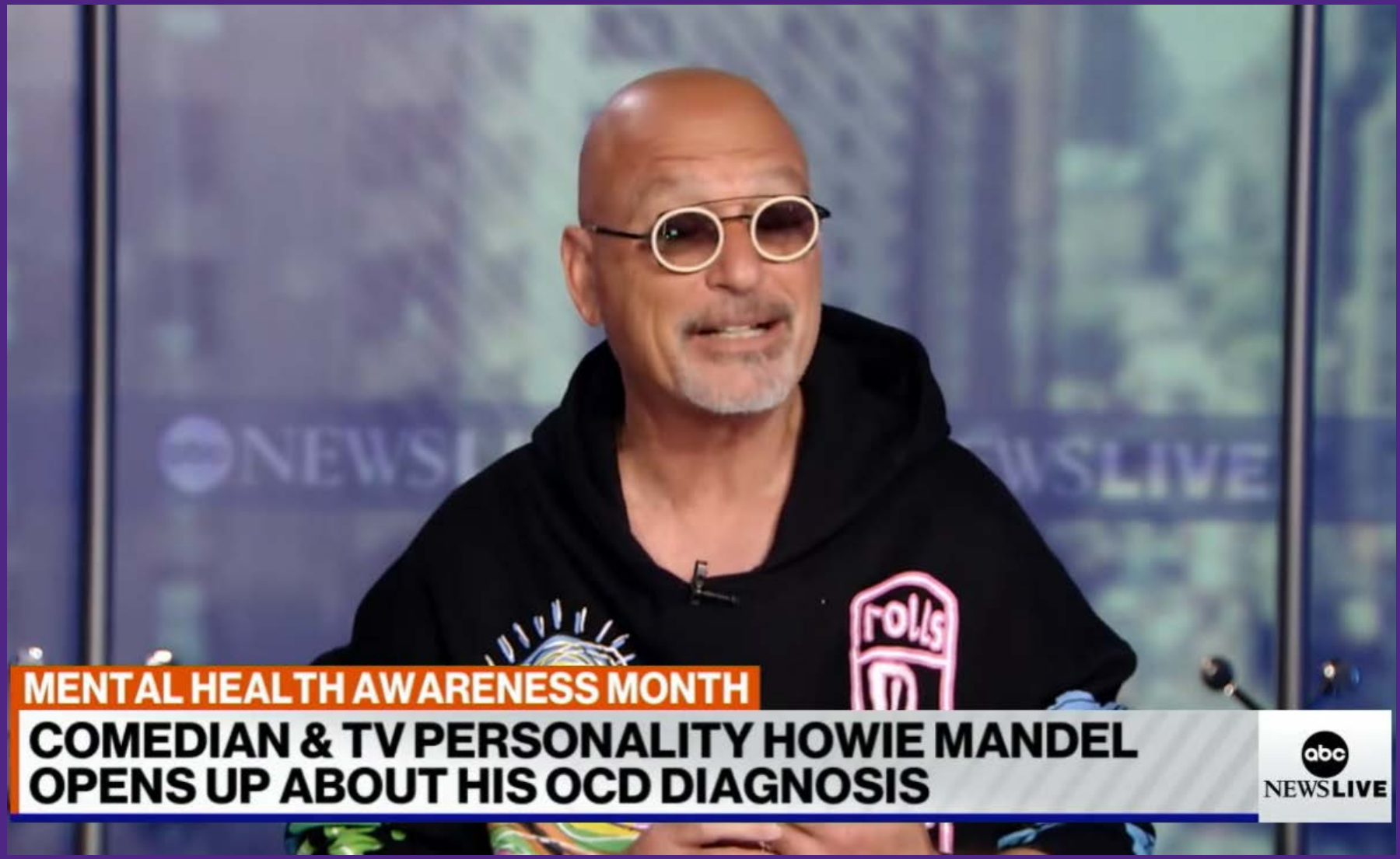
Psychology 2030B

Lecture 5
Anxiety and Related Disorders

Week of 3 February 2025

Western SocialScience


MENTAL HEALTH AWARENESS MONTH
COMEDIAN & TV PERSONALITY HOWIE MANDEL OPENS UP ABOUT HIS OCD DIAGNOSIS
abc NEWSLIVE

Diagnostic Criteria for OCD

Compulsions are defined by (1) **and** (2):

1. Repetitive behaviours *(e.g., hand washing, ordering, checking)* or mental acts *(e.g., praying, counting, repeating words silently)* that the individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly.
2. The behaviours or mental acts are aimed at preventing or reducing anxiety or distress, or preventing some dreaded event or situation; **however,** these behaviours or mental acts are not connected in a realistic way with what they are designed to neutralize or prevent, or are clearly excessive.

Note: *Young children may not be able to articulate the aims of these behaviours or mental acts.*

Diagnostic Criteria for OCD

B. The obsessions or compulsions are time-consuming *(e.g., take more than 1 hour per day)* **or** cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

C. The obsessive-compulsive symptoms are not attributable to the physiological effects of a substance *(e.g., a drug of abuse, a medication)* or another medical condition.

D. The disturbance is not better explained by the symptoms of another mental disorder (e.g.,

a. excessive worries, as in generalized anxiety disorder;
b. preoccupation with appearance, as in body dysmorphic disorder;
c. difficulty discarding or parting with possessions, as in hoarding disorder;
d. hair pulling, as in trichotillomania [hair-pulling disorder];
e. skin picking, as in excoriation [skin-picking] disorder;
f. stereotypies, as in stereotypic movement disorder;
g. ritualized eating behaviour, as in eating disorders;
h. preoccupation with substances or gambling, as in substance-related and addictive disorders;
i. preoccupation with having an illness, as in illness anxiety disorder;
j. sexual urges or fantasies, as in paraphilic disorders;
k. impulses, as in disruptive, impulse-control, and conduct disorders;
l. guilty ruminations, as in major depressive disorder;
m. thought insertion or delusional preoccupations, as in schizophrenia spectrum and other psychotic disorders;
n. or repetitive patterns of behaviour, as in autism spectrum disorder).

Diagnostic Criteria for OCD

Specify if:

With good or fair insight: The individual recognizes that obsessive-compulsive disorder beliefs are definitely or probably not true or that they may or may not be true.

