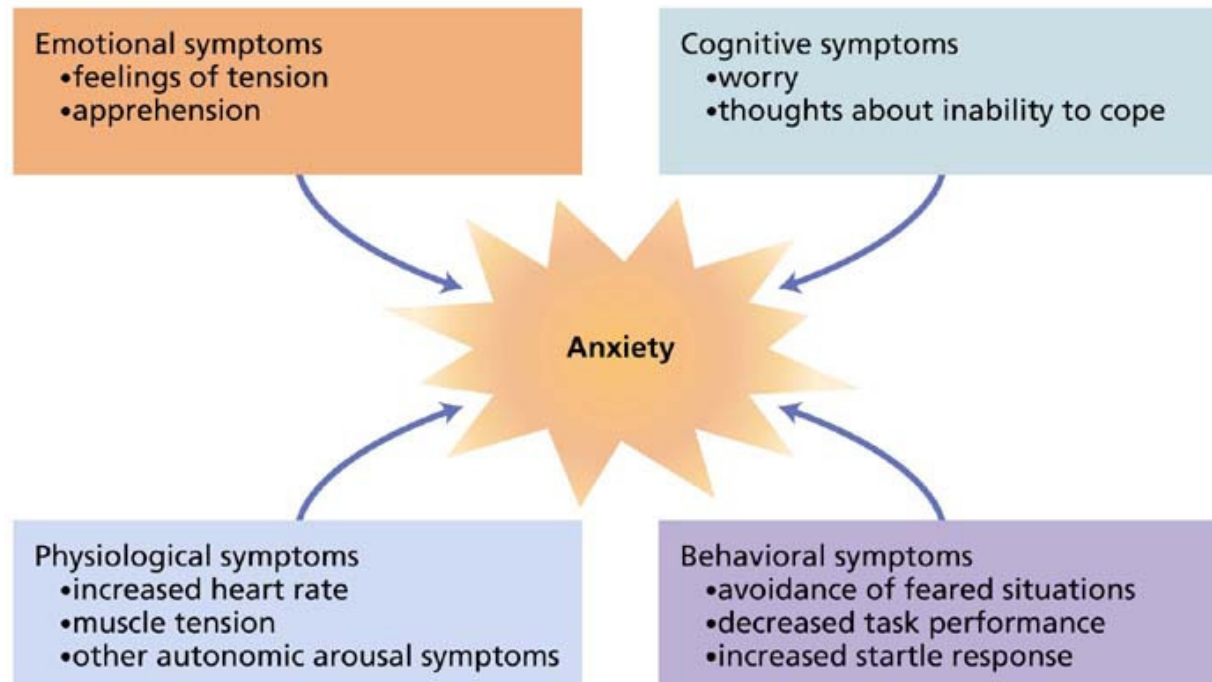


Anxiety Disorders

Anxiety: An unpleasant emotional state characterized by physical arousal and feelings of tension, apprehension and worry ([page 529](#)).

When anxiety alerts you to a real threat it is adaptive. However, anxiety can be triggered to events that are not threatening.

Copyright © The McGraw-Hill Companies, Inc. Permission required for reproduction or display.



