Chapter 7: Anxiety Disorders

Learning Objectives

• Identify and give examples of the four types of symptoms that constitute anxiety.
• Know the differences between adaptive fear and maladaptive anxiety.
• Know the key features of panic disorder and the biological and psychological theories that attempt to explain it.
• Identify the treatments available for panic disorder as well as their advantages and disadvantages.
• Know the key features of agoraphobia.
• Identify the four main types of specific phobias.
• Discuss the biological and psychological theories of phobias.
• Discuss the effective behavioral treatments for phobias.
• Discuss the key features of GAD and the theories that attempt to explain it.
• Identify treatments used for GAD.
• Discuss the biological and psychological theories of OCD.
• Identify the treatments available for OCD.
• Describe how the anxiety disorders discussed in this chapter vary between the sexes and across cultures.

Evolution

• Evolution is _______________ science.
• Key elements of evolution by ___________________________ selection:
  – Genetic ________________
  – Improved ________________
  – Increased ________________ success

Evolution

Evolution also occurs via ___________________________ selection:

• Peacock tails
• Human brain?

Emotions

Emotions are “programs,” built-in modules – tendencies to respond – that offer ___________________________ advantages under certain circumstances

• Courtship: __________________
• Predatory attack: __________________
• Threat to relationship: ________________
Anxiety

“Anxiety increases fitness in dangerous situations which threaten a loss of __________________________.”

- life and __________________________,
- relationships,
- property,
- _______________, reputation,
- skill. Marks & Nesse

Protective Functions of Anxiety

- Escape or avoidance (____________________)
- Aggressive defense (____________________)
- Freezing/immobility (aid in locating danger, _______________, inhibits predatory attack
- Submission/appeasement (maintains __________________________ relations)

Manifestations of Anxiety

- Agoraphobics _________________ in panic and ________________ home
- Social phobics ___________ if possible, otherwise ________________
- OCD produces avoidance of __________________________ and danger

Fears of People with Anxiety Disorders

- Severe enough to __________________________ the quality of life
- Chronic and frequent enough to interfere with __________________________
- Out of proportion to the __________________________ that they truly face
Symptoms of Anxiety

<table>
<thead>
<tr>
<th>Somatic</th>
<th>Emotional</th>
<th>Cognitive</th>
<th>Behavioral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goosebumps emerge</td>
<td>Sense of dread</td>
<td>Anticipation of harm</td>
<td>Escape</td>
</tr>
<tr>
<td>Muscles tense</td>
<td>Terror</td>
<td>Exaggerating of danger</td>
<td>Avoidance</td>
</tr>
<tr>
<td>Heart rate increases</td>
<td>Restlessness</td>
<td>Problems in concentrating</td>
<td>Aggression</td>
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<tr>
<td>Respiration accelerates</td>
<td>Irritability</td>
<td>Hypervigilance</td>
<td>Freezing</td>
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<tr>
<td>Respiration deepens</td>
<td></td>
<td>Worried, ruminative thinking</td>
<td>Decreased appetitive responding</td>
</tr>
<tr>
<td>Spleen contracts</td>
<td></td>
<td>Fear of losing control</td>
<td>Increased aversive responding</td>
</tr>
<tr>
<td>Peripheral blood vessels dilate</td>
<td></td>
<td>Fear of dying</td>
<td></td>
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<tr>
<td>Liver releases carbohydrates</td>
<td></td>
<td>Sense of unreality</td>
<td></td>
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<tr>
<td>Bronchioles widen</td>
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<td></td>
<td></td>
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<tr>
<td>Pupils dilate</td>
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<td></td>
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<tr>
<td>Perspiration increases</td>
<td></td>
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<tr>
<td>Adrenaline is secreted</td>
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<tr>
<td>Stomach acid is inhibited</td>
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<td></td>
<td></td>
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<tr>
<td>Salivation decreases</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Bladder relaxes</td>
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Panic Disorder

- Associated with general anxiety
- Is very much like the fight-or-flight response
- Panic Disorder DSM-IV Criteria.pdf

Panic Disorder Theories

- Neurotransmitter theories
  - Poor _______________ of norepinephrine, serotonin, and perhaps GABA and CCK in the locus ceruleus and limbic systems, causes panic disorder
- Kindling model
  - Poor regulation in the locus ceruleus causes panic attacks, stimulates and kindles the limbic system, lowering the _______________ for stimulation of diffuse and chronic anxiety
- Suffocation false alarm theory
  - The brains of people with panic disorder are _______________ to carbon dioxide and induce the fight-or-flight response with small increases in carbon dioxide
- Genetic Theories
  - Disordered genes put some people at risk for panic disorder
- Cognitive Theories
  - People prone to panic attacks (1) pay very close attention to their bodily sensations, (2) misinterpret these sensations, and (3) engage in snowballing, catastrophizing thinking
Biological Treatments

