CHAPTER 6: ANXIETY AND STRESSOR-RELATED PROBLEMS
RESEARCH QUESTIONS

- Classical conditioning accounts of phobias would suggest that anyone who has a traumatic experience with a stimulus or situation should develop a phobia of it. However, this is certainly not the case. Why is it that some people acquire phobias after traumatic experiences, and others do not?

- Why is it that clinical phobias usually cluster around only a small sub-set of stimuli and situations?

- Are the inherited components found in social phobia specific to this disorder, or is the genetic component a more general one that is shared with other disorders (e.g. a vulnerability to anxiety disorders generally rather than social phobia specifically)?

- How is behavioural inhibition in children linked to the later development of social anxiety disorder?

- Noradrenergic overactivity appears to be a characteristic of panic disorder, but is it a cause of the disorder or just a factor that mediates the symptoms of panic when an attack is triggered?

- People who suffer from panic disorder have a tendency to catastrophically misinterpret bodily sensations as threatening, but how do they acquire this interpretation bias?

- Why do some people develop both panic disorder and agoraphobia?

- Why do individuals with GAD worry chronically and pathologically when many others – often with more stressful lifestyles – worry significantly less?

- People who are chronic worriers have a tendency to claim they are “born worriers” – but is there any evidence for this?

- Neuropsychological studies suggest individuals with OCD possess a number of executive functioning deficits – but do these deficits contribute to the symptoms of OCD or to the sufferer’s ‘doubting’ that things have been done properly?

- Do DSM-5 OCD-related disorders such as hoarding disorder, skin-picking and hair pulling have the same aetiology as OCD compulsions?

- Clinical constructs are used to help explain various psychopathologies, but do clinical constructs confuse causal factors with symptoms?

- A number of anxiety disorders are characterised by the dysfunctional perseveration of certain thoughts, behaviours or activities (e.g. pathological worrying in GAD, compulsive checking in OCD). Is pathological perseveration caused by a single process that is common to these different disorders?

- Around 50% of adults will experience a severe traumatic experience during their lives, but why do only a proportion of those people develop symptoms of PTSD?

- IQ is one of the best predictors of resistance to the development of PTSD. What role does this factor play in preventing PTSD?

- What is the role of avoidance and dissociation in the development and maintenance of PTSD symptoms?