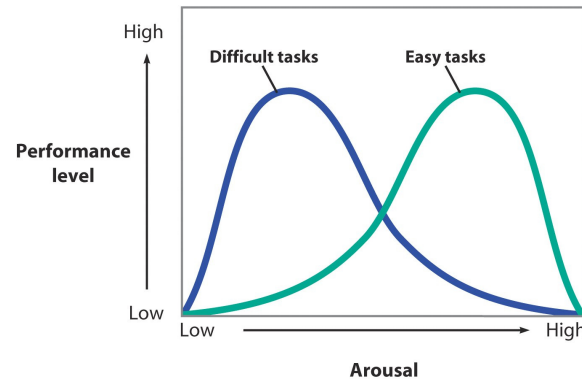
Anxiety Disorders

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

normal anxiety

abnormal anxiety

Nervous about a new job



Nervous about your job that you do well

Pathological and Normal Anxiety

Normal	Pathological
<u>Rational</u> <ul style="list-style-type: none"> Anxiety provoked by real and reasonable threats. The response is proportional to the actual to the actual importance of the situation. <p>My mother pays no attention at the sight of a spider.</p>	<u>Irrational</u> <ul style="list-style-type: none"> Anxiety provoked by threats that are exaggerated or non-existent. The response is out of proportion to the actual importance of the situation. It is intense. <p>My sister screams and jumps at the sight of a spider or its picture. Picture?</p>
<u>Controllable</u> <ul style="list-style-type: none"> The person can control their reactions to anxiety. <p>I can calmly respond to a spider, even though I don't like spiders either.</p>	<u>Uncontrollable</u> <ul style="list-style-type: none"> The person cannot shut off the alarm reaction even when they know the reaction to the anxiety is unrealistic. Their reactions are more frequent. <p>My sister cannot contain her anxiety, even though she realizes it is "just a spider".</p>
<u>Undisruptive</u> <ul style="list-style-type: none"> The anxiety does not interfere with your relationships, job, or academic performance. <p>I can continue working in the room with a spider.</p>	<u>Disruptive</u> <ul style="list-style-type: none"> The anxiety interferes with relationships, job, or academic performance. <p>My sister cannot continue working with a spider in the room.</p>

Anxiety Disorders

Anxiety disorders: A category of psychological disorders in which extreme anxiety is the main diagnostic feature and causes significant disruptions in the person's cognitive, behavioral, or interpersonal functioning ([page 529](#)).

Types of anxiety disorders include:

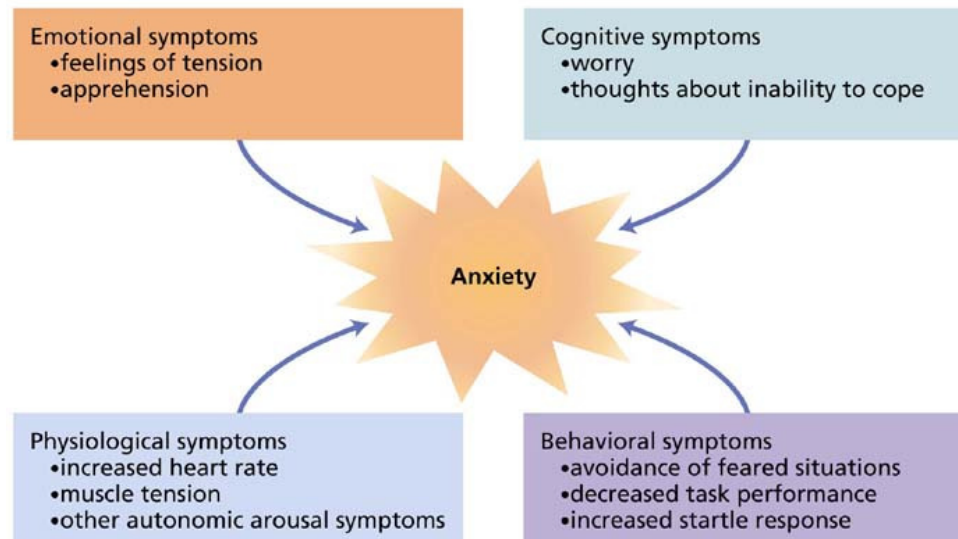
- General anxiety disorder (GAD): An anxiety disorder characterized by excessive, global, and persistent symptoms of anxiety; also called free-floating anxiety ([page 529](#)).
- Panic Attack and Panic Disorder: Panic attack is a sudden episode of extreme anxiety that rapidly escalates in intensity. An anxiety disorder in which the person experiences frequent and unexpected panic attacks ([page 530](#)).
- Phobias: A persistent and irrational fear of a specific object, situation, or activity ([page 531](#)).
- Posttraumatic Stress Disorder (PTSD): A disorder triggered by exposure to a highly traumatic event that results in recurrent, involuntary and intrusive memories of the event, avoidance of stimuli and situations associated with the event; negative changes in thoughts, moods, and emotions; and a persistent state of heightened physical arousal ([page 534](#)).

- Obsessive Compulsive Disorder (OCD): Disorder characterized by the presence of intrusive, repetitive, and unwanted thoughts (obsessions) and repetitive behaviors or mental acts that an individual feels driven to perform (compulsions) ([page 537](#)).

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.

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

Copyright © The McGraw-Hill Companies, Inc. Permission required for reproduction or display.



