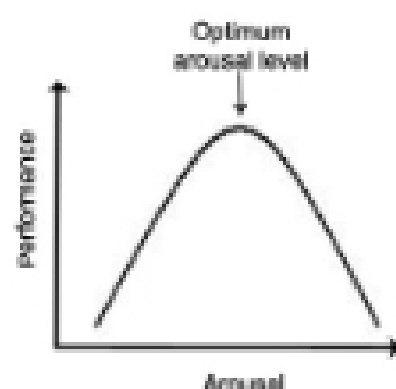


PSY 322 Exam 3 Study Guide

I. Anxiety, Obsessive-Compulsive, and Trauma-and-Stressor-Related Disorders

a. Fear vs. Anxiety

- i. **Fear** - basic emotion enabling a quick response when faced with imminent threat/danger
- ii. **Anxiety** - common emotion characterized by:
 1. Physical symptoms
 2. Future-oriented thoughts
 3. Escape or avoidance behaviors
- iii. People perform better when slightly anxious



iv. Components of Anxiety

1. **Mind (Cognitive Symptoms/Subjective Distress)**
 - a. **Worry** - apprehensive (negative) expectations or outcomes about the future or past that are considered unreasonable for actual situation
 2. **Body (Physiological Response)**
 - a. **Fight or flight** - general discharge of **sympathetic nervous system (SNS)** activated by stress of fear that includes:
 - i. Increased heart rate
 - ii. Enhanced muscle activity
 - iii. Increased respiration
 - iv. Associated with the emotion fear and anxiety
 - b. **Parasympathetic system (PNS)** - part of autonomic nervous system that counteracts effects of system activation by:
 - i. Slowing heart rate
 - ii. Decreased respiration
 3. **Behavior (Behavioral Response)**
 - a. Avoidance of particular situation
 - i. Example: See spider → Anxious → Run from spider → Feel better → Learn escape/avoidance eliminates fear → See spider again → Repeat behavior
- b. **DSM-5 Anxiety Disorders**
- i. Common kind of psychological disorder
 1. 30% of women (most common)
 2. 19% of men (2nd most common)
 - ii. **Separation Anxiety Disorder** - severe/unreasonable fear of separation from a parent/caregiver
 1. Common among children > adolescents
 - iii. **Selective Mutism** - consistent failure to speak in specific social situations despite ability to speak and despite speaking in other settings
 1. Commonly found in children
 - a. Only speak at home with immediate family
 2. Behavioral description overlaps with social anxiety disorder
 - a. Reason for fear

- b. Situation in which fear occurs
 - c. Treatments used for disorder
- iv. **Panic Disorder** – person has **at least one unexpected panic attack** and **worries about having more**
 - 1. **Panic attack** – **discrete period of intense fear/discomfort** and **cascade of physical symptoms** which leads to significant maladaptive change in behavior
 - a. Types:
 - i. **Situationally Bound/Cued** (response to trigger – fear of or actual exposure)
 - ii. **Unexpected/uncued** (“out of the blue”)
 - iii. **Situationally predisposed** (more likely to panic in a situation, but not always occurring)
 - b. Often interpreted as heart attacks and tend to seek medical attention for
 - i. “Am I developing a heart condition?” “Am I losing my mind?”
 - c. Rapid onset (within 10 minutes) and typically last several minutes
 - d. Symptoms (**At least 4**)
 - i. Racing or pounding heart
 - ii. Sweating
 - iii. Trembling/shaking
 - iv. Shortness of breath, feeling smothered
 - v. Feelings of choking
 - vi. Chest pain/discomfort
 - vii. Nausea or abdominal distress
 - viii. Feeling dizzy/lightheaded/faint
 - ix. Chills or heat sensations
 - x. Paresthesias (numbness or tingling sensations)
 - xi. Derealization (feelings of unreality) or depersonalization (being detached from self)
 - xii. Fear of losing control or going crazy
 - xiii. Fear of dying
 - xiv. Chills or flushing
 - 2. Causes
 - a. **Panic provocation agents**
 - i. Biological challenges that provoke panic attacks at higher rates in people with panic disorder than in people without panic disorder
 - ii. Emphasis on sensitivity to biological challenges resembling anxious arousal
 - b. Amygdala
 - i. Overly sensitive “fear circuits” in the brain
 - c. *Fear of Fear Model*
 - i. Person becomes sensitive to any bodily symptom → assumes panic attack coming
 - 1. Interprets any change in physiological state (i.e. sudden heart flutter) as a signal of impending panic attack
 - d. “Anxiety Sensitivity”
 - i. Catastrophizing physical symptoms of anxiety
 - ii. Irrational belief/thought that anxiety symptom will result in negative consequences such as illness, embarrassment or more anxiety
 - 3. Prevalence (Commonness) of Panic
 - i. Rare in young children (**pre-puberty**)
 - 1. Slightly more common in adolescents
 - ii. Onset is typically 15-24 years old
 - iii. 2:1 (female to male) ratio
 - iv. 3.5% of population have met criteria for panic in their lives