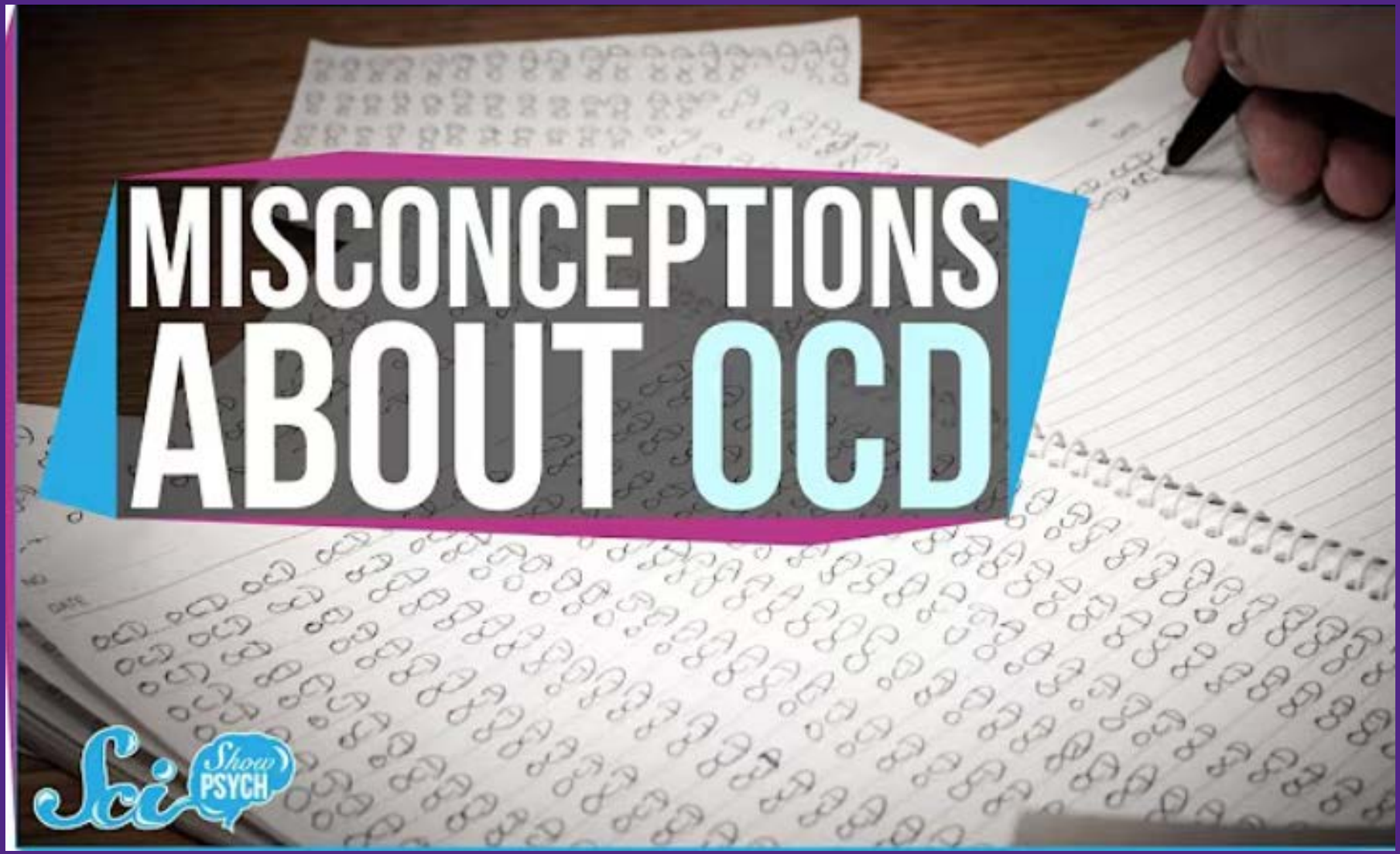
With poor insight: The individual thinks obsessive-compulsive disorder beliefs are probably true.

With absent insight/delusional beliefs: The individual is completely convinced that obsessive-compulsive disorder beliefs are true.

OCD Subtypes

Common OCD subtypes include:

1. *Contamination*
2. *Checking*
3. *Symmetry and Order*
4. *Forbidden Thoughts*


MISCONCEPTIONS
ABOUT OCD
SciShow PSYCH

OCD a frequent pop culture punchline

Jason Osler · CBC News · Posted: Feb 25, 2015 3:11 PM ET | Last Updated: March 3, 2015

Sorting and organizing can be a marker for OCD. (Ryan Leighty/Flickr)

OCD and Stigma

- Belief that OCD has less stigma than some mental illnesses
- For example, the phrase “so OCD” is colloquially employed to demonstrate a preference for neatness or cleanliness
- Or, the general public is so unaware of many OCD symptoms that stigma has not developed around them

OCD and Stigma

Social Distancing

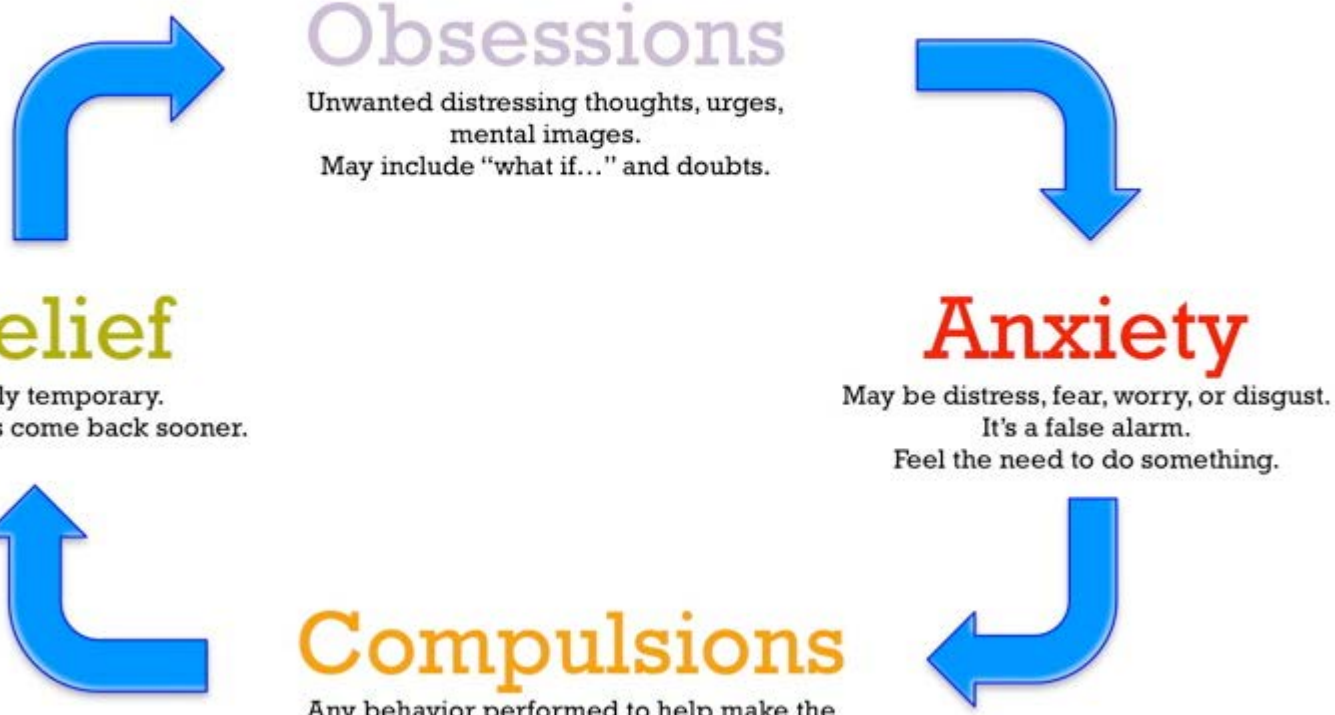
- Greater desire for distance in relation to Forbidden Thoughts (sexual) and Forbidden Thoughts (violence)
- Greater desire for distance in certain religious groups for Scupulousity

