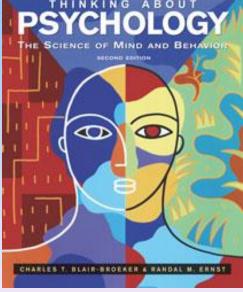
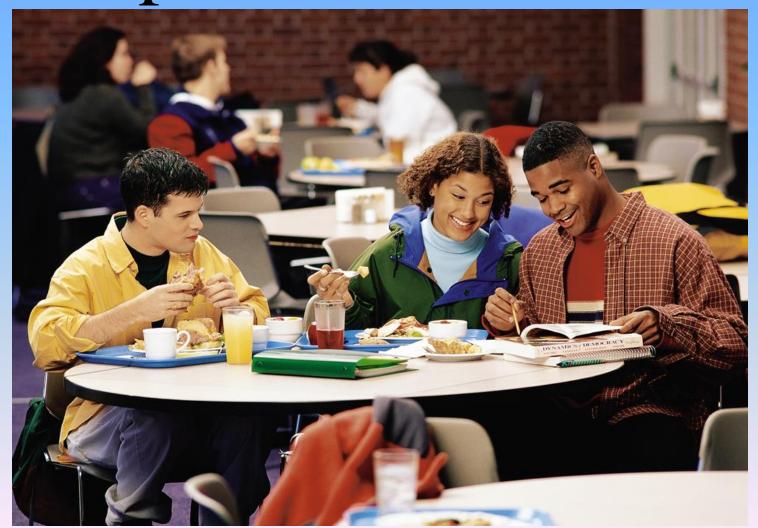
Thinking About Psychology: The Science of Mind and Behavior 2e

Charles T. Blair-Broeker Randal M. Ernst



Variations in Individual and Group Behavior Domain



Psychological Disorders Chapter



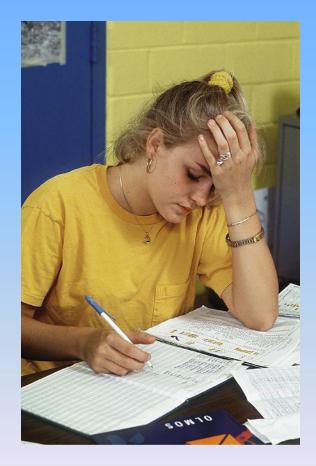
Module 30

Anxiety and Mood Disorders

Anxiety Disorders

Anxiety and Anxiety Disorders

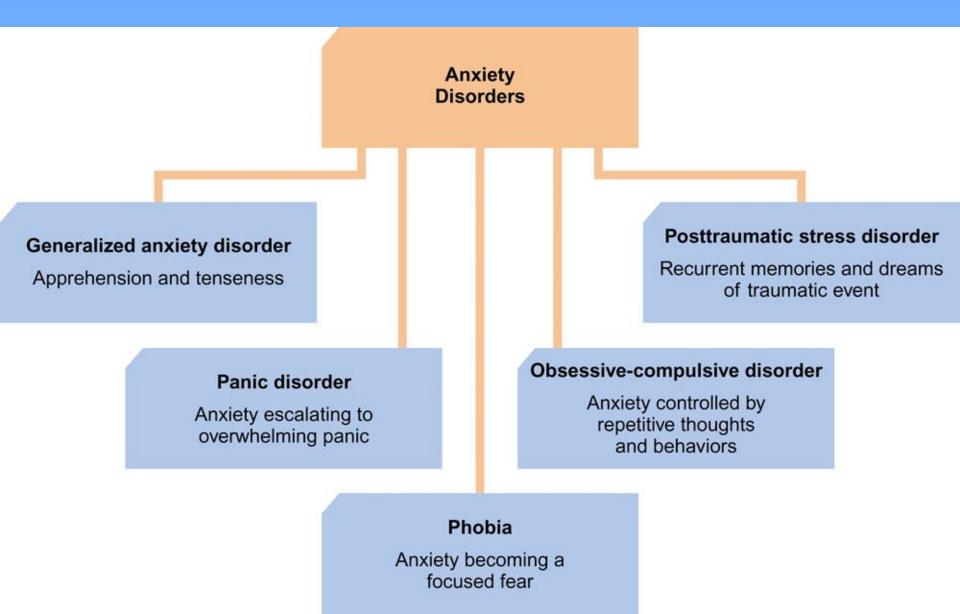
- Anxiety: Vague feeling of apprehension or nervousness
- Anxiety disorder: where anxiety begins to take control and dominate a person's life



