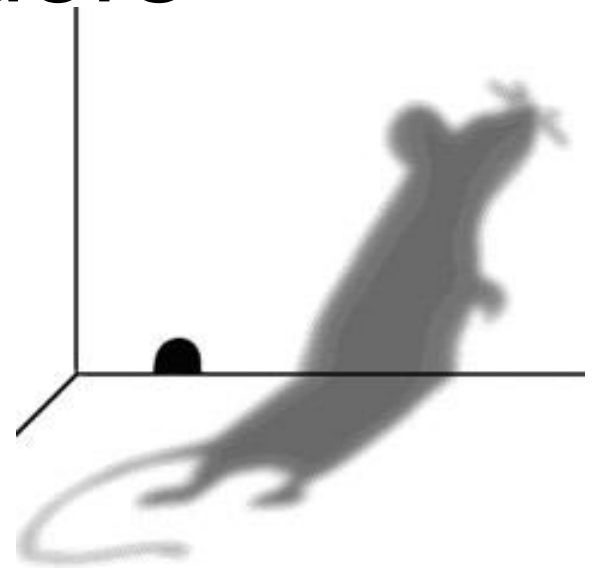
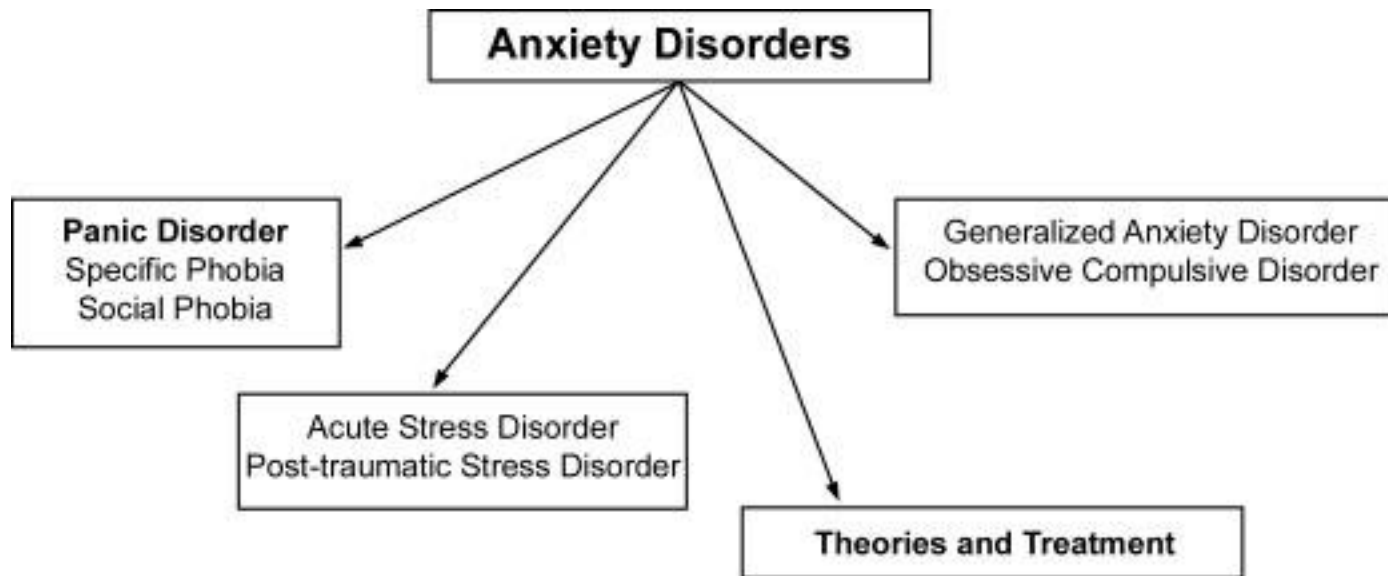




Phobia, Panic, and the Anxiety Disorders

Chapter 5





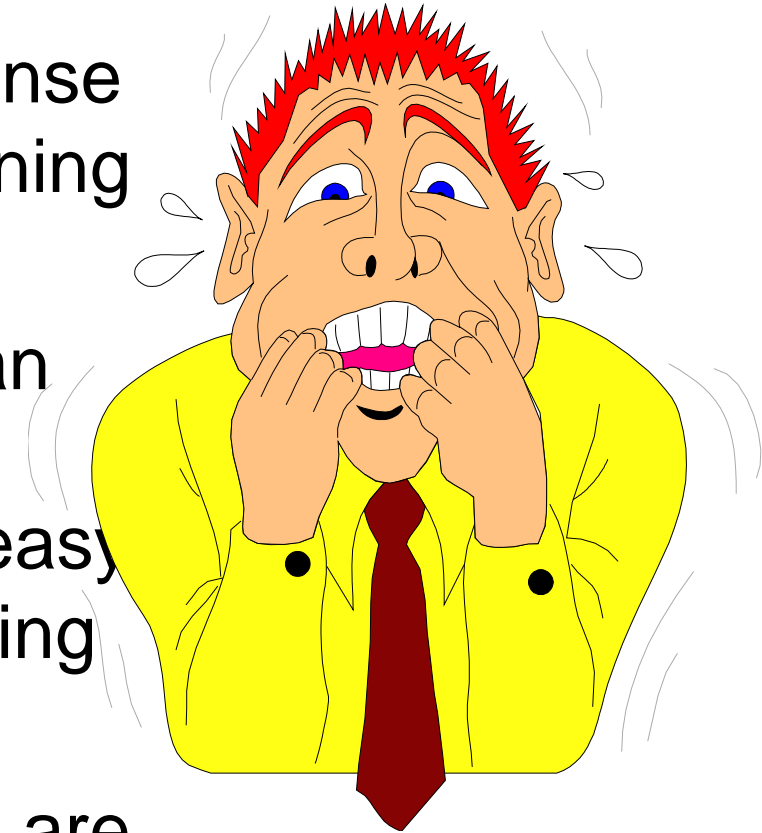
The Nature Of Anxiety Disorders

- False alarms in response to harmless stimuli
- Inordinately apprehensive, tense, uneasy
- Interferes with functioning
- May be disabling
- Physical and psychological reactions
- Cognitive and affective components
- Twelve percent of Americans affected



