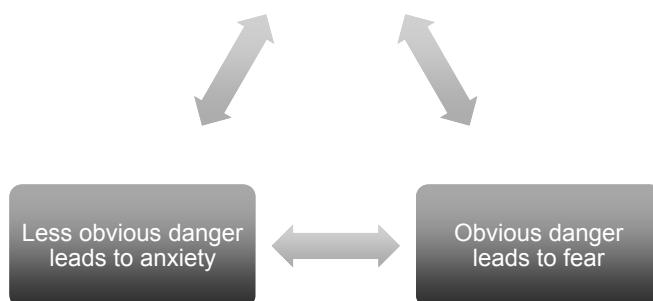


The Fear and Anxiety Response Patterns

Historically,
distinction centered
on whether source of
danger is obvious



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- L'ansia comporta una sensazione generale di apprensione relativa ad un **possibile pericolo futuro**.
- La paura è una reazione di allarme che si presenta in risposta ad un **pericolo immediato**.

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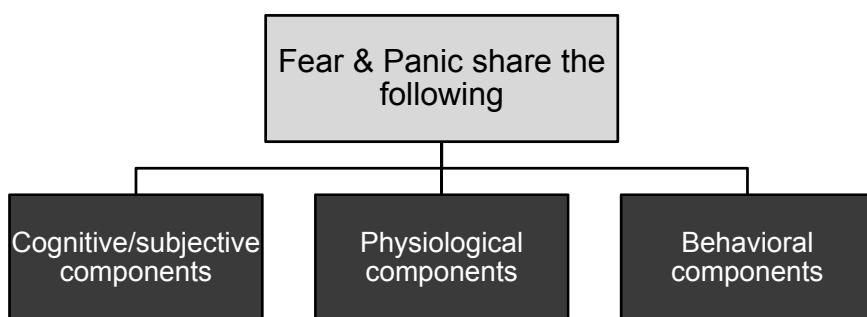
The Fear and Anxiety Response Patterns



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The Fear and Anxiety Response Patterns

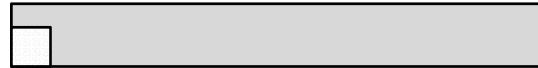


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The Fear and Anxiety Response Patterns

Anxiety



- General feeling of apprehension about possible danger
- Future-oriented and diffuse
- Cognitive/subjective, physiological, and behavioral components

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Table 6.1 Components of Fear and Anxiety

Component	Fear	Anxiety
1. Cognitive/subjective	"I am in danger!"	"I am worried about what might happen."
2. Physiological	Increased heart rate, sweating	Tension, chronic overarousal
3. Behavioral	Desire to escape or run	General avoidance

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Overview of the Anxiety Disorders and Their Commonalities

Anxiety disorders

- Unrealistic, irrational fears or anxieties
- Cause significant distress and/or impairments
- Disabling intensity

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Overview of the Anxiety Disorders and Their Commonalities

- The DSM-5 recognizes five primary types of anxiety disorders.
- Fobia specifica
- Disturbo d'ansia sociale o Fobia sociale
- Disturbo di panico
- Agorafobia
- Disturbo d'ansia generalizzato

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Overview of the Anxiety Disorders and Their Commonalities

Commonalities



- Basic biological causes
- Basic psychological causes
- Effective treatments

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- All have genetic component and this may be nonspecific to a disorder
- People with these disorders are all high in neuroticism
- Classical conditioning plays a role in all of these disorders. People who feel no control over their situation are at greater risk for anxiety disorders
- Graduated exposure to fears is a common treatment. All (except specific phobias) respond to antianxiety and antidepressant drugs

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Specific Phobias

Phobia

- Strong and persistent fear recognized as excessive or unreasonable
- Triggered by a specific object or situation
- Avoidance of trigger cardinal characteristic

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Specific Phobias

Subtypes identified in *DSM-5*

- Animal
- Natural environment
- Blood-injection-injury
- Situational
- Other
 - Choking, vomiting, “space”

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Prevalence, Age of Onset, and Gender Differences

