Anxiety

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SOW 6125
Feb. 24, 2010

Anxiety is experienced by all

- Anxiety = future-oriented fear
- Usually normal and expected in most circumstances where people expect to face danger, public scrutiny, inspection and evaluation, a challenge which they are uncertain to overcome, etc.

Two main characteristics of anxiety

- Cognitive: **Worry**
  - expressed as doubt, uncertainty, anticipation, repetition, difficulty concentrating, lacking confidence, feeling helpless, etc.
- Physiological: **Arousal**
  - expressed as alertness, muscular tension, insomnia, restlessness, palpitations, sweating, etc.

"Anxiety" or "Fear"?

- The two concepts are difficult to distinguish clearly
- Authors typically use "anxiety" to describe the experience of fear linked to the anticipation of future danger, whereas
- "fear" is used to describe present-oriented danger

Fear as a fundamental emotion: all age groups, all cultures, most species

- Function of fear described as an "alarm system":
  - activates the organism to respond to danger
  - protects the organism from engaging in harmful behavior
- Involves physiological arousal (e.g., increased heart rate), overt behavior (e.g., avoidance), verbal reports of distress (e.g., apprehension), and cognitive disruption (e.g., hyper-awareness of possible threats in the environment)—triggered by specific situations.

Anxiety more cognitive; fear more visceral?

- Most DSM-IV anxiety disorders manifest these 4 features, but perhaps with a lesser mobilization for action.
- Anxiety seems to involve more thinking and rumination, less visceral activation—probably because the cues that activate anxiety may be more diffuse and changeable than those that activate fear.

Environmental threats / stressors

- Because everyone experiences fear, much research has focused on threats and stressors external to the organism that may normally provoke fear or anxiety
- Dominant lines of research on **stress** started in the 1940s with pioneer Hans Selye's "biological stress model"
- Followed by "engineering stress model"
- Both models useful to understand "psychosocial stressors" that may provoke anxiety

Selye's Biological Stress Model

1. Stressors (a wide variety of events and conditions that represented threats and insults to the organism)
2. Conditioning factors (that shape and alter the impact of stressors)
3. General Adaptational Syndrome (an intervening "state of wear and tear" conceptualized in 3 stages)
   a) Alarm reaction
   b) Resistance
   c) Exhaustion
4. Adaptive or Maladaptive response

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"Life event" as the model stressor

- A discrete, observable, "objectively" reportable event that requires some psychological change or adjustment on the part of the individual
- Early research examined positive and negative events, but then focused on negative (getting a divorce, being robbed or assaulted, being fired, death of a spouse or loved one, having a miscarriage, end of a romantic relationship, etc.)

Engineering Stress Model

- Analogies with bridges that collapse without any observable precipitating "event"
- Continual stress to a bridge (say, of unobserved rusting) reaches a critical structural limit—and bridge collapses
- Both "stress" and "stressor" refer to the external threat to the object
- Stress becomes a stressor when the level of force exceeds limits defining structural integrity

Stressors—I

- Daily hassles and micro-stressors
  - Irritable, frustrating demands that characterize many everyday interactions with the environment (frustrating neighbor, traffic slowdowns, housework, appliance breaks down, etc.)
- Life events
  - Usually begin with the announcement of unfortunate news that begin a life change (death, divorce, move, job or other loss, etc.)

Stressors—II: Chronic stressors

- Ongoing threats to person
  - Abusive relationship; high-crime neighborhood
- Demands that cannot be met with current level of resources
- Structural constraints
  - Lack of access to opportunities or necessary means to achieve ends
- Under-reward
  - Lower rate of pay than others in the same position
- Conflict
  - A problem without apparent solution

Stressors—III

- Macro-stressors
  - Affect the system, affect the person directly and indirectly though effects on larger or intermediate systems
    - Unemployment rates, levels of pollution, terrorism threats, etc.
    - Is there a macro-stressor for every form of chronic stressor?
- Nonevents
  - Anticipated, expected, but do not occur, like a promotion, a pay raise, a recognition
  - The unwanted waiting becomes the problem
- Traumas
  - Stressors that are so serious and overwhelming in their demands on the organism that their impact is considered devastating
  - Trauma in DSM-IV PTSD: "outside the range of usual human experience… would be markedly distressing to anyone" (p.).