The Nature of Anxiety Disorders

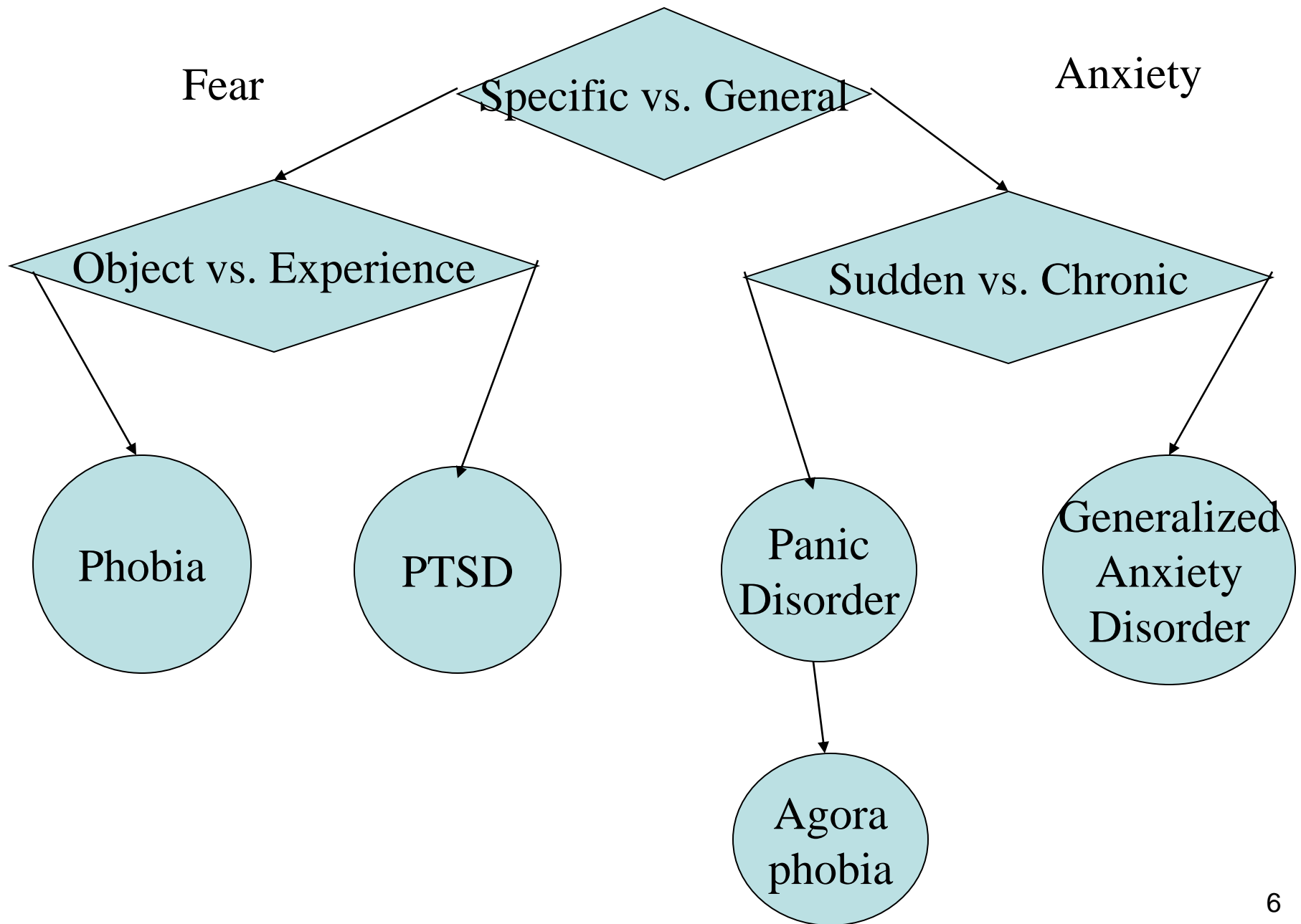
- **Fear** is an innate alarm response to a dangerous or life-threatening situation.
- **Anxiety** is the state in which an individual is inordinately apprehensive, tense, and uneasy about the prospect of something terrible happening.
- People with **anxiety disorders** are incapacitated with chronic and intense feelings of anxiety.



Discriminate between the Disorders

- **Phobia** is a fear of a specific object
- **PTSD** numbing fear after experiencing a specific trauma
- **Panic anxiety** that occurs suddenly
- **Agoraphobia** fear of a panic attack in a public place
- **GAD** pervasive anxiety that is nonspecific, experiential and chronic





Four Elements of Fear



- **Cognitive** - thoughts of impending harm, exaggerating the actual amount of danger;
- **Somatic** - paleness of skin, goose bumps, muscle tension, face of fear, heart rate increase, accelerated respiration;
- **Emotional/subjective** - feelings of dread, fear, or panic, queasiness or "butterflies"; and
- **Behavioral** - decreasing appetite, escape, avoidance, freezing, aggression.

1. In which of the four areas do you most intensely feel anxiety?



Fear vs. Anxiety

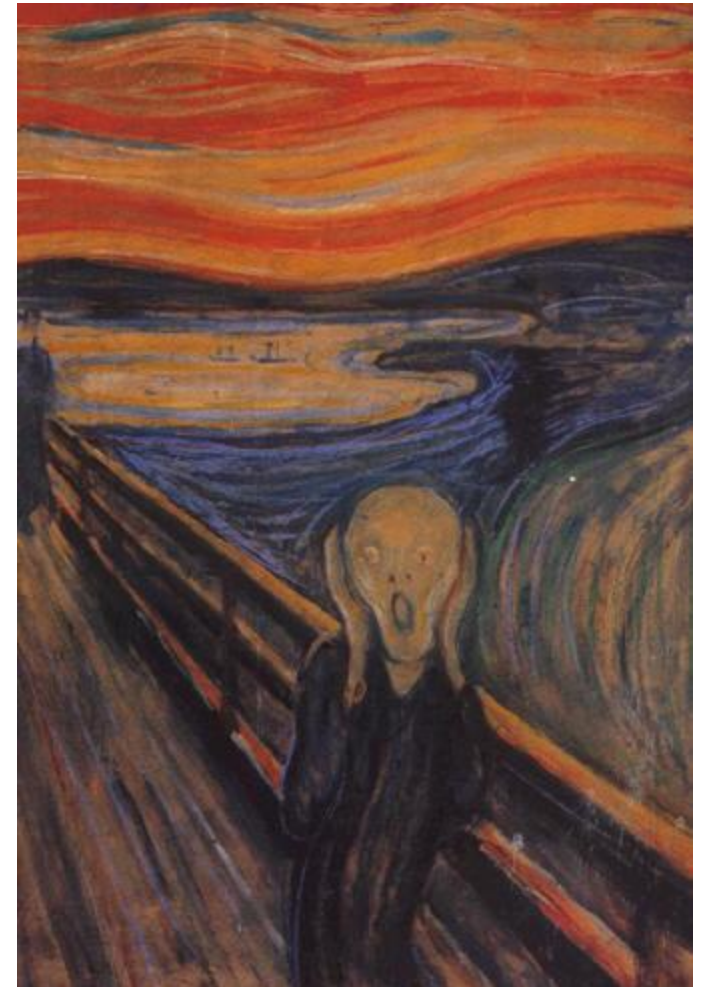
- Anxiety has the same four components as fear,
- The cognitive component differs
 - fear is the expectation of a clear and specific danger,
 - anxiety is the expectation of something of a much more diffuse danger; Ex. "Something terrible might happen,"
- Treatments will be the same except in cognitive area





<http://www.healpastlives.com/future/cure/crpanic.htm>

Panic Disorder



Panic Disorder

Frequent and Recurrent Panic Attacks

- Unexpected (Uncued) Attacks
- Situationally Bound (Cued) Attack
- Situationally Predisposed Attack

or

Constant Worry and Apprehension
About Possible Panic Attacks

Panic Disorder

- Intense fear and physical discomfort
- Fear of loss of control
- Sudden onset, peak within 10 minutes
- Bodily sensations- Shortness of breath, fear of being smothered, hyperventilation, dizziness, choking, heart palpitations, sweating, stomach distress, chest discomfort, flashes or chills, numbness, sense of unreality or disorientation, fear of dying

Panic Disorder

- 15% of Americans experience at some time



World lifetime prevalence from 1.4 to 2.9 %

Most develop around age of 20

Rare to develop in children and later adulthood

Women twice as likely as men to be diagnosed

Course variable - Some experience only once, most continues, off and on, for years

Attempts to avoid panic-filled situations can lead to agoraphobia- intense anxiety of being trapped, stranded, or embarrassed in event of a panic attack (fear of the fear)

Panic Disorder

Panic disorder is often associated with **agoraphobia**.

Agoraphobia:

Intense anxiety about being trapped or stranded in a situation without help if a panic attack occurs.

Panic Disorder

Suggested explanations include:

- Neurotransmitters
- Anxiety Sensitivity
- Conditioned Fear Reactions



Biological relatives of people with panic disorder are 8 times more likely to develop this condition.

8

Cognitive View of Panic Disorder

- Results from catastrophic misinterpretation of bodily sensations
- Certain bodily sensations are inherent
- These can be misinterpreted
- The drug induces these sensations that are misinterpreted.
- The failure of the body to dampen symptoms is a consequence and not a cause of the misinterpretation of the impending doom, and the drugs dampen the bodily sensations.
- Both theories explain possible causes of panic disorder and have therapies, but the cognitive approach has a 80-90% reduction of panic attacks in patients who have learned to correctly interpret their bodily sensations.



