Anxiety Disorders

Anxiety - An emotional state characterized by physiological arousal, unpleasant feelings of tension, and a sense of apprehension or foreboding.

Anxiety disorder - A class of psychological disorders characterized by excessive or maladaptive anxiety reactions.

Overview of anxiety disorders

Anxiety is characterized by a wide range of symptoms that cut across physical, behavioral, and cognitive domains:

a) Physical features.
b) Behavioral features.
c) Cognitive features.
Overview of anxiety disorders

The DSM recognizes the following specific types of anxiety disorders we discuss in this chapter:

- Panic disorder
- Phobic disorders
- Obsessive–compulsive disorder
- Generalized anxiety disorder
- Acute stress disorder
- Posttraumatic stress disorder

Panic disorder

**Panic disorder** - A type of anxiety disorder characterized by repeated episodes of intense anxiety or panic.

There is a stronger bodily component to panic attacks than to other forms of anxiety.

The attacks are accompanied by feelings of sheer terror and a sense of imminent danger or impending doom and by an urge to escape the situation.

<table>
<thead>
<tr>
<th>TYPE OF DISORDER</th>
<th>Lifetime Prevalence in Population (approx.)</th>
<th>Description</th>
<th>Associated Features</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panic Disorder</td>
<td>4% (overall) 1.1%</td>
<td>Repeated panic attacks (episodes of intense anxiety) accompanied by varying physiological symptoms, thoughts of imminent physical disaster, intense fear that nothing can prevent impending doom, and an urge to escape the situation.</td>
<td>Fear of recurring attacks may prompt avoidance of situations associated with attacks or in which help might not be available. Attacks begin unexpectedly but may become associated with certain places or objects. Attacks may be accompanied by hyperventilation or general avoidance of public situations.</td>
</tr>
<tr>
<td>Generalized Anxiety Disorder</td>
<td>4%</td>
<td>Persistent anxiety that is not limited to particular situations</td>
<td>Excessive worrying or heightening of bodily arousal, restlessness, being “on edge”</td>
</tr>
<tr>
<td>Specific Phobia</td>
<td>8%</td>
<td>Excessive fear of particular objects or situations</td>
<td>Avoidance of phobic stimulus or situations. Examples include acrophobia (fear of heights), arachnophobia (fear of spiders), and claustrophobia (fear of small spaces or heights).</td>
</tr>
<tr>
<td>Social Phobia</td>
<td>5%</td>
<td>Excessive fear of social interactions</td>
<td>Often triggered by an underlying fear of rejection, humiliation, or embarrass-ment in social situations.</td>
</tr>
</tbody>
</table>
Panic disorder

**Agoraphobia** - Excessive, irrational fear of open or public places.

For a diagnosis of panic disorder to be made, the person must have experienced repeated, unexpected panic attacks, and at least one of the attacks must be followed by one of the following:

a) At least a month of persistent fear of subsequent attacks.
b) Worry about the implications or consequences of the attack.
c) Significant change in behavior.
Prevalence of panic disorder by gender

Panic disorder affects about two times as many women as men.

Theoretical Perspectives

The prevailing view of panic disorder reflects a combination of cognitive and biological factors, of misattributions (misperceptions of underlying causes) on the one hand and physiological reactions on the other. Perceiving these bodily sensations as dire threats induces anxiety, which is accompanied by activation of the sympathetic nervous system.

The changes in bodily sensations that trigger a panic attack may result from many factors, such as unrecognized hyperventilation (rapid breathing), exertion, changes in temperature, or reactions to certain drugs or medications.

Biological Factors

Evidence suggests that genetic factors are at work in explaining proneness to panic disorder. The biological underpinnings of panic attacks may involve an unusually sensitive alarm system or fear network in the brain involving the limbic system and frontal lobes that normally respond to cues of threat or danger.

Psychiatrist Donald Klein (1994) proposed a variation of the alarm model called the suffocation false alarm theory.
Cognitive Factors

In referring to the anxiety facing the nation in the wake of the economic depression of the 1930s, President Franklin Roosevelt said in his 1932 inaugural address, “We have nothing to fear but fear itself.”

These words echo today in research examining the role of fear of fear, or anxiety sensitivity (AS), in determining proneness to anxiety disorders, especially panic disorder.

As appears to magnify fear reactions to cues of bodily arousal.

The Case of Jerry

“I was walking down the interstate…and all of the sudden I got this fear.”