Lifetime prevalence rate of about 12%

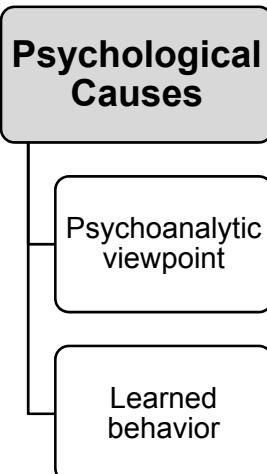
More common in women than men

Age of onset varies widely

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Psychological Causal Factors



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Psychological Causal Factors

Phobias as learned behavior

Vicarious conditioning

- Person to person

Individual differences in learning

- Risk factors
- Protective factors

Evolutionary preparedness

- Prepared fears

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CONDIZIONAMENTO CLASSICO (Wolpe e Rachman, 1960)

- La risposta di paura può essere condizionata da stimoli precedentemente neutri quando questi stimoli sono associati ad eventi traumatici dolorosi (auto nel parcheggio, armadio di casa).
- Una volta acquisite, le paure fobiche possono essere generalizzate ad altre situazioni o ad oggetti simili (cantina, ascensore).

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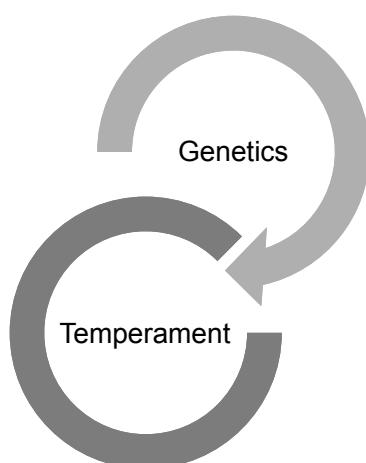
CONDIZIONAMENTO VICARIANTE

- Guardare una persona fobica in una reazione di paura nei confronti del proprio oggetto fobico può essere traumatico e può portare alla trasmissione della paura ad un'altra persona attraverso il condizionamento vicariante o basato sull'osservazione.
- Inoltre, osservare una persona in un'esperienza di paura può portare al condizionamento vicariante.
- Esempio, bambini immagine marsupiale.

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Biological Causal Factors



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- Studies have found that individuals who are carriers of one of the two variants of the serotonin transporter gene (the s allele, which has been linked to heightened neuroticism) show superior **fear conditioning** than those without the s allele.
- However, those with one or two variants of a different gene (the COMT met/met genotype) did not show superior conditioning but did show enhanced **resistance to extinction**.
- **Behaviorally inhibited toddlers** (who are excessively timid, shy, easily distressed, etc.) at 21 months of age were at higher risk of developing multiple specific phobias by 7 to 8 years of age than were uninhibited children (32 versus 5 percent).

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Treatments

Exposure therapy

Participant modeling

Virtual reality components

Cognitive techniques combinations

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Social Phobia

Social phobia (social anxiety disorder)

- Disabling fears of one or more specific social situations
- Fear of exposure to scrutiny and potential negative evaluation of others
- Subcategories
 - Performance
 - Nonperformance

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Prevalence, Age of Onset, and Gender Differences

Lifetime prevalence around 12%

More common in women than men

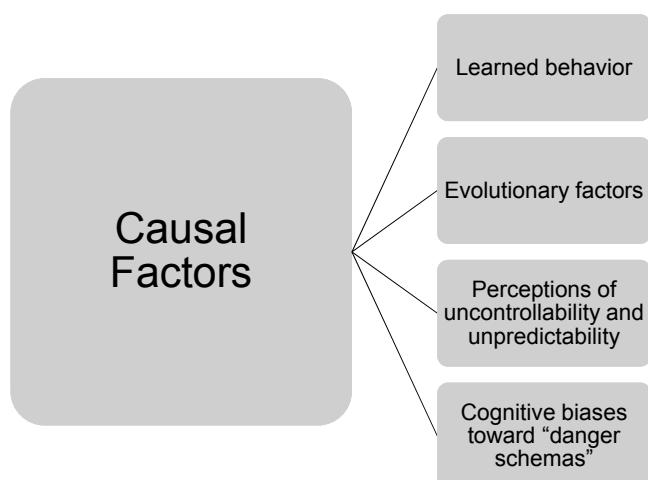
Typically begin during adolescence or early adulthood

Many have comorbid disorders such as other anxiety disorders or depression

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Psychological Causal Factors



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FOBIA SOCIALE COME COMPORTAMENTO APPRESO



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FOBIA SOCIALE COME COMPORTAMENTO APPRESO

- Come con le fobie specifiche, la fobia sociale sembra spesso avere origine da semplici fenomeni di condizionamento vicario o classico come sperimentare o assistere a quella che viene percepita come un'umiliazione, oppure essere l'obiettivo di aggressioni o critiche, oppure anche solo assistere a qualcuno che veniva preso di mira.
- È importante considerare che, come per le fobie specifiche, non tutti coloro che sperimentano un condizionamento classico o vicariante in situazioni sociali sviluppano una fobia sociale: differenze individuali.