Panic Disorder-Theories

- Cognitive-Behavioral
 - The “vicious cycle”
 - Individual experiences the unpleasant physical sensations, which leads to feeling loss of control
 - Faulty cognitions and misperceptions of these bodily sensations accounts for constant fear of the symptoms reoccurring.



Biomedical View of Panic Disorder

- Chemical induction of panic,
- Neuro-chemical abnormalities in panic patients
- Drug relief of panic.



Biological Theories

- Physiological disturbances underlie the psychological
 - Increase in blood lactate levels
 - Excess of norepinephrine
 - Defect in GABA
 - Hypersensitive brainstem may account for sense of suffocation that leads to hyperventilation, leading to lower levels of carbon dioxide in blood
 - Hypersensitive to body's anxiety "cues" that arise with increased heart activity (they overreact)

Treatment



<http://www.uah.edu/ASEF/hyperventilate.gif>

- Medication
 - Benzodiazepines to increase GABA activity - Librium, Valium, Xanax
 - Antidepressants to increase serotonin activity Prozac, Luvox
- Relaxation training
 - Alternate tensing and relaxing muscles
- Counterconditioning
 - Learn how to control the physical symptoms (For instance, hyperventilate intentionally, then breathe normally)

Treatment

- Panic Control Therapy (PCT)
 - Comprehensive cognitive-behavioral model
 - Cognitive restructuring
 - Awareness of bodily cues associated with panic attacks
 - Breathing retraining
 - Greater percentage of clients treated with PCT improve comparably with those on medication
 - PCT-treated clients more likely to remain symptom free
 - PCT appears to be highly efficacious treatment



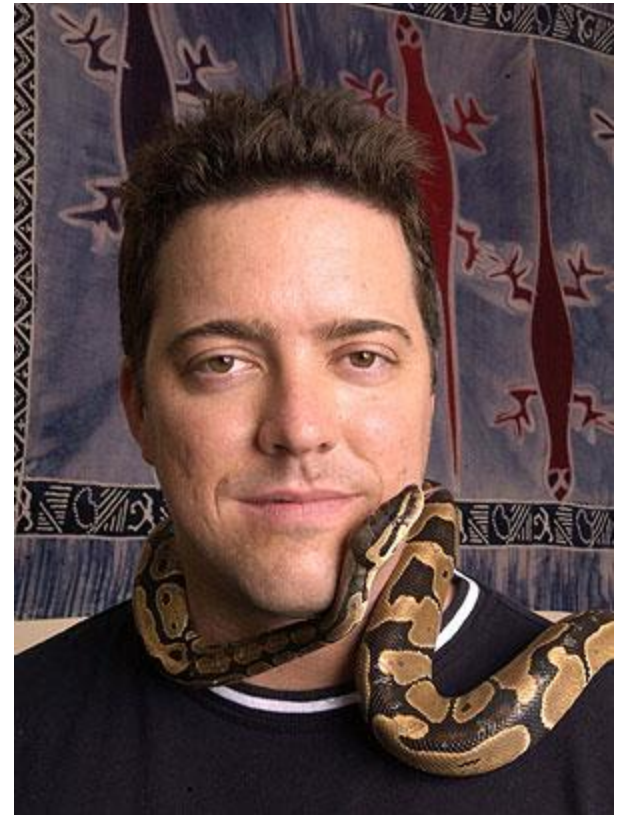
In what situation if any do you think you might panic?





<http://www.evesindia.com/body-talk/img/phobia.jpg>

Phobias



Specific Phobias

Specific Phobia:

An irrational and unabating fear of a particular object, activity, or situation that provokes an immediate anxiety response, disrupts functioning, and results in avoidance behavior.

Common Specific Phobias

Hematophobia	Blood
Ephidrophobia	Snakes
Aerophobia	Flying
Death-related phobia	Funerals, corpses, and cemeteries

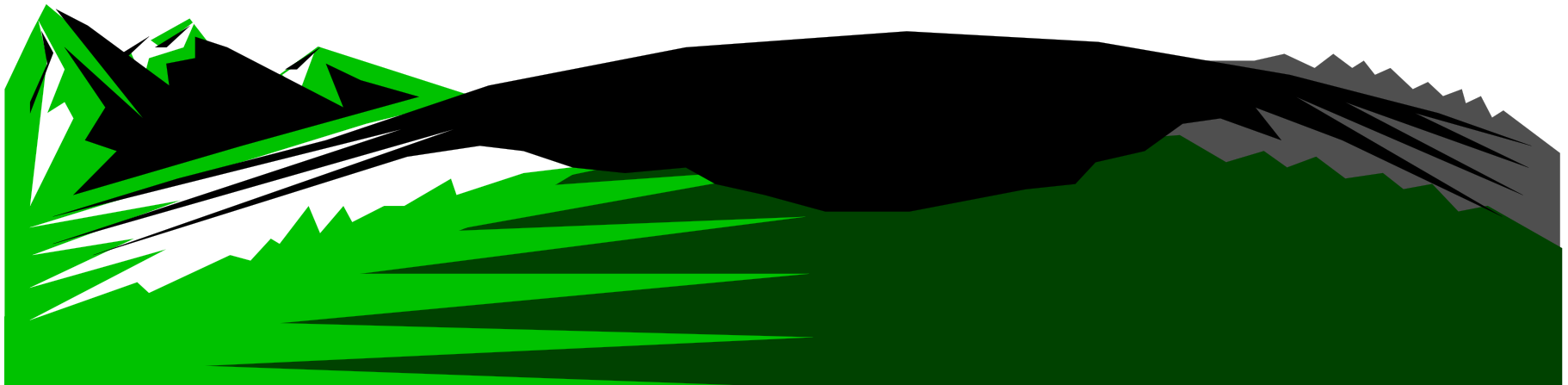
Common Phobias

- Acrophobia Heights



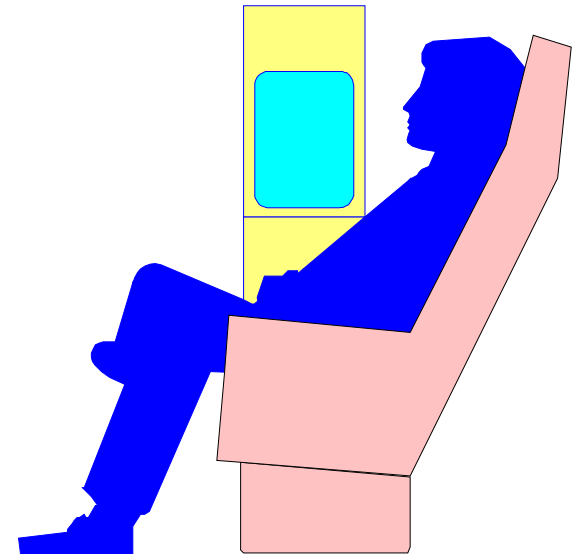
Common Phobias

- Acrophobia Heights
- Agoraphobia Open Places



Common Phobias

- Acrophobia Heights
- Agoraphobia Open Places
- Claustrophobia Closed Places



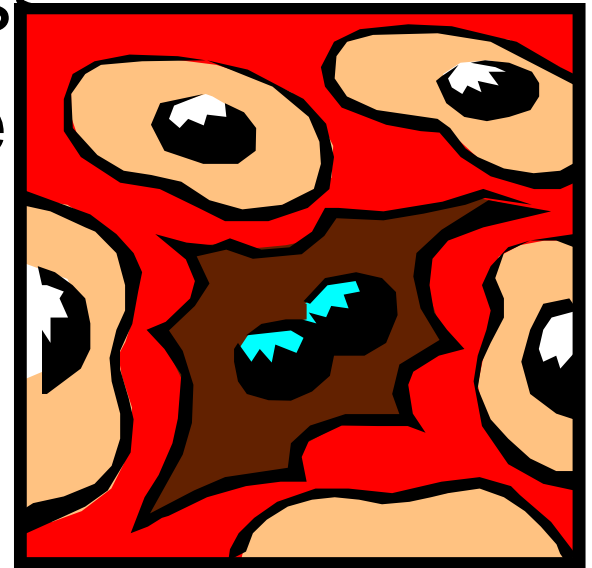
Common Phobias

- | | |
|------------------|---------------|
| • Acrophobia | Heights |
| • Agoraphobia | Open Places |
| • Claustrophobia | Closed Places |
| • Nyctophobia | Darkness |



