Chapter 4

Anxiety Disorders

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Anxiety

- What distinguishes fear from anxiety?
  - Fear is a state of immediate alarm in response to a serious, known threat to one's well-being
  - Anxiety is a state of alarm in response to a vague sense of threat or danger
  - Both have the same physiological features: increase in respiration, perspiration, muscle tension, etc.

Anxiety Disorders

- Most common mental disorders in the U.S.
  - In any given year, 19% of the adult population in the U.S. experience one or another of the six DSM-IV anxiety disorders
    - Most individuals with one anxiety disorder suffer from a second as well

Anxiety Disorders

- Six disorders:
  - Generalized anxiety disorder (GAD)
  - Phobias
  - Panic disorder
  - Obsessive-compulsive disorder (OCD)
  - Acute stress disorder
  - Post-traumatic stress disorder (PTSD)

Generalized Anxiety Disorder (GAD)

- Characterized by excessive anxiety under most circumstances and worry about practically anything
  - Often called "free-floating" anxiety
  - "Danger" not a factor
- Symptoms include restlessness, easy fatigue, irritability, muscle tension, and/or sleep disturbance
  - Symptoms last at least six months

Generalized Anxiety Disorder (GAD)

- The disorder is common in Western society
  - Affects ~4% of U.S. and ~3% of Britain's population
- Usually first appears in childhood or adolescence
- Women are diagnosed more often than men by a 2:1 ratio

GAD: The Sociocultural Perspective

- GAD is most likely to develop in people faced with social conditions that are truly dangerous
- One of the most powerful forms of societal stress is poverty
- Since race is closely tied to income and job opportunities in the U.S., it is also tied to the prevalence of GAD
  - In any given year, about 6% of African Americans vs. 3.5% of Caucasians suffer from GAD
    - African American women have highest rates (6.6%)

GAD: The Psychodynamic Perspective

- Psychodynamic therapies
  - Use same general techniques for treating all dysfunction:
    - Free association
    - Therapist interpretation
  - Specific treatments for GAD:
    - Freudians: focus on lessening fear of and on controlling the id
    - Object-relations: help patients identify and settle early relationship conflicts

GAD: The Psychodynamic Perspective

- Freud believed that all children experience anxiety
  - Realistic anxiety when faced with actual danger
  - Neurotic anxiety when prevented from expressing id impulses
  - Moral anxiety when punished for expressing id impulses
- One can use ego defense mechanisms to control these forms of anxiety, but when they don't work…GAD develops!

GAD: The Humanistic Perspective

- Theorists propose that GAD, like other psychological disorders, arises when people stop looking at themselves honestly and acceptingly
- This view is best illustrated by Carl Rogers' explanation:
  - Lack of "unconditional positive regard" in childhood leads to "conditions of worth" (harsh self-standards)
  - These threatening self-judgments break through and cause anxiety, setting the stage for GAD to develop

GAD: The Psychodynamic Perspective

- Some research does support the psychodynamic perspective:
  - People use defense mechanisms (especially repression) when faced with danger
  - People with GAD are particularly likely to use defense mechanisms
  - Children who were severely punished for expressing id impulses have higher levels of anxiety later in life

GAD: The Cognitive Perspective

- Theory: GAD is caused by maladaptive assumptions
  - Albert Ellis identified basic irrational assumptions:
    - It is a necessity for humans to be loved by everyone
    - It is catastrophic when things are not as one wants them
    - If something is dangerous, a person should be terribly concerned and dwell on the possibility that it will occur
    - One should be competent in all domains to be a worthwhile person

GAD: The Cognitive Perspective

- Aaron Beck is another cognitive theorist
  - Those with GAD hold unrealistic silent assumptions that imply imminent danger:
    - Any strange situation is dangerous
    - A situation/person is unsafe until proven safe
    - It is best to assume the worst
    - My security depends on anticipating and preparing myself at all times for any possible danger

GAD: The Cognitive Perspective

- Cognitive therapies
  - Teaching clients to cope
    - Meichenbaum's self-instruction (stress inoculation) training
      - Teach self-coping statements to apply during four stages of a stressful situation:
        - » Preparing for stressor
        - » Confronting and handling stressor
        - » Coping with feeling overwhelmed
        - » Reinforcing with self-statements

