

## **Descriptions of Anxiety, Stress, and Obsessive-Compulsive Disorders**

### **Obsessive Compulsive Disorder (OCD)**

Individuals with obsessive compulsive disorder are bothered by persistent and intrusive beliefs (obsessions). These obsessions can take the form of a thought or image and the content can vary widely from person to person (e.g., fear of germs, sexual thoughts with religious imagery, fear of hurting a loved one). These obsessions cause fear and often embarrassment for the sufferer and people with obsessions often do not understand that the content of their obsessions is not related to their character and the resulting embarrassment can interfere with seeking help. In order to ward off the anxiety from the obsessions, those with OCD often engage in unrelated behaviors to try to stop the anxiety (compulsions). Typically these compulsions are often nonsensical (e.g., counting to a certain number, touching something until it feels just right) and the sufferer typically realizes this but finds it hard not to engage in the compulsion. Obsessions and compulsions often go together but someone with OCD may experience one without the other. Hoarding is a subtype of OCD that involves the excessive accumulation of objects or the inability to throw away unwanted possessions.

### **Panic Disorder (PD) & Agoraphobia**

A panic attack is a combination of physical sensations (trouble breathing, sweating, rapid heart rate) and thoughts (feeling that things are not real or the fear that one is dying or losing control) that often, at least at first, seem to come out of the blue. Individuals with panic disorder typically experience one or more panic attacks and then develop a persistent fear of having another panic attack. When someone with PD starts avoidances places (e.g., school, work, malls) or activities (e.g., exercise or sexual activity) because of the fear of a panic attack, this is called agoraphobia. People with PD may mistake their panic attacks for a heart attack but a physical exam should be able to rule out this possibility.

### **Separation Anxiety Disorder (SAD)**

Separation anxiety disorder is often seen in children or adolescents but newer research shows that SAD is more common in adults than previously thought. Individuals with SAD are afraid to be away from a loved one because of fear that something may happen to the loved one or to the individual him or herself. SAD can result in a child's inability to go to school or an adult's inability to move away from family for school or work.

### **Specific Phobia**

Specific phobias are the persistent and excessive fear of a specific object or situation. Specific phobias can vary greatly from person to person (e.g., dogs, bees, thunderstorms, vomiting, loud noise, enclosed spaces, seeing blood or getting an injection) and often people have more than one specific phobia. Some types of phobias can result in lightheadedness or fainting.

### **Social Phobia or Social Anxiety Disorder**

Social phobia, also called social anxiety disorder, is an excessive fear of situations in which one may be evaluated by others. Sometimes the fear is very specific and limited (taking an exam, giving a speech, starting a conversation, going on dates or going to a party) but often the individual with social anxiety disorders is anxious across many different social situations.

### **Generalized Anxiety Disorder (GAD)**

Those with generalized anxiety disorder experience excessive worry about a number of situations or events. For example, those with GAD may worry about their health, finances, and things they hear about on the news. Children and adolescents with GAD may worry about their parents getting a divorce or about world events. Those with GAD find it hard to stop worrying and they often have physical symptoms (e.g. stomach aches, muscle aches) related to their worry.

### **Post Traumatic Stress Disorder (PTSD)**

Post traumatic stress disorder is a reaction to a traumatic events that includes experiencing of the event (e.g, flashbacks, nightmares, intrusive thoughts), hyperarousal (e.g., irritability, trouble sleeping) and avoidance (staying away from reminders of the event). PTSD can result from a single occurrence stressor (e.g., being the victim or a robbery) or a chronic stressor (ongoing sexual abuse).

### **Other Disorders Include:**

- Trichotillomania (hair pulling) or compulsive skin picking
- Tics
- Medical or dental anxiety
- School refusal related to anxiety

### **A brief note about comorbidity**

It is very unusual for someone with an anxiety disorder to just have just one disorder. Typically someone will have multiple anxiety disorders or an anxiety disorder and depression. When someone experiences two or more disorders this is called comorbidity. Luckily, most empirically supported treatments work well for those with comorbid conditions.