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FOBIA SOCIALE IN UNA PROSPETTIVA EVOLUZIONISTICA

- Paure e fobie sociali si sono evolute come un **effetto secondario delle gerarchie sociali** basate sul principio della dominanza che sono un modello di gestione della socialità diffuso tra animali come i primati.
- Le gerarchie sociali basate sulla dominanza vengono stabilite mediante incontri aggressivi tra i membri di un gruppo sociale e un individuo sconfitto solitamente mostra paura, ma solo raramente cerca di fuggire completamente dalla situazione.

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FOBIA SOCIALE IN UNA PROSPETTIVA EVOLUZIONISTICA

- Pertanto, gli studiosi hanno proposto che non dovrebbe sorprendere che le persone affette da fobia sociale continuino a stare nella loro condizione di paura invece che scappare o fuggire da tali situazioni, come invece fanno spesso le persone affette da fobie per gli animali.
- Se la fobia sociale si è evoluta come un prodotto secondario delle gerarchie sociali, non sorprende che gli esseri umani abbiano una **predisposizione fondata evoluzionisticamente** a sviluppare paure di stimoli sociali che segnalano dominanza e aggressività da parte di altri esseri umani (espressioni facciali di rabbia e/o disprezzo).

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PERCEZIONE DI INCONTROLLABILITÀ E IMPREVEDIBILITÀ

- Essere esposti a eventi stressanti incontrollabili e imprevedibili (separazione, abuso sessuale);
- Percezione di incontrollabilità e imprevedibilità spesso conducono ad un comportamento sottomesso e non assertivo (**diminuzione di aspettativa di controllo personale sugli eventi**).

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BIAS COGNITIVI

- Bech e colleghi (1985) hanno suggerito che le persone affette da fobia sociale tendono ad aspettarsi dagli altri rifiuti o giudizi negativi.



- Questi schemi portano l'individuo con fobia sociale ad aspettarsi di comportarsi in modo strano e inaccettabile.



- Tali intense preoccupazioni su di sé durante le situazioni sociali, anche al punto di prestare attenzione al proprio battito cardiaco, interferiscono con la loro capacità di interagire in modo adeguato con gli altri.

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BIAS COGNITIVI

- Un ulteriore bias cognitivo presente nella fobia sociale è una tendenza ad interpretare le informazioni sociali ambigue in modo negativo invece che benevolo.



- Quella persona mi sta sorridendo non perché gli piaccio ma perché crede che io sia stupido.

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Biological Causal Factors

Temperament

Genetics

Behavioral inhibition

30% of the variance in liability due to genetic factors

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Treatments

Treatments for social phobias

Cognitive-behavioral therapy

Medications

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Panic Disorder

Panic Disorder

- Occurrence of panic attacks seems to come “out of the blue”
- Recurrent, unexpected attacks
- Worry about additional attacks
- Must be abrupt onset of 4 out of 13 symptoms

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Agoraphobia

Prevalence, Age of Onset,
and Gender Differences

4.7% of adult population have had panic disorder at some time in their lives

Twice as prevalent in women as men

Typically begins in 20s to 40s

Follows chronic and disabling course

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Comorbidity with Other Disorders

83% of people with panic disorder have at least one comorbid disorder

50–70% will experience serious depression at some point in their lives

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Timing of a First Panic Attack

First attack frequently follows feelings of distress or highly stressful life circumstance

Many adults who experience single panic attack do not develop panic disorder

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Biological Causal Factors

Genetics

- moderate heritable component

Panic and the brain

- amygdala (“fear network”)
- hippocampus
- higher cortical centers

Biochemical abnormalities

- panic provocation procedures
- noradrenergic & serotonergic systems
- Low levels of GABA

