

# KICK ANXIETY'S ASS

## FROM DUFF THE PSYCH

### TYPES OF ANXIETY DISORDERS

In this handout, I will describe the different anxiety disorders that are currently classified. Pay attention to what aspects of these fit and which pieces do not fit with your own experience. If you feel like you meet criteria for one of these disorders, don't freak out. It's just a classification. If you tick off enough boxes, you qualify. It's just short hand to describe common experiences. This is for information only, don't try to diagnose yourself. I should also note that these are not ALL of the anxiety disorders, just some of the most common.

I'll be ripping a lot of information directly from the Diagnostic and Statistical Manual for Mental Disorders V (DSM V). This is the bible that we psychologists use to diagnose. One thing to note about diagnosing mental disorders: in order to qualify as an anxiety disorder, the difficulties that you are having need to be causing you significant distress or impairment in your life AND the symptoms can't be due to a medical condition or drug use.

#### GENERALIZED ANXIETY DISORDER (GAD)

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Statistically, this is the camp that most of you fall into. With generalized anxiety disorder, you have an ever-present low level of anxiety that is always around. Your degree of worry and anxiety tends to be greater than is reasonable for the actual events that are happening in your life and when you

have an event that is legitimately stressful or dangerous, you are going to tend to react more strongly than those without GAD. Here are the official diagnostic criteria:

- Excessive anxiety and worry, occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).
- The individual finds it difficult to control the worry.
  - The anxiety and worry are associated with three or more of the following symptoms:
  - Restlessness or feeling keyed up or on edge.
  - Being easily fatigued.
  - Difficulty concentrating or mind going blank.
  - Irritability.
  - Muscle tension.
  - Sleep disturbance.
- The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social occupational, or other important areas of functioning.

## PANIC DISORDER

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Panic disorder is an interesting one. Many people have this and don't realize it. Panic disorder is basically when you have a panic attack and then you develop a fear of having future panic attacks. Interestingly, sometimes the fear of having a panic attack can be so severe that you... give yourself a panic attack. It's a super annoying disorder that I tend to think of as a phobia of panic attacks. Here are the legit criteria:

- Recurrent unexpected panic attacks. **A panic attack** is an abrupt surge of intense fear or intense discomfort that reaches a peak within

minutes, and during which time four or more of the following symptoms occur:

- Palpitations, pounding heart, or accelerated heart rate.
  - Sweating.
  - Trembling or Shaking.
  - Sensations of shortness of breath or smothering.
  - Feelings of choking.
  - Chest pain or discomfort.
  - Nausea or abdominal distress.
  - Feeling dizzy, unsteady, light-headed, or faint.
  - Chills or heat sensations.
  - Paresthesias (numbness or tingling).
  - Derealization (feelings of unreality) or depersonalization (being detached from one's self).
  - Fear of losing control or going crazy.
  - Fear of dying.
- At least one of the attacks has been followed by 1 month or more of one or both of the following:
    - Persistent concern or worry about additional panic attacks or their consequences (e.g., losing control, having a heart attack, "going crazy").
    - A significant maladaptive change in behavior related to the attacks (e.g., behaviors designed to avoid having panic attacks such as avoidance of exercise or unfamiliar situations).

## AGORAPHOBIA

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This one is closely related to panic disorder. In the past, they were sometimes grouped together, but these days they are considered to be separate disorders. Agoraphobia is basically an intense fear or anxiety of being in public spaces. Essentially, people with agoraphobia fear that they will be out

in a given location and then have a panic attack or breakdown and have nowhere safe to escape to. As a result, they tend to avoid going to these places. With mild agoraphobia, you might not be able to go to stores or busy outdoor areas. With stronger agoraphobia, it may be a challenge to even leave the house. Here are the DSM V criteria:

- Marked fear or anxiety about two or more of the following situations:
  - Using public transportation
  - Being in open spaces (e.g., parking lots, market places, bridges).
  - Being in enclosed spaces (e.g., shops, theaters, cinemas).
  - Standing in line or being in a crowd.
  - Being outside of the home alone.
- The individual fears or avoids these situation because of thoughts that escape might be difficult or help might not be available in the event of developing panic-like symptoms or other incapacitating or embarrassing symptoms (e.g., fear of falling in the elderly or fear of incontinence).
- The agoraphobic situations almost always provoke fear or anxiety.
- The agoraphobia situations are actively avoided, require the presence of a companion, or are endured with intense fear or anxiety.
- The fear or anxiety is out of proportion to the actual danger posed by the situations.
- The fear, anxiety, or avoidance is persistent, typically lasting for 6 months or more.

## SPECIFIC PHOBIA

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You are probably already somewhat familiar with these. For a specific phobia, you have a great deal of anxiety and an exaggerated fear response to a very specific thing. This could be an animal, an object, or a situation. Here are the criteria:

- Marked fear or anxiety about a specific object or situation (e.g., flying, heights, animals, receiving an injection, seeing blood).
- The phobia object or situation almost always provokes immediate fear or anxiety.
- The phobic object or situation is actively avoided or endured with intense fear or anxiety.
- The fear or anxiety is out of proportion to the actual danger posed by the specific object or situation.
- The fear, anxiety, or avoidance is persistent, typically lasting for 6 months or more.

## SOCIAL ANXIETY DISORDER (SOCIAL PHOBIA)

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It's common to have some degree of discomfort in social situations when you have anxiety. However, with social anxiety disorder, you basically feel like you are always on stage. You tend to be preoccupied with how others are perceiving you, as if you are putting on a performance or being scrutinized. It leads to avoidance or massive discomfort in situations that make you feel like you are on the spot. The official criteria are:

- Marked fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others. Examples include social interactions, being observed, and performing in front of others.
- The individual fears that he or she will act in a way or show anxiety symptoms that will be negatively evaluated (i.e., will be humiliating or embarrassing; will lead to rejection or offend others).
- The social situations almost always provoke fear or anxiety.
- The social situations are avoided or endured with intense fear or anxiety.
- The fear or anxiety is out of proportion to the actual threat posed by a social situation.

- The fear, anxiety, or avoidance is persistent, typically lasting for 6 months or more.

## OBSESSIVE-COMPULSIVE DISORDER

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The last one I'll mention here is obsessive-compulsive disorder (OCD). Technically OCD and related disorders have their own category in the DSM V, but they have long been considered an anxiety disorder, so I thought I would include them here anyway. I'll just stick to the criteria for this one:

- Presence of obsessions, compulsions, or both:
  - Obsessions are defined by:
    - Recurrent and persistent thoughts, urges, or images that are experienced, at some time during the disturbance, as intrusive and unwanted, and that in most individuals cause marked anxiety or distress.
    - The individual attempts to ignore or suppress such thoughts, urges, or images, or to neutralize them with some other thought or action (i.e., by performing a compulsive behavior).
  - Compulsions are defined by:
    - Repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly.
    - The behaviors or mental acts are aimed at preventing or reducing anxiety or distress, or preventing some dreaded event or situation; however, these behaviors or mental acts are not connected in a realistic way with what they are designed to neutralize or prevent, or are clearly excessive.

- Obsessions or compulsions are time-consuming (e.g., take more than 1 hour per day) or cause clinically significant distress or impairment.