Common Phobias

- Acrophobia Heights
- Agoraphobia Open Places
- Claustrophobia Closed Places
- Nyctophobia Darkness
- Pathophobia Disease



Common Phobias

- Acrophobia
- Agoraphobia
- Claustrophobia
- Nyctophobia
- Pathophobia
- Zoophobia

Heights

Open Places

Closed Places

Darkness

Disease

Animals



Less Common Specific Phobias

Ailurophobia	Cats
Chionophobia	Snow
Erythrophobia	The color red
Metallophobia	Metals
Ponophobia	Work
Triskaidekaphobia	The number 13

2. Which phobia do you relate to most closely?



Uncommon Phobias

Angoraphobia

Fear of Furry Sweaters



Uncommon Phobias

- Friend-or-phobia

Uncommon Phobias

Friend-or-phobia

- Fear of forgetting the password



Uncommon Phobias

- Claustrophobia

Uncommon Phobias

Claustrophobia

- Fear of Christmas



Uncommon Phobias

Super Phobia

Uncommon Phobias

Super Phobia

- Fear of missing while leaping over tall buildings in a single bound.



Uncommon Phobias

Charmin Phobia

Uncommon Phobias

Charmin Phobia

- Fear of being squeezed.



Authoritative Sounding Names for Phobias

- Convey the impression that we understand how a particular problem originated or even how to treat it merely because we have an authoritative-sounding name for it.
- There are more theories and jargon pertaining to phobias than there are firm findings.



Necessary and Sufficient Elements of Fear

- All need not be present
- Some elements must be present but not always in the same combination.
- No one element of fear is necessary
- Any element of fear is sufficient
- The more elements and the more intense the more confidence in the diagnosis

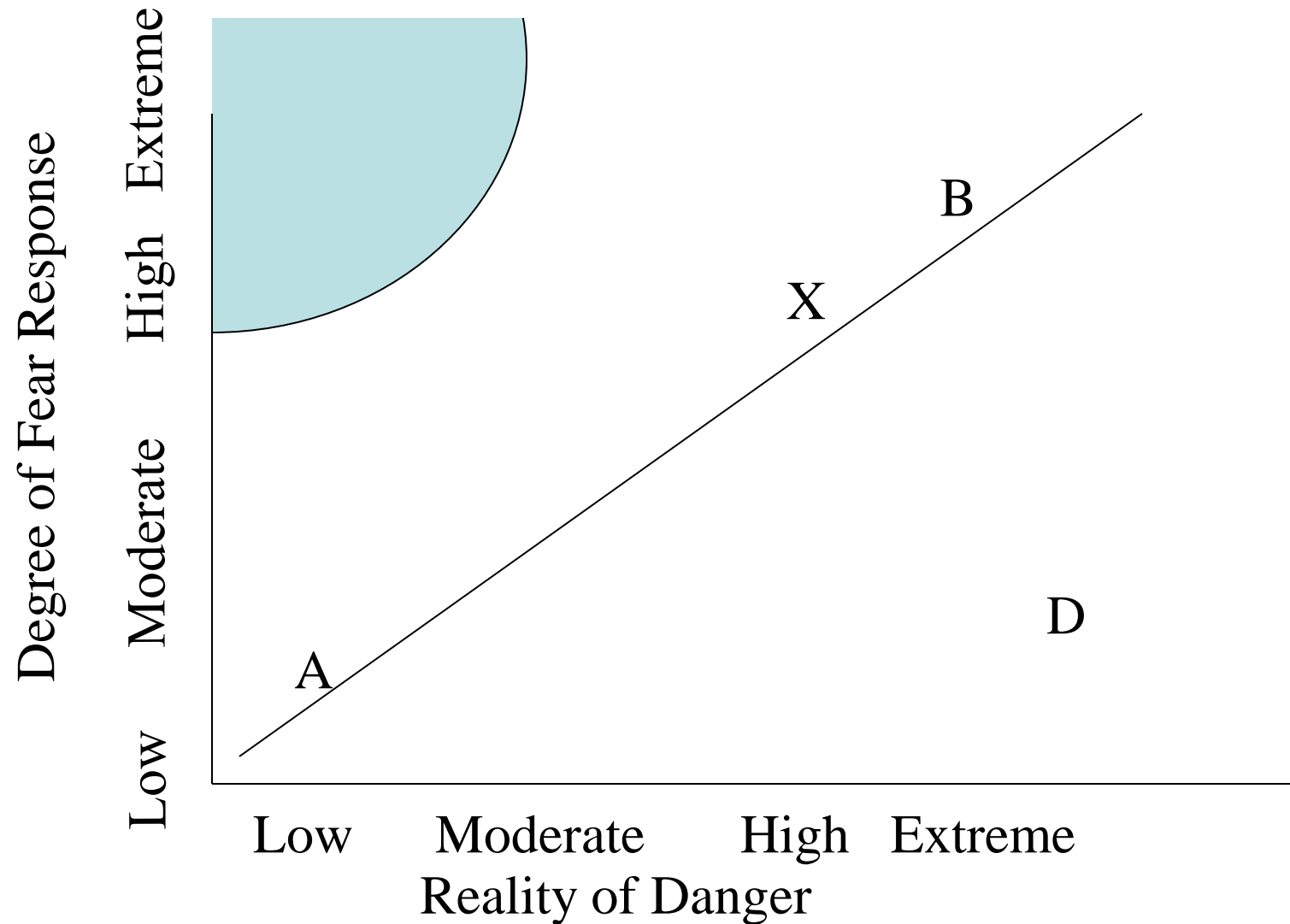


Difference between fear and phobia

- **Normal fear is in proportion to the degree of danger in the situation,**
- **Phobia is when the fear response is out of proportion to the amount of danger**
- **They are both on the same continuum--they differ in degree, not in kind.**