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FATTORI GENETICI

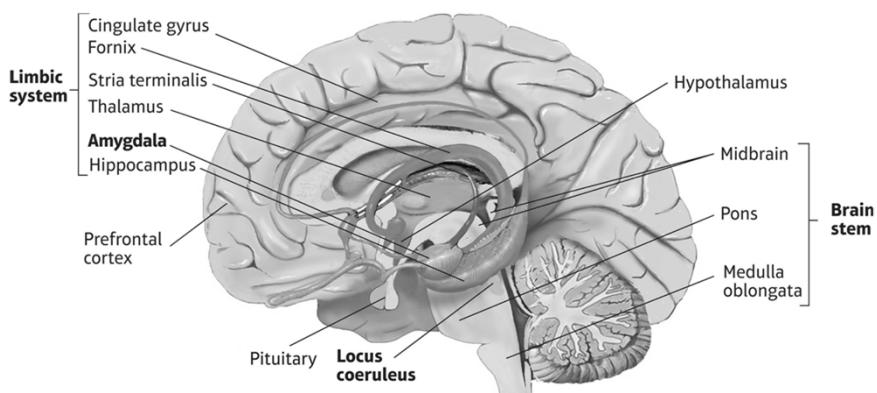
- Secondo gli studi familiari e sui gemelli, il disturbo di panico ha una moderata componente familiare.
- In un ampio studio sui gemelli, López-Solà et al. (2014) hanno dimostrato che dal 30 al 34% della varianza dell’insorgenza di sintomi di panico è dovuta a fattori genetici.
- Questa vulnerabilità genetica si manifesta a livello psicologico, almeno in parte, tramite un tratto di personalità chiamato nevrotismo.

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Figure 6.1 A Biological Theory of Panic, Anxiety, and Agoraphobia

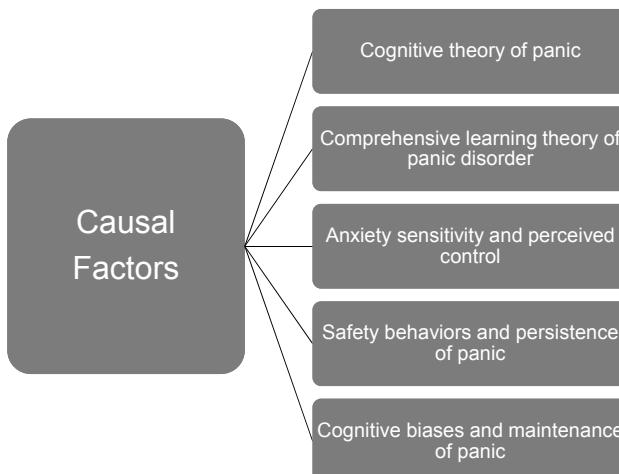
According to one theory, panic attacks may arise from abnormal activity in the amygdala, a collection of nuclei in front of the hippocampus in the limbic system. The anticipatory anxiety that people develop about having another panic attack is thought to arise from activity in the hippocampus of the limbic system, which is known to be involved in the learning of emotional responses. Agoraphobic avoidance, also a learned response, may also involve activity of the hippocampus and higher cortical centers (Gorman et al., 2000).



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Psychological Causal Factors



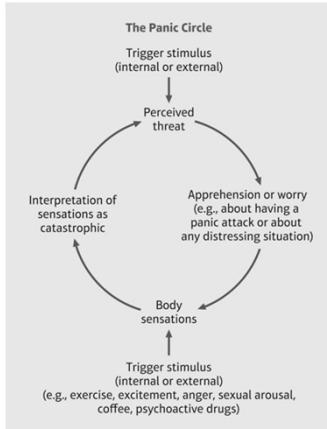
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Figure 6.2 The Panic Circle

Any kind of perceived threat may lead to apprehension or worry, which is accompanied by various bodily sensations. According to the cognitive model of panic, if a person then catastrophizes about the meaning of his or her bodily sensations, this will raise the level of perceived threat, thus creating more apprehension and worry as well as more physical symptoms, which fuel further catastrophic thoughts. This vicious circle can culminate in a panic attack. The initial physical sensations need not arise from the perceived threat (as shown at the top of the circle) but may come from other sources (exercise, anger, psychoactive drugs, etc., as shown at the bottom of the circle).

