

**MODULE 66 ANXIETY DISORDERS, OBSESSIVE-COMPULSIVE DISORDER, AND POSTTRAUMATIC STRESS DISORDER**

**ANXIETY DISORDERS**

- The tendency may place us at risk for one of the ANXIETY DISORDERS, marked by distressing, persistent anxiety or dysfunctional anxiety-reducing behaviors.
- GENERALIZED ANXIETY DISORDER, in which a person is unexplainably and continually tense and uneasy. 2/3 of GAD are women. Can lead to physical problems, such as high blood pressure.
- PANIC DISORDER in which a person experience sudden episodes of intense dread.
- PHOBIAS in which a person is intensely and irrationally afraid of a specific object or situation. Not all phobias have such specific triggers. SOCIAL ANXIETY DISORDER is shyness taken to an extreme. Those with social anxiety disorder, an intense fear of being scrutinized by others, avoid potentially embarrassing social situations, such as speaking up, eating out, or going to parties. AGORAPHOBIA is the fear or avoidance of situations, such as crowds or wide open places, where one has felt loss of control and panic.
- OBSESSIVE-COMPULSIVE DISORDER in which a person is troubled by repetitive thoughts or actions.

## Obsessive-Compulsive Disorder

**COMMON OBSESSIONS AND COMPULSIONS AMONG CHILDREN AND ADOLESCENTS WITH OBSESSIVE-COMPULSIVE DISORDER**

Thought or Behavior	Percentage Reporting Symptom
<i>Obsessions (repetitive thoughts)</i>	
Concern with dirt, germs, or toxins	40
Something terrible happening (fire, death, illness)	24
Symmetry, order, or exactness	17
<i>Compulsions (repetitive behaviors)</i>	
Excessive hand washing, bathing, tooth brushing, or grooming	85
Repeating rituals (in/out of a door, up/down from a chair)	51
Checking doors, locks, appliances, car brake, homework	46

Source: Adapted from Rapoport, 1989.

- **POSTTRAUMATIC STRESS DISORDER** in which a person has lingering memories, nightmares, and other symptoms for weeks after a severely threatening, uncontrollable event. A sensitive limbic system seems to increase vulnerability, by flooding the body with stress hormones again and again as images of the traumatic experience erupt into consciousness. Brain scans of PTSD patients suffering memory flashbacks reveal an aberrant and persistent right temporal lobe activation. **POSTTRAUMATIC GROWTH** is positive psychological changes as a result of struggling with extremely challenging circumstances and life crisis.

### **UNDERSTANDING ANXIETY DISORDERS, OCD, AND PTSD**

- Two specific learning processes can contribute to these disorders. The first, stimulus generalization, occurs, for example, when a person attacked by a fierce dog later develops a fear of all dogs. The second learning process, reinforcement, helps maintain our phobias and compulsions after they arise. Avoiding or escaping the feared situation reduces anxiety, thus reinforcing the phobic behavior.
- Observational learning is not the only cognitive influence on feelings of anxiety. As the next unit's discussion of cognitive-behavioral therapy illustrates, our interpretations and irrational beliefs can also cause feelings of anxiety.
- We humans seem biologically prepared to fear threats faced by our ancestors that we should be innately fearful of.
- Genes matter. Pair a traumatic event with a sensitive, high-strung temperament and the result may be a new phobia. Genes influence disorders by regulating neurotransmitters.

**BE ABLE TO ANSWER:** How do generalized anxiety disorder, panic disorder, phobias, obsessive-compulsive disorder, and posttraumatic disorder differ?

**PRACTICE FRQ:** Name the two contemporary perspectives used by psychologists to understand anxiety disorders. Then explain how or what psychologists study within each perspective.