OCD and Stigma

Perceived Dangerousness

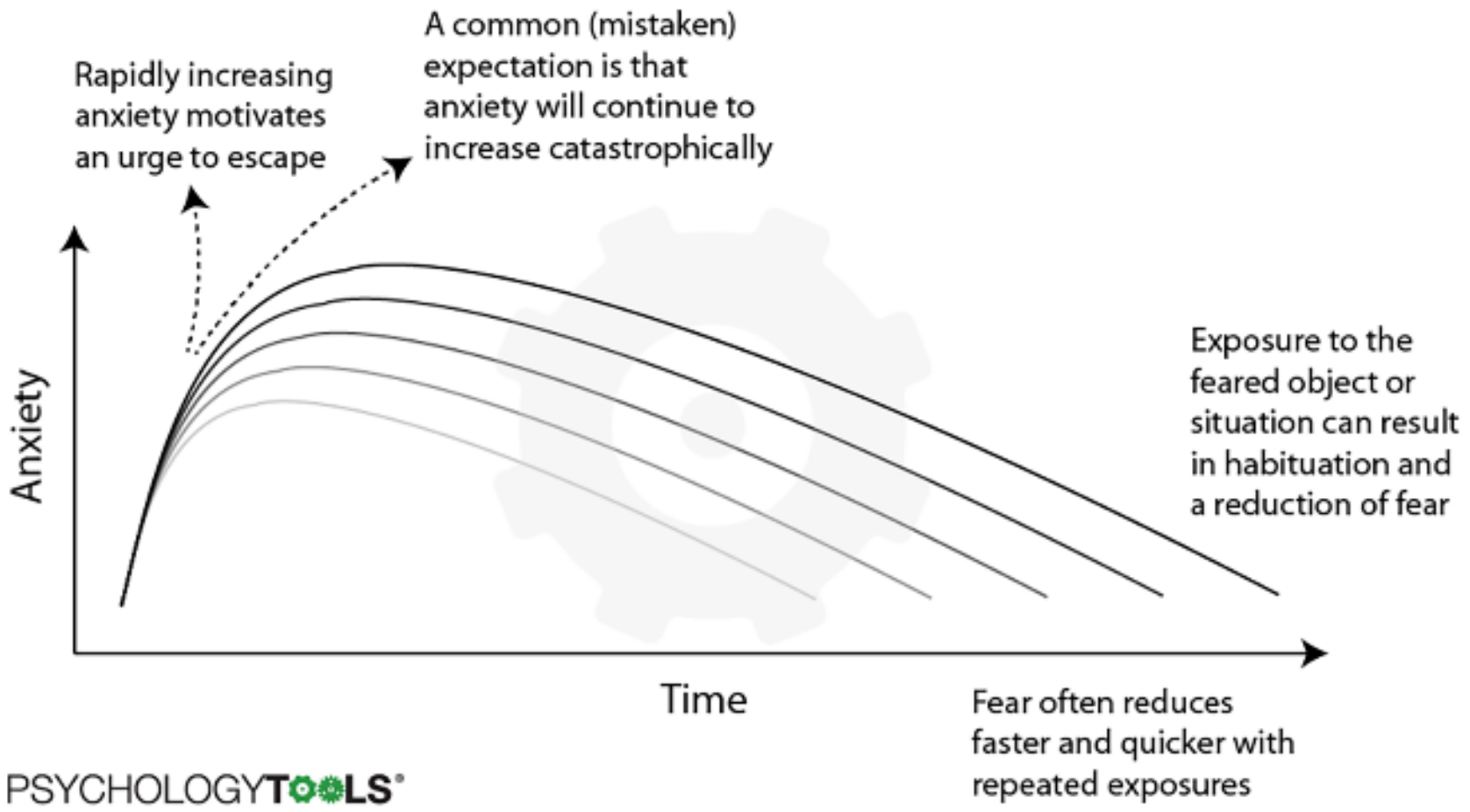
- Greater perceptions for people with Forbidden Thoughts related to harm and aggression

The OCD Cycle

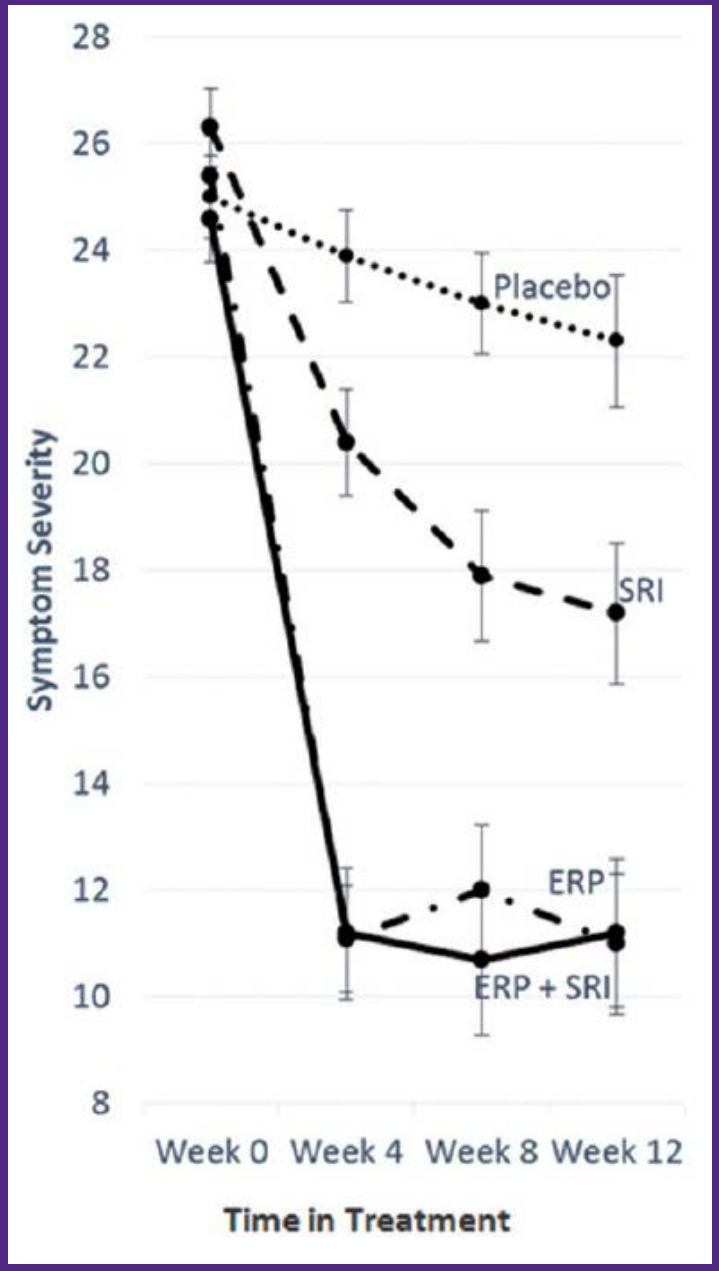


Exposure with Response Prevention

- Rituals are actively presented, and the patient is systematically and gradually exposed to the feared thoughts or situations
- How the rituals are prevented does not matter, only that you learn that the fear will lessen
- For some, cognitive interventions such as confronting certainty or de-catastrophization may augment treatment


Rapidly increasing anxiety motivates an urge to escape
A common (mistaken) expectation is that anxiety will continue to increase catastrophically
Anxiety
Time
Exposure to the feared object or situation can result in habituation and a reduction of fear
Fear often reduces faster and quicker with repeated exposures
PSYCHOLOGYTOOLS®

Exposure with Response Prevention


28
26
24
22
20
18
16
14
12
10
8
Symptom Severity
Placebo
SRI
ERP
ERP + SRI
Week 0
Week 4
Week 8
Week 12
Time in Treatment

Isolated Moments of Sanity

#5: Anxiety isn't a Disorder

Diagnostic Criteria for Social Anxiety Disorder

A. Marked fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others. Examples include social interactions *(e.g., having a conversation, meeting unfamiliar people*), being observed *(e.g., eating or drinking),* and performing in front of others *(e.g., giving a speech).*

Note: In children, the anxiety must occur in peer settings and not just during interactions with adults.