The "stress continuum"

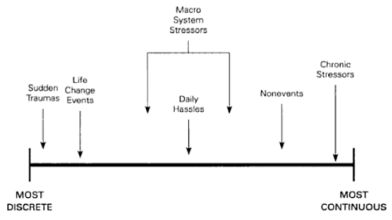


Figure 9.2. The stress continuum.

Wheaton, B. (1981). The nature of stressors. In Horvitz & Scheid (eds.), *A handbook for the study of mental health*.

DSM-IV Anxiety Disorders

- 4 anxiety-related neuroses in DSM-II ➔14 anxiety disorders in DSM-IV

1. Panic Attack

- Sudden, discrete crisis of intense anxiety (peak in ~ 10 min) with 4 or more symptoms

2, 3. Panic Disorder With Agoraphobia; Panic Disorder without Agoraphobia

– Recurrent panic attacks

Phobias

- *Phobos*: Greek-Roman god of terror and fear, painted on shields to scare away enemies
- The experience of anxiety attached to a specific object or situation
- The main **behavioral** feature of phobias is the avoidance of stimuli associated with the object or situation

Phobos, Mosaic, 4th century CE, British Museum

3 types of phobias in DSM-IV

4. Agoraphobia Without History of Panic Disorder

- Fear of finding oneself in unfamiliar environments, without a way out

5. Specific Phobia

- Any fear of a specific object or situation
- Subtypes: Animal, Natural environment, Blood/ injection/injury, Situational, and Other

6. Social Phobia

- Any phobia related to social or performance situations

7. Obsessive-Compulsive Disorder

- Either obsessions or compulsions (specifier: "With Poor Insight")
- obsessions: disturbing thoughts or images
  - Usually pertain to: contamination, doubt, asymmetry, aggression, sexual imagery, becoming ill
- compulsions: repeated behaviors, on a continuum from tick to ritual, that the individual engages in
  - Individuals express that they feel driven to do them
  - The behaviors seem to suppress the obsession (and ward off the anxiety)
  - Importance of cultural/religious context—possibly more prevalent in cultures that stress ritual and dietary purity
  - Up to half of individuals dx with Tourette's may receive dx of OCD

8. Post-Traumatic Stress Disorder

- "Re-experiencing" of a trauma, accompanied by increased arousal and avoiding stimuli associated with the trauma
- One of the extremely few diagnostic categories in DSM that acknowledges that *life events can hurt people*!
- Diagnosis has experienced "conceptual bracket creep": from *experiencing* trauma, to *witnessing* one, to *learning about* someone experiencing one…
- One of the most politically sensitive diagnoses in DSM, has taken on a life of its own, as different groups use it to compete for recognition and resources

DSM-IV PTSD criteria

A1) Trauma experienced, witnessed, or learned about
A2) Response to event involved intense horror (or agitation or disorganization, in children)
B) Subsequent response involved persistent re-experiencing of trauma
C) Avoidance of trauma-related stimuli and general numbing
D) Persistent symptoms of increased arousal
E) Full symptom picture must last > 1 mth
F) Must cause clinically significant distress or impairment

9. Acute Stress Disorder
- Like PTSD, symptoms last at least 2 days, but all resolve within 1 month, or else dx is changed to PTSD

10. Generalized Anxiety Disorder
- ≥ 6 months

11. Anxiety Disorder Due to a General Medical Condition

12. Substance-Induced Anxiety Disorder
- onset during Intoxication or Withdrawal
- p. 481 list about 2 dozen classes of medications, toxins, and substances that provoke anxiety symptoms

13. Anxiety Disorder NOS
- mixed anxiety-depressive
- phobia from social impact of a medical condition or mental disorder
- does not meet all criteria for any previous disorder
- clinician can't determine whether problem is primary, due to a medical condition, or substance-induced