Types of Anxiety Disorders

- Anxiety disorders are divided into:
 - -Generalized Anxiety Disorder
 - -Panic Disorder
 - -Phobia
 - -Obsessive-Compulsive Disorder
 - -Posttraumatic Stress Disorder

Anxiety Disorders



Generalized Anxiety Disorder

Generalized Anxiety Disorder (GAD)

 An anxiety disorder characterized by disruptive levels of persistent, unexplained feelings of apprehension and tenseness

Symptoms of Generalized Anxiety

- Must have at least three of the following:
 - -Restlessness
 - -Feeling on edge
 - Difficulty concentrating/mind going blank
 - -Irritability
 - -Muscle Tension
 - -Sleep Disturbance

Panic Disorder

Panic Disorder

- An anxiety disorder characterized by *sudden bouts* of intense, unexplained anxiety called panic attacks
- Often associated with physical symptoms like *choking sensations* or *shortness of breath*
- Panic attacks may happen several times a day or only once in a great while

Phobia

Phobia

- An anxiety disorder characterized by *disruptive, irrational fears* of specific objects or situations
- The fear must be both irrational and disruptive.

Table 30.2

Some common—and not-so-common—phobias

These are common:	
Blood	hematophobia
Darkness	nyctophobia
Enclosed space	claustrophobia
Germs	spermophobia
Heights	acrophobia
Mice	musophobia
Snakes	ophidiophobia
Spiders	arachnophobia
Wasps	spheksophobia
Phobias can develop to almost anything:	
Air	aerophobia
Churches	ecclesiaphobia
Eyes	ommatophobia
Frost	cryophobia
Shadows	sciophobia
Swallowing	phagophobia
Trees	dendrophobia

Source: Adapted from Melville, 1978.

Social Phobia

- Phobias which produce *fear in social situations*
- Goes beyond the normal anxiety about presenting in front of the class
- May even be afraid to answer the phone or call up and order a pizza
- May not be able to eat in front of others or use a public bathroom

Agoraphobia

- Fear of situations the person views as difficult to escape from if panic begins to build
- Fear of leaving one's home or room in the house
- May develop if a person frequently experiences panic attacks because they are afraid of having one in public

Obsessive-Compulsive Disorder

Obsessive-Compulsive Disorder (OCD)

• An anxiety disorder characterized by unwanted, repetitive *thoughts* and *actions*

- *Obsessions* repetitive thoughts
- Compulsions (Rituals) repetitive actions

OCD

- As long as people are able to engage in their rituals/compulsions, their anxiety remains under control.
- However, if they are somehow prevented from engaging in their ritual behavior, then anxiety and panic rapidly build.
- If a person doesn't seek help then the obsessions/compulsions begin to take control of the person's life.

Table 30.3

Common Obsessions and Compulsions Among Children and Adolescents with Obsessive-Compulsive Disorder

Thought or Behavior	Percentage* Reporting Symptom
Obsessions (repetitive thoughts)	
Concern with dirt, germs, or toxins	40
Something terrible happening (fire, death, illness)	24
Symmetry, order, or exactness	17
Compulsions (repetitive behaviors)	
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

*Seventy children and adolescents reported their symptoms. Source: Adapted from Rapoport, 1989.

Posttraumatic Stress Disorder

Posttraumatic Stress Disorder (PTSD)

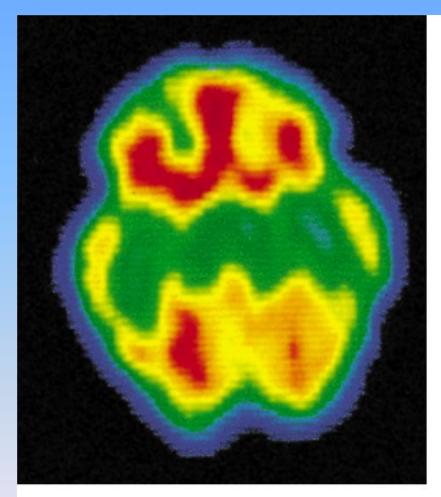
- An anxiety disorder characterized by reliving a severely upsetting event in unwanted recurring memories (flashbacks) and dreams
- Person doesn't just remember it, but feels like they are actually re-experiencing the event in their mind (war, assault, natural disaster, bad accident, etc.)