B. The individual fears that he or she will act in a way or show anxiety symptoms that will be negatively evaluated *(i.e., will be humiliating or embarrassing; will lead to rejection or offend others).*

Diagnostic Criteria for Social Anxiety Disorder

C. The social situations almost always provoke fear or anxiety.

Note: In children, the fear or anxiety may be expressed by crying, tantrums, freezing, clinging, shrinking, or failing to speak in social situations.

D. The social situations are avoided or endured with intense fear or anxiety.

E. The fear or anxiety is out of proportion to the actual threat posed by the social situation and to the sociocultural context.

Diagnostic Criteria for Social Anxiety Disorder

F. The fear, anxiety, or avoidance is persistent, typically lasting for 6 months or more.

G. The fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

H. The fear, anxiety, or avoidance is not attributable to the physiological effects of a *substance (e.g., a drug of abuse, a medication)* or another medical condition.

Diagnostic Criteria for Social Anxiety Disorder

I. The fear, anxiety, or avoidance is not better explained by the symptoms of another mental disorder, such as panic disorder, body dysmorphic disorder, or autism spectrum disorder.

J. If another medical condition *(e.g., Parkinson's disease, obesity, disfigurement from burns or injury)* is present, the fear, anxiety, or avoidance is clearly unrelated or is excessive.

Specify if:

Performance only:

If the fear is restricted to speaking or performing in public.

Consequences of Social Anxiety Disorder

- elevated rates of school dropout and with decreased well-being, employment, workplace productivity, socioeconomic status, and quality of life
- being single, unmarried, or divorced and with not having children, particularly among men
- in older adults, there may be impairment in caregiving duties and volunteer activities
- impedes leisure activities
- despite the extent of distress and social impairment associated with social anxiety disorder, only about half of individuals with the disorder in Western societies ever seek treatment
  - they tend to do so only after 15–20 years of experiencing symptoms
- not being employed is a strong predictor for the persistence of social anxiety disorder


Karla Ruster

Who is Barry Manilow?

- Has won a Grammy, Tony, and an Emmy (EGOT)
- 10 top ten songs including 3 at number one
- Career Peak
  - 1975-1978

SEC	ROW	SEAT
FLR-B	6	9

Official Platinum

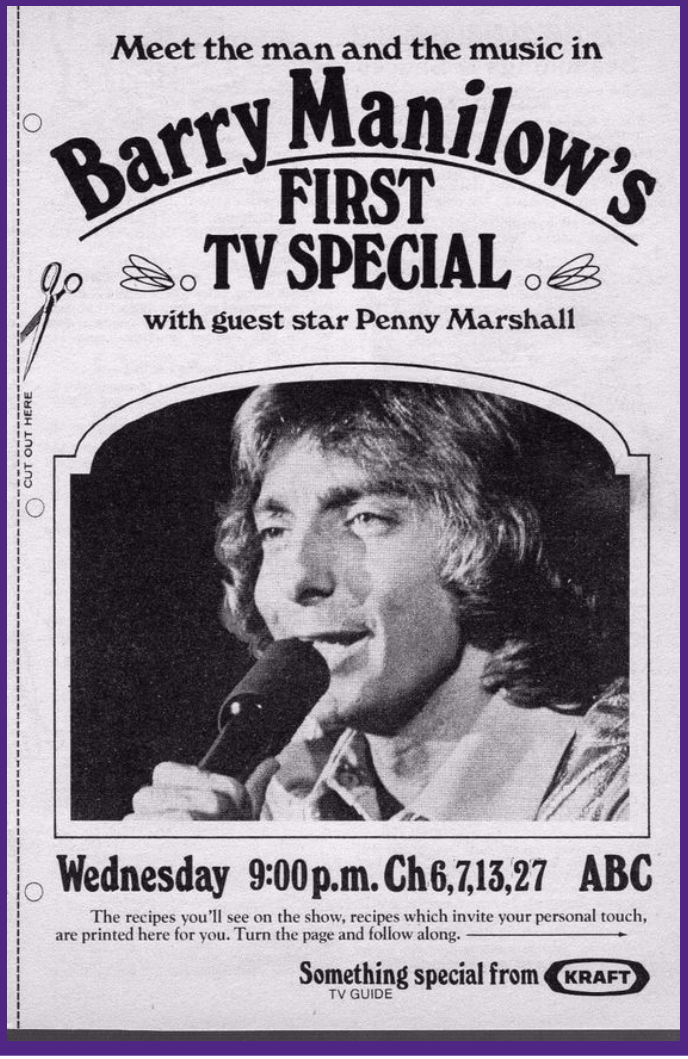
CA $487.04
(CA $420.00 + CA $67.04 fees, including taxes)

SUBTOTAL **CA $494.04**

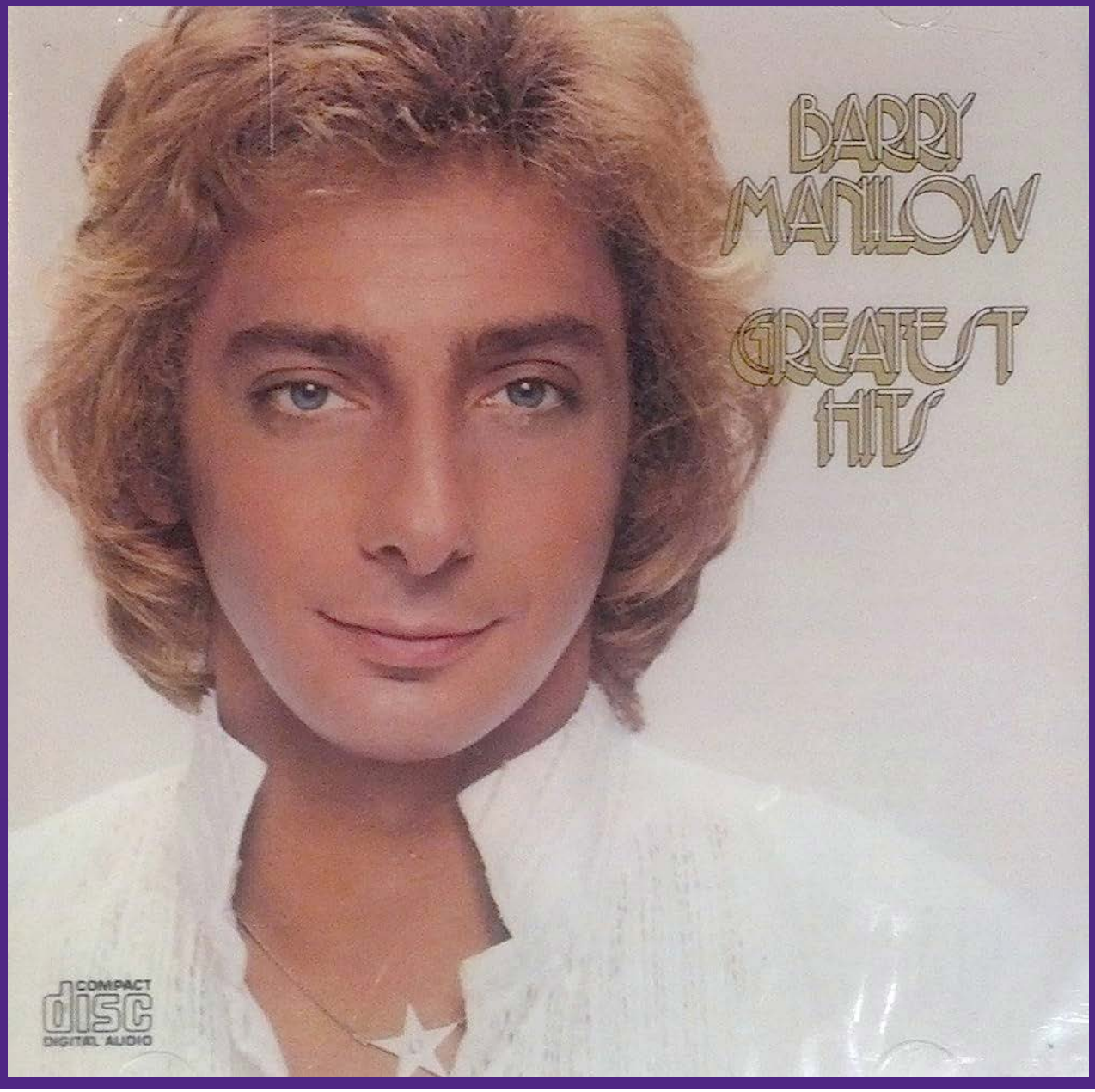
1 Ticket
Tickets: CA $487.04 + Order Processing Fee: CA $7.00

