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REVIEW OF LITERATURE
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2.0.  INTRODUCTION

Desai and Desai (1992), says that “no research takes place in vacuum perceptions and principles of other become our guide” the direction of research can be decided by studying the research material/ literature one gets important guidance as to which projects to include in the research and what types of variables to apply while undertaking research further, knowledge can be achieved by looking at the studies undertaken earlier. As per scientific rule, a research in undertaken to gain some more novel information than principles achieved by earlier research or to review such principles. It is essential to look at earlier studies. So that the repetitions can be avoided one may be able to get study thoroughly and get proper guidance by knowing about the neglected in those studies the aim of the present chapter is to observe the studies undertaken in the past about the relationship of life events

Review of studies to literature an important prerequisite for actual planning and then execution of any research work. The researcher need to acquire up to date information of what has been thought and said in a particular area , so that they can drive benefit from the work of their predecessors. According scot (1992)”review of related literature may help to make progress towards the solution of new problems emphasizing to the importance of survey of related literature.

This section chiefly brings out the literature materials which were used as guidelines for the study. For their section brings out the topics such as obsessive compulsive disorder studies, phobia disorder studies. Now let us examine each topic under their heads explicitly
2.1. THE PREVIOUS STUDIES OBSESSIVE COMPULSIVE DISORDER

Shyam Sundar, Arumugham (2014) “augmentation strategies in obsessive compulsive disorder” around 40-60 of patients with obsessive compulsive disorder do not show adequate response to selective serotonin reuptake inhibitors (SSRIS). Augmentation strategies are recommended in people who show partial response to SSRIS. In this evidence for augmentation strategies. The available evidence is predominantly based on small scale randomized controlled trials and case series, open label trials and case series antipsychotic augmentation especially Risperidone haloperidol aripiprazole and cognitive behavior therapy have shown the best evidence ondasetron, meantime, riluzole, clomipramine trascranal magnetic stimulation over supplementary motor area show some preliminary evidence ablative neurosurgery or deep brain in carefully selected treatment refractory patients.

Guarnieri R araujo d.carlotti egji(2005): suppression of obsessive compulsive symptoms after epilepsy surgery. We report two male patients with medically intractable epilepsy obsessive compulsive disorder symptoms. Both patients experienced remission of obsessive compulsive symptoms after surgical treatment of epilepsy. Although the surgeries targeted different brain regions, the two patients had in common unilateral anterior cingulated cortex ablation. On the basis of these observations, we discuss the pathohysiology of OCD symptoms, emphasizing the role of cortico subcortical pathways in their genesis. Our data, suggest that surgeries that affect neural loops associated with obsessive symptoms can lead to an improvement of OCD however the structures responsible for this effect cannot be conclusively determined.
Francine carona & Michael R rass (2005) Tulsa, neuropsychological aspects of obsessive compulsive disorder. Additionally, individuals with this disorder are inclined to manifest compulsive, stereotyped or ritualized behaviors largely as a maladaptive coping mechanism clearly self regulation of thoughts of behaviors is compromised in OCD. In particular, imaging studies have identified structural and function abnormalities in the frontal lobes and basal ganglia in patients with OCD (Baxiter 1992). Coincidentally several investigations have demonstrated neuropsychological deficits on measures reflecting the functional integrity of these cerebral regions specifically impaired abstract resign and dexterity tend to occur in OCD (A larcon 1994). Moreover some individuals with OCD demonstrate difficulties with learning new information.

Andrea Allen, Eric Hollander (2005) diagnosis of obsessive compulsive disorder. Obsessive compulsive disorder, a relatively common disorder, is under diagnosed and undertreated depite the existence of differentiated form other disorders with obsessive or compulsive features based on the characteristics of the compulsions serotonin reuptake inhibitors and cognitive behavioral therapy are proven treatments for OCD: they bring clinically significant reduction in symptoms, although complete remission is not common in clinical trials. The efficacy and safety of treatment of OCD has been demonstrated by numbers double blind randomized controlled triads. These trials suggest that it usually takes longer for response to begin and higher dose are required than for depressive disorders. Research also supports who have failed a trial of and SRI. For refractory case augmentation with atypical antipsychotics such as resperidone or quetiapine is recommended.
Sayed hamzeh hosseini, paria A zari (2012): Suppression of obsessive ecompulsive symptoms after heal trauma obsessive compulsive disorder._encompass a spectrum of clinical symptoms characterized by unwanted thoughts coupled with an intense compulsion to act and to repeat behavior fragments in a ritualistic and stereotyped sequence obsessive compulsive symptoms due to brain lesions is not rare but suppression of these symptoms after head trauma in very rare and found only 3 case in review of literature from 1966 to 2001. The case of a patients suffering with sever OCD is disappear following right temporo parieto frontal lesion.

Aline santos sampalo, rita Marcia (2013) genetic association studies in obsessive compulsive disorder we selected 105 papers and descried as genes related to: serotonin, dopamine glutamate, GABA white matter, immune system hormones and other genes there is high variability candidate for OCD, but there is no conclusive association between any of the candidate genes studied and OCD association of more homogeneous subgroups of phenotypes and meta analyses are still needed.