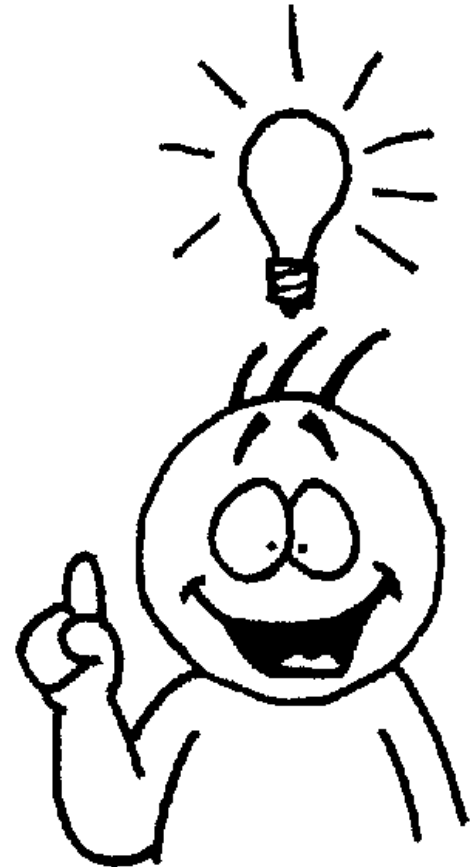


Phobia vs. Normal Fear

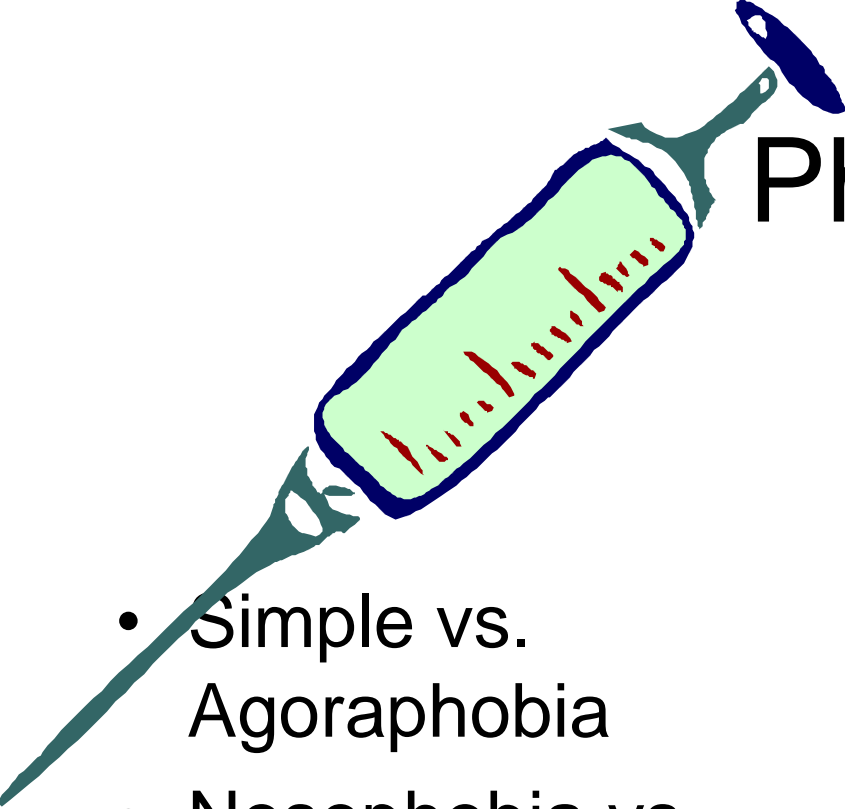


Research on Phobia

- Unusually well-defined,
- Little trouble in diagnosing it,
- Much known about its cause and cure,
- The best-understood disorder.



Phobias



- Simple vs. Agoraphobia
- Nosophobia vs. hypochondriasis
- Blood phobia vs. simple phobias

- Fear vs. panic
- One vs. many attack
- Tense vs. relax

Common subtypes of phobia.

- **Agoraphobia**
- **Social phobia**
- **Specific phobias**
- **Blood phobia**



Specific Phobias

- Intense irrational fear about a dreaded object
- There is no real danger
- Anxiety builds as they approach the stimulus - may experience panic attack
- May be traced to childhood experiences
- Two-thirds of people who have panic disorder with agoraphobia have specific phobias



Agoraphobia

- **Fear of having a panic attack**
- **In an open place**
- **No one coming to aid**
- **Most common phobia**
- **Unlike other phobias these patients are often highly anxious and generally depressed.**



Types of treatment for agoraphobia.

- **Flooding**
- **Antidepressant drugs**





Social Phobia

http://www.batgrrrl.net/pics/lj_moods_hc/embarrassed.jpg

A **social phobia** is a fear of being observed by others acting in a way that will be humiliating or embarrassing. They show the following characteristics:

- recognizing their own fears as unreasonable
- low self-esteem
- underestimating their own abilities
- ruminate about how they could have acted differently in a social event



Social Phobia

- Intense, irrational fear that behavior will be mocked or criticized by others
- May be general (all social, public situations) or specific (such as speaking in public)
- May arise in childhood (especially in shy children) and continue to adulthood

Agoraphobia vs. Social Phobia

- Both are afraid of crowds
- Agoraphobics for fear they cannot get away if they have a panic attack
- Social phobics that someone will see them and observe them doing something embarrassing.



Social Phobia - Theories

- Serotonin functioning
- Low levels of growth hormones in childhood
- Maladaptive thought processes –
 - Can't stop thinking about anticipated criticism and focus on performance.
 - Bad experience is self-fulfilling prophecy.
 - Even if a good experience, the anxiety was so unpleasant they don't want to repeat
- Sociocultural - Similarities across cultures, especially Japan



Social Phobia - Treatment

- Cognitive restructuring
- In vivo exposure
- Social skills training
- Training to deal with interpersonal stress
- Antidepressants may help, but must be combined with cognitive-behavioral treatment



Phobia Theories

- **Evolutionary/Biological** --we are programmed to fear dangerous situations but we acquire irrational fears
- **Freud** - Phobias defend the ego against anxiety
- **Behavioral** - Acquired through conditioning
- **Cognitive**- Faulty thinking maintains phobias acquired in childhood
- **Cognitive-behavioral** - You think something is to be feared because you feel bodily sensations associated with fear (overactive “alarm system”)

Psychoanalytic View of Phobias.

- **The account is based almost entirely on case material**
- **There are large inferential leaps from this material**
- **Therapy does not work**



Behavioral Account of Phobia.

- **It is consistent with case history material,**
- **It has generated three effective therapies based on classical fear extinction,**
- **It is supported by a good deal of laboratory evidence.**



Classical Conditioning of Fear.

- The conditioned stimulus,
- The unconditioned stimulus,
- The unconditioned response,
- The conditioned response in an example of a classically conditioned phobia



Problems with the Behavioral Account Of Phobias.

- **Selectivity**: only certain objects
- **Irrationality**: only persists for certain stimuli
- **Lack of traumatic conditioning**: can be learned by observation

Prepared Classical Conditioning

- **People seem biologically prepared to condition fears**
- **To certain objects such as snakes and spiders,**
- **While they are less likely to develop fears to pillows and pajamas.**



3. What is something of which you have a fear that you have no reason to be afraid of?



Phobia

Common underlying process that seems operative in all three effective therapies

- **Extinction**

Behavioral Explanation for maintenance

- **Phobic never confront fear to test for reality**



Treatment For Phobias

- Systematic Desensitization
- Flooding (Imagined Or In Vivo)
- Positive Reinforcement
- Cognitive Restructuring
- Graduated Exposure
- Thought Stopping
- Stress Inoculation
- Bolstering Sense Of Self-efficacy



Treatments for Phobias

- **Cognitive treatment:** discriminating between real and imagined harm
- **Somatic treatments** (drugs, relaxation) calm the physiological reactions
- **Emotional/subjective treatments:** allow the person to experience emotions under control
- **Behavioral treatments** extinction trials

Specific Phobias



Virtual reality software is sometimes used to treat people with phobias such as fear of heights or flying.