General Anxiety Disorder (GAD)

General anxiety disorder (GAD): An anxiety disorder characterized by excessive, global, and persistent symptoms of anxiety; also called free-floating anxiety ([page 529](#)).

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.

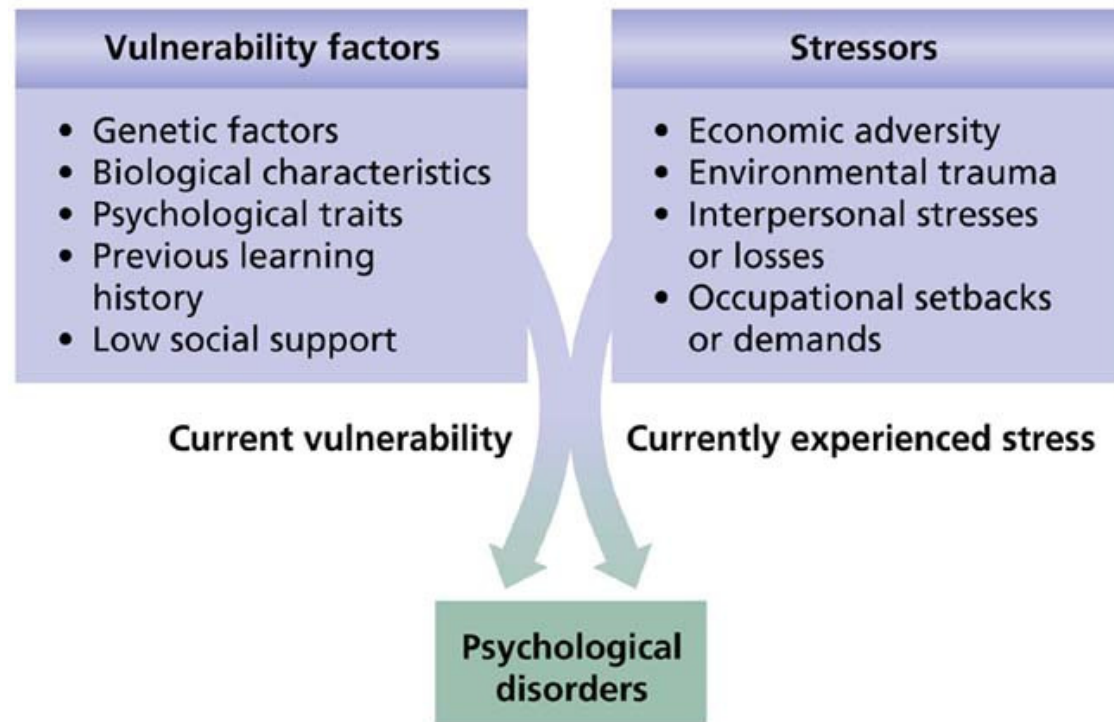
General Anxiety Disorder (GAD)

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.

Explaining GAD

Copyright © The McGraw-Hill Companies, Inc. Permission required for reproduction or display.

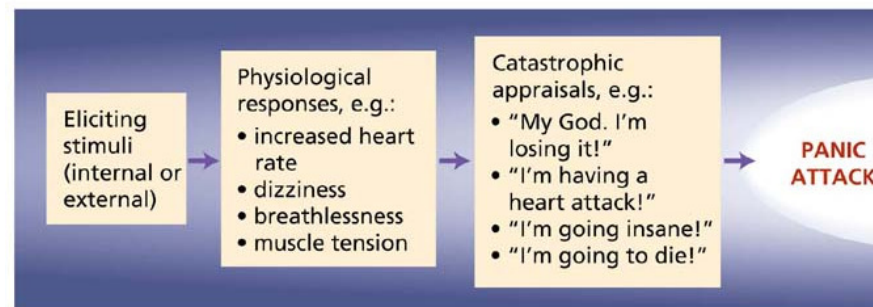


- The stress of living in poverty increases the likelihood of developing GAD.
- Traumatic events—especially in childhood can increase the odds of developing GAD.
- Major life changes (new job, new baby, personal loss, physical illness, etc) often precede the development of GAD.