Kevin D. wu, Frederick Aardema (2008), inferential confusion obsessive beliefs and obsessive compulsive symptoms: A replication and extension. This this study replicated and extension previous research regarding utility of an inference based approach (IBA) to the study of OCD. The IBA is a model for the development of OCD symptoms though false reasoning one of its key features is inferential confusion a form of processing information in which an individual accepts a remote possibility based only on subjective evidence. In a nonclinical sample this study examined the specificity of relations between the expanded inferential confusion questionnaire and OCD symptoms. Results were that the ICQ EV significantly predicted OC symptoms after controlling for general distress, anxiety and depression between inferential confusion and OCD. The ICQ
EV was a stronger predictor of certain OC symptoms than scales from the obsessive beliefs questionnaire, which itself has shown strong relations with OC symptoms. Thus both inference based and cognitive approach models appear useful for understanding OCD.

Devid veale, mork freeston (2009): some people with obsessive compulsive disorder experience recurrent instructive sexual aggressive or death related thought and as a result may be subjected to lengthy or inappropriate risk assessments. These apparent primary risks can be dealt with relatively easily through a careful understanding of the disorders phenomenology however there are other less obvious secondary risks which require more careful consideration. This article discusses the differentiation of intrusive thoughts and urges in people with OCD from those experienced by sexual or violent offenders assessing risk of harm and violence to the dependents and family living with someone with the disorder and assessing the lack of insight and the use of the mental health ACT. Issues specifically related to children and young people with OCD are also highlighted.

Harish kalra, rajul tandon (2002), India, obsessive compulsive disorder: co-morbidity in manic phase of bipolar affective disorder. Co morbidity is known to occur among various about the third of the patients with obsessive compulsive disorder and anxiety disorder but coexistence of obsessive compulsive disorder with mania is rare to see. Here we report a case of obsessive compulsive disorder where manic phase was accompanied by obsessions of contamination and pathological doubts along with cleaning rituals and spitting rituals.

K Mattoo, nitin (1997), India, emergence of obsessive compulsive disorder in resolution phase of major depression. The textbook description of obsessive compulsive disorder is that onset of one following the onset or peak severity of the other and recovery the other. We describe
onset obsessive compulsive disorder at tail case highlights need for studies on the course of combed depressive and obsessive compulsive disorder.

Amyl Patel, himanshu Sharma (2004), Gujarat, India, body dimorphic disorder: An schizophrenia including OCD. Although body dimorphic disorder in its own right, variety of psychiatric syndromes like schizophrenia, mood disorder, OCD etc. Following is an unusual case report of a female patient who presented with body dimorphic disorder later diagnosed as having schizophrenia.

Y.C. janardhan, rao, naren p. (2010), Indian journal psychiatry, An overview of Indian research in obsessive compulsive disorder. Obsessive compulsive disorder (OCD) was considered a relatively are disorder until about two decades ago since then considerable advance has been made in under of OCD include that epidemiology clinical features, comorbidity, biology and treatment. In the last and decade there has also been in test in a group of related disorders called obsessive compulsive spectrum disorders. There is substantiation research from Indian on various aspects of OCD, particularly from the invitational institute of mental health and neurosciences, Bangalore. We relevant Indian data on OCD.

Janathan S. Abramowitz, steven taylor(2009), India, obsessive compulsive disorder. Obsessive compulsive disorder is a severe that usually arise in late adolescence or early adulthood and it left untreated, has a chronic classified as an anxiety disorder or in a group of putative obsessive compulsive disorder propose anomalies in the serotonin pathway and dysfunctional circuits in the orbito striatal area and dorsolateral prefrontal cortex support for these models is mixed and they do not account for the symptomatic heterogeneity of the disorder. The cognitive behavior model of OCD, which has some empirical support but does not fully explain the disorder, emphasis the importance of dysfunctional belief in individuals
affected. Both biological and cognitive models have led to empirical treatments for the treatment obsessive compulsive disorder involve medications that work in conjunction with cognitive behavioral therapy, the most promising of the which is D- cycloserinse.

**Masshelle thobaben,** *(1995)*, Humboldt state university, U.S.A. obsessive compulsive disorder symptoms and interventions. Obsessive compulsive disorder (OCD) is a chronic mental illness (psychiatric disorder) that is characterized by distressing intrusive obsessive thoughts and fears and repetitive compulsive action (rituals) that are done to event or reduce anxiety or distress not to provide pleasure or gratification, it is a lifelong mental illness and recovery form it is gradual and congaing treatment in necessary to help prevent relapses.

**Greorg jucked, paraskevi mavrogiorgou,** *(2013)*, patient satisfaction with specialized mental health service for obsessive compulsive disorder. method: using Verona service satisfaction scale, patient satisfaction with a specialized mental health service was examined in patients with obsessive compulsive disorder. result: obsessive compulsive disorder patients were overall satisfied with the professional help provide, whereas satisfaction with the professional involvement and health care process was found to be quite low. Patients with more severe obsessive compulsive disorder. As measured by the Yale brown obsessive compulsive scale, as well as chronically ill and more disabled patients were more disabled patients were likely to be dissatisfied with the overall care they received. Patient satisfaction plays an important role in the long term course of an illness such obsessive compulsive disorder. This seems to be decreased so longer illness is not or badly treated. There is a stronger need for involvement of family members in the treatment and health care patients with obsessive compulsive disorder. conclusion: obsessive compulsive
disorder specific treatment offers have to be established for patients with this long term illness such as psychotherapy in group.