(Adapted from D. M. Clark, 1986, 1997.)



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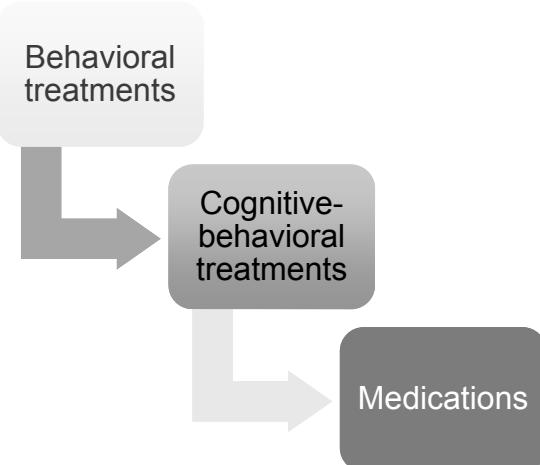
TEORIA DELL'APPRENDIMENTO

- Gli attacchi di panico iniziali vengono associati a segnali interni (enterocettivi) ed esterni (esterocettivi) inizialmente neutri attraverso un processo di **condizionamento enterocettivo o esterocettivo**, che fa sì che l'ansia diventi una risposta condizionata a questi stimoli.
- Un altro importante effetto riguarda gli attacchi di panico in sé che hanno un'alta probabilità di essere condizionati da alcuni segnali interni. Ciò porta alla comparsa di attacchi di panico che apparentemente emergono dal nulla quando le persone sperimentano inconsciamente alcune sensazioni corporee interne (esempio).

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Treatments



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Generalized Anxiety Disorder

Chronic or
excessive worry
about multiple
events and activities



DSM-5:

- occurs more days than not for 6-month period
- Accompanied by at least 3 of 6 symptoms

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- Irrequietezza o sentirsi tesi, con i nervi a fior di pelle;
- Facile affaticamento;
- Difficoltà a concentrarsi o vuoti di memoria;
- Irritabilità;
- Tensione muscolare;
- Alterazioni del sonno.

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Prevalence, Age of Onset, and Gender Differences

Each year 3% of population experiences GAD

Lifetime prevalence is 5.7%

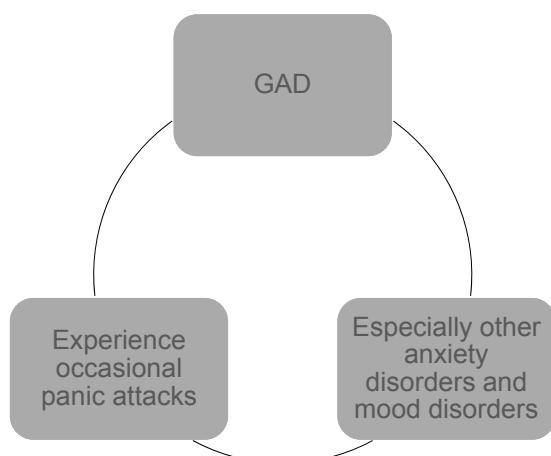
Twice as common in women as in men

60–80% report having been anxious nearly all their lives

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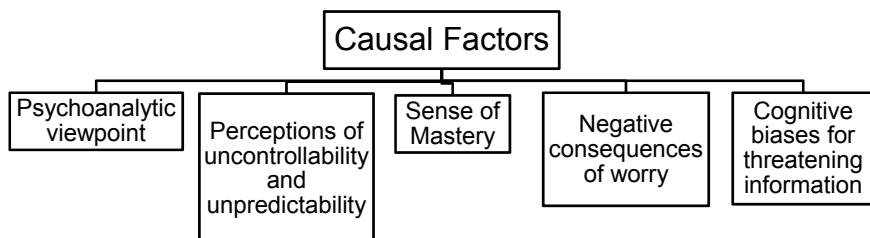
Comorbidity with Other Disorders



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Psychological Causal Factors



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PSYCHOANALYTIC VIEWPOINT

- Secondo questa prospettiva, l'ansia generalizzata deriva da un conflitto inconscio tra l'Io e gli impulsi provenienti dall'Es che non viene sufficientemente elaborato in quanto i meccanismi di difesa del soggetto sono collassati o non si sono mai adeguatamente sviluppati.
- Meccanismi di difesa di rimozione o spostamento non funzionano, portando la persona ad essere ansiosa per la quasi totalità del tempo.
- Questa teoria non può essere sottomessa a verifica empirica e pertanto essa è stata abbandonata dai ricercatori.