Psychodynamic approach

- Moved from heavy emphasis on unconscious causes, to adaptation to adverse relationships
- Root causes of anxiety: Fear of loss of affection as a child, excessive and inappropriate responsibilities given to a child, social isolation
- Karen Horney: anxiety as outcome of pathogenic relationships, adverse environments, and cultural conditions
- In traditional psychoanalysis, the object of a phobia carries a symbolic meaning, representing a previous, unresolved psychological conflict
- RCT of panic-focused psychodynamic psychotherapy vs applied relaxation training over 12 wks (n=49)—results favored psychodynamic approach

Behavioral, cognitive, existential

- **Behavioral**: Anxiety symptoms/behaviors are learned, as all other behaviors, according to same types of reinforcement
- Classical conditioning, and modeling are most frequently used to explain why phobias appear
- **Cognitive** : anxiety results from erroneous, unrealistic, illogical thinking patterns: the exaggeration of dangers in a situation
- Family modeling (via rigid patterns, excessive responsibility) is often invoked
- **Existential**: anxiety: the experience of a universal human characteristic, the insecurity of existence
- Anxiety is the first consequence of freedom of choice

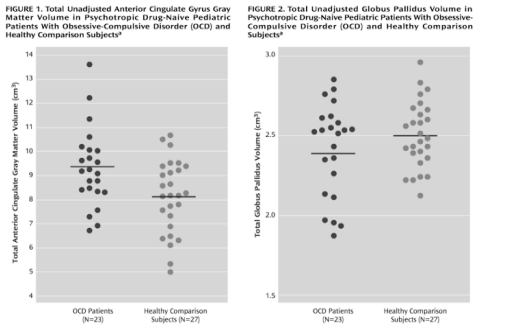
Cognitive-Behavioral Therapy (CBT)

- Most popular form of psychosocial treatment for anxiety
- CBT involves varying levels of:
  - Social skills training
  - Exposure
  - Systematic desensitization
  - Analysis and challenge of typical thinking patterns

Biological Approaches

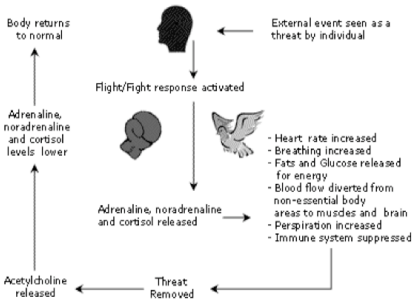
- The biological approach to anxiety invokes various presumed causes:
  - Constitutional/genetic differences
    - Increasingly sophisticated models to include "epigenetic" influences (behavior → genes)
  - Hormonal differences (stress/anxiety ↑ cortisol)
  - CNS differences (Szeszko et al. 2004 assigned reading)
- Anxiety symptoms can be chemically triggered (CO_2)
- No single physical cause of anxiety discovered

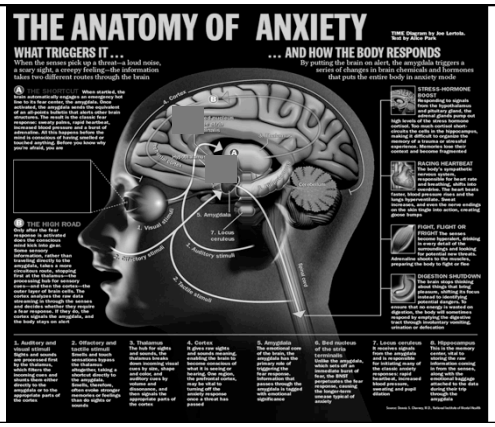
Pediatric OCD: Brain volume differences? Or huge overlap between patients and controls?



Szeszko et al. (2004). *American Journal of Psychiatry*, *161*, 1052

Biological responses in the alarm system





Cultural considerations

- The idea of *uncontrollability* (that an individual is unable to control upcoming stressful events) is important in Western (psychiatric) conceptions of anxiety
- This is linked to self-concept, ideas about personal competence, one's ability to master one's fate
- These ideas are profoundly shaped by one's culture, and vary within a given culture by gender and SES
- Do hierarchically-structured societies (gender, caste, class, etc.) tend to produce more avoidant and anxious people?