**Guruprased bapat (2014)**, social science, south India, case study overcoming obsessive compulsive disorder with spiritual practice. Mr. gruprased bapet could not find any medical solution to overcome his condition to overcome his condition of obsessive compulsive disorder (OCD). Once he began to complement his medical treatment with spiritual solutions, he noticed significant improvements and is now able to go about his daily life with a positive attitude. This is his case study in his own words. SSRF advises medical treatment along with spiritual healing remedies for the treatment of physical and psychiatric illness readers are aides to take UP any spiritual healing remedy at their own discretion.

**Amar bavle, chittaranjan Andrade(2014)**, India, rapid illegible hand writing as a symptoms of obsessive compulsive disorder. This is a case report of a 13 year male child who had co-morbid OCD and trichotollomania on evaluation, he had rapid illegible hand writing as a symptom of OCD, which has hitherto not been reported.

**Ashish kumarmittal, majumder(2013)** ,India, obsessive slowness is a rare entity and is conceptualized ether as primary psychiatric illness or as part of obsessive compulsive disorder(OCD). Often its outcome is frustrating even with treatment. We report a case of early onset server OCD with obsessive compulsive slowness which showed good response to combined pharmacotherapy and behavior therapy.

**Janakiraman raguraman, kothai R priya dharshini(2004),**India, abnormal sexual behavior in an adult male with obsessive compulsive disorder. A male patient with homosexual obsession in obsessive disorder shows a better outcome following a combination of pharmacotherapy and
psychotherapy. This case report combination therapy n obsessive compulsive disorder with abnormal sexual impulses and behavior.

**Sumant khana, V. ravi, poornima (1997),** India, viral antibodies in blood in obsessive compulsive disorder. IgG viral antibodies for herpes simplex virus 1 varicella, zoster virus, cytomegalovirus measles and mumps were studied in 76 subjects with obsessive compulsive disorder and compared with a control population. There was a significantly higher titer for some of the antibodies most specifically for herpes simplex virus type 1 and mumps. This suggest a possible role these viral infections in the pathogenesis of obsessive compulsive disorder.

**A shanmugiah, Mathew Varghese (2002),** India, expressive disorder social factors are recognized to play an impotent role in obsessive compulsive disorder. There is some evidence that expressed emotions may be high in obsessive compulsive disorder in India. In the current study, 35 patients diagnosed as OCD were assed for expressed emotions using family emotional involvement and criticism scale. The OCD patients have an increased score on expressed emotions with an increase in both subscales of perceived criticism and emotional involvement, as compared to the normative data suggested by the developers of the scale. There was No significant correlation between scores on these scale and YBOCS duration of illness and age. The relevance of these factors in the pathogenic and maintains of the illness, and as predictive variables to therapy, needs to be explored.

**Kriti herbenson(2009) university of Wisconsin- obsessive-compulsive disorder.** An overview for school personnel the cause of obsessive compulsive disorder is unknown but there appears to be a genetic basis. The nature of the disorder is neurobiological. Obsessive compulsive disorder is unknown but there appears to be a genetic basis. The nature of
the disorder is neurobiological. There is an abundance of Treatments for patients with obsessive compulsive disorder: however, the efficacy of many of these treatments has not yet been established. Ocd has many effects on students within the school setting that may have a negative impact on academic performance and social relationships. School personnel need to be knowing legible about OCD and be used. There are many accommodations and modifications school setting that may prove helpful for those students struggling with OCD.

A.E.shafran, r.knibbs, d and ranchman (2012) university of reading, mental contamination in obsessive- compulsive disorder. This research examined the presence participants (n= 177 with obsessive-compulsive symptoms completed questionnaires to assess mental contamination, OCD symptoms and thought action fusion (TAF). Findings indicated that 46% of participants in the absence of contact contamination was reported by 10.2 % of participants.similar findings were reported in a sub sample of participants who had received a formal diagnosis of OCD (n=54). These findings suggest that mental contamination is a distinct construct that overlaps with, but is separate from contact contamination, and provide preliminary empirical support for the construct.

Dan j. Stein(2002) university of Stellenbosch, cape town, state, obsessive compulsive disorder is a frequent presents in several medical settings, but is undertreated. For many years, obsessive compulsive neurosis was seen as a disorder that provided an important window on the workings of the unconscious mind. Today obsessive compulsive is viewed as a neuropsychiatric disorder, mediated by pathology in specific neuronal citric disorder, mediated by pathology in specific neuronal circuits, and responsive to specific pharmecotherapoutic interventions. In the future we can expect more precise delineation of the origins of this disorder, with integration of
data from neuroanatomical, neurocamical, neuroethological, neurogenetic, and neuroimmunological research.


