Key Dates

- TU Feb 7 Unit 7; MW Ch 7 Joseph, Virginia
- TH Feb 9 Begin Dimensions-Behavior, Units IIB, 8 through page 147; MW Ch 9 Betty, Elvis
- TU Feb 14 Unit 8 147-end and Unit
 9; MW Ch 8 Jeffrey and Ch 10 Diana
- TH Feb 16 Unit 10; MW Ch 11 Theodore B

Goal: To recognize and differentiate abnormal reactions involving fear, anxiety, or obsession

UNIT 6: FEAR, ANXIETY, AND OBSESSION

Learning Outcomes

- By the end of this class, you should be able to:
 - Identify and define the key characteristics of what the DSM calls social anxiety disorder
 - Identify and define the key characteristics of what the DSM calls panic disorder and how it is differentiated from agoraphobia
 - Identify and define the key characteristics of what the DSM calls generalized anxiety disorder
 - Identify and define the key characteristics of what the DSM calls obsessive-compulsive disorder
 - Distinguish between the clinical and the popular meanings of "obsession" and "compulsion"

- Fear versus anxiety
- Fear as an innate, adaptive response
 - Survival: Fight/flight
 - The physiology of fear
 - Fear as a learned response
- Anxiety as a maladaptive response
 - No clearly defined threat
 - Threat not imminent
 - Chronic versus acute

- Fear-based syndromes: Phobias
 - Specific phobia (with Greek names)
 - Social anxiety disorder/social phobia
 - Agoraphobia
- Clinical characteristics
 - Fear disproportionate to danger (may include panic attacks)
 - Avoidance
 - Duration at least 6 months
 - Significant distress or impairment
- Statistics
 - Common, but often unreported
 - More common in females

- Anxiety-based syndromes
 - Panic disorder
 - Recurrent panic attacks (necessary but not sufficient)
 - Worry about more attacks and/or change in behavior to avoid attacks
 - Duration at least 1 month
 - Generalized anxiety disorder
 - Excessive and multiple worries
 - Difficulty controlling worries
 - Multiple symptoms linked to worrying (e.g., sleep disturbance, difficulty concentrating)
 - Duration at least 6 months
- Statistics
 - 1-year prevalence 2%-3% for both
 - More common in females by 2:1 ratio
 - More common among people of European origin

- Obsession-related syndromes
- Obsessive-compulsive disorder (OCD)
 - The clinical meaning of obsession and compulsion versus popular usage: intrusive, unwanted
 - Recurring obsessive thoughts, efforts to suppress them
 - Repetitive behaviors to reduce anxiety or some dreaded event
 - With good insight/poor insight/no insight (delusional)
- Statistics
 - 1-year prevalence 1-2%, lifetime 2.5%
 - Male-female equal, but more common in males in childhood

- Other obsession-related syndromes
 - Body dysmorphic disorder: preoccupation with perceived flaw in appearance, constant checking
 - Hoarding disorder: difficulty parting with possessions, sometimes associated with excessive acquisition
 - Both are also characterized with good insight/poor insight/no insight (delusional)
 - Trichotillomania and excoriation disorder: repetitive, poorly-controlled hair-pulling or skinpicking leading to hair loss or skin lesions

- Fear and anxiety in children
 - Separation anxiety disorder: excessive distress experiencing or anticipating separation from major attachment figures, or fear of losing them, or of being alone affects perhaps 4% of children, rare in adults
 - Selective mutism: refusal to speak (assumed to be fear/anxiety-related, though other signs often not present)—rare, <1%

- Differential and co-morbid considerations
 - Other specified: obsessional jealousy, bodyfocused repetitive behavior disorder (e.g., nailbiting)
 - Other unspecified
 - Differential diagnosis and co-morbidity:
 - Addiction versus compulsion
 - Overlap of fear and anxiety-related with the other and with depressive disorders
 - Overlap with substance use disorders
 - Overlap with medical conditions