Who is Barry Manilow?

- Mandy
- I Write the Songs
- Could It Be Magic?
- New York City Rhythm
- Can’t Smile Without You
- Looks Like We Made It
- Copacabana



But why is he talking about Barry Manilow?

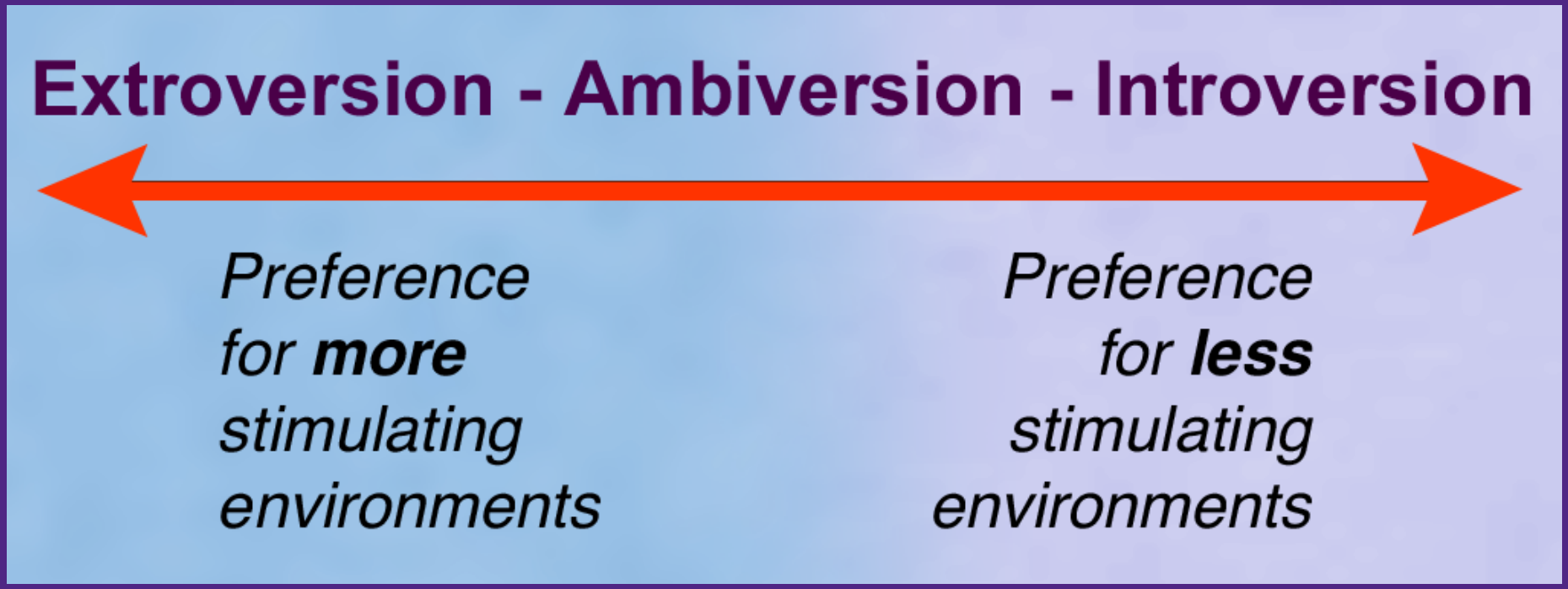


Spotlight effect

Normal Shyness

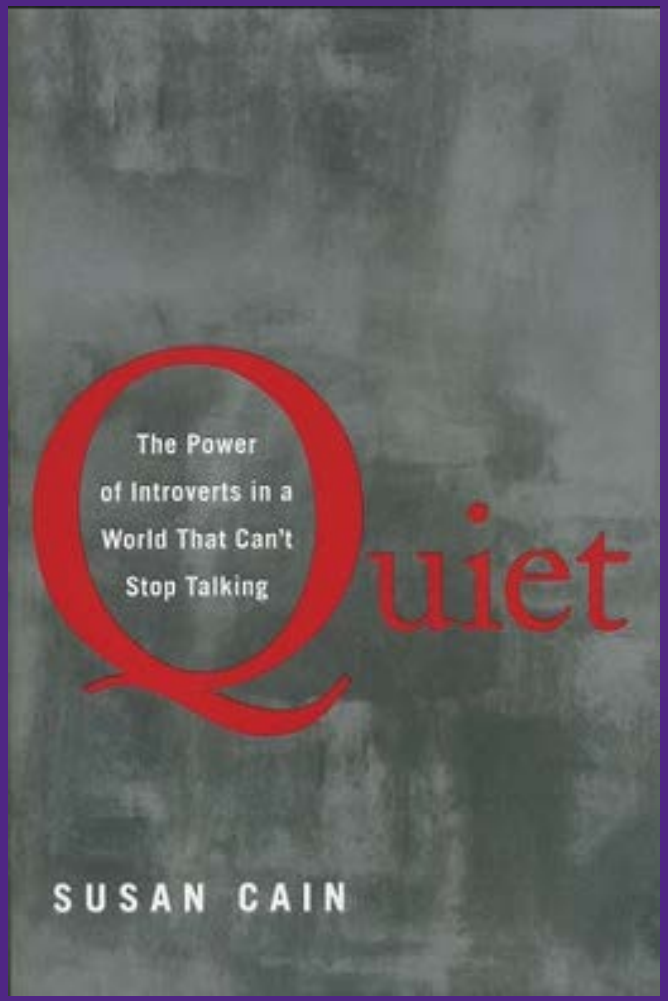
- shyness *(i.e., social reticence)* is a common personality trait and is not by itself pathological.
- in some societies, shyness is even evaluated positively
- when there is a significant adverse impact on social, occupational, and other important areas of functioning, a diagnosis of social anxiety disorder should be considered
- only a minority (12%) of self-identified shy individuals have symptoms that meet diagnostic criteria for social anxiety disorder