Panic Disorder

Panic Attack and Panic Disorder: Panic attack is a sudden episode of extreme anxiety that rapidly escalates in intensity. An anxiety disorder in which the person experiences frequent and unexpected panic attacks ([page 530](#)).

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



- The acute symptoms of a panic attack typically last for a few minutes that include:
 - Pounding heart
 - Rapid breathing
 - Breathlessness
 - A choking sensation

- 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—An anxiety disorder involving extreme fear of experiencing a panic attack or other embarrassing or incapacitating symptoms in a public situation where escape is impossible and help is unavailable.

- 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.

Copyright © The McGraw-Hill Companies, Inc. Permission required for reproduction or display.



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

Agoraphobia versus Social Phobia

Social anxiety disorder—An anxiety disorder involving the extreme and irrational fear of being embarrassed, judged, or scrutinized by others in social situations ([page 533](#)).

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. E.g. 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.

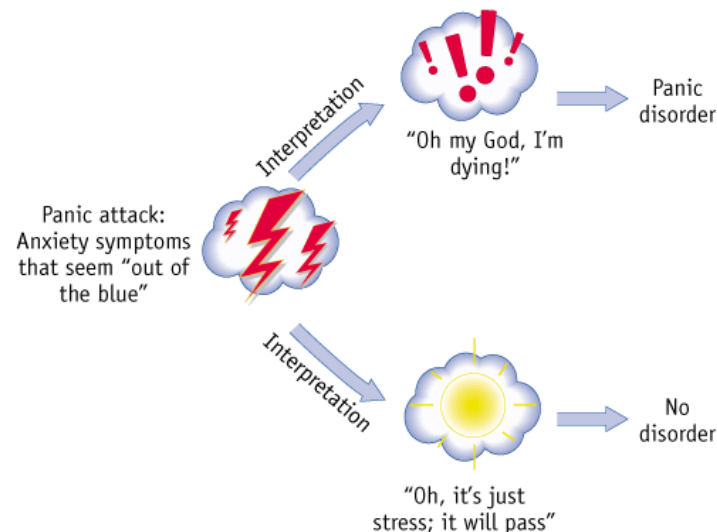
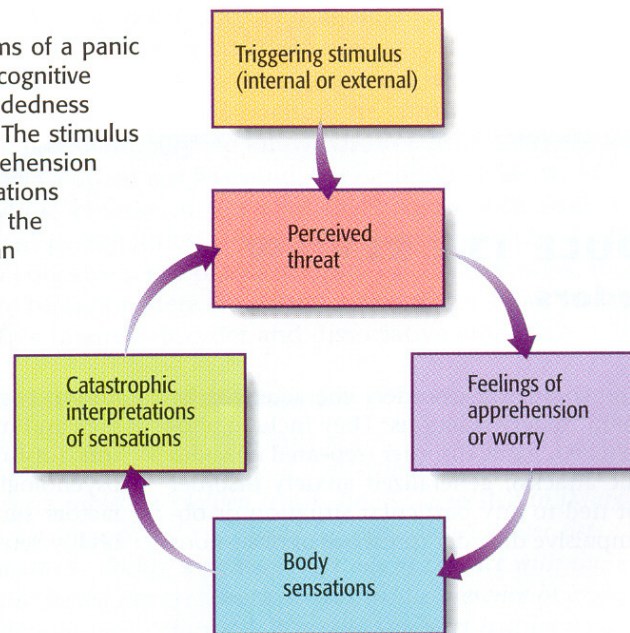


Figure 13.3 Cognitive Model of Panic

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.



How do we interpret the physiological response


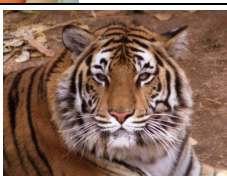

Phobias

Phobias: A persistent and irrational fear of a specific object, situation, or activity ([page 531](#)).