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PERCEZIONE DI INCONTROLLABILITA' E IMPREVEDIBILITA'

- Gli eventi avversi incontrollabili e imprevedibili sono molto più stressanti di quelli controllabili e prevedibili, pertanto non sorprende che i primi creino più paura e ansia.
- Ciò ha portato i ricercatori ad ipotizzare che le persone affette da DAG possano avere una storia di vita costellata da numerosi eventi significativi imprevedibili o incontrollabili.
- Minore tolleranza dell'incertezza (anche rispetto ai soggetti che soffrono di disturbo di panico).

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SENSO DI MASTERY

- La storia individuale circa il controllo di aspetti importanti del proprio ambiente è un'altra variante significativa che influenza le situazioni che provocano ansia.
- Nei bambini, esperienze di controllo e mastery spesso compaiono anche nel contesto della relazione genitore-bambino.
- I genitori di bambini ansiosi hanno spesso uno stile genitoriale intrusivo e ipercontrollante, che ha il solo esito di promuovere i comportamenti ansiosi dei propri figli, facendo loro credere che il mondo è un luogo pericoloso nel quale hanno bisogno di protezione e sul quale hanno uno scarso controllo.

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IL RIMUGINO

Il rimugino è considerato il tratto centrale del DAG.



Genera ansia e stress



Perché continuare a rimuginare?

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PROPRIETA' DI RINFORZO DEL RIMUGINO

- Evitamento superstizioso della catastrofe (rimuginare diminuisce la probabilità che l'evento temuto si verifichi);
- Evitamento di argomenti profondamente salienti dal punto di vista emotivo (evito di pensare ad aspetti emotivi a cui non voglio pensare);
- Meccanismi di coping e preparazione (rimuginare mi aiuta a prepararmi).

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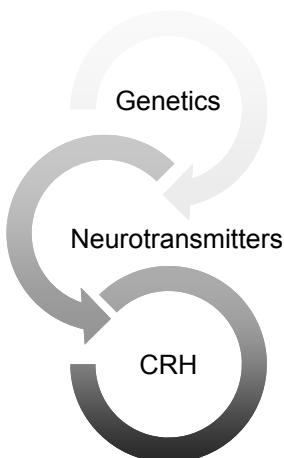
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- In sintesi, diverse variabili psicosociali sembrano favorire l'esordio dell'ansia generalizzata così come del suo mantenimento.
- Sperimentare eventi di vita imprevedibili e/o incontrollabili può creare una vulnerabilità all'ansia e favorire l'ansia nell'attualità.
- Gli individui credono inoltre che il rimugino assolva un certo numero di funzioni importanti ed esso potrebbe di fatto essere rinforzato dal momento che riduce l'attivazione fisiologica dell'ansia.
- Tuttavia, il rimugino ha anche conseguenze negative, fra cui il fatto che porta ulteriore rimugino e crea un senso di incontrollabilità percepita sul processo stesso del rimuginare, che per di più aumenta l'ansia.
- Infine, l'ansia è associata ad un bias attentivo e interpretativo automatico verso l'informazione minacciosa.

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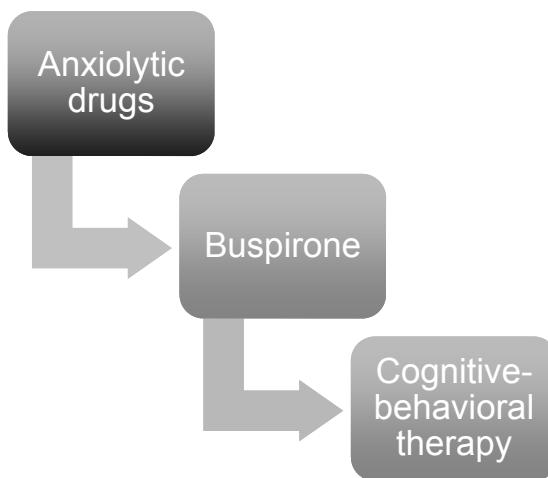
Biological Causal Factors