Fear of Death & Phobia

- **Culture says do not fear death**
- **Is that wise?**
- **If result of death is hell then fear is appropriate**
- **Worldview can determine what constitutes appropriate and inappropriate fear**

**NO
FEAR**

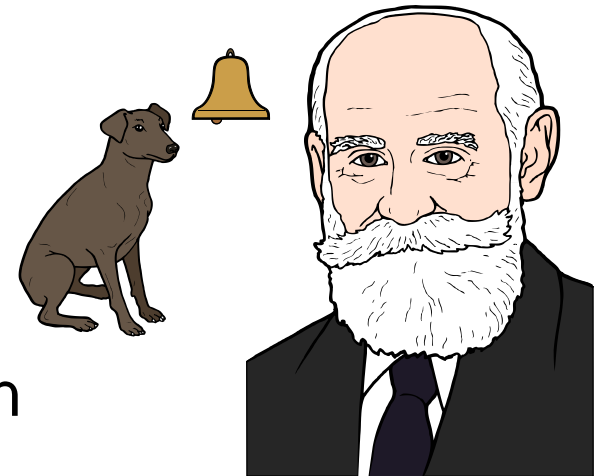


4. On a 1 to 10 scale (with 10 intense) how much fear do you have of death?



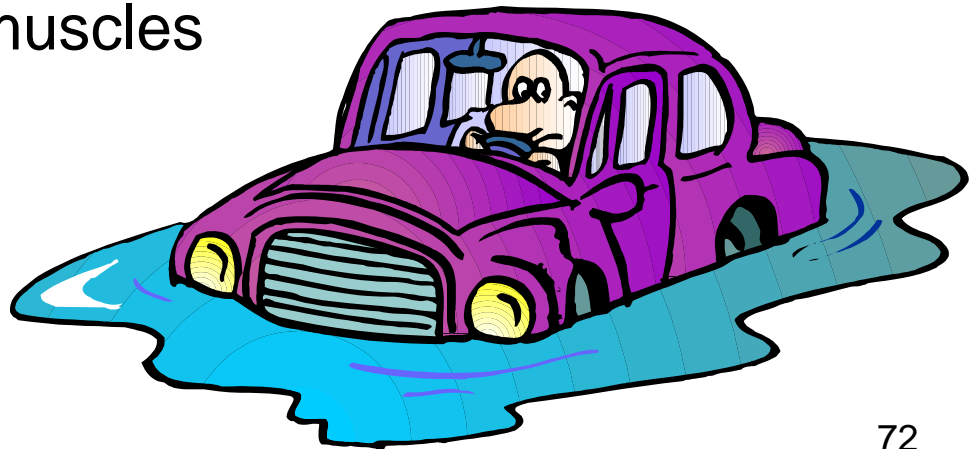
Terms

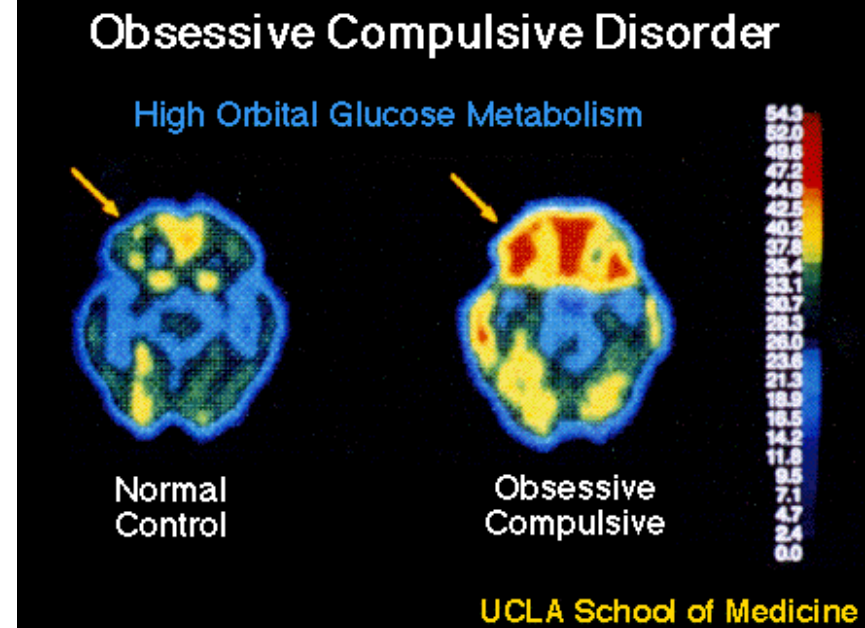
- **Classical conditioning**
 - Learning by pairing US with CS to produce UR
- **Instrumental conditioning**
 - Being reinforced for behaviors usually negatively by the withdrawal of fear
- **Escape responding**
 - Lowering fear by leaving the situation
- **Avoidance responding**
 - Lowering fear by avoiding the situation



Terms

- **Systematic desensitization**
 - Counter-conditioning hierarchy of feared situation relaxation
- **Flooding**
 - Massive exposure to the stimulus until anxiety subsides
- **Modeling vs. Systematic desensitization**
- **Applied Tension**
 - Blood phobia tensing muscles





Obsessive-Compulsive Disorder

OCD

© 2007 G. Lee Griffith, Ph. D.

<http://www.synthstuff.com/mt/archives/medtees-ocd.jpg>

<http://www.brainphysics.com/graphics/petscan.gif>

Obsessive-Compulsive Disorder

Obsessive-Compulsive Disorder:

An anxiety disorder characterized by recurrent obsessions or compulsions that are inordinately time-consuming or that cause significant distress or impairment.



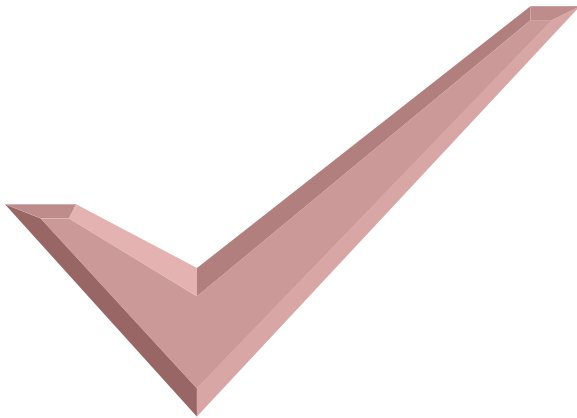
Obsessive-Compulsive Disorder

- **Obsession:**
A persistent and intrusive impulse or image.
- **Compulsion:**
A repetitive and seemingly purposeful behavior performed in response to uncontrollable urges or according to a ritualistic or stereotyped set of rules .



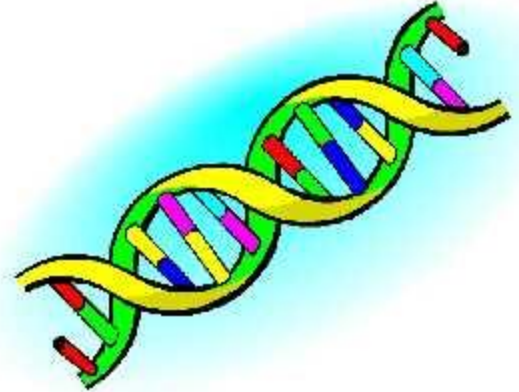
Four major dimensions:

- Checking compulsions
- Need for symmetry and order
- Cleanliness and washing compulsions
- Hoarding-related behaviors



Obsessive-Compulsive Disorder

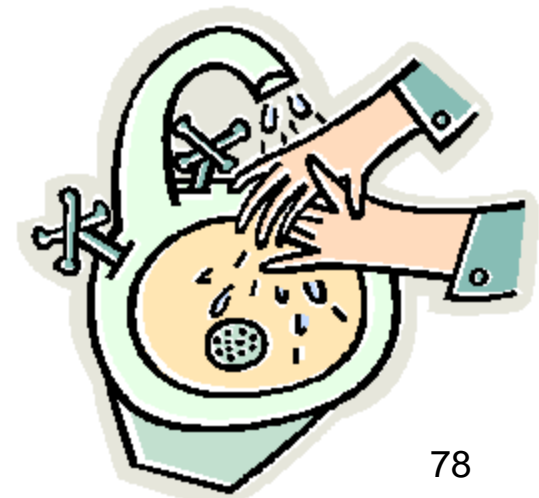
OCD is increasingly being understood as a genetic disorder.



So far, treatment with clomipramine or other serotonin reuptake inhibiting medications, such as fluoxetine (Prozac) is the most effective biological treatment available for OCD.