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

About 13% 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 four categories:

(1) situations (bridges, elevators, tunnels, enclosed spaces)	 	
(2) natural environments (heights, darkness, water, storms)	 	
(3) blood injections and injury		
(4) animals and insects (dogs, cats, rats, snakes, spiders)	  	

Phobias

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

These are common:

Blood	hematophobia
Darkness	nyctophobia
Enclosed space	claustrophobia
Germes	spermophobia
Heights	acrophobia
Mice	musophobia
Snakes	ophidiophobia
Spiders	arachnophobia
Wasps	spheksophobia

Phobias can develop to almost anything, including:

Air	aerophobia
Churches	ecclesiophobia
Eyes	ommatophobia
Frost	cryophobia
Shadows	sciophobia
Swallowing	phagophobia
Trees	dendrophobia

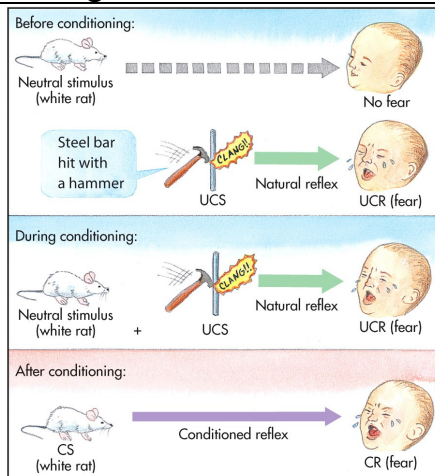
Source: Adapted from Melville, 1978.

Explaining Phobias: Learning Theory

Classical conditioning:

- eg. being bitten by a poodle, you become anxious and fearful around poodles.

Stimulus generalization = fear of dogs



Neutral stimulus =
UCS =
UCR =
CS =
CR =

Operant conditioning (negative reinforcement):

- In order to reduce your anxiety or fear of poodles, you avoid them.

POSITIVE REINFORCEMENT

Behavior is followed by a desirable event or state.



\$10 for an A makes it more likely a student will earn more As.

NEGATIVE REINFORCEMENT

Behavior ends an undesirable event or state.



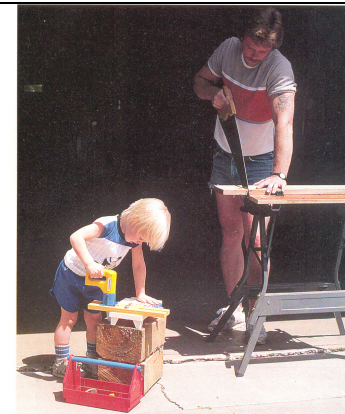
Taking aspirin relieves headaches and makes it more likely that aspirin will be taken in the future.

- Event: Seeing poodle makes you anxious.
- Behavior: You avoid the poodle and walk the other direction.

Consequence: 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.

Observational learning:

You learn to be afraid of dogs by seeing other people responding quite negatively to dogs



Evolution:

biological preparedness:
we are biologically more
likely to become afraid of
objects that have posed
a threat to previous
generations (e.g.
snakes, spiders, heights,
drowning, etc.)



vs.



Other learned phobias:

- Fear of cars
- “haunted houses”
- Tuesdays

Evolutionary Perspective and Phobias

There are likely deep brain pathways that lead us to have a quick emotional reaction to avoid snakes and spiders. This pathway is unconscious and automatic that it can be difficult for us to control the fear--even when we know we should not be afraid of a cake in the shape of a snake, or a spider encased in a computer mouse.



Explaining Phobias

Temperament (see chapter 9 and 11): 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.

Posttraumatic Stress Disorder

Posttraumatic Stress Disorder (PTSD): A disorder triggered by exposure to a highly traumatic event that results in recurrent, involuntary and intrusive memories of the event, avoidance of stimuli and situations associated with the event; negative changes in thoughts, moods, and emotions; and a persistent state of heightened physical arousal ([page 534](#)).



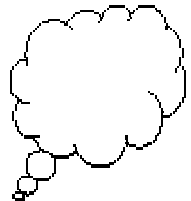
Obsessive-compulsive disorder (OCD)

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.

