Anxiety and Anxiety Based Disorders

Neurotic Behaviour

- “Doing the same thing over and over expecting a different outcome”
- “You yourself produce the thing you fear the most”
- Deals with anxiety-based disorders including:
  - Generalized Anxiety
  - Panic
  - Obsessive Compulsive
  - Phobias
  - Others that have anxiety as a basis
Neurotic Behaviour

- Maladaptive behaviour pattern that does not involve gross distortions in reality or marked personality disorganization
- Person recognizes that behaviour is unacceptable or irrational (ego dystonic → apart from the ego)

Neurotic Anxiety

- Central component of anxiety disorders and anxiety-based disorders
- No obvious danger or threat
- Event or stimulus is, objectively, minor or insignificant (e.g., mouse, thunder, shopping mall, etc.)

Neurotic Paradox I

- Neurotic evaluates innocuous events as anxiety provoking → inordinate anxiety response
- Deals with anxiety in defensive fashion, usually avoidance → reduces anxiety in short term
Neurotic Paradox II

• This defensive behaviour results in self-defeating behaviour:
  • Does exactly opposite of what is healthy or adaptive

Neurotic Paradox Outcomes

• Blocks personal growth
• Relationship problems (especially intimacy)
• Anxiety focus of life
• Lack of energy and enthusiasm
• Egocentric concerns

Neurotic Paradox Process

• Maximize pleasure
• Minimize pain
• Immediate Effect: Reduce Anxiety
• Long Term: Don’t resolve the actual problem
• E.G. Doug, the Graduate Student
Neurotic Styles: Characteristics

- Deficit in behavioural repertoire (Inhibition)
- Behaves in an inflexible and exaggerated manner opposite to the deficient behaviour
- Behaviour does not fully contain the anxiety

Neurotic Styles

- Aggression/Assertion Inhibition
- Responsibility/Independence Inhibition
- Compliance/Submission Inhibition
- Intimacy/Trust Inhibition

Aggression/Assertion Inhibition

- Person uncomfortable with aggression and/or assertion and avoids situations where need to engage in this behaviour
- Irrationally clings to cooperative stance
- Thought to result in problems such as hypertension, ulcers, migraines, other stress-related disorders
- Potential sudden aggressive outbursts
Responsibility/Independence Inhibition

- Person has aversion to autonomy
- Avoids situations where they are in charge or in control of other others or themselves
- Appear incompetent in simple tasks to “pull” direction by others
- Poor relationships, helplessness, depression

Compliance/Submission Inhibition

- Neurotic is often the “rebel” and avoids submission to authority
- Need to be non-compliant (i.e., self-reliant, independent, free-thinking, to a fault)

Intimacy/Trust Inhibition

- Retreats from closeness and withdraws from people who want deeper relationships
- All relationships short-term to avoid intimacy
- End relationships at crucial points in the establishment of intimacy (not just romantic relationships, friendships too)
Interpersonal Consequences

- Some will result in depending too much on others that results in others feeling “used and manipulated”
- Unpredictable demands on others that results in others feeling angry, frustrated, guilty, etc.

Interpersonal Aspects of Neurotic Styles I

- Extremely sensitive to acts, opinions, feelings of others
- Lack of spontaneity (stilted, controlled, mechanical)
- Superficial relationships if any
- Relationships often stormy
- Private life is one of turmoil and inner torment

Interpersonal Aspects of Neurotic Styles II

- Don't have large networks of enduring relationships
- Speculation that some complementary “hooking up” is match made in hell
  - Two people with aggression/assertion inhibition
  - One with responsibility/independence style and one with compliance/submission style
Anxiety Disorders – Descriptive Symptoms (DSM)

• **Mood Sx:** Anxiety, tension, panic, apprehension
• **Cognitive Sx:** Reflects the apprehension and concern about the “doom”
• **Somatic Sx:**
  - Immediate
  - Delayed
• **Motor Sx:** Reactivity

PDM Anxiety Disorders

**Affective:**
1. Loss of significant other ➔ anger, anxiety, depression, guilt.
2. Loss of love ➔ rage, anxiety depression, guilt, feelings of unworthy and even unlovable
3. Loss of bodily integrity ➔ fears of mutilation or damage
4. Loss of affirmation ➔ anxiety, guilt, shame, depressed feelings.
5. Fear of loss of self-regulation

**Cognitive Patterns:** distractedness, confusion, and difficulty thinking.

**Somatic States:**
Tension, sweaty palms, the sense of butterflies in one’s stomach, or a tight band around one’s head, bladder and bowel urgency, breathing difficulties, feelings of being disconnected form one’s body, arousal.

