Psychology - lecture notes

ANXIETY DISORDERS

Brief Overview of Anxiety Disorders

- 25% of the adult population has experienced fears or anxiety which interfere with their ability to function effectively or enjoy everyday life.
- Anxiety disorders are the most common psychiatric illnesses affecting both children and adults.
- Anxiety disorders may develop from a complex set of risk factors, including genetics, brain chemistry, personality, and life events.
- Anxiety disorders are highly treatable, yet only about one-third of those suffering from an anxiety disorder receive treatment.

Psychological Markers of Anxiety Disorders

Physiological arousal (muscle tension, fatigue, restlessness, poor concentration, irritability, sleep difficulties)
Failure in life goals
Impaired social adjustment

Adaptive or inadequate?

Size of the threat and the intensity of the reaction
Duration
Dynamics

Fear	**Anxiety**
Real threat	Anticipation
Source outside	Source inside
scared	Afraid of something, panic

BOTH:
Related
Unpleasent
Arousal
Diagnosed by ourselves and observers

Types of Anxiety Disorders DSM V (APA 2013)

- GENERALIZED ANXIETY DISORDER (GAD)
- PANIC DISORDER
- PHOBIC DISORDERS
  Agoraphobia
  Specific Phobia
  Social Anxiety Disorder (Social Phobia)

New categories in the group:

- SEPARATION ANXIETY DISORDER
- SELECTIVE MUTISM

Generalized Anxiety Disorder (GAD)

Excessive, poorly controlled anxiety about life
circumstances that continues for more than 6 months.
Both psychological and physiological symptoms of anxiety are present.

- ✓ Anxiety focused on specific life circumstances.
- ✓ Unrealistic concerns about that subject.
- ✓ Focus of attention on the source of anxiety.
- ✓ The person's worries cannot be controlled or put aside.
- ✓ Physical symptoms of permanent arousal: muscle tension, fatigue, restlessness, sleeping difficulty, irritability, gastrointestinal discomfort or diarrhoea.
- ✓ Sufficient realization of social and job obligations is impossible.

Course: Usually chronic, but symptoms worsen with stress
Associated problems: Depression, somatic symptoms, and substance abuse.
Treatment: Behavioural psychotherapy includes relaxation training and biofeedback.

Panic Disorder

experience of unexpected, severe panic attacks

- ✓ They are not connected with any concrete reasons in the person's situation (unreasonable).
- ✓ Most of the time last only a few minutes**.**
- ✓ Begin with a feeling of intense apprehension, fear or terror.
- ✓ Physical symptoms caused by autonomic hyperactivity (e.g. rapid heart rate).
- ✓ Persistent concerns of having more attacks.

Physical symptoms

- a feeling of coming danger or doom
- the need to escape
- palpitations, sweating, trembling
- shortness of breath
- a feeling of choking
- chest pain or discomfort
- nausea or abdominal discomfort
- a sense of things being unreal, depersonalization
- a fear of: losing control or "going crazy", of dying
- sudden feeling of cold or hot.

Course: Severity of symptoms may rise or fall, and may be associated with influencing stressors.
Key symptoms: Attacks usually last a few minutes.
Associated problems: Agoraphobia, depression, generalized anxiety disorder and substance abuse.
Treatment: Psychotherapeutic interventions include relaxation,training for panic attacks and systematic desensitization for agoraphobia symptoms.

Phobic Disorders

Fear: rational reaction to an objectively identified external danger
Phobia: persistent and irrational fear of a specific object, activity, or situation that is excessive and unreasonable given the reality of the threat.
Phobic response is produced either in the presence of or in anticipation of the feared object or situation.

Social phobia

Persistent irrational fear that arises in anticipation of public situation in which an individual can be observed by others.
The person feels forced by the fear to avoid public situations.
Self-fulfilling prophecy- anxiety creates impairment in performance.

Agoraphobia
Fear or avoidance of places from which escape would be difficult in the event of panic symptoms (public places, being outside alone, public transportation, crowds).
More common in woman.
Often leads to severe restrictions on the individual's travel and daily routine.
About one in three people with panic disorder develops agoraphobia.
Specific phobia
Phobic response to specific objects or situations.
Approximately one person in five (18 percent) experience phobias that interfere with their daily lives.
Almost all children experience some specific fears at some point, but not many rise to the level of phobia or require professional treatment.
Animal type *spiders (arachnophobia), snakes (ophidiophobia)*
Natural environment type *storms, heights (acrophobia), or water (aquaphobia)*
Blood-injection-injury type
Situational type *small confined spaces (claustrophobia), being "afraid of the dark" (nyctophobia)*

Separation Anxiety Disorder in Adults (ASAD)

- The person feels acute and excessive anxiety if another person, spouse or partner, is out of contact with them.
- Symptoms: daily torment, sleepless nights, obssessive thinking, worry and fear.
- From out side looking in the person is viewed as excessively clingy, needing to know where their partner is, what they are doing, needing to be with them even in activities they personally dislike.
- Prevalence: 6,6 percent.
- More common in women.

Selective Mutism

- The person capable of speech is anable to speak in given situation or specific people.
- May be avoidance strategy to reduce distress in social situations.
- Co-exists with social phobia (90 percent).
- The person stays silent even faceing shame, social ostracism as a result.

PSYCHOLOGICAL APPROACH TO ANXIETY DISORDERS

Psychodynamic Model

Symptoms: come from underlying psychic conflicts or fears; protect the individual from psychological pain

Panic attakcs ← unconscious conflict bursting into consciousness
Phobias ← activated by an object or situation that symbolized unconscious conflict

Behavioural Model of Anxiety Disorder

- A previously neutral object or situation becomes a stimulus for phobia by being paired with a frightening experience.
- This phobia continues to be maintained by the reduction in anxiety that occurs when the person withdraws from the feared situation.

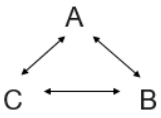
Cognitive Model of Anxiety Disorder

Systemic approach

Traditional – linear model.

A ⟶ B ⟶ C

Systemic – circular model.



"Identified patient" expresses the pathology of the family system. Psychopathological symptoms keep family system as a whole. The patient just expresses the problem of the family.

<u>The factors responsible for the pathology</u>:
Abnormal family structure (too inflexible or to flexible boundaries).
Communication disorders in the family (e.g. double bind).
Impaired functioning of the family system (e.g. internal loyalty).