AGREEABLENESS
OPENNESS TO EXPERIENCE
EXTRAVERSION
BIG FIVE
PERSONALITY TRAITS
NEUROTICISM
CONSCIENTIOUSNESS


Extroversion - Ambiversion - Introversion
Preference for more stimulating environments
Preference for less stimulating environments

Introversion	Extraversion
Seek less stimulation	Seek greater stimulation
Recharge, reflect in quiet	Energize around people
Think before speaking	Think out loud
Value 1:1 friendships	Large social network
Favor independence	Thrive in teams, crowds
Avoid: center of attention	Enjoy: center of attention
Value deep experience	Value broad experience

Susan Cain



Extravert Ideal

popular ideal in Western Society

the omnipresent belief that the ideal self is gregarious, alpha, and comfortable in the spotlight

Susan Cain

BUT…

No relationship between being a good speaker and having good ideas

Forcing teamwork can cause problems such as Groupthink

Panic Attacks

An abrupt surge of intense fear or intense discomfort that reaches a peak within minutes, and during which time **four** (or more) of the following symptoms occur:

Note: The abrupt surge can occur from a calm state or an anxious state.

Panic Attacks

1. Palpitations, pounding heart, or accelerated heart rate.
2. Sweating.
3. Trembling or shaking.
4. Sensations of shortness of breath or smothering.
5. Feelings of choking.
6. Chest pain or discomfort.
7. Nausea or abdominal distress.

Panic Attacks

8. Feeling dizzy, unsteady, light-headed, or faint.
9. Chills or heat sensations.
10. Paresthesias (numbness or tingling sensations).
11. Derealization (feelings of unreality) or depersonalization (being detached from oneself).
12. Fear of losing control or “going crazy.”
13. Fear of dying.

Panic Attacks

The essential feature of a panic attack is an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes and during which time four or more of 13 physical and cognitive symptoms occur.

The term ***within minutes*** means that the time to peak intensity is literally only a few minutes.

Panic Attacks

Expected panic attacks are attacks for which there is an obvious cue or trigger, such as situations in which panic attacks have typically occurred.

Unexpected panic attacks are those for which there is no obvious cue or trigger at the time of occurrence *(e.g., when relaxing or out of sleep [nocturnal panic attack]).*

