

Abnormal Psychology Chapter Six Notes

Introduction (page 171)

- **Anxiety** → a general feeling of apprehension about possible future danger
- **Fear** → an alarm reaction that occurs in response to immediate danger
- Anxiety disorders affect 25% to 29% of the U.S. population at some point in their lives and are the most common category of disorders for women and the second most common for men
- Anxiety disorders are associated with an increased prevalence of a number of medical conditions including asthma, chronic pain, hypertension, arthritis, etc.
- **Neurotic disorders** → anxiety with maladaptive and self-defeating behaviors

The Fear and Anxiety Response Patterns (page 171-173)

- One can specify clearly what the danger is with fear, but frequently not with anxiety
- Fear
 - Fear is a basic emotion (shared by animals) that involves activation of the “fight-or-flight” response of the autonomic nervous system; almost an instantaneous reaction to any imminent threat
 - **Panic attack** → when a fear response occurs in the absence of any obvious external danger (same symptoms of fear except often accompanied by a subjective sense of impending doom)
 - Three components of fear and panic: (1) cognitive/subjective components, (2) physiological components, (3) behavioral components (loosely coupled i.e., don’t need to show all symptoms)
- Anxiety
 - Anxiety response is a complex blend of unpleasant emotions and cognitions that is both more oriented to the future and much more diffuse than fear
 - Has same three components of fear and anxiety shown in negative mood, worry, self-preoccupation, unable to predict future threats, state of tension, chronic over arousal, strong tendency to avoid situations where danger might be encountered
 - Anxiety may be adaptive because it helps us plan and prepare for possible threat
 - Basic fear and anxiety response patterns are highly conditionable

Overview of the Anxiety Disorders and Their Commonalities (page 173-174)

- **Anxiety disorders** → unrealistic, irrational fears or anxieties of disabling intensity as their principal and most obvious manifestation
- Seven primary types of anxiety disorders: specific phobia, social phobia, panic disorder with or without agoraphobia (or vice versa), generalized anxiety disorder, obsessive-compulsive disorder, acute stress disorder, posttraumatic stress disorder
- Many people with one anxiety disorder will experience at least one more anxiety disorder and/or depression either concurrently or at a different point in their lives

Specific Phobias (page 174-180)

- **Specific phobia** → when a person shows strong persistent fear that he or she realizes is excessive or unreasonable and is triggered by the presence of a specific object or situation
- Avoidance is a key characteristic of phobias
- Phobic behavior tends to be reinforced because every time the person with a phobia avoids a feared situation, his or her anxiety decreases
- Prevalence, Age of Onset, and Gender Differences
 - Lifetime prevalence of about 12%

- Among people with one specific phobia, over 75% have at least one other specific fear that is excessive
- More common in women than men
- Age of onset varies; animal and blood-injection usually begin in childhood while claustrophobia and driving tend to begin in adolescence or early adulthood
- Psychological Causal Factors
 - Psychoanalytic view: phobias represent a defense against anxiety that stems from repressed impulses from the id but because it is too dangerous to “know” the represses id impulse, the anxiety is displaced onto some external object or situation that has symbolic relationship to the real object of the anxiety
 - Learning theory: phobias develop from classical conditioning then are generalized to other, similar objects or situations
 - Phobias can be learned without any direct experience (watching people be scared of an object or watching a nonfearful person experience a frightening experience); vicarious conditioning
 - Differences in life experiences among individuals strongly affect whether or not conditioned fears or phobias actually develop
 - Events that occur during a conditioning experience, as well as before it, are also important in determining the level of fear that is conditioned
 - Inflation effect: suggests that a person who acquired a mild fear from something, may develop a full blown phobia of that something if they were assaulted immediately after; uncontrollable stress after the event will also produce this effect
 - Our thoughts/cognitions also effect phobias
 - “prepared” fears are not inborn or innate but rather are easily acquired or especially resistant to extinction
- Biological Causal Factors
 - Genetic and temperamental variables affect the speed and strength of conditioning of fear
 - Modest genetic contribution to the development of specific phobias
- Treatments
 - Exposure therapy is the best treatment for specific phobias
 - Medication treatments are ineffective by themselves; antianxiety medications may interfere with the beneficial effects of exposure therapy

Social Phobias (page 180-184)

- **Social phobia (social anxiety disorder)** → characterized by disabling fears of one or more specific social situations
- Intense fear of public speaking is the single most common type of social phobia
- Generalized social phobia: people who have significant fears of most social situations, rather than just a few, and often also have a diagnosis of avoidant personality disorder
- Prevalence, Age of Onset, and Gender Differences
 - 12% lifetime prevalence
 - More common among women than men
 - Typically begin during early or middle adolescence or certainly by early adulthood

- Nearly two-thirds of people with social phobia suffer from one or more additional anxiety disorders at some point in their lives, and about 50% also suffer from a depressive disorder at the same time
- One-third abuse alcohol and on average they have lower employment rates and socioeconomic status, and approximately one-third have severe impairment in one or more domains of their life
- Very persistent
- Psychological Causal Factors
 - Generally involve learned behaviors that have been shaped by evolutionary factors
 - Learned behavior/classical conditioning: 56 to 58% of people recalled and identified direct traumatic experiences as having been involved in the origin of their social phobias
 - Especially likely to have grown up with parents who were emotionally cold, socially isolated, and avoidant
 - Perceptions of uncontrollability and unpredictability
- Biological Causal Factors
 - Behavioral inhibition, the most important temperamental variable, shares characteristics with both neuroticism and introversion
 - 30% of variance in liability to social phobia is due to genetic factors
- Treatments
 - Prolonged and graduated exposure to social situations that evoke fear
 - Cognitive restructuring techniques
 - Can sometimes be treated with medications; most common are several categories of antidepressants (MAOIs and SSRIs)
 - Medications must be taken over a long period of time to prevent relapse
 - Cognitive-behavioral therapies generally produce more long-lasting improvement with very low relapse rates

Panic Disorder with and without Agoraphobia (page 185-196)

- Panic Disorder
 - **Panic disorder** → characterized by the occurrence of panic attacks that often seem to come “out of the blue”; person must have experienced recurrent, unexpected attacks and must have been persistently concerned about having another attack or worried about the consequences of having an attack for at least one month (anticipatory anxiety)
 - Full-blown panic attacks must have an abrupt onset of at least four to thirteen symptoms, most of which are physical, but there are three cognitive: depersonalization (feeling of being detached from one’s body) or derealization (feeling that the external world is strange or unreal), fear of dying, and/or fear of “going crazy” or “losing control”
 - Panic attacks are brief (average 20 to 30 minutes) but intense
 - Cardiac patients are at a nearly twofold elevated risk for developing panic disorder
 - Panic disorder causes approximately as much impairment in social and occupational functioning as that caused by major depressive disorder