

Short-Term, Triggering Causes of anxiety disorder

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Long-term causes such as heredity, childhood environment, and cumulative stress create a *predisposition* to anxiety disorders. Yet it takes more specific conditions, operating over a short period of time, to actually trigger panic attacks or cause a phobia to develop. In this section we will briefly consider Specific stressors that often precede a first panic attack Conditioning processes that produce phobias

The role of trauma in certain simple phobias and post- traumatic stress disorder

Stressors That Precipitate Panic Attacks

A first panic attack is often preceded by a stressful event or situation. In my experience with people already vulnerable to panic disorder as a result of the predisposing factors previously described, I have found that the following three types of stressors often preceded their first panic attack:

Significant Personal Loss

Loss of a significant person through death, divorce, or separation seems very frequently to be a trigger of a first panic attack. Other major losses, such as loss of employment, loss of health through illness, or a major financial reversal, can also precipitate a first panic attack.

Significant Life Change

A major life event causing a period of adjustment lasting several months can sometimes precipitate a first panic attack. Examples of such an event might include getting married, having a baby, going off to college, changing jobs, going into the military, making a geographical move, or developing a protracted physical illness.

It may be that *any major stressor*, whether it is a significant loss or a major life change, can trigger a first panic attack in an individual who is already vulnerable for other reasons.

Stimulants and Recreational Drugs

It is not uncommon for a first panic attack to occur after excessive intake of caffeine. Often people are unaware that their use of caffeine is excessive until a full-blown panic attack brings it to their attention.

Even more common is the incidence of panic attacks in people using cocaine. Cocaine is such a strong stimulant that it may cause panic attacks even in people who are *not* predisposed to panic disorder by the long-term factors previously described. Amphetamines ("speed"), PCP, LSD, high doses of marijuana, and withdrawal from narcotics, barbiturates, or tranquilizers can also jolt a person into a first panic attack.

Conditioning and the Origin of Phobias

A phobia is a persistent and unreasonable fear of a specific object, activity, or situation that results in a compelling desire to avoid that dreaded object, activity, or situation. There are three characteristics that distinguish a phobia from ordinary, everyday fears. First, you are *persistently* afraid of the object or situation over a long period of time. Second, you know that your fear is *unreasonable*, even though this recognition does not help to dispel it. Finally, what is most characteristic of a phobia is your *avoidance* of the feared situation. Being unreasonably afraid of something is not yet a phobia; the phobia begins when you actually start avoiding what you fear.

What is avoided tends to vary among the different types of phobias. If you are agoraphobic, you tend to avoid situations where you're afraid you can't easily escape if you have a panic attack--examples include checkout lines in grocery stores, freeways, elevators, and bridges. If you have a social phobia, you tend to avoid situations where you fear you might humiliate or embarrass yourself in front of others--examples include public speaking, parties, public restrooms, and job interviews. Simple phobias cause you to fear potential death or injury from causes such as natural disasters or certain animals. Or you may have an enormous fear of being trapped.

How do these phobias develop? There are two types of processes that are most commonly responsible: *conditioning* and *trauma*. Trauma isn't always involved in the creation of a phobia, but conditioning processes are always present. There are two types of conditioning that contribute to the formation of a phobia: 1) *conditioning by association* and 2) *conditioning by avoidance*.

In *conditioning by association*, a situation that was originally neutral begins to elicit strong anxiety because on one particular day you panicked or had a strong anxiety reaction in that same situation. For example, you're driving on the freeway and spontaneously have a panic attack. The panic is made worse by fearful thoughts, such as How do I get out of here? or What if I get into an accident? Your mind forms a strong association between being on the freeway and experiencing anxiety, so that later, being on, being near, or even thinking about freeways elicits anxiety. In short, you have *learned* an association between freeways and anxiety. By the same token, experiencing strong anxiety the first time you try public speaking may lead to an association between the two. Subsequently, every time you attempt to speak before others, or even think about doing so, strong anxiety is automatically triggered.

Conditioning by association may cause you to develop a fear toward a particular situation or object, but it does not by itself create a phobia. Only when you start to *avoid* that situation or object do you "learn" to be phobic. A time-honored principle in behavioral psychology is that any behavior that is rewarded tends to be repeated. Avoiding a situation you're anxious about is obviously rewarded--the reward being the reduction of anxiety. Each time you avoid the situation, the reward of being relieved of anxiety follows, and so your avoidance behavior gets strengthened and tends to be repeated. Your avoidance works very well in saving you from anxiety.

Learning to stay away from a fearful situation because it is rewarding to do so is what constitutes *conditioning by avoidance*. Avoidance conditioning is the most critical process in the formation of any phobia. It is directly reversed and overcome by the processes of imagery and real-life exposure described in chapter 7.

Trauma, Simple Phobias, and Post-Traumatic Stress Disorder

Agoraphobia and social phobia tend to develop primarily as a result of the conditioning processes just described. Certain simple phobias, on the other hand, can develop in the wake of specific traumatic experiences. As a child, I had a phobia about bees as a result of having picked up a bee and getting stung when I was two years old. This is really an example of conditioning by association. The fear I felt at the time I got stung caused me to develop an association between bees and fear. Avoidance conditioning came into play when I later started running away from bees whenever I saw them near me. By the same token, being in an auto accident can cause a person to subsequently fear driving or even being in a car. Or nearly drowning may lead to a subsequent phobia about water. Many simple phobias can be traced back to some kind of traumatic incident in childhood. Others--especially those we have from a very early age, like the fear of darkness or fears of insects--may be part of our evolutionary heritage. Such fears may have been biologically programmed into the nervous systems of all mammals to promote survival of the species. These inborn fears people often grow up with cannot be considered phobias unless 1) they lead to persistent avoidance and 2) they persist into adulthood.

A different outcome of trauma is the occurrence of post-traumatic stress disorder, which was described in chapter 1. No specific phobias develop; instead you tend to develop an array of symptoms that "re-create" the original trauma. Distressing recollections and dreams about what happened are the mind's attempt to gain control of the original event and to neutralize the emotional charge it carries.