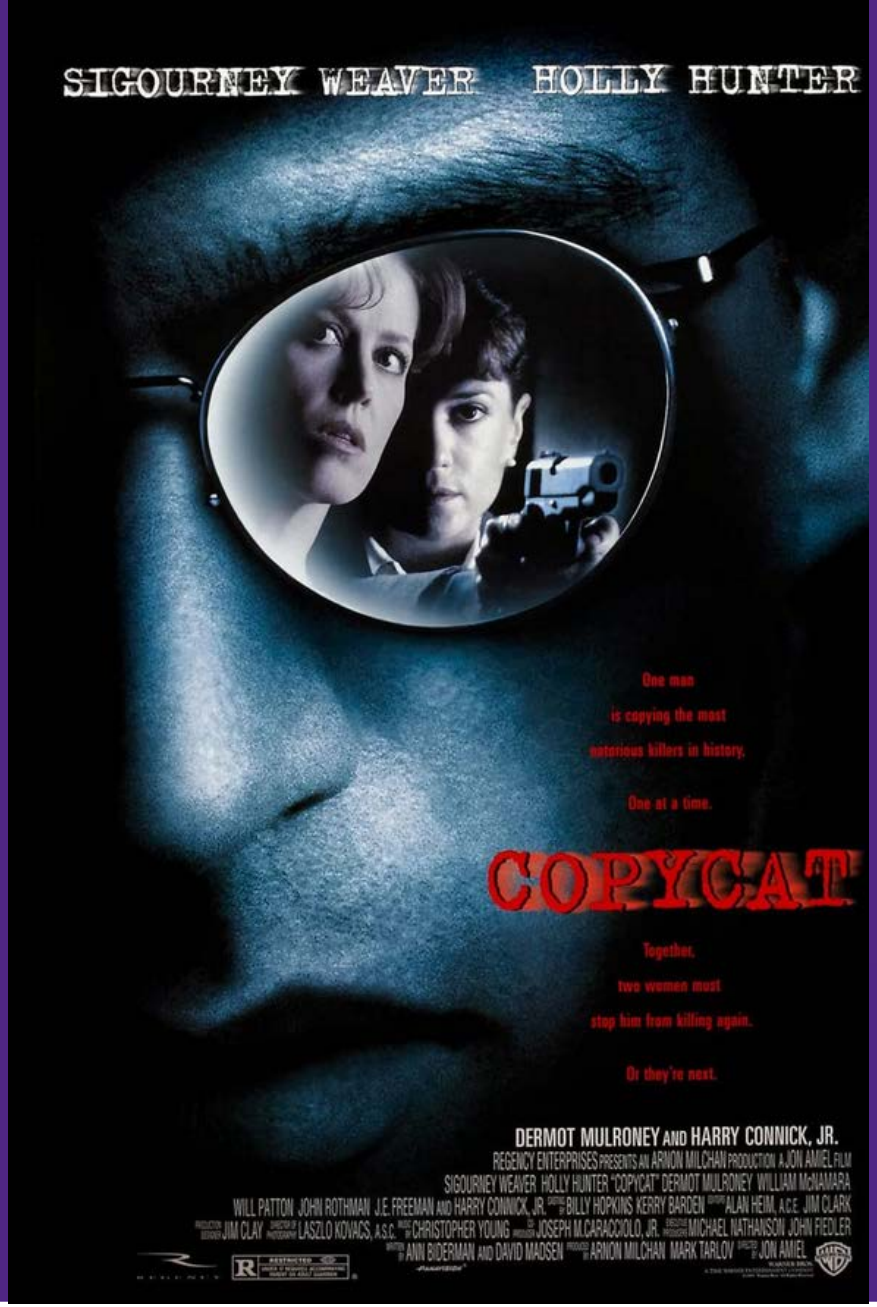
Panic Disorder

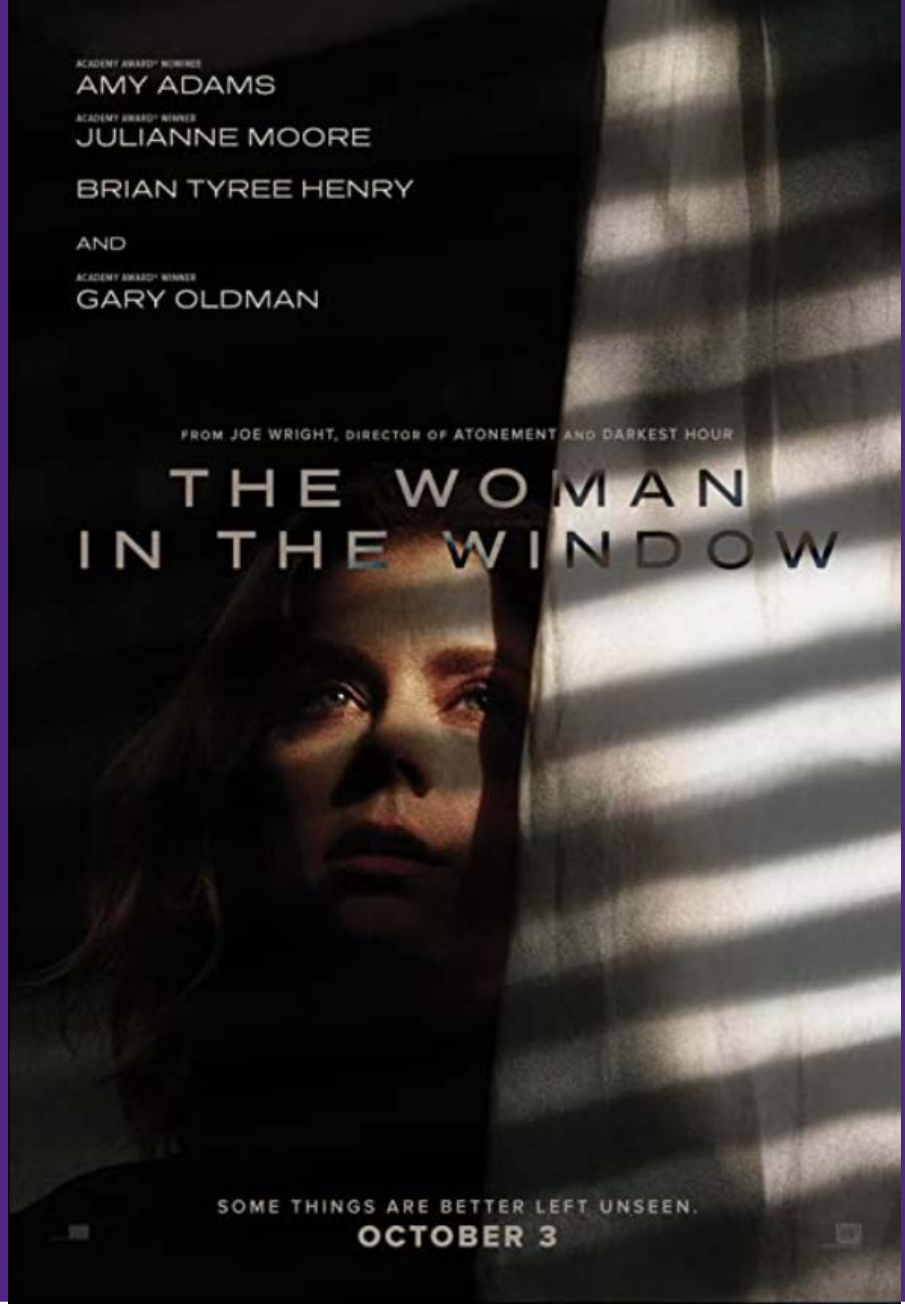
At least one of the attacks has been followed by 1 month (or more) of one or both of the following:

1. Persistent concern or worry about additional panic attacks or their consequences *(e.g., losing control, having a heart attack, "going crazy").*

2. A significant maladaptive change in behaviour related to the attacks *(e.g., behaviours designed to avoid having panic attacks, such as avoidance of exercise or unfamiliar situations).*


PANIC
ATTACKS


SIGOURNEY WEAVER
HOLLY HUNTER
One man
is copying the most
notorious killers in history.
One at a time.
COPYCAT
Together,
two women must
stop him from killing again.
Or they're next.
DERMOT MULRONEY AND HARRY CONNICK, JR.
REGENCY ENTERPRISES PRESENTS AN ARNON MILCHAN PRODUCTION A JON AMIEL FILM
SIGOURNEY WEAVER HOLLY HUNTER "COPYCAT" DERMOT MULRONEY WILLIAM McNAMARA
WILL PATTON JOHN ROTHMAN J.E. FREEMAN AND HARRY CONNICK, JR.
BILLY HOPKINS KERRY BARDEN ALAN HEIM, A.C.E. JIM CLARK
JIM CLAY LASZLO KOVACS, A.S.C. CHRISTOPHER YOUNG JOSEPH M.CARACCIOLO, JR. MICHAEL NATHANSON JOHN FIEDLER
ANN BIDERMAN AND DAVID MADSEN ARNON MILCHAN MARK TARLOV JON AMIEL


ACADEMY AWARD® NOMINEE
AMY ADAMS
ACADEMY AWARD® WINNER
JULIANNE MOORE
BRIAN TYREE HENRY
AND
ACADEMY AWARD® WINNER
GARY OLDMAN
FROM JOE WRIGHT, DIRECTOR OF ATONEMENT AND DARKEST HOUR
THE WOMAN
IN THE WINDOW
SOME THINGS ARE BETTER LEFT UNSEEN.
OCTOBER 3

Agoraphobia

A. Marked fear or anxiety about **two** (or more) of the following five situations:

1. Using public transportation (e.g., automobiles, buses, trains, ships, planes).
2. Being in open spaces (e.g., parking lots, marketplaces, bridges).
3. Being in enclosed places (e.g., shops, theatres, cinemas).
4. Standing in line or being in a crowd.
5. Being outside of the home alone.

Agoraphobia

B. The individual fears or avoids these situations because of thoughts that escape might be difficult or help might not be available in the event of developing panic-like symptoms or other incapacitating or embarrassing symptoms *(e.g., fear of falling in the elderly; fear of incontinence).*

Agoraphobia

C. The agoraphobic situations almost always provoke fear or anxiety.

D. The agoraphobic situations are actively avoided, require the presence of a companion, or are endured with intense fear or anxiety.

E. The fear or anxiety is out of proportion to the actual danger posed by the agoraphobic situations and to the sociocultural context.

Agoraphobia

F. The fear, anxiety, or avoidance is persistent, typically lasting for 6 months or more.

G. The fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Anxiety Disorders in Children

- anxiety disorders are the **most frequent** mental disorders in children and adolescents

- the vast majority of children and adolescents that have developed a threshold anxiety disorder will be affected by the same condition or other mental disorders *(including other anxiety disorders, depressive disorders, or substance use disorders)* over the further course of life

Selective Mutism

- Selective mutism is diagnosed when a child consistently does not speak in some situations, *but* speaks comfortably in other situations.

- For example, a child may not be able to speak at school, *but* can speak with no problem at home.

Selective Mutism

A. Consistent failure to speak in specific social situations in which there is an expectation for speaking *(e.g., at school)* despite speaking in other situations.

B. The disturbance interferes with educational or occupational achievement or with social communication.

Selective Mutism

C. The duration of the disturbance is at least 1 month *(not limited to the first month of school).*

D. The failure to speak is not attributable to a lack of knowledge of, or comfort with, the spoken language required in the social situation.

E. The disturbance is not better explained by a communication disorder *(e.g. childhood-onset fluency disorder)* and does not occur exclusively during the course of autism spectrum disorder, schizophrenia, or another psychotic disorder.