GAD: The Cognitive Perspective

- What kinds of people are likely to have exaggerated expectations of danger?
  - Those whose lives have been filled with unpredictable negative events
    - To avoid being "blindsided," they try to predict events; they look everywhere for danger (and therefore see danger everywhere)

GAD: The Biological Perspective

- Theory holds that GAD is caused by biological factors
  - Supported by family pedigree studies
    - Blood relatives more likely to have GAD (~15%) compared to general population (~4%)

GAD: The Cognitive Perspective

- Two kinds of cognitive therapy:
  - Changing maladaptive assumptions
    - Based on the work of Ellis and Beck
  - Teaching coping skills for use during stressful situations

GAD: The Biological Perspective

- GABA inactivity
  - 1950s: Benzodiazepines (Valium, Xanax) found to reduce anxiety
  - Why?
    - Benzodiazepine receptors ordinarily receive gamma-aminobutyric acid (GABA)
      - GABA is an inhibitory messenger; when received, it causes a neuron to STOP firing

GAD: The Biological Perspective

- Biological treatments
  - Antianxiety drugs
    - Pre-1950s: barbiturates (sedative-hypnotics)
    - Post-1950s: benzodiazepines
      - Provide temporary, modest relief
      - Rebound anxiety with withdrawal and cessation of use
      - Physical dependence is possible
      - Undesirable effects (drowsiness, etc.)
      - Multiply effects of other drugs (especially alcohol)
    - Recent years: buspirone (BuSpar)
      - Different receptors, same effectiveness, fewer problems

Phobias

- Common in our society
  - ~10% of adults affected in any given year
  - ~14% develop a phobia at some point in lifetime
  - Twice as common in women as men
- Most phobias are categorized as "specific"
- http://phobialist.com/
  - Two broader kinds:
    - Social phobia
    - Agoraphobia

GAD: The Biological Perspective

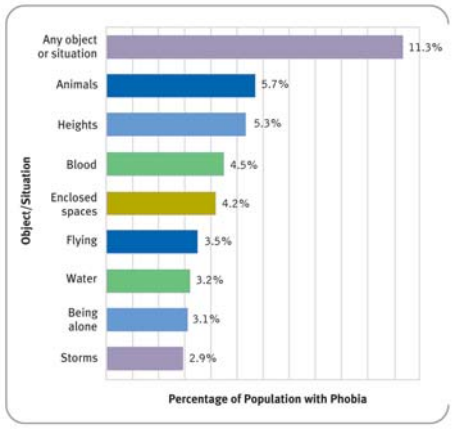
- Biological treatments
  - Relaxation training
    - Theory: physical relaxation leads to psychological relaxation
    - Research indicates that relaxation training is more effective than placebo or no treatment
    - Best when used in combination with cognitive therapy or biofeedback

Specific Phobias

- Persistent fears of specific objects or situations
- When exposed to the object or situation, sufferers experience immediate fear
- Most common on next slide.

Phobias

- From the Greek word for "fear"
- Persistent and unreasonable fears of particular objects, activities, or situations
- How do phobias differ from these "normal" experiences?
  - More intense fear
  - Greater desire to avoid the feared object or situation
  - Distress that interferes with functioning



Specific Phobias

- ~9% of the U.S. population have symptoms in any given year
  - ~11% develop a specific phobia at some point in their lives
- Many suffer from more than one phobia at a time
- Women outnumber men 2:1
- Prevalence differs across racial and ethnic minority groups

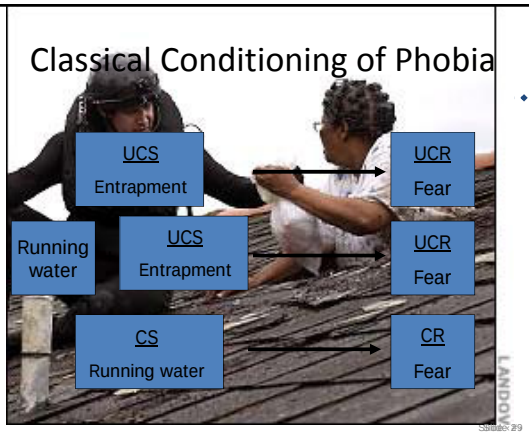
What Causes Phobias?