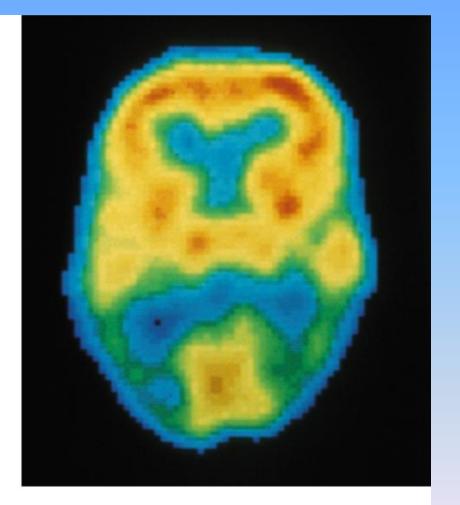
Causes of Anxiety Disorders

Biological Factors

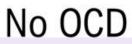
- *Hereditary* factors may result in a *predisposition* for developing anxiety disorders
- Brain functions appear to be different in someone who has an anxiety disorder (overactivity in frontal lobes in those with OCD or a hypersensitive amygdala in phobias)
- *Evolutionary* factors may lead to anxiety disorders. (fear of snakes or other situations that posed danger led to survival)

The Brain and OCD





With OCD



Learning Factors

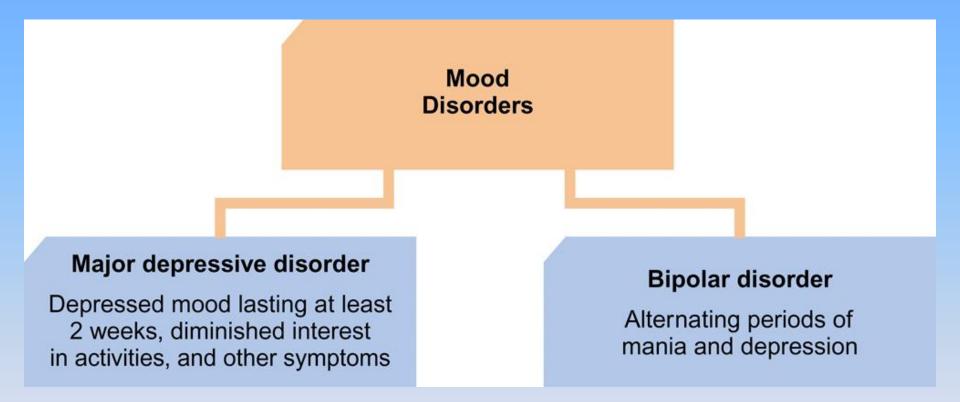
- Through *classical conditioning* people may *associate* fear with an object ("Little Albert").
- *Observational learning--*watching another experiencing fearfulness--may result in developing the same fear.
- Fear of something may be *reinforced* when avoiding that which is feared (can reduce fear of heights by being reinforced when you avoid heights).

Mood Disorders

Mood Disorders

- Classification of disorders where there is a disturbance in the person's emotions
- Major types of mood disorders include: -*Major Depressive Disorder*
 - -Bipolar Disorder
 - -Dysthymic Disorder/Persistent Depressive Disorder

Mood Disorders



Major Depressive Disorder

Major Depressive Disorder (Clinical Depression)

A mood disorder in which a person, for no apparent reason, experiences at least 5 of these 9 symptoms for at least two weeks (incl. at least one of the first two):

Depression Symptoms

- depressed mood most of the day, nearly every day (in kids and teens an irritable mood qualifies)
- little interest or pleasure in almost all activities
- feelings of worthlessness or inappropriate guilt
- Significant changes in weight or appetite
- Sleeping more or less than usual
- Agitated or decreased level of activity
- Fatigue or loss of energy
- Diminished ability to think or concentrate
- Recurrent thoughts of death or suicide

Bipolar Disorder

Bipolar Disorder

- A mood disorder in which the person alternates between the hopelessness of depression and the overexcited and unreasonably optimistic state of mania
- Formerly called manic-depressive disorder
- Many times will follow a cyclical pattern

Mania/Manic Episode

• Period of overexcitement and unreasonable optimism

What does mania look like?