Treatment Approaches

The most widely used forms of treatment for panic disorder are drug therapy and cognitive-behavioral therapy. Drugs commonly used to treat depression, called antidepressant drugs, also have antianxiety and antipanic effects.

The term “antidepressants” may be something of a misnomer since these drugs have broader effects than treating just treating depression.

A potential problem with drug therapy is that patients may attribute clinical improvement to the drugs and not their own resources.
**Phobic Disorders**

The word *phobia* derives from the Greek *phobos*, meaning "fear."

The concepts of fear and anxiety are closely related.

Fear is anxiety experienced in response to a particular threat.

A phobia is a fear of an object or situation that is disproportionate to the threat it poses.

---

**TABLE 6.4**

**Typical Age of Onset for Various Phobias**

<table>
<thead>
<tr>
<th>Phobia</th>
<th>Mean Age of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animal phobia</td>
<td>7</td>
</tr>
<tr>
<td>Blood phobia</td>
<td>9</td>
</tr>
<tr>
<td>Injection phobia</td>
<td>8</td>
</tr>
<tr>
<td>Dental phobia</td>
<td>12</td>
</tr>
<tr>
<td>Social phobia</td>
<td>15</td>
</tr>
<tr>
<td>Claustrophobia</td>
<td>20</td>
</tr>
<tr>
<td>Agoraphobia</td>
<td>28</td>
</tr>
</tbody>
</table>

Source: Adapted from Grant et al., 2006; & Or, 1987, 1989.
Specific Phobias

Specific phobia - A phobia that is specific to a particular object or situation.

Such as fear of heights (acrophobia), fear of enclosed spaces (claustrophobia), or fear of small animals such as mice or snakes and various other “creepy-crawlies.”

The person experiences high levels of fear and physiological arousal when encountering the phobic object, which prompts strong urges to avoid or escape the situation or avoid the feared stimulus, as in the following case.

Social Phobia

It is not abnormal to experience some degree of fear in social situations such as dating, attending parties or social gatherings, or giving a talk or presentation to a class or group.

Social phobia - Excessive fear of social interactions or situations.

The underlying problem is an excessive fear of negative evaluations from others.
Percentage of people with social phobia reporting specific difficulties associated with their fears of social situations.

Agoraphobia

The word agoraphobia is derived from Greek words meaning "fear of the marketplace," which suggests a fear of being out in open, busy areas.

People with agoraphobia develop a fear of places and situations from which it might be difficult or embarrassing to escape in the event of panicky symptoms or a full-fledged panic attack or of situations in which help may be unavailable if such problems should occur.

People with agoraphobia may fear shopping in crowded stores; walking through crowded streets; crossing a bridge; traveling on a bus, train, or car; eating in restaurants; or even leaving the house.

Psychodynamic Perspectives

From the psychodynamic perspective, anxiety is a danger signal that threatening impulses of a sexual or aggressive (murderous or suicidal) nature are nearing the level of awareness.

To fend off these threatening impulses, the ego mobilizes its defense mechanisms.

In phobias, the Freudian defense mechanism of projection comes into play.
Learning Perspectives

The classic learning perspective on phobias was offered by psychologist O. Hobart Mowrer (1948).

**Two-factor model** - A theoretical model that accounts for the development of phobic reactions on the basis of classical and operant conditioning.

The fear component of phobia is believed to be acquired through classical conditioning, as previously neutral objects and situations gain the capacity to evoke fear by being paired with noxious or aversive stimuli.

---

Biological Perspectives

Genetic factors can predispose individuals to develop anxiety disorders, including panic disorder and phobic disorders.

Investigators showed links between variations of a particular gene and different patterns of brain activity when people were exposed to fearful stimuli (Hariri et al., 2002).

Individuals with a particular form of the gene showed greater neuronal activity in response to fearful stimuli in the amygdala, an almond-shaped structure in the limbic system of the brain.

---

The amygdala and limbic system.

The amygdala is part of the limbic system, a set of interconnected structures in the brain involved in forming memories and processing emotional responses. The limbic system, which also consists of specific parts of the thalamus and hypothalamus and other nearby structures, is located in the forebrain below the cerebral cortex.
The "all-clear" signal quells fear in rats.

Evidence shows that "all-clear" signals from the prefrontal cortex to the amygdala inhibit fear in rats. This discovery may lead to treatments that can help quell fear reactions in humans.