- All models offer explanations, but evidence tends to support the behavioral explanations:
  - Phobias develop through classical conditioning
  - Phobias develop through modeling
    - Observation and imitation
  - Phobias are maintained through avoidance
    - Once fears are acquired, they are continued because feared objects are avoided

Social Phobias

- Severe, persistent, and unreasonable fears of social or performance situations in which embarrassment may occur
  - May be narrow – talking, performing, eating, or writing in public
  - May be broad – general fear of functioning inadequately in front of others
  - In both cases, people rate themselves as performing less adequately than they actually did

Classical Conditioning of Phobia



Social Phobias

- Can greatly interfere with functioning
  - Often kept a secret
- Affect ~8% of U.S. population in any given year
- Women outnumber men 3:2
- Often begin in childhood and may persist for many years

What Causes Phobias?

- Behavioral explanations
  - Phobias may develop into GAD when a person acquires a large number of phobias
    - Process of stimulus generalization: responses to one stimulus are also produced by similar stimuli

What Causes Phobias?

- A behavioral-evolutionary explanation
  - Theorists argue that there is a species-specific biological predisposition to develop certain fears
    - Called "preparedness": humans are more "prepared" to develop phobias around certain objects or situations
    - This model explains why some phobias (snakes, heights) are more common than others (grass, meat)
      - Unknown if these predispositions are due to evolutionary or environmental factors

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How Are Phobias Treated?

- All models offer treatment approaches
  - Behavioral techniques (exposure treatments) are most widely used, especially for specific phobias
    - Shown to be highly effective
    - Fare better in head-to-head comparisons than other approaches
    - Include desensitization, flooding, and modeling

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Treatments for Specific Phobias

- Systematic desensitization
  - Technique developed by Joseph Wolpe
    - Create fear hierarchy
    - Sufferers learn to relax while facing feared objects
      - Since relaxation is incompatible with fear, the relaxation response is thought to substitute for the fear response
  - Several types:
    - In vivo desensitization (live)
    - Covert desensitization (imaginal)

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Treatments for Specific Phobias

- Systematic desensitization
- Flooding
  - Forced non-gradual exposure
- Modeling
  - Therapist confronts the feared object while the fearful person observes
- Clinical research supports these treatments
  - The key to success is ACTUAL contact with the feared object or situation

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Treatments for Social Phobias

- Treatments only recently successful
  - Two components must be addressed:
    - Overwhelming social fear
      - Address fears behaviorally with exposure
    - Lack of social skills
      - Social skills and assertiveness trainings have proved helpful

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Treatments for Social Phobias

- Unlike specific phobias, social phobias respond well to medication (particularly antidepressant drugs)
- Several types of psychotherapy have proved at least as effective as medication
  - People treated with psychotherapy are less likely to relapse than people treated with drugs alone
  - One psychological approach is exposure therapy, either in an individual or group setting
  - Cognitive therapies have also been widely used

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Panic Disorder

- Panic, an extreme anxiety reaction, can result when a real threat suddenly emerges
- The experience of "panic attacks," however, is different
  - Panic attacks are periodic, short bouts of panic that occur suddenly, reach a peak, and pass
  - Sufferers often fear they will die, go crazy, or lose control
  - Attacks happen in the absence of a real threat

Panic Disorder

- Two diagnoses: panic disorder with agoraphobia; panic disorder without agoraphobia
  - ~2.3% of U.S. population affected in a given year
  - ~3.5% of U.S. population affected at some point in their lives
- Likely to develop in late adolescence and early adulthood
- Women are twice as likely as men to be affected

Panic Disorder

- Anyone can experience a panic attack, but some people have panic attacks repeatedly, unexpectedly, and without apparent reason
- Sufferers also experience dysfunctional changes in thinking and behavior as a result of the attacks
  - Example: sufferer worries persistently about having an attack; plans behavior around the possibility of future attack

