### STUDY GUIDE

**CHAPTER 6**

1. Distinguish fear from anxiety and obsessions from compulsions.
2. Define the following DSM and ICDanxiety disorders: specific phobia, social anxiety disorder (social phobia), panic disorder, agoraphobia, generalized anxiety disorder, separation anxiety disorder, and selective mutism.
3. Define the following DSM and ICDobsessive-compulsive and related disorders: obsessive-compulsive disorder, body dysmorphic disorder (BDD), hoarding disorder, trichotillomania (hair-pulling disorder), and excoriation (skin-picking disorder).
4. Summarize critiques of the DSM and ICDanxiety and obsessive-compulsive disorders—emphasizing issues of reliability, comorbidity, and the reorganization of where disorders are listed in the DSM and ICD.
5. Outline alternative diagnostic perspectives to anxiety, obsessions, and compulsions.
6. How was anxiety conceptualized in Ancient Greece, during the Middle Ages, and into the Renaissance?
7. Describe trends in the way people thought about and treated anxiety between the 18th and 20th centuries.
8. What role is GABA suspected of playing in anxiety? How do benzodiazepines attempt to address this? Why are benzodiazepines controversial?
9. What is the rationale for prescribing antidepressants for anxiety? Which ones tend to be used? What are common side effects of these drugs?
10. Discuss other drugs besides benzodiazepines and antidepressants that are used to address anxiety problems.
11. What neurotransmitter is often emphasized as being important in OCD and what drugs are therefore commonly prescribed? How effective are these drugs?
12. What are augmenting agents and how are they used to treat OCD? How effective are they?
13. Define the glutamate hypothesis of OCD and the drug treatment associated with it. How effective is this drug treatment?
14. Discuss the suspected roles of the amygdala and insula in anxiety.
15. Name the brain regions involved in executive functioning that are implicated in OCD. What kind of proposed models of OCD has research on these brain regions yielded?
16. How do some researchers explain the inconsistent findings on brain structures implicated in OCD?
17. Describe the findings on the heritability of anxiety.
18. Summarize findings on family inheritance, twin concordance, and heritability for OCD.
19. What kinds of candidate genes are being focused on in OCD research? Summarize the main trends and findings in this area.
20. How do evolutionary perspectives conceptualize fear and anxiety?
21. Discuss evolutionary perspectives on prepared conditioning, malfunctioning mental mechanisms, and group selection.
22. What is a common criticism of evolutionary research that proposes the presence of faulty mental mechanisms?
23. Explain the suspected role of inflammation in anxiety and OCD, including the importance of cytokines and cortisol.
24. How might the gut be important in anxiety and OCD? What is the status of research in this area?
25. Evaluate the strengths and limitations of biological perspectives.
26. How do psychodynamic perspectives conceptualize anxiety?
27. Describe how the cases of Little Hans and the Rat Man illustrate Freud’s classic psychoanalytic view of anxiety and OCD.
28. What do modern psychodynamic approaches see as the origin of anxiety and OCD?
29. Describe the unified psychodynamic protocol for anxiety disorders (UPP-ANXIETY), as well as its research status.
30. How might CBT approaches be used to diagnose anxiety?
31. What are the classical and operant conditioning accounts of how anxiety develops? What does social learning theory add to these accounts?
32. Outline these cognitive perspectives on anxiety: avoidance model of worry, intolerance of uncertainty model, metacognitive model, and emotional dysregulation model.
33. What is the catastrophic misinterpretation model of panic disorder? What does research say about this model and what treatments do this model lead to?
34. Explain the behavioral conceptualization and cognitive conceptualization of OCD.
35. Summarize these CBT interventions for anxiety, obsessions, and compulsions: exposure plus response prevention, systematic desensitization, modeling, *in vivo* vs. imaginal exposure, thought stopping, traditional cognitive therapies, and mindfulness and acceptance-based therapies.
36. How effective are CBT interventions for anxiety, obsessions, and compulsions?
37. In a person-centered perspective, how is anxiety conceptualized? What does a person-centered therapist do to help reduce client anxiety?
38. What are the basic tenets of existential therapy and how does this approach think about anxiety? Make sure to distinguish existential from neurotic anxiety.
39. What is logotherapy and how can it be used to understand and alleviate anxiety and OCD? What is the evidence base for logotherapy and other existential therapies?
40. How is emotion-focused therapy (EFT) used to treat anxiety? Describe research on the use of EFT for social anxiety.
41. How do psychological perspectives compare to one another as effective interventions for anxiety and OCD? How do they compare (especially CBT) to biological perspectives?
42. How does culture influence the ways people exhibit anxiety? How does debate about this issue reflect ideas about whether mental disorders are culturally bound or culturally universal? Why is knowledge of cultural difference in anxiety important for therapists?
43. Describe COVID-19 anxiety. Should it be considered a disorder?
44. Discuss the relationship between economic conditions and anxiety.
45. What gender differences are found when it comes to the diagnosis of anxiety disorders? Summarize debates over what these differences mean.
46. Summarize gender differences in the prescription of anxiolytic drugs. How do sociocultural theorists explain these differences?
47. How does stigma impact those diagnosed with anxiety and OCD issues?
48. Explain the importance of expressed emotion and accommodation in anxiety and OCD.
49. How has Bowen’s structural family therapy been adapted for use with anxiety? What research has been conducted on the use of systemic therapies for anxiety?
50. Summarize the advantages and disadvantages of sociocultural perspectives on anxiety, obsessions, and compulsions.
51. Describe LeDoux’s position on why anxiety and fear are uniquely human. How can his argument help us think about anxiety, obsessions, and compulsions in a manner that integrates multiple perspectives?