OCD AND OCPD Distinguished

- **Obsessive-Compulsive Personality Disorder** - Rigid and inflexible. May need to have all books in neat order
- **Obsessive Compulsive Disorder** - Extremely disturbed thinking and behavior. May check several times a day to see that books did not get moved somehow



Prevalence

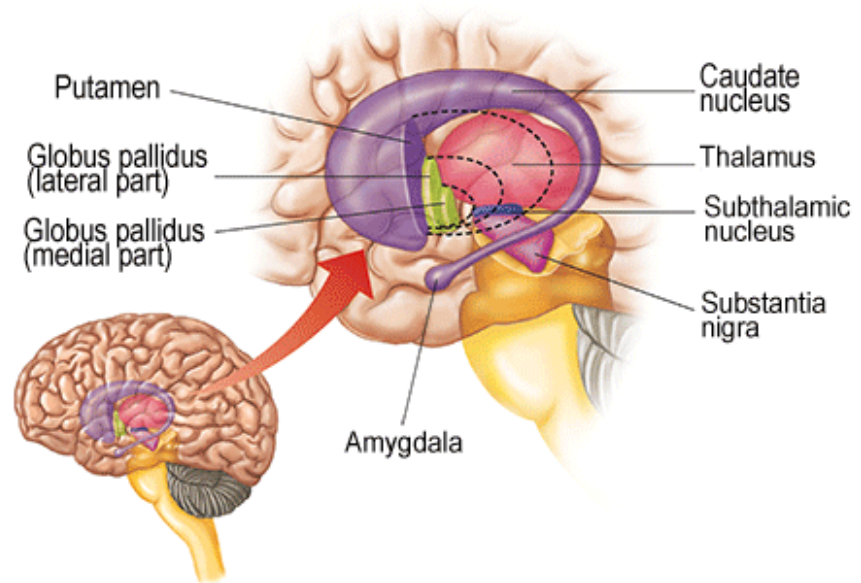
- Lifetime prevalence - 1-2 percent
- Commonly first appears in childhood & adolescence
- Mostly male, family history of OCD, lack of insight into symptoms, comorbid with other disorders, especially ADHD



Perspectives- Biological

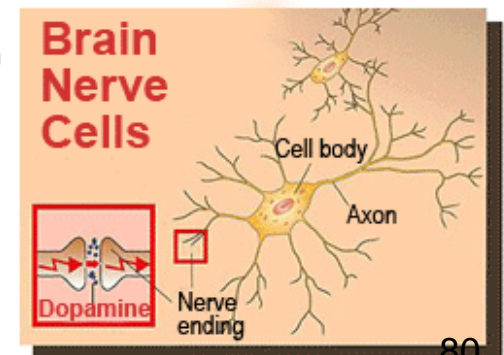
- Heightened activity in brain regions that control motor centers of basal ganglia and frontal lobes
- Indicates that brain working overtime to control thoughts and actions, but without effect
- Deficits in serotonergic functioning

The Human Basal Ganglia



Near the base of the brain is a small area called the substantia nigra which contains cells that produce dopamine.

Dopamine acts as a transmitter between the nerve endings.



Behavioral Perspective of OCD

- Symptoms established through conditioning
- Compulsions become associated with relief of anxiety

Stress Reduction Kit



**Bang
Head
Here**

Directions:

1. Place kit on FIRM surface.
2. Follow directions in circle of kit.
3. Repeat step 2 as necessary, or until unconscious.
4. If unconscious, cease stress reduction activity.

Obsessions vs. Normal Recurring Thoughts

- Obsessions are distressing and unwelcome
- They arise from within not an external situation
- Difficulty to control



Cognitive-behavioral view of the maintenance of OCD's

- All have unwanted, repetitive thoughts.
- More stressed more frequent and intense these thoughts.
- A person without OCD can easily dismiss or distract himself from a thought,
- Person with OCD will be made anxious by the thought and anxiety and depression reduce his/her ability to dismiss it.
- The inability to turn off the thought then increases anxiety, helplessness, and depression.
- The compulsion results from an attempt to act to reduce the bad thoughts, and compulsive rituals become reinforcing because of the termination of anxiety.

Treatment of OCD

- Integrate biological and psychological
- Biological
 - Improve serotonergic functioning
 - Clomipramine, Zoloft, Luvox
- Psychological
 - Exposure - Reduces obsessive anxiety
 - Response prevention - Helps control compulsions



Response prevention and modeling

- They provide extinction
- Showing the patient that the dreaded event does not occur in the feared situation
- When the compulsive action is not performed.



<http://www.dental.ufl.edu/Faculty/Pburtner/Disabilities/Images/pb1.jpg>

5. How often do you have an unwanted thought recur?





http://www.northwesternmemorial.org/services/mental_health/images/ph_anxiety.jpg

Generalized Anxiety Disorder

Generalized Anxiety Disorder

Generalized Anxiety Disorder:

An anxiety disorder characterized by anxiety that is not associated with a particular object, situation, or event but seems to be a constant feature of a person's day-to-day existence.



Generalized Anxiety Disorder

- Uncontrollable anxiety most of the time
- Physical and psychological symptoms interfere with functioning
- Restless, poor sleep patterns
- Tired, irritable, tense
- More common in women, and in women over age of 24
- Often comorbid with other disorders, particularly dysthymic disorder



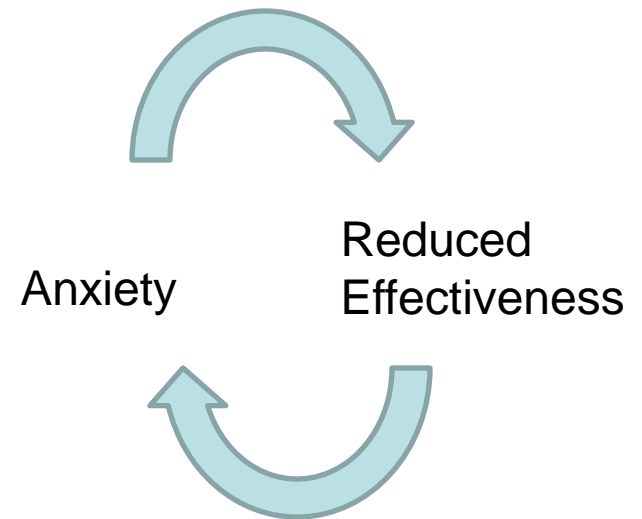
Theories

- Cognitive
 - Distorted thinking and inability to control negative thoughts
- Sociocultural factors
 - Causes lie in negative life events and stress



Treatment

- Medications- benzodiazepines or Buspar
- Cognitive-behavioral therapy
 - Break the cycle of negative thinking and worrying
 - Develop control over behavior
 - Manage and reduce anxious thoughts



TRAUMA



Trauma-Induced Disorders

Acute Stress Disorder:

An anxiety disorder that develops during the month after a traumatic event. Lasts 2-4 weeks.

Symptoms may include depersonalization, numbing, dissociative amnesia, intense anxiety, and impairment of everyday functioning.