Selective Mutism

- Associated features of selective mutism may include excessive shyness, fear of social embarrassment, social isolation and withdrawal, clinging, compulsive traits, negativism, temper tantrums, or mild oppositional behavior

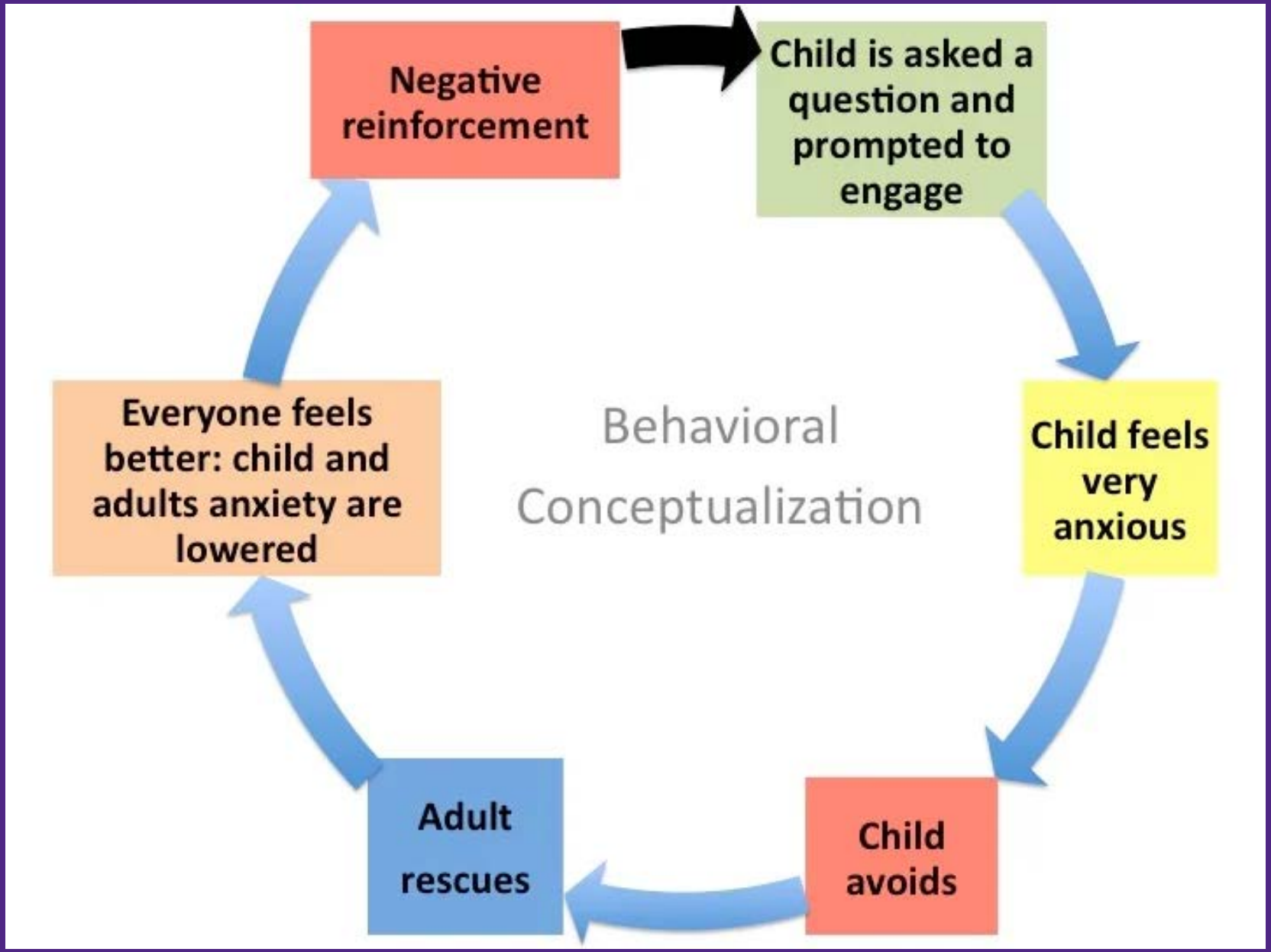
- In clinical settings, children with selective mutism are almost always given an additional diagnosis of another anxiety disorder—most commonly, **social anxiety disorder**

Selective Mutism

- The onset of selective mutism is usually before age 5 years, but the disturbance may not come to clinical attention until entry into school, where there is an increase in social interaction and performance tasks, such as reading aloud

- Although clinical reports suggest that many individuals *"outgrow"* selective mutism

- In most cases, selective mutism may fade, but symptoms of social anxiety disorder often remain


Negative reinforcement
Child is asked a question and prompted to engage
Child feels very anxious
Child avoids
Adult rescues
Everyone feels better: child and adults anxiety are lowered
Behavioral Conceptualization


Child Mind
Institute

Separation Anxiety Disorder

- It is normal for young children to sometimes feel worried or upset when faced with routine separations from their parents or other important caregivers causing children to cry, cling, or refuse to part
- Usually such separation anxiety fades as they grow up, begin school, and gain confidence
- However, for some children their response to actual or anticipated separations is far more extreme than their peers, and/or continues well beyond the first 1-2 years of school

Separation Anxiety Disorder

A. Developmentally inappropriate and excessive fear or anxiety concerning separation from those to whom the individual is attached, as evidenced by at least **three** of the following:

1. Recurrent excessive distress when anticipating or experiencing separation from home or from major attachment figures.

2. Persistent and excessive worry about losing major attachment figures or about possible harm to them, such as illness, injury, disasters, or death.

3. Persistent and excessive worry about experiencing an untoward *event (e.g., getting lost, being kidnapped, having an accident, becoming ill)* that causes separation from a major attachment figure.

Separation Anxiety Disorder

A. Developmentally inappropriate and excessive fear or anxiety concerning separation from those to whom the individual is attached, as evidenced by at least **three** of the following:

4. Persistent reluctance or refusal to go out, away from home, to school, to work, or elsewhere because of fear of separation.

5. Persistent and excessive fear of or reluctance about being alone or without major attachment figures at home or in other settings.

Separation Anxiety Disorder

A. Developmentally inappropriate and excessive fear or anxiety concerning separation from those to whom the individual is attached, as evidenced by at least **three** of the following:

6. Persistent reluctance or refusal to sleep away from home or to go to sleep without being near a major attachment figure.

7. Repeated nightmares involving the theme of separation.

8. Repeated complaints of physical symptoms *(e.g., headaches, stomachaches, nausea, vomiting)* when separation from major attachment figures occurs or is anticipated

Separation Anxiety Disorder

B. The fear, anxiety, or avoidance is persistent, lasting at least 4 weeks in children and adolescents and typically 6 months or more in adults.

C. The disturbance causes clinically significant distress or impairment in social, academic, occupational, or other important areas of functioning.

Separation Anxiety Disorder

D. The disturbance is not better explained by another mental disorder, such as

refusing to leave home because of excessive resistance to change in autism spectrum disorder;

delusions or hallucinations concerning separation in psychotic disorders;

refusal to go outside without a trusted companion in agoraphobia;

worries about ill health or other harm befalling significant others in generalized anxiety disorder; or

concerns about having an illness in illness anxiety disorder.

Separation Anxiety Disorder

- Depending on their age, children may have fears of animals, monsters, the dark, muggers, burglars, kidnappers, car accidents, plane travel, and other situations that are perceived as presenting danger to the family or themselves

- Some become homesick and extremely uncomfortable when away from home

- Separation anxiety disorder in children may lead to school refusal, which in turn may lead to academic difficulties and social isolation

Separation Anxiety Disorder

- When extremely upset at the prospect of separation, children may show anger or occasionally aggression toward someone who is forcing separation

- When alone, especially in the evening or the dark, young children may report unusual perceptual experiences *(e.g., seeing people peering into their room, frightening creatures reaching for them, feeling eyes staring at them)*

Separation Anxiety Disorder

- Periods of heightened separation anxiety from attachment figures are part of normal early development and may indicate the development of secure attachment relationships *(e.g., around age 1 year, when infants may experience stranger anxiety)*

- Onset of separation anxiety disorder may be as early as preschool age and may occur at any time during childhood and in adolescence


Parent
channel.tv
Separation
Anxiety