- Antidepressants
  - Increase levels of norepinephrine and a number of other neurotransmitters
- Serotonin reuptake
  - Increase levels of serotonin
- Benzodiazepines
  - Influence functioning in the GABA, norepinephrine, and serotonin neurotransmitter systems

Cognitive-Behavioral Therapy

- Clients are taught relaxation and breathing exercises.
- The clinician guides clients in identifying the catastrophizing cognitions they have about changes in bodily sensations.
- Clients practice using their relaxation and breathing exercises while experiencing panic symptoms in the therapy session.
- The therapist will challenge clients’ catastrophizing thoughts about their bodily sensations and teach them to challenge their thoughts for themselves.
- The therapist will use systematic desensitization techniques to gradually expose clients to those situations they most fear while helping them to maintain control.
# Phobic Disorders

<table>
<thead>
<tr>
<th>Phobia</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Agoraphobia</td>
<td>Fear of places where help might not be available in case of an emergency</td>
</tr>
<tr>
<td>Specific Phobias</td>
<td>Fear of specific objects, places or situations</td>
</tr>
<tr>
<td>- Animal type</td>
<td></td>
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<tr>
<td>- Natural environment type</td>
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<tr>
<td>- Situational type</td>
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<tr>
<td>- Blood-injection-injury type</td>
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<tr>
<td>Social Phobia</td>
<td>Fear of being judged or embarrassed by others</td>
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</tbody>
</table>

## Treatment of Phobias

- **Behavioral**
  - Systematic desensitization
  - Modeling
  - Flooding

- **Cognitive-Behavioral**
  - Helps clients identify and challenge negative, catastrophizing thoughts about feared situations

- **Biological**
  - Reduce symptoms of anxiety generally so that they do not arise in the feared situation
Agoraphobia

- Likely related to higher risk of harm when outside one’s ‘______________’ (in territorial species)
- DSM-IV Criteria.pdf

Agoraphobia Video

Specific Phobias

- Specific Phobia DSM-IV Criteria.pdf
- Note: fear of heights results in _____________________
- Blood or injury cues produce a diphasic vasovagal response ending in bradycardic syncope. Such fainting may reduce blood loss after injury and, like death feigning, inhibit further attack by a predator (Marks 1988).

Specific phobias

Oman’s study
- Subjects find spiders/snakes ______________ than mushrooms & flowers
- Speed of locating scary targets not related to location of target (unlike mushrooms & flowers)
- Fearful subjects found scary items _________________________

Generalized Anxiety Disorder (GAD)

Generalized Anxiety Disorder DSM-IV Criteria.pdf

GAD Theories

- Psychodynamic Theories
  - Realistic anxiety
  - Neurotic anxiety
  - Moral anxiety
- Humanistic and Existential Theories
  - Conditions of worth and existential anxiety
- Cognitive Theory
- Biological Theories
Obsessions (as defined by DSM-IV-TR)

- Recurrent and persistent thoughts, impulses, or images that are experienced intrusive and inappropriate and that cause anxiety or distress
- Thoughts, impulses, or images that are not simply excessive worries about real life problems
- Thoughts, impulses or images that the person attempts to ignore or suppress or to neutralize with some other thought or action
- Obsessive thoughts, impulses or images that the person recognizes are a product of his or her own mind

Compulsions (as defined by DSM-IV-TR)

- Repetitive behaviors (such as hand washing, ordering, checking) or mental acts (such as praying, counting, repeating words silently) that the person feels driven to perform in response to an obsession or according to rules that must be applied rigidly
- Behaviors or mental acts that are aimed at preventing or reducing distress or preventing some dreaded event or situation; however, these behaviors or mental acts are not connected in a realistic way with what they should prevent

OCD Symptoms

“The anxiety and sense of compulsion in obsessive-compulsive disorder (OCD) may be a caricature of the motivational mechanisms that drive and prioritize normal behavioral routines.”

- Behavioral sequences come with tension to achieve final end – with OCD, tension does not dissipate
- Behavioral sequences often done one at a time – with OCD, prioritizing is difficult
- In many social primates, grooming smooths social relations – with OCD, grooming behavior can be predominant
- Disregarding others’ needs can result in ostracism – with OCD, over-concern for others is possible

OCD Symptoms
Obsessive Compulsive Disorder DSM-IV Criteria.pdf
Treatments for OCD

- **Biological Treatments**
  - Serotonin-enhancing drugs like Paxil, Prozac

- **Cognitive-behavioral Treatments**
  - Expose the client to obsessions until anxiety about obsessions decreases, prevent compulsive behaviors and help the client manage anxiety that is aroused. For example, systematic desensitization may be used to help a person with a germ obsession gradually tolerate exposure to “dirty” materials.

**Obsessive-Compulsive Disorder Video**