Obsessive compulsive is a severe and disabling clinical condition that usually arises in late adolescence or early adulthood and, if left untreated, has a chronic course. Whether this disorder should be classified as an anxiety disorder or in a group of putative obsessive compulsive related disorders is still a matter of debate. Biological models of obsessive compulsive disorder propose anomalies in the serotonin in the pathway and dysfunctional circuits in the orbito striate area and dorsolateral prefrontal cortex. Support for these models is mixed and they do not account for the symptomatic heterogeneity of the disorder. The cognitive behavioral model of obsessive compulsive disorder, which has some empirical support but does not fully explain the disorder, emphasizes the importance of dysfunctional belief in individuals affected. Both biological and cognitive models have led to empirical treatment for the disorder – ie, sertoin- reuptake inhibitors and various forms of cognitive behavioral therapy. New developments in the treatment of obsessive compulsive disorder in view medications that work in conjunction with cognitive-behavioral therapy, the most promising of which is D-eyloserine.

**Selman akhttar,N.N.wig, v.k.varma(2002) department of psychiatry university of Virginia**.

A phenomenological analysis of symptoms in obsessive compulsive neurosis, eighty two obsessive neurotics was studied from a phenomenological point of view in order to delineate the various forms and contents of obsession and compulsion. An attempt was made to ascertain the frequency with which the forms and contact occur and their affect on the final outcome of the disorder. Five types of obsessions were identified doubts obsessive thinking, fears, impulses, and image, in order of
frequency of their occurrence compulsive actas could be classified in two types, depending on whether they yielded to or diverted the underlying obsession one fourth of the patients displayed no compulsions the content of obsession could be classified in five broad categories as relating to dirt and contamination, aggression inanimate impersonal themes’, religion, and sexual meters, in order of the frequency of their occurrence the paper while offering an interpretation of these findings, emphasizes the part played by socio cultural factors in the character of an obsession’s thought content.

The absence of compulsions was found to be associated with good prognosis. a downward gradient was noted in the final outcome of patients without compulsions alone, these with both varieties of compulsions, and those displaying yielding compulsions alone. In that order. Based on this observation the paper suggests a prognosis related hierarchical continuum of the severity of obsession disorder.

**Roselyn gardner(2003)** symptom clusters of obsessive compulsive disorder. Obsessive compulsive disorder is an anxiety disorder that can be emotionally painful and humiliating causing people to isolate themselves from others. There are many types of disorders, but the chokers, washers and cleaners, repeaters, orders, herders, thinking ritualizes, worries and pure obsessionals. The cause of OCD is really not known. There is help for those that suffer with OCD though medication and therapy.

**Joseph himle, Stephen rassi(2001)** Michigan. Group behavioral therapy of obsessive compulsive disorder. Previous research has demonstrated that individualized behavioral exposure and response prevention therapy is an effective treatment for obsessive compulsive disorder. In our prior preliminary report, 7- week group exposure and response prevention therapy was also found effective in reducing obsessions and compulsions. The present report describes a larger sample (n= 113) of
treatment seeking obsessive compulsive who received group exposure and response prevention significantly improved rating of obsession, compulsions, and depression. These improvements were maintained at 3-month and long term follow-up. A sub sample for patients who received 12-weeks of treatment had outcomes at the end of the group and at follow up that did not significant differ from those who received 7-week of treatment. These results confirm.

**Bernard boilearu (2008).** A review of obsessive compulsive disorder in children and adolescents. This article is of recent literature on obsessive compulsive disorder in the pediatric population. Areas covered include a brief historical perspective, clinical presentation in relation to symptoms founds in different age groups, epidemiology, psychiatric co morbidity etiology (with regards to genetics, neuroimaging and familial factors), clinical course and prognosis, and treatment, with special emphasis on individuals and family- dosed cognitive behavioral therapy and psycho pharmacology.

**Pro. julie Barlow (2005):** Self management, literature review, phobia disorder, panic disorder, obsessive compulsive disorder. Objective is to review current evidence for the clinical and cost effectiveness of self management interventions for panic disorder, phobia and obsessive compulsive disorder (OCD). Method is papers were identified through computerized searches of databases for the years between 1995 and 2003 manual searches and personal contacts. Only randomized controlled trials were reviewed. Results is ten studied were identified (one OCD five panic disorder, four phobias). Effective self management interventions included cognitive behavioral therapy (CBT) and exposure to the trigger stimuli for phobia and panic disorders. All involved home work. There was evidence of effectiveness in terms of improved symptoms and psychological wellbeing.
when compared with standard care, waiting list or relaxation. Brief interventions and computer based interventions were effective for most p

**J. Clin psychiatry(1998)**, department of psychiatry university of Arizona, Tucson, obsessive compulsive disorder: a treatment review. obsessive compulsive disorder, which may affect 2% to 3% of the U.S. population, can be severely disabling, peering an individual’s personal, social and work life only within the past 2 decades have effective treatment been proposed and tested specific behavior therapies such as exposure in vivo and response prevention have proved successful in decreasing compulsive rituals in 70% to 80% of patients who accept and comply with treatment. For those patients who do not respond to behavior therapy, medications should be used to date the tricycle clomipromine is the only medication that has been consistently effective in controlled studies. however, for creation patients other medications may be of benefit. For the minority of patients who do not respond to either behavior therapy or medication, psychosurgery, specifically stereotactic limbic leucotomy should be considered a viable option.