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Treatments



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Obsessive-Compulsive Disorders

OCD

- Occurrence of unwanted and intrusive obsessive or distressing images
- Usually accompanied by compulsive behaviors

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Obsessive-Compulsive Disorder

Obsessions

- Contamination fears
- Fears of harming oneself or others
- Need for symmetry
- Sexuality
- Religion, aggression

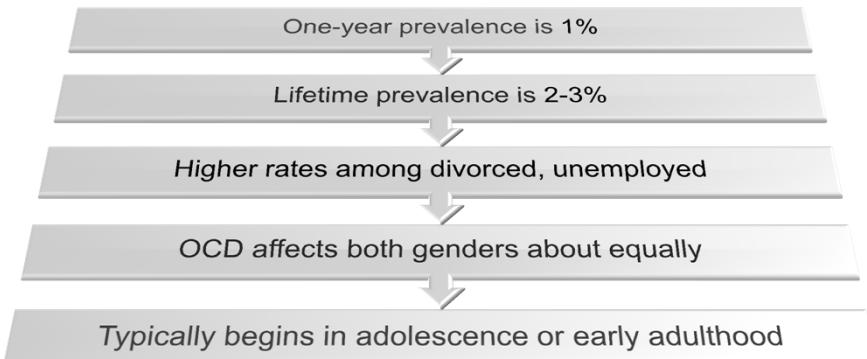
Compulsions

- Cleaning
- Checking
- Repeating
- Ordering/arranging
- Counting

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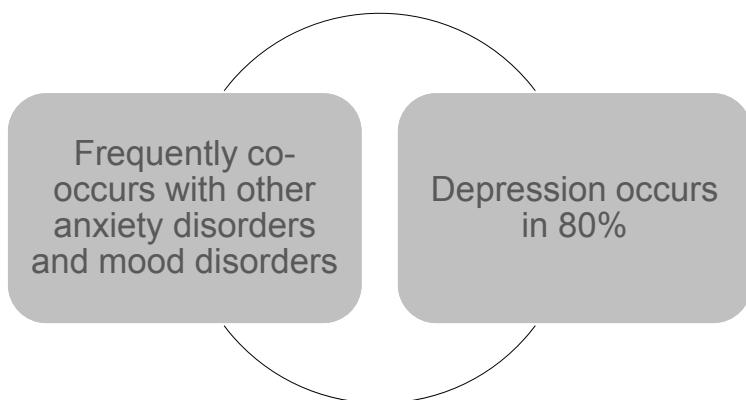
Prevalence, Age of Onset, and Gender Differences



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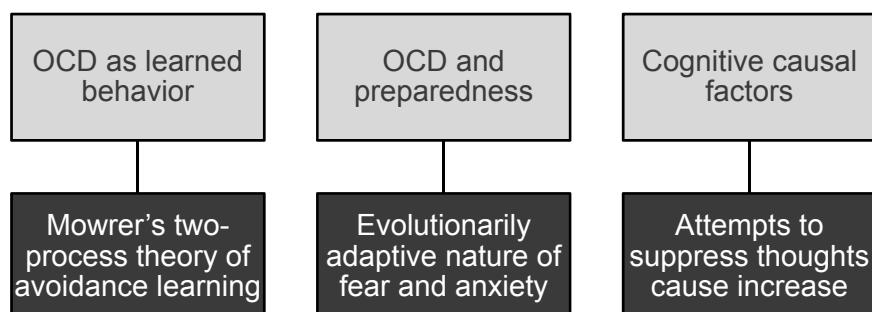
Comorbidity with Other Disorders



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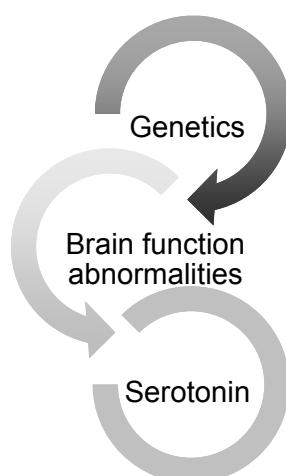
Psychological Causal Factors