- Feelings of **euphoria** and **elation** or **irritability** and **anger**
- Impulsive, high-risk behavior, including grand shopping sprees, drug and alcohol abuse and sexual promiscuity
- Aggressive behavior
- Increased energy, racing thoughts and rapid speech
- Fleeting, often grandiose ideas

Mania

- Decreased sleep (typically the individual doesn't feel tired after as few as three hours of sleep)
- Decreased appetite
- Difficulty concentrating; disorganized thoughts
- Inflated self-esteem/overconfidence
- Delusions and hallucinations (in severe cases)

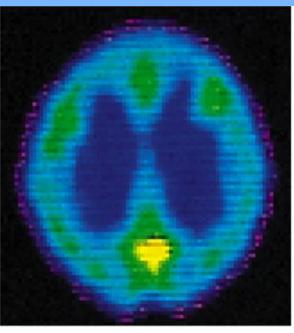
Causes of Mood Disorders

Biological Factors

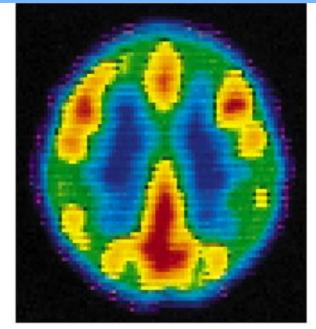
- Mood disorders have a hereditary nature to them.
- Depressed individuals tend to have depressed brains.

-PET scans indicate less activity during periods of depression.

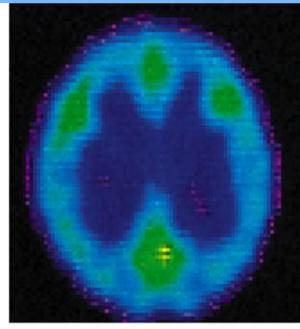
Biopolar Disorder PET Scans



Depressed state (May 17)



Manic state (May 18)



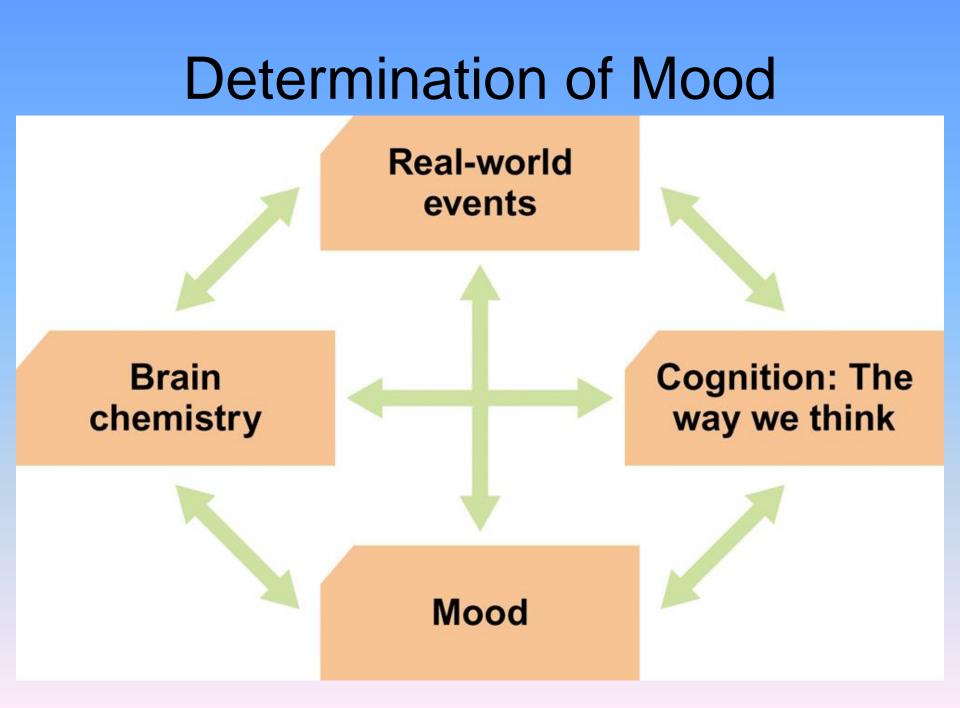
Depressed state (May 27)

Social-Cognitive Factors

- Depression may be a variation of learned helplessness.
- Depressed individuals attribute events using the following characteristics:
 - -Stable: the bad situation will last for a long time
 - -Internal: they are at fault
 - -Global: all of life is bad

Attribution and Depression





The End