Panic Disorder: The Biological Perspective

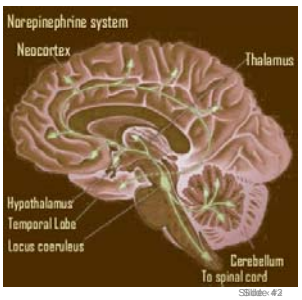
- In the 1960s, it was recognized that people with panic disorder were not helped by benzodiazepines, but were helped by antidepressants

Panic Disorder

- Often (but not always) accompanied by agoraphobia
  - From the Greek "fear of the marketplace"
  - Afraid to leave home and travel to locations from which escape might be difficult or help unavailable

Panic Disorder: The Biological Perspective

- NT at work is norepinephrine
  - Irregular in people with panic attacks
  - Research suggests that panic reactions are related to changes in norepinephrine activity in the locus ceruleus



Panic Disorder: The Biological Perspective

- Drug therapies
  - Antidepressants are effective at preventing or reducing panic attacks
    - Bring at least some improvement to 80% of patients with panic disorder
      - ~40–60% recover markedly or fully
    - Require maintenance of drug therapy; otherwise relapse rates are high
  - Some benzodiazepines (especially Xanax (alprazolam)) have also proved helpful

Panic Disorder: The Biological Perspective

- Drug therapies
  - Both antidepressants and benzodiazepines are also helpful in treating panic disorder with agoraphobia
    - Break the cycle of attack, anticipation, and fear
- It is important to note that when drug therapy is stopped, symptoms return
  - Combination treatment (medications + behavioral exposure therapy) may be more effective than either treatment alone

Panic Disorder: The Cognitive Perspective

- Cognitive theorists and practitioners recognize that biological factors are only part of the cause of panic attacks
  - In their view, full panic reactions are experienced only by people who misinterpret bodily events
  - Cognitive treatment is aimed at changing such misinterpretations

Panic Disorder: The Cognitive Perspective

- Why might some people be prone to such misinterpretations?
  - Poor coping skills
  - Lack of social support
  - Unpredictable childhoods
  - Overly protective parents

Panic Disorder: The Cognitive Perspective

- Cognitive therapy
  - Attempts to correct people's misinterpretations of their bodily sensations
    - Step 1: Educate clients
      - About panic in general
      - About the causes of bodily sensations
      - About their tendency to misinterpret the sensations
    - Step 2: Teach clients to apply more accurate interpretations (especially when stressed)
    - Step 3: Teach clients skills for coping with anxiety
      - Examples: relaxation, breathing

Panic Disorder: The Cognitive Perspective

- Cognitive therapy
  - May also use "biological challenge" procedures to induce panic sensations
    - Induce physical sensations which cause feelings of panic:
      - Jump up and down
      - Run up a flight of steps
    - Practice coping strategies and making more accurate interpretations

Panic Disorder: The Cognitive Perspective

- Cognitive therapy is often helpful in panic disorder
  - 85% panic-free for two years vs. 13% of control subjects
  - Only sometimes helpful for panic disorder with agoraphobia
  - At least as helpful as antidepressants

What Are the Features of Obsessions and Compulsions?

- Obsessions
  - Thoughts that feel intrusive and foreign
  - Attempts to ignore or avoid them triggers anxiety
  - Take various forms:
    - Wishes
    - Impulses
    - Images
    - Ideas
    - Doubts
  - Have common themes:
    - Dirt/contamination
    - Violence and aggression
    - Orderliness
    - Religion
    - Sexuality

Obsessive-Compulsive Disorder

- Comprised of two components:
  - Obsessions
    - Persistent thoughts, ideas, impulses, or images that seem to invade a person's consciousness
  - Compulsions
    - Repeated and rigid behaviors or mental acts that people feel they must perform in order to prevent or reduce anxiety

What Are the Features of Obsessions and Compulsions?

- Compulsions
  - "Voluntary" behaviors or mental acts
    - Feel mandatory/unstoppable
  - Person may recognize that behaviors are irrational
    - Believe, though, that catastrophe will occur if they don't perform the compulsive acts
  - Performing behaviors reduces anxiety
    - ONLY FOR A SHORT TIME!
  - Behaviors often develop into rituals

Obsessive-Compulsive Disorder

- ~2% of U.S. population has OCD in a given year
- Ratio of women to men is 1:1

What Are the Features of Obsessions and Compulsions?