**Relationship Patterns:**
1. Expressions of fears of rejection (e.g., clinging, seeking reassurance)
2. Expressions of guilt (e.g., guilt assignment, blaming)
3. Expression of conflicts about dependency (e.g., vacillation btw pulling others closer and pushing them away.)
PDM: Anxiety Disorders

- Different kinds of anxiety (conscious or unconscious; normal to abnormal)
  1. Separation Anxiety (losing love object)
  2. Moral Anxiety (fear of consequences over transgressing one’s values)
  3. Castration Anxiety (damage to one’s body)
  4. Annihilation Anxiety (catastrophically overwhelmed)

• Involves cognitive & emotional experience:
  - State of arousal signaling that object or situation as a danger
  - Experience of both anticipation & affect level
Internal Experience

• Four basic danger situations:
  1. Loss of significant other
  2. Loss of love
  3. Loss of body integration
  4. Loss of affirmation by one’s conscience

Anxiety Disorders: DSM-V

• Specific Phobias
• Panic Disorder
• Social Anxiety Disorder
• Agoraphobia
• Generalized Anxiety Disorder

Phobias

• Persistent, excessive, irrational fear of a specific object, activity, or situation
• Fears have no justification in reality or are out of proportion
• Aware of the irrational nature of the fear
• Avoidance is common response
Phobias Effects

1. Avoidance can result in unfortunate consequences
2. If feared object cannot be avoided, person may experience overwhelming and uncontrollable fear and panic
   E.G. Student in class example

Types of Phobias

- Agoraphobia: Anxiety in open spaces
- Social Phobia: Anxiety regarding being criticized
- Specific Phobia: Anxiety regarding object or situation other than open spaces or personal criticism (heights, pain, storms, blood, etc.)

Steve Social Phobia

Clinical Examples

- Woman in Gananoque
Panic Disorder

• Brief periods of exceptionally intense spontaneous anxiety

Steven Panic 1, 2, 3

Panic Disorder

❖ Recurrent unexpected panic attacks
❖ Persistent concern about additional attacks for one month
❖ See Text & Student Guide

Obsessive-Compulsive Disorder

• Involves recurrent obsessions and/or compulsions

OCD Chuck 1, 2, 3
Obsessions

- **Obsessions**: persistent idea, thought, image, impulse that person cannot get out of his/her mind and that tend to be repugnant
- **Examples**: Thoughts of violence, contamination, doubting one's actions

Compulsions

- **Behaviours** performed in stereotypic fashion that reduce anxiety related to the obsessions
- **Examples**: handwashing, counting, checking, touching

Obsessive-Compulsive Disorder

- **Involves** recurrent obsessions and/or compulsions
Obsessive Compulsive Disorder: Cases

- Shoemaker (Handwashing)
- Seventeen year old religious boy
- Police Officer/Lawyer
- Classical Concert audience member

Post Traumatic Stress Disorder

- Existed throughout history
- Major feature: Re-experiencing of a traumatic and disturbing event
- Differ from other disorders in that source of anxiety is external
- Extremely debilitating: May re-experience event for months, years, decades

Shell Shock, Battle Fatigue, PTSD
Noncombat Casualties

Post Traumatic Stress Disorder

- Severe psychological reaction to experience of a trauma
- Often events involve actual or threatened death, or serious injury
- These events can include natural disasters (floods) or human made disasters (war, rape, assault)
- Can involve actual involvement with event, witnessing or being indirectly involved

Characteristics

- May take form of recurrent painful memories, dreams, nightmares
- Flashbacks
- General numbing of responsiveness and decreased involvement with external world
Post Traumatic Stress Disorder

- Trauma persistently re-experienced by person
- Person persistently avoids stimuli associated with the trauma
- Persistent symptoms of increased arousal
- Impaired concentration and memory
- Depression, social withdrawal, decreased sexual interest, numbness

Post Traumatic Stress Disorder

- Differ from other disorders in that source of anxiety is external
- Extremely debilitating: May re-experience event for months, years, decades
- Symptoms appear usually quickly after the event
- May be incubation period

Post Traumatic Stress Disorder: Cases

- Five year old & Daughter
- Jessica Russell Case
- Heather Thomas Case
- Marine Case
- RCMP (Airline, vehicle deaths)