ACUTE STRESS DISORDER

- Post-trauma - disastrous personal tragedy or those involving others (school shootings, bombings, war)
- Feelings of helplessness, fear, horror
- Flashbacks
- Difficulties in sleep, concentration
- May be hypervigilant, easily startled
- May lead to Post-Traumatic Stress Disorder





<http://www.accem.org/graphics/earthquake1.jpg>

Post-Traumatic Stress Disorder: PTSD



<http://www.grahamowen.com/images4/5-8-fire2.jpg>



<http://www.edu.pe.ca/southernkings/Pictures/earthquake9.gif>

Trauma-Induced Disorders

- Post-Traumatic Stress Disorder:
More than a month after a traumatic event, stress interferes with the individual's ability to function



PTSD Symptoms Clusters

- Intrusions and avoidance
 - Intrusive thoughts, recurrent dreams, flashbacks, avoidance of reminders
- Hyper-arousal and numbing
 - Detachment, loss of interest in daily activities, sleep disturbance, irritability, sense of foreshortened future



Post-traumatic Stress Disorder

- The person relives the trauma recurrently in dreams, in flashback, and in reverie
- The person becomes numb to the work and avoids stimuli that remind him of the trauma
- The experience symptoms of anxiety and arousal that were not present before the trauma



PTSD Phases



- **Outcry Phase**
- **Denial/Intrusion Phase**

Perspectives on Trauma-Induced Disorders



- **Brain Changes**
- **Conditioned Fear**
- **Economic Disadvantage**

Biological Perspectives Of PTSD

- Subcortical pathways in CNS and structures in sympathetic nervous system altered and become more “alert” to signs of impending harm
- Trauma may alter neurotransmitter functioning-Norepinephrine, serotonin, dopamine
- Trauma may alter brain structure-Hippocampus, temporal lobe
- May be genetic predisposition for reexperiencing, avoidance, and arousal



Psychodynamic Perspectives - PTSD

- Ego flooded with uncontrollable anxiety.
- Trauma may stimulate repressed memories or aggressive impulsive,
- which themselves cause anxiety

<http://www.podgallery.com/digart/gothic/marshall/images/MEMORIES.jpg>



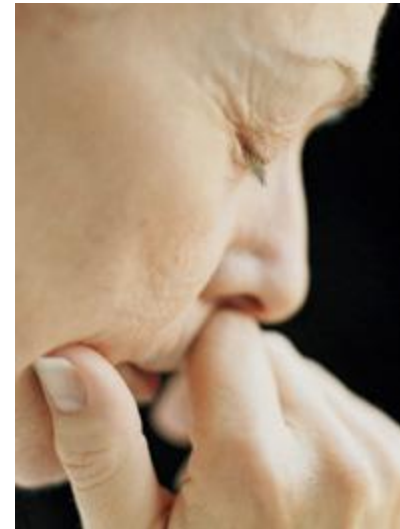
Behavioral –Perspectives - PTSD

- Acquired a conditioned fear to trauma-
- related stimuli that produces anxiety that leads to avoidance.
- Avoidance is reinforcing.



Cognitive-behavioral – Perspectives - PTSD

- Self-blame, guilt, cynicism and pessimism about life
- can lead to
 - self-isolation
 - drug and alcohol abuse.



Sociocultural Perspective - PTSD

- Lack of social support (Vietnam)
- Education
- Income level
- Social status
- Ethnicity
- Environment (Economically disadvantaged, high-crime neighborhoods)



PSTD & Compensation

- **Future epidemiologists would do well to compare symptoms under reimbursable and non-reimbursable conditions to arrive at accurate severity and prevalence figures.**
- **Pre-DSM III data make it look as if post-traumatic stress disorder is both real and lasting**



Treatment of Trauma-Induced Disorders



- **Medication**
- **“Covering”**
- **“Uncovering”**



PTSD - Treatment

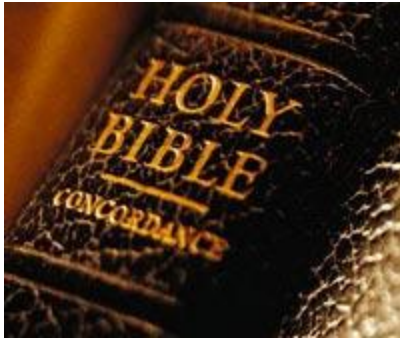


- **Medications - Benzodiazepines, antidepressants, anticonvulsants but in combination with psychotherapy**
- **Psychotherapy techniques**
 - Covering - Supportive therapy and stress management
 - Uncovering - Reliving the trauma using desensitization, imaginal flooding
 - Meichenbaum Six Step Program



PTSD - Treatment

- Meichenbaum's six-step cognitive-behavioral plan
 - Good relationship with client
 - Look at symptoms from positive standpoint
 - Look at trauma specifically, not globally
 - Confront the feared situation in real settings
 - Confront fears, guilt, depression and distorted beliefs
 - Anticipate recurrence of symptoms



<http://www.bible-ebooks.com/paul/color/bible.gif>



<http://www.bbc.net.uk/religion/religions/christianity/features/thegoodbook/images/bibl>

Scripture on Anxiety

Proverbs. 12:25 (NASV)

- Anxiety in the heart of a man weighs it down, but a good word makes it glad.



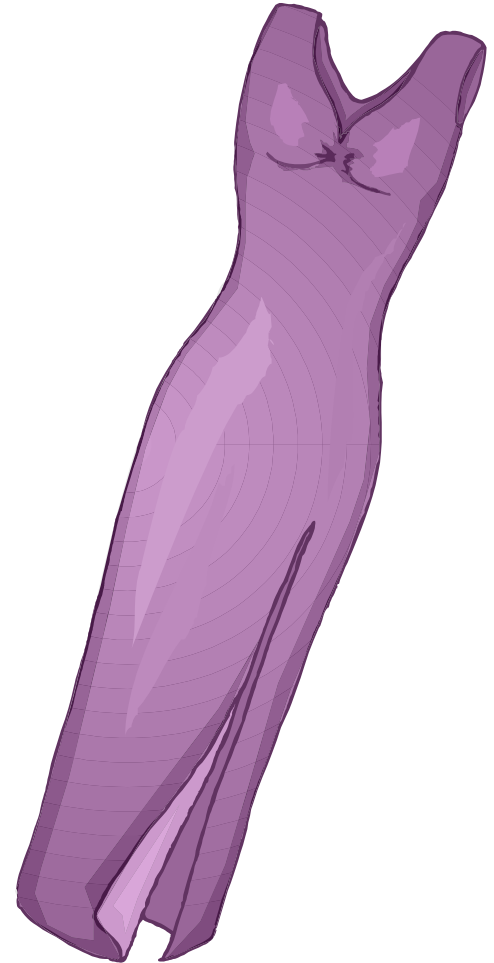
Matthew 6:25,34

- For this reason I say to you, do not be anxious for your life, as to what you shall eat, or what you shall drink nor for your body as to what you shall put on. Is not life more than food and the body more than clothing?



Matthew 6:25

"Therefore I tell you, do not worry about your life, what you will eat or drink; or about your body, what you will wear. Is not life more important than food, and the body more important than clothes?"



Matthew 6:26

Look at the birds of the air; they do not sow or reap or store away in barns, and yet your heavenly Father feeds them. Are you not much more valuable than they?





Matthew 6:27-29

- 27** Who of you by worrying can add a single hour to his life?
- 28** "And why do you worry about clothes? See how the lilies of the field grow. They do not labor or spin.
- 29** Yet I tell you that not even Solomon in all his splendor was dressed like one of these.

Matthew 6:30 -32



30 If that is how God clothes the grass of the field, which is here today and tomorrow is thrown into the fire, will he not much more clothe you, O you of little faith?

31 So do not worry, saying, 'What shall we eat?' or 'What shall we drink?' or 'What shall we wear?'

32 For the pagans run after all these things, and your heavenly Father knows that you need them.

Matthew 6:33 -34

33 But seek first his kingdom and his righteousness, and all these things will be given to you as well.

34 Therefore do not worry about tomorrow, for tomorrow will worry about itself. Each day has enough trouble of its own.



Philippians 4:6-8

- 6 Do not be anxious about anything, but in everything, by prayer and petition, with thanksgiving, present your requests to God.**
- 7 And the peace of God, which transcends all understanding, will guard your hearts and your minds in Christ Jesus.**
- 8 Finally, brothers, whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable - if anything is excellent or praiseworthy - think about such things.**



Philippians 4:9

- Whatever you have learned or received or heard from me, or seen in me - put it into practice. And the God of peace will be with you.



How would step one be described in secular terms.

- **Thinking on good things,**
- **praying,**
- **modifying self-talk.**

