
MODULE 49

Anxiety Disorders

Module Preview

Those who suffer from an anxiety disorder may for no reason feel uncontrollably tense (generalized anxiety disorder), may have a persistent irrational fear (phobia), or may be troubled by repetitive thoughts and actions (obsessive-compulsive disorder). Symptoms may also follow the experience of some traumatic event (post-traumatic stress disorder).

To understand anxiety disorders today's psychologists have turned to two contemporary perspectives—learning and biological.

Module Guide

Introduction, Generalized Anxiety Disorder, and Panic Disorder

- ▶ Exercise: Penn State Worry Questionnaire
- ▶ Video: Module 37 of *Psychology: The Human Experience: Three Anxiety Disorders*
- ▶ ActivePsych: *Digital Media Archive*, 2nd ed.: *Experiencing Anxiety*

49-1. *Define anxiety disorders, and explain how these conditions differ from everyday stress, tension, or uneasiness.*

Many everyday experiences—public speaking, preparing to play in a big game, looking down from a high ledge—may elicit anxiety. In contrast, **anxiety disorders** are characterized by distressing, persistent anxiety or dysfunctional anxiety-reducing behaviors.

- ▶ Exercises: Taylor Manifest Anxiety Scale; The Posttraumatic Cognitions Inventory (PTCI)

49-2. *Contrast the symptoms of generalized anxiety disorder and panic disorder.*

Generalized anxiety disorder is an anxiety disorder in which a person is continually tense, apprehensive, and in a state of autonomic nervous system arousal. **Panic disorder** is an anxiety disorder in which the anxiety suddenly escalates at times into a terrifying *panic attack*, a minutes-long episode of intense dread in which a person experiences terror and accompanying chest pain, choking, or other frightening sensations.

Phobias

- ▶ Lecture: Discovery Health Channel Phobia Study
- ▶ Exercises: Fear Survey; Social Phobia
- ▶ Videos: Program 23 of *Moving Images: Exploring Psychology Through Film: Intensive Exposure Therapy: Overcoming Agoraphobia*; Segment 32 of the Scientific American *Frontiers Series*, 2nd ed.: *Arachnophobia*

49-3. *Explain how a phobia differs from the fears we all experience.*

A **phobia** is an anxiety disorder marked by a persistent, irrational fear of a specific object, activity, or situation. In contrast to the normal fears we all experience, phobias can be so severe that they are incapacitating. For example, *social phobia*, an intense fear of being scrutinized by others, is shyness taken to an extreme. The anxious person may avoid speaking up, eating out, or going to parties. If the fear is intense enough, it can lead to *agoraphobia*. Other *specific phobias* focus on animals, insects, heights, blood, or close spaces.

Obsessive-Compulsive Disorder

- ▶ Lecture: Obsessive Thoughts
- ▶ Exercise: Obsessive-Compulsive Disorder
- ▶ Videos: Program 21 of *Moving Images: Exploring Psychology Through Film: Obsessive-Compulsive Disorder: Ritual Cleansing*; Module 36 of *Psychology: The Human Experience: Obsessive-Compulsive Disorder*
- ▶ Instructor Video Tool Kit: *Obsessive-Compulsive Disorder: A Young Mother's Struggle; Those Who Hoard*
- ▶ Feature Film: *As Good As It Gets* and OCD

49-4. *Describe the symptoms of obsessive-compulsive disorder.*

An **obsessive-compulsive disorder (OCD)** is an anxiety disorder characterized by unwanted repetitive thoughts (obsessions) and/or actions (compulsions). The obsessions may be concerned with dirt, germs, or toxins. The compulsions may involve excessive hand washing or checking doors, locks, or appliances. The repetitive thoughts and behaviors become so persistent that they interfere with everyday living and cause the person distress.

Post-Traumatic Stress Disorder

- ▶ Lecture: Concentration Camp Survival
- ▶ Instructor Video Tool Kit: *Post-Traumatic Stress Disorder: A Vietnam Combat Veteran; PTSD: Returning from Iraq*

49-5. *Describe the symptoms of post-traumatic stress disorder, and discuss survivor resiliency.*

Post-traumatic stress disorder (PTSD) is characterized by haunting memories, nightmares, social withdrawal, jumpy anxiety, and insomnia that last for four weeks or more following a traumatic experience. Many combat veterans, accident and disaster survivors, and sexual assault victims have experienced the symptoms of PTSD. Some researchers are interested in the impressive *survivor resiliency* of those who do not develop PTSD. About half of adults experience at least one traumatic experience in their lifetime, but only about 1 in 10 women and 1 in 20 men develop PTSD symptoms. For some, suffering can lead to *post-traumatic growth*, including an increased appreciation of life, more meaningful relationships, changed priorities, and a richer spiritual life.

Understanding Anxiety Disorders

- ▶ Instructor Video Tool Kit: *Fear, PTSD, and the Brain*

49-6. *Discuss the contributions of the learning and biological perspectives to understanding the development of anxiety disorders.*

The learning perspective views anxiety disorders as a product of fear conditioning, stimulus generalization, reinforcement of fearful behaviors, and observational learning of others' fears. The biological perspective helps explain why we learn some fears more readily and why some individuals are more vulnerable. It emphasizes evolutionary, genetic, and neural influences. For example, phobias may focus on fears faced by our ancestors, genetic inheritance of a high level of emotional reactivity predisposes some to anxiety, and elevated activity in the anterior cingulate cortex appears to be linked to OCD.