Thoughts

Behaviors

Table 14.3	
The Most Common Obsessions and Compulsions	
Obsession	Description
Contamination	Irrational fear of contamination by dirt, germs, or other toxic substances. Typically accompanied by cleaning or washing compulsion.
Pathological	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.
Violent or sexual thoughts	Fear that you have harmed or will harm another person or will engage in some sort of unacceptable sexual behavior. Or the fear that you have done or will do something socially unacceptable. May take the form of intrusive mental images or impulses.
Compulsion	Description
Washing	Urge to repeatedly wash yourself or clean your surroundings. Cleaning or washing may involve an elaborate, lengthy ritual. Often linked with contamination obsession but may also be a compulsive ritual that is intended to prevent some sort of unrelated catastrophe.
Checking	Checking over and over again to make sure that a simple task has been accomplished. Typically occurs in association with pathological doubt. Checking rituals may take hours.
Counting	Need to engage in certain behaviors a specific number of times or to count to a certain number before performing some action or task.
Symmetry and precision	Need to have things or actions be perfectly symmetrical. Need to have objects in an exact order or position. Need to do or undo certain actions in an exact fashion.
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.

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

The Most Common Obsessions and Compulsions

Obsession	Description
Contamination	Irrational fear of contamination by dirt, germs, or other toxic substances. Typically accompanied by cleaning or washing compulsion.
Pathological doubt	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.
Violent or sexual thoughts	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.
Compulsion	Description
Washing	Urge to repeatedly wash yourself or clean your surroundings. Cleaning or washing may involve an elaborate, lengthy ritual. Often linked with contamination obsession.
Checking	Checking repeatedly to make sure that a simple task has been accomplished. Typically occurs in association with pathological doubt. Checking rituals may take hours.
Counting	Need to engage in certain behaviors a specific number of times or to count to a certain number before performing some action or task.
Symmetry and precision	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.

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

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.



Howard Hughes, the billionaire industrialist, suffered from debilitating obsessive-compulsive disorder later in his life.

First Person Account: Obsessive-Compulsive Disorder

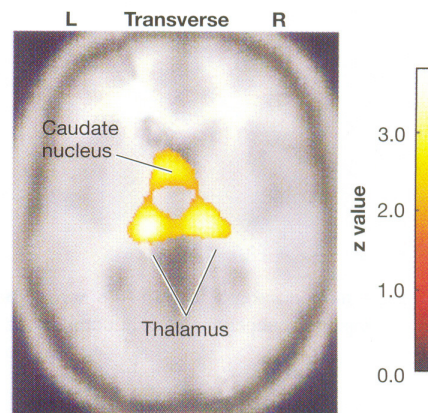
"I couldn't do anything without rituals. They transcended every aspect of my life. Counting was big for me. When I set my alarm at night, I had to set it to a number that wouldn't add up to a 'bad' number. I would wash my hair three times as opposed to once because three was a good luck number and one wasn't. It took me longer to read because I'd count the lines in a paragraph. If I was writing a term paper, I couldn't have a certain number of words on a line if it added up to a bad number. I was always worried that if I didn't do something, my parents were going to die." (Dickey, 1994)

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.



This PET scan shows abnormal activity in the thalamus and caudate brain regions of an OCD patient.

FIGURE 14.19 OCD Brain Scan

- We may unconsciously reinforce OCD behavior through negative reinforcement

Behavior	Consequence	Future behavior
Washing your hands	<p>You feel relief.</p> <p>You temporarily remove or your anxiety about getting dirty</p>	The anxiety is removed, thus making it more likely to wash your hands in the future when you feel anxious.



FIGURE 14.18 OCD Cycle Classical conditioning (here, step 1) and operant conditioning (steps 2–3) may contribute to a person's developing OCD (step 4).

- 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

General anxiety disorder (GAD)

An anxiety disorder characterized by excessive, global, and persistent symptoms of anxiety; also called free-floating anxiety ([page 529](#)).

Panic Attack and Panic Disorder

Panic attack is a sudden episode of extreme anxiety that rapidly escalates in intensity. An anxiety disorder in which the person experiences frequent and unexpected panic attacks ([page 530](#)).

Phobias

A persistent and irrational fear of a specific object, situation, or activity ([page 531](#)).

Posttraumatic Stress Disorder (PTSD)

A disorder triggered by exposure to a highly traumatic event that results in recurrent, involuntary and intrusive memories of the event, avoidance of stimuli and situations associated with the event; negative changes in thoughts, moods, and emotions; and a persistent state of heightened physical arousal ([page 534](#)).

Obsessive Compulsive Disorder (OCD)

Disorder characterized by the presence of intrusive, repetitive, and unwanted thoughts (obsessions) and repetitive behaviors or mental acts that an individual feels driven to perform (compulsions) ([page 537](#)).