Cognitive Perspectives

Recent research highlights the importance of cognitive factors in determining proneness to phobias, including factors such as oversensitivity to threatening cues, overpredictions of dangerousness, and self-defeating thoughts and irrational beliefs:

1. Oversensitivity to threatening cues.
2. Overprediction of danger.
3. Self-defeating thoughts and irrational beliefs.

Snakes and Spiders

Snakes and spiders. According to the concept of prepared conditioning, we are genetically predisposed to more readily acquire fears of the types of stimuli that would have threatened the survival of ancestral humans—stimuli such as large animals, snakes, and other creepy-crawlers.
Treatment Approaches

Traditional psychoanalysis fosters awareness of how clients’ fears symbolize their inner conflicts, so the ego can be freed from expending its energy on repression.

Modern psychodynamic therapies also foster clients’ awareness of inner sources of conflict. They focus to a greater extent than do traditional approaches on exploring sources of anxiety that arise from current rather than past relationships, however, and they encourage clients to develop more adaptive behaviors.

Learning-Based Approaches

Systematic desensitization - A behavior therapy technique for overcoming phobias by means of exposure to progressively more fearful stimuli (in imagination or by viewing slides) while remaining deeply relaxed.

Fear-stimulus hierarchy - An ordered series of increasingly fearful stimuli.

Gradual exposure - In behavior therapy, a method of overcoming fears through a stepwise process of exposure to increasingly fearful stimuli in imagination or in real-life situations.
Learning-Based Approaches

**Flooding** - A behavior therapy technique for overcoming fears by means of exposure to high levels of fear-inducing stimuli.

**Virtual reality therapy** - A form of exposure therapy involving the presentation of phobic stimuli in a virtual reality environment.

In order for virtual therapy to be effective, says psychologist Barbara Rothbaum, who was an early pioneer in the use of the technique, the person must become immersed in the experience and believe at some level it is real and not like watching a videotape.

Cognitive Therapy

Through *rational emotive behavior therapy*, Albert Ellis might have shown people with social phobias how irrational needs for social approval and perfectionism produce unnecessary anxiety in social interactions.

Eliminating exaggerated needs for social approval is apparently a key therapeutic factor.

**Cognitive restructuring** - A cognitive therapy method that involves replacing irrational thoughts with rational alternatives.

Drug Therapy

Evidence supports the use of antidepressant drugs, including *sertraline* (brand name Zoloft) and *paroxetine* (trade name Paxil), in treating social phobia.

A combination of psychotherapy and drug therapy may be more effective in some cases than either treatment approach alone.

Psychiatric drugs may also facilitate progress in exposure therapy for phobias.
Obsessive–Compulsive Disorder

Obsessive–compulsive disorder (OCD) A type of anxiety disorder characterized by recurrent obsessions, compulsions, or both.

**Obsession** - A recurring thought or image that the individual cannot control.

**Compulsion** - A repetitive or ritualistic behavior that the person feels compelled to perform.

---

The Case of Ed

---

### Obsessive–Compulsive Disorder

**Table 6.5**

<table>
<thead>
<tr>
<th>Obsessive Thought Patterns</th>
<th>Compulsive Behavior Patterns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thinking one’s hands remain dirty despite repeated washing</td>
<td>Rechecking one’s work time and time again</td>
</tr>
<tr>
<td>Difficulty knowing the thought that a loved one has been hurt or killed</td>
<td>Rechecking the doors or gas jets before leaving home</td>
</tr>
<tr>
<td>Repeatedly thinking that one has left the door to the house unlocked</td>
<td>Constantly washing one’s hands to keep them clean and germ free</td>
</tr>
<tr>
<td>Worried constantly that the gas jets in the house were not turned off</td>
<td>---</td>
</tr>
<tr>
<td>Repeatedly thinking that one has done terrible things to loved ones</td>
<td>---</td>
</tr>
</tbody>
</table>
Theoretical Perspectives

Within the psychodynamic tradition, obsessions represent leakage of unconscious impulses into consciousness, and compulsions are acts that help keep these impulses repressed.

The psychodynamic model remains largely speculative, in large part because of the difficulty (some would say impossibility) of arranging scientific tests to determine the existence of unconscious impulses and conflicts.

From the learning perspective, compulsive behaviors are viewed as operant responses that are negatively reinforced by relief of anxiety engendered by obsessional thoughts.

Treatment Approaches

Behavior therapists have achieved impressive results in treating obsessive–compulsive disorder with the technique of exposure with response prevention.

The exposure component involves having clients intentionally place themselves in situations.

Through exposure with response prevention (ERP), people with OCD learn to tolerate the anxiety triggered by their obsessive thoughts while they are prevented from performing their compulsive rituals.