- Compulsions
  - Common forms/themes:
    - Cleaning
    - Checking
    - Order or balance
    - Touching, verbal, and/or counting

OCD: The Psychodynamic Perspective

- Anxiety disorders develop when children come to fear their id impulses and use ego defense mechanisms to lessen their anxiety
- OCD differs from anxiety disorders in that the "battle" is not unconscious; it is played out in explicit thoughts and action
  - Id impulses = obsessive thoughts
  - Ego defenses = counter-thoughts or compulsive actions
- At its core, OCD is related to aggressive impulses and the competing need to control them

OCD: The Behavioral Perspective

- Behavioral therapy
  - Exposure and response prevention (ERP)
    - Clients are repeatedly exposed to anxiety-provoking stimuli and prevented from responding with compulsions
    - Therapists often model the behavior while the client watches
      - Homework is an important component
    - Treatment is offered in individual and group settings
    - Treatment provides significant, long-lasting improvements for most patients

OCD: The Psychodynamic Perspective

- The battle between the id and the ego
  - Three ego defenses mechanisms are common:
    - Isolation: disown disturbing thoughts
    - Undoing: perform acts to "cancel out" thoughts
    - Reaction formation: take on lifestyle in contrast to unacceptable impulses
  - Freud believed that OCD was related to the anal stage of development
    - Period of intense conflict between id and ego
    - Not all psychodynamic theorists agree

OCD: The Cognitive Perspective

- Overreacting to unwanted thoughts
  - People with OCD blame themselves for normal (although repetitive and intrusive) thoughts and expect that terrible things will happen as a result of the thoughts
    - To avoid such negative outcomes, they attempt to neutralize their thoughts with actions (or other thoughts)
    - Neutralizing thoughts/actions may include:
      - Seeking reassurance
      - Thinking "good" thoughts
      - Washing
      - Checking

OCD: The Behavioral Perspective

- Learning by chance
  - People happen upon compulsions randomly:
    - In a fearful situation, they happen to perform a particular act (washing hands)
    - When the threat lifts, they associate the improvement with the random act
  - After repeated associations, they believe the compulsion is changing the situation
    - Bringing luck, warding away evil, etc.
  - The act becomes a key method to avoiding or reducing anxiety

OCD: The Cognitive Perspective

- When a neutralizing action reduces anxiety, it is reinforced
  - Client becomes more convinced that the thoughts are dangerous
  - As fear of thoughts increases, the number of thoughts increases
  - Don't think of a white elephant!

OCD: The Cognitive Perspective

- If everyone has intrusive thoughts, why do only some people develop OCD?
  - People with OCD:
    - Are more depressed than others
    - Have higher standards of morality and conduct
    - Believe thoughts = actions and are capable of bringing harm
    - Believe that they can and should have perfect control over their thoughts and behaviors
- Good research support for this model

OCD: The Cognitive Perspective

- Cognitive therapies
  - Used in combination with behavioral techniques
  - May include:
    - Habituation training
    - Covert-response prevention

OCD: The Biological Perspective

- Two lines of research:
  - Role of NT serotonin
    - Evidence that serotonin-based antidepressants reduce OCD symptoms
  - Brain abnormalities
    - OCD linked to orbital region of frontal cortex and caudate nuclei
      - Compose brain circuit that converts sensory information into thoughts and actions
      - Either area may be too active, letting through troublesome thoughts and actions

OCD: The Biological Perspective

- Some research support and evidence that these two lines may be connected
  - Serotonin plays a very active role in the operation of the orbital region and the caudate nuclei
    - Low serotonin activity might interfere with the proper functioning of these brain parts

OCD: The Biological Perspective

- Biological therapies
  - Serotonin-based antidepressants
    - Anafranil, Prozac, Luvox
    - Bring improvement to 50–80% of those with OCD
    - Relapse occurs if medication is stopped
  - Research suggests that combination therapy (medication + cognitive behavioral therapy approaches) may be most effective