.g. dogs) or situation (e.g. heights)
- Persistent avoidance of feared object or situation

General Anxiety Disorder (GAD)
- Persistent, chronic, unreasonable worry and anxiety
- General symptoms of anxiety include persistent physiological arousal

Posttraumatic Stress Disorder (PTSD)
- A mental disorder that involves frequent nightmares, intrusive thoughts, and flashbacks related to an earlier trauma (page 633)

Panic Disorder
- Frequent and unexpected panic attacks, with no specific or identifiable trigger.

Obsessive-Compulsive Disorder (OCD)
- Anxiety caused by uncontrollable, persistent, recurring thoughts (obsessions)
- Anxiety caused uncontrollable, persistent urges to perform certain actions (compulsions)
Example of an anxiety disorder

A restaurant worker has a persistent fear that he has inadvertently contaminated the food he is preparing with a poisonous compound. He repeatedly throws out the food and starts from scratch, meticulously writing down every ingredient he adds to the meal.

**Likely disorder:** obsessive-compulsive disorder (anxiety disorder)

**Characteristics of obsessive-compulsive disorder**
- Anxiety caused by uncontrollable, persistent, recurring thoughts (obsessions) and/or
- Anxiety caused by uncontrollable urges to perform certain actions (compulsions)

**Obsessive-compulsive disorder**—An anxiety disorder in which the symptoms of anxiety are triggered by intrusive, repetitive thoughts and urges to perform certain actions. The obsessions have very little basis in reality. The obsessions are not the same as everyday worries. Normal worries usually have some factual basis, even if exaggerated. True obsessive-compulsive individuals do not find satisfaction in their obsessions or compulsions.

**Explaining obsessive-compulsive disorders**
- Deficiencies in the neurotransmitter serotonin
- Dysfunctions in the frontal lobes and/or the caudate nucleus.
Example of an anxiety disorder

An individual is afraid to leave her house and travel to work because of a fear of experiencing a panic attack on the subway or at the office.

**Likely disorder:** agoraphobia (anxiety disorder)

**Characteristics of agoraphobia**

- Anxiety produces by the extreme and irrational fear of experiencing a panic attack in a public situation and being unable to escape or get help.

Do they really have extreme fear, or is it normal fear. Do they have panic attacks?

**Agoraphobia:** Anxiety produces by the extreme and irrational fear of experiencing a panic attack in a public situation and being unable to escape or get help.