Generalized Anxiety Disorder

Generalized anxiety disorder (GAD) - A type of anxiety disorder characterized by general feelings of dread and foreboding and heightened states of bodily arousal.

Generalized anxiety disorder (GAD) - is characterized by persistent feelings of anxiety that are not triggered by any specific object, situation, or activity, but rather seems to be what Freud labeled “free floating.”

The emotional distress associated with GAD interferes significantly with the person’s daily life.
Theoretical Perspectives

From a psychodynamic perspective, generalized anxiety represents the threatened leakage of unacceptable sexual or aggressive impulses or wishes into conscious awareness.

From a learning perspective, generalized anxiety is precisely that: generalization of anxiety across many situations.

The cognitive perspective on GAD emphasizes the role of exaggerated or distorted thoughts and beliefs, especially beliefs that underlie worry.

Although we lack a clear biological model of GAD, it is reasonable to suspect irregularities in neurotransmitter activity.

Treatment Approaches

The major forms of treatment of generalized anxiety disorder are psychiatric drugs and cognitive-behavioral therapy.

Cognitive-behavioral therapists use a combination of techniques in treating GAD, including training in relaxation skills; learning to substitute calming, adaptive thoughts for intrusive, worrisome thoughts; and learning skills of decatastrophizing (avoiding tendencies to think the worst).

In one illustrative study, the great majority of GAD patients treated with either behavioral or cognitive methods, or the combination of these methods, no longer met diagnostic criteria for the disorder following treatment (Borkovec et al., 2002).

Acute Stress Disorder And Posttraumatic Stress Disorder

In adjustment disorders, people have difficulty adjusting to life stressors, such as business or marital problems, chronic illness, or bereavement over a loss.

**Acute stress disorder (ASD)** - A traumatic stress reaction occurring during the month following exposure to a traumatic event.

**Posttraumatic stress disorder (PTSD)** - A prolonged maladaptive reaction to a traumatic event.
Trauma

Trauma associated with the development of PTSD may involve combat, acts of terrorism, or violent crimes, including crimes such as the mass murders at Virginia Tech. However, the most frequent source of traumas linked to PTSD are serious motor vehicle accidents.

Acute Stress Disorder And Posttraumatic Stress Disorder

<table>
<thead>
<tr>
<th>TABLE 6.6</th>
<th>Factors Predictive of PTSD in Trauma Survivors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factors Relating to the Event</td>
<td>Factors Relating to the Person or Social Environment</td>
</tr>
<tr>
<td>Degree of exposure to trauma</td>
<td>History of childhood sexual abuse</td>
</tr>
<tr>
<td>Severity of the trauma</td>
<td>Lack of social support</td>
</tr>
<tr>
<td>Exposure to violence</td>
<td>Lack of active coping responses in dealing with the traumatic stressor</td>
</tr>
<tr>
<td>Feelings of shame</td>
<td>Symptoms of detachment or “dissociation” shortly following the trauma</td>
</tr>
</tbody>
</table>

Features of Traumatic Stress Disorders

The symptoms or features of ASD and PTSD include the following:

- Avoidance behavior.
- Re-experiencing the trauma.
- Impaired functioning.
- Heightened arousal.
- Emotional numbing.
Theoretical Perspectives

The major conceptual understanding of PTSD derives from the behavioral or learning perspective.

Within a classical conditioning framework, traumatic experiences are unconditioned stimuli that become paired with neutral (conditioned) stimuli such as the sights, sounds, and even smells associated with the trauma—for example, the battlefield or the neighborhood in which a person has been raped or assaulted.

Consequently, anxiety becomes a conditioned response that is elicited by exposure to trauma-related stimuli.

Treatment Approaches

Cognitive-behavioral therapy has produced impressive results in treating PTSD.

The basic treatment component is repeated exposure to cues and emotions associated with the trauma.

In CBT, the person gradually reexperiences the anxiety associated with the traumatic event in a safe setting, thereby allowing extinction to take its course.

Ethnic Differences In Anxiety Disorders

Are anxiety disorders more common in certain racial or ethnic groups?

We might think that stressors that African Americans in our society are more likely to encounter, such as racism and economic hardship, might contribute to a higher rate of anxiety disorders in this population group.

On the other hand, an alternative argument is that African Americans, by dint of having to cope with these hardships in early life, develop resiliency in the face of stress that shields them from anxiety disorders.

Eye movement desensitization and reprocessing (EMDR) - A controversial form of therapy for PTSD that involves eye tracking of a visual target while holding images of the traumatic experience in mind.
The End