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Biological Causal Factors

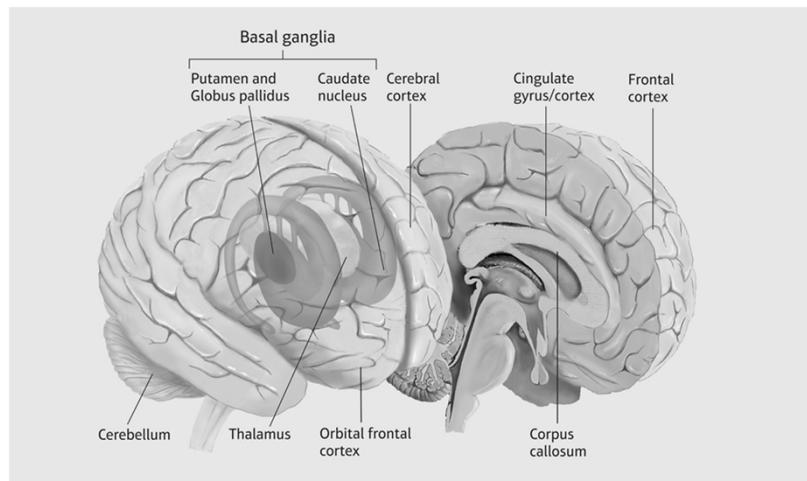


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Figure 6.3 Neurophysiological Mechanisms for Obsessive-Compulsive Disorder

This three-dimensional view illustrates parts of the brain implicated in OCD. The overlying cerebral cortex has been made transparent so that the underlying areas can be seen. The orbital frontal cortex, cingulate gyrus/cortex, and basal ganglia (especially the caudate nucleus) are the brain structures most often implicated in OCD. Increased metabolic activity has been found in each of these three areas in people with OCD.



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Treatments

Exposure and
response
prevention

Medications that
affect
neurotransmitter
serotonin

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Body Dysmorphic Disorder

BDD

- Obsessed with perceived or imagined flaw in appearance
- Causes clinically significant distress
- May focus on any body part

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Prevalence, Age of Onset, and Gender Differences

General population prevalence is 1–2%

People with depression prevalence is 8%

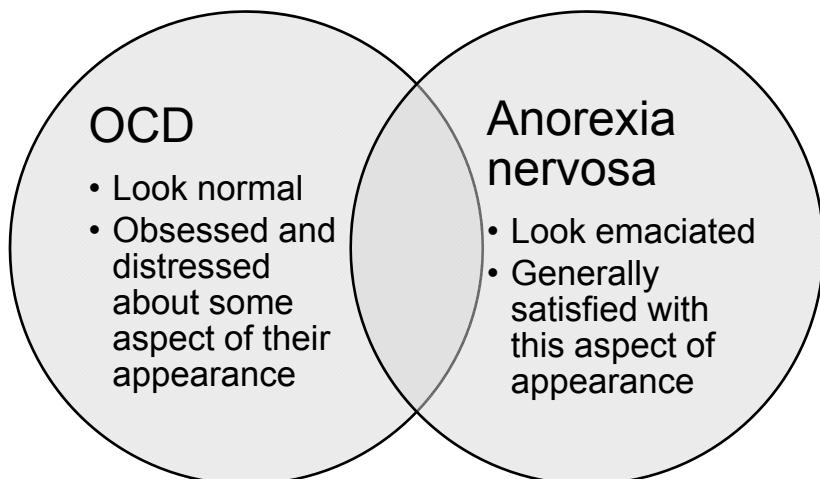
BDD affects both genders about equally

Typically begins in adolescence

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Relationship to OCD and Eating Disorders



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Treatments

Antidepressants

Cognitive-behavioral therapy

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Hoarding Disorder

Hoarding

- Acquire and fail to discard limited value possessions
- Disorganization in living space interferes with daily life
- Poorer prognosis for treatment than OCD

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Trichotillomania

Trichotillomania

- Urge to pull out hair from any body location
- Preceded by tension and followed by pleasure
- Must cause clinically significant distress

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Cultural Perspectives

Anxiety is a universal emotion

Expression and rates of anxiety expressed differently across cultures

Examples

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Cultural Differences in Sources of Worry

How would you describe these sources of worry?

Yoruba culture of Nigeria

Koro in China

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