Participants In terms of quality, studies were mainly based on small sample, lacked long form follow up, and failed to address cost effectiveness.

**Hiss H, Foa EB, Kozak Mj, (1994)** homburg university, Germany. Release privation program for treatment of obsessive compulsive disorder received 3 weeks of intensive treatment by exposure and response prevention, which were followed by either a relapse prevention (RP) program or associative after therapy. Independent evaluators conducted assessments of obsessive compulsive symptoms, anxiety, and depression, before and after intensive behavior therapy, after the week of intensive RD or AT and at a 6 month follow up results indicated that the RP program easy effective in preventing replace both treatment groups improved immediately
after the intensive treatment but the RP group remained improved at follow-up whereas the AT group showed some return of symptoms.

Lianfair (2013) obsessive compulsive disorder who is affected and how to treat it? Sometimes we think we know ourselves better than anybody else. But have you asked yourself why you’re acting the way you act and you can’t figure the answer out? This tells us that we don’t truly know ourselves because there are still questions unanswered. Try to imagine how our behavior changes to the point we are no longer in control of it. We experience strange behavior once in our life but is this really natural or is it a disorder? Obsessive compulsive disorder is characterized by persistent and repetitive thoughts (obsession) and action (compulsion). We tend to ignore symptoms and we didn’t know that these can lead to a devastating result if left untreated OCD is a growing epidemic* society and we should take it seriously once we see the early symptoms it doesn’t matter if you’re a child an adult or even if you’re on your 60’s everybody can be a victim of this disorder. This disorder may interfere. With our daily routine and it can have a bad impact on relations for some people? There’s a lot of factors causing OCD such as biological, psychological and social and it can also be inherited and pass on to the next generation without awareness. However, this can be prevented by having enough knowledge to point out what is wrong to, and how to treat it. Cognitive-behavior therapy is one of the emerging solutions for this disorder. It combines cognitive therapy and behavior therapy act out their new ways of thinking and taking in their everyday life. It’s never too late to think and look for possible solutions for OCD.

2.2. THE PREVIOUS STUDIES OF ANXIETY DISORDER

Ard Rubin: University school of medicine Baltimore, Maryland; levels and risk of depression and anxiety symptomatology among diabetic
adults. Objective determines levels of depression and anxiety symptoms among adults with diabetes and identify factors associated with increased risk. Research method; this study administered to patients at the beginning (N=634) and end (N= 575) of an outpatient diabetes education program subject (N= 246) contacted by mail & months later completed the same instruments RESULTS; rates of disturbance for depression (41.3, % 95%,cl 37.4-45.2 %) and anxiety were higher than those typical in the general population. Probability of disturbance ranged form 5-7% for those with lowest risk profile to 82-92% for those with the highest risk profile. Diabetes related complication were the only disease factor associated with significantly increased risk of disturbance. Women and those with low education were at much higher risk only 13% of those followed for 6 months were disturbed at all three time points. Conclusion: diabetes is associated with increased risk of psychological disturbance especially for those with more diabetes related complications sociodemographic factor account for much of the risk different among people with diabetes.

Jake D masar, Ph.D. an overview of anxiety disorders, fear and anxiety are a normal part of life, even adaptive in many conditions. who among us has not studied for a test without some anxiety and scored better for it ? who has not walked down a dark street in a high crime district without mounting fear? Normal anxiety keeps us alert: it makes us question whether we really have to walk down that street after all.

Christe Allgulander (2006)“generalized anxiety disorder”: one of the most prevent anxiety conditions seen in primary care is generalized anxiety disorder. Numerous physical ailments frequently accompany the psychic symptoms of anxiety, which often drive patient to ask for help. In spite of the high incidence of GAD, only 30% of sufferers are diagnosed. The key aim is to ensure the early detection protection of sufferers. Physician require more
long-term to better data, including that on the influence of ethnicity and genetics. To assist them to better understand and more effectively manage GAD. Physicians can ensure that a lesser burden is inflicted upon sufferers. thus improving their quality of life.

**Hofmann SG, smits JA(2008),** cognitive behavior therapy for adult anxiety disorder, objective: cognitive behavior therapy is frequently used for various adult anxiety disorder, but there has been no systematic review of the efficacy of cbt in randomized placebo controlled trials. The present study mate analytically reviewed the efficacy of CBT versus placebo for adult anxiety disorder. conclusion: our review of randomized placebo – controlled trials indicates that CBT is efficacies for adult anxiety disorder. There is, however. Considerable room for improvement. Also, more studies need to include ITT analysis in the future.

**Mark S.chapelland Z. Benjamin blanding, Michael E silvesten, takahashi and Nicole Mccann(2005).** Thest anxiety and academic performance in undergraduate and graduate students. This study investigated the relationship between test anxiety and academic performance in 4,000 undergraduate and 1,414 graduate students and found a significant butt small inverse relationship between test anxiety and grade point average (GPA) in both graduate averaged a bt. Whereas high test anxious students averaged a B. low test anxious female graduate students had significantly higher GPAs than high test anxious female graduate students. But there were no significant GPA differences between low and high test anxious male graduate students. Female undergraduates had significantly higher test anxiety and higher GPAs than male undergraduate, and female graduate students had significant higher test anxiety and higher GPA than male graduate students.
Jeffrey J. Rakofsky, MD, treating nonspecific anxiety disorder in patients with bipolar disorder, objective: to review the evidence for treating anxiety in patients with bipolar disorder, data sources: A literature search from 1050 to week 1 of 2009 was conducted via OVID and the national institute of health's clinical trials online database. Result: the majority of studies focus on treating anxiety disorder and nonspecific anxiety occurring during bipolar mood episodes. Studies of syndrome disorder reveal that disparate monotherapy did not separate from placebo and that olanzapine when used to augment lithium treatment. A study using open label divalporex sodium and an uncontrolled study of group cognitive behavior therapy both suggest some benefit from these treatments in patients with

Indoo Singh & Ajeya Jha (2003) “an anxiety optimism and academic achievement among students of private medical and engineering colleges”. A comparative study course related to medical and engineering fields are quite extensive and demanding. Which often lead to stress and anxiety among students. As optimism was hypothesized to reduce and enhance academic achievement. The purpose of the current study was to assess the level of anxiety and its relation with optimism and academic achievement among medical and engineering students the secondary objective of the study was to find difference (171 medical and 175 engineering) from 3 medical and 4 engineering college of uttarpradesh, India participated in the study. Academic achievement of the students were as anxiety and optimism were tested using singh's comprehensive anxiety test (SEAT, 2007), and learned optimism scale (los, 2000) respectively. Both measures are constructed and standardized on Indian students. Result revealed that anxiety had a significant negative relationship with optimism and Academic achievement, whereas a significant positive relationship was found between optimism and Academic achievement. Significant difference
were revealed between medical and engineering student, but the gender difference in the variables under study were insignificant. The results for faculty members and institutions for better academic performance of the students.

Joseph Himle M.S.W. (1987): university of Michigan hospitals, phobia, anxiety and panic anxiety: how do differ. Actuate anxiety symptoms reported by 20 patients with simple phobia and 20 patients with panic disorder were compared panic anxiety symptoms otology was commonly rated as more severe in its intensity than that prepared by the simple phobic. The pattern of symptoms experienced by the two diagnostic groups shared only 30% of the variance in symptom rankings. These results suggest that there are both quantities and qualitative differences between phobic and panic anxiety and have a bearing on recent diagnostic and etiological formulations of the anxiety disorder.

Bunmi O. Olatunji , Josh M. Eisler (2010) USA. Efficacy of cognitive behavioral therapy for anxiety disorder: a review of Meta analytic findings’. Anxiety disorder are characterized by excessive fear and subsequent avoidance, typically in response to a specified object or situation and in the absence of true danger anxiety disorders have the highest overall prevalence rate among psychiatric disorders, with 12-month and lifetime rates of 18.1 % and 28.8% , respectively, untreated anxiety also represents a significant economic burden, and associated functional impairments have a substantial negative impact on quality of lie .descriptive and experiments research have been instrumental in delineating the structure of anxiety and core psychological and biological mechanisms that

Contribute to the development and eminence of this disorder. For example information processing studies have shown automatic attention biases to ward threat relevant stimuli across the anxiety disorders.
Conditioning research has also shown that elevated sensitivity to danger and safety cues is characteristic of much anxiety disorder, with result sting avoidance behaviors negatively reinforcing the persistence of the anxiety.

Amy J. Morgan, Anthony F. Jorm, (2007) outcome of self help efforts in anxiety disorders anxiety disorder are prevalent mental disorders that are a significant burden on the community. There are affective treatment available, but many people do not seek treatment and there is a lake of professionals available to provide evidence based treatment to all those with anxiety disorders. Recently, there has been increased attention on ways to cost effectively meet the to play a role, either as an initial minimal treatment in stepped care models of treatment, or as strategies undertaken by an individual to prevent a full disorder developing. This review examines what is known from randomized controlled trials about the efficacy of self help interventions for anxiety disorders.

Dr S. M. Kaji (2011) Ahmadabad, Gujarat India, A study of death anxiety among personnel belonging to reserved and non Resaved categories. The present investigation is to find out the differences in death anxiety among reserved and non reserved categories. The sample consists of 720 people, out of which 480 were reserved. For this purpose of investigation death anxiety scale by prof. K.D. broota was analyzed through “t” tests to know the mean differences. The results show that there is a significant difference in the death anxiety levels of reserved people, particularly that of males and females.

Ananda Amastadter (2007) emotion regulation and anxiety disorder recent attention has been given to the role of emotion regulation in the development and maintenance of psychopathology(gross 1998). Mapping the domain of expressivity multi method evidence for a hierarchical model provided framework from which to understand emotion regulation in the
anxiety disorder population is reviewed with a focus on possible deficiencies that present paper aims to (1) briefly introduce emotion regulation strategies of suppression and reappraisal (2) summarize the empirical studies of emotion regulation within anxiety disorders. (3) discuss the neurobiological markers of emotion regulation within these disorders. (4) provide future directions for research (5) summarize possible treatment implications resulting from this important area of research.

**Alina Bakala(2005):** anxiety disorders in people with learning disabilities. People with learning disabilities are much more vulnerable to psychiatric illness, and will increasingly, be accessing generic services. Treatment and management of psychiatric disorders is problematic, primarily because of difficulties in diagnosis, since classificatory systems are standardized on people with average intellectual functioning. These article providers within the context of learning disability.

**Belzer, Liebowitz(2013) :** this article provide a clinically relevant overview of issues related to social anxiety disorder (SAD), with particular emphasis on its diagnosis. The history and evolution of SAD as a clinical syndrome are briefly reviewed, and the phenomenology and clinical presentation of SAD are discussed. Data on prevalence, onset, course, comorbidity and functional impairment associated with SAD in clinical and epidemiological samples are reviewed. An overview of assessment and treatment via pharmacotherapy and cognitive behavioral therapy, with a focus on practical clinical applications, is also presented. Finally research aimed at integrating pharmacologic and pharmacologic and psychotherapeutic interventions to maximize long-term effectiveness is considered.

**Brsht Anju, Kureti Vallari (2013), uttarakhand, india, efficacy of Alternative treatment for anxiety disorder : A review.** Management of
anxiety disorder is a matter of utmost attention and poses challenge for the selection of adequate line of treatment to ensure the provision of the most appropriate management of symptoms of anxiety disorder. Hence, the present article attempts to unfold the possibilities of having effective complementary treatments VIZ nutritional therapy as well as psychotherapy for the management of the anxiety disorders. Psychodynamic, psychotherapy and CBT are helpful in the management of symptoms of anxiety disorders and nutritional supplementation has a role in reducing anxiety symptoms, although both complementary management require more research investigations, to establish whether the result outcomes will be better if employed in combination with psychopharmacological treatment or not.

Ananda Amstadter (2007) emotion regulation and anxiety disorder recent attention has been given to the role of emotion regulation in the development and maintenance of psychopathology (gross 1998). Mapping the domain of expressivity multimethod framework from which to understand emotion regulation preosesses and it is within this reame work that the literature on emotion regulation in the anxiety disorder population is reviewed with a focus on possible deficiencies. The present paper aims to (1) Briefly introduce emotion regulation strategies of suppression and reappraisal (2) Summarize the empirical studies of emotion regulation within anxiety disorders. (3) Discuss the neurobiological markers of emotion regulation within these disorders (4) provide future directions for research.(5) summarize possible treatment implications resulting from this important area of research.

mined the experience of life threatening illness or the experience of a life threatening event and experiences with death and dying) and (adaptive and maladaptive presentations) result are important because little systematic inquiry of death anxiety exists in nursing literature.

**Sherva Elizabeth Coorav, Alina Bakala (2010)** anxiety disorder in people with learning disorders in people with learning disabilities are much moreulnerable to psychiatric illnesses and will increasingly be accessing generic services. Management of psychiatric disorders is problematic primarily because of difficulties in diagnosis. Since classificatory systems are standardizes on people with average intellectual function this article provides an overview of the clinical implications anxiety disorders within the context of learning disability.

**Par tica vanbalkom, Christine A van boejen (2004)** The Correlation between OCD and phobia efficacy of self help manuals for anxiety disorder in primary care systematic review. A systematic review of six identified randomized controlled trails was carried out. In addition to outcome the article were coded on quality variables result. The studies included differed with respect to the methodological quality measurements used and size of the study population despite these differences global results suggest that a self help manual is an effective treatment possibility for primary care patients with anxiety disorders. The more time was spent on guidance on the use of the self helpmanual the greater was its effective nests.

### 2.3. THE PREVIOUS STUDIES OF PHOBIA DISORDER

improve patient functioning and quality of life a combination of psychotherapy and pharmacy therapy is most often used to control anxiety symptoms and enable patients to resume a lifestyle. Until the 1980s benzodiazepines were the pharmacologic agents of choice for anxiety disorders, they were considered highly effective and largely safe. As the associated cognitive impairment and abuse potential become apparent, however scientist searched for newer agents with improved safety profiles.

In the last decade several classes of compounds with anxious efficacy without the risk for cognitive impairment, abuse or dependence observed with benzodiazepines have been identified. The most promising of those agents are the selective serotonin reuptake inhibitors (SSRTs) and compounded in panic disorder and social phobia are reviewed here, particularly in the historical context of benzodiazepine use and its inherent benefits and risks.

Sufiana Khatoon and Farhat Parveen (2008), examination phobia among secondary level students the study was effort to measure secondary school level students’ views about fear of examination. The paper identifies problems and causes of examination phobia among female students of the study was collated from students second level through a questionnaire. The academic perform according to their knowledge due to pear of examination as they forget the was answers of some questions during examination due to nervousness and fear of examination. A significant number of students answered their mind go blank before start of examination and they could not depict their knowledge on paper due to limited time pressure allowed for paper, examination phobia on male and female students, difference among male and female students regarding examination phobia and relationship of examination phobia and the achievement of the students may further be investigated.
Anna alkozei. Peter J. cooper(2013), two specific cognitive constructs that have been implicated in the development and maintenance of anxiety symptoms are anxiety sensitivity and emotional reasoning, both of which relate to the experience and meaning of physical symptoms of arousal of anxiety. The interpretation of physical in theories of symptoms has been particularly implicated in theories of social anxiety disorder, where internal physical symptoms are hypothesized to influence the individual’s appraisals of the self as a social object. The result is children with social anxiety disorder reported higher level of anxiety sensitivity and were more likely than both other groups to view ambiguous situation as anxiety provoking, whether physical information was present or not. Ther were no group difference in the extent to which physical information altered childrens interpretation of hypothetical scenarios.

Safren SA, Heimberg RG: quality of life in social phobia. The person’s perception of his or her quality of life has been neglected in studies of mental health in general and anxiety disorder in particular. However, the judgment of the impact of a mental disorder based on symptomatic disorder while ignoring one’s overall quality of life is incomplete. In the present study, we examined social phobic patient’s judgments of their satisfaction with various domains of life they deem important using the quality of life inventory (QoLI, frich, unpublished ). Social phobias judged their overall quality of life lover then rich’s normative sample quality of life was inversely associated with various measures of severity of social phobia, functional impairment and depression. It was not now ever, related to performance anxiety or that anxiety quality of life also carried across combinations of subtype of social phobia and the presence of avoidant personality disorder and as a function of marital status. Patients showed
significant improvement in quality of life scores after complication of cognitive behavior group therapy for social phobia.

**Scheier FB, Garfinkel R, Fallon BA, (1994):** functional impairment in social phobia method: Ian 32 patients with social phobia and 14 normal control subjects, impairment was assessed using the disability profile and the Leibnitz self rated disability sale, new instruments designed to provide clinical and patient rated descriptive measures current and lifetime functional problems. Result: both scales were internally consistent, with crohbach’s alpha coefficients for lifetime and current disability subscales in the range of 0.87 to 0.92. Significant positive correlations of scores on the new scales with scores on condministreted standard scales of socials of social phobia symptoms and disability demonstrated concurrent validity. Conclusion: social phobia is associated with impairment in most areas of functioning, and the new scales appear useful in assessing functional impairment related to social phobia.

**Sharron M. Velente, California :** social phobia. social phobia is a debilitating psychiatric condition that is treatable but often remains undetected and untreated. Without treatment, clients are at ask for complications, such as reduced quality of life, social interaction, daily functioning, and treatment adherence. Social phobia leads to more sick days, poor job performance; costly medical and emergency care visits mental health visits and greater reliance on disability or welfare. In the worst cases, the patient may decide screening and careful assessment are the keys to detection and evolution of social phobia. This article presents a case study to illustrate evaluation and treatment of social phobia.

**Juditha.libow, Herdert A Schreier,(1995):** Actuate phobia hallucinations in very young children . Actuate hallucinations is children aged 2-6 is not a rare occurrence. Emerging at times of stress, they are
associated with severe anxiety and phobic behavior. The hallucinations are almost always visual and/or tactile contrary to reports of hallucinations in bright, independent children. They are self-limited, with the acute hallucinatory phase over in a matter of several days and a subacute phobic phase which may last from weeks to month. In all of our case there was a return to normal functioning. Hallucinations in this age group appear to be a different phenomenon from those occurring in elder children, which are more frequently associated with more serious illnesses. There need to be understand in a development from work, but current knowledge does not permit a thorough explanation.

Michael Myslobosky, (2005): Phobic memory and somatic vulnerabilities in anorexia nervosa. Unnecessary unity? Anorexia nervosa is a clines that may be associated with permanent medical complication involving almost every organ system. The paper raise a question whether some of them are associated with premorbid vulnerability such as subcellular ion channel abnormalities that determine the clinical expression of the bodily response to self-imposed malnutrition. Aberrant channels emerge as a tempting if rather speculative to the notion of cognitively driven neurotransmitter modulation deficit in anorexia nervosa the concept of channel pithiest is in keeping with some characteristics of anorexia nervosa such as a genetically based predisposition to hypophagia early onset, cardiac abnormalities, an appetite enhancing efficacy of some antiepileptic drugs and others. The purpose of this article is to stimulate further basic research of ion channel biophysics in relation to restrictive anorexia.

Carlos David Navarrete, Andreas Olsson (2009): Fear extinction to an out group face conditioning studies on humans and other perimeters. show that fear response acquired toward danger relevant stimuli, such as shakes, resist extinction, whereas responses to ward danger- irrelevant
stimuli, such as braids are more readily extinguished. Similar evolved biases may extend to human groups, as recent research demonstrates that a conditioned fear response to faces of persons of a social out group resists extinction, whereas fear toward a social in group is more readily extinguished. Here we provide an important extension to previous work by demonstrating that this fear extinction bias occurs solely when the exemplars are male. These results underscore the importance of considering how gender of the target stimulus affects psychological and physiological response to out group threat.

**Sibke Melfsen Martina Kuhnemund (2011):** cognitive behavioral therapy of socially phobic children focusing on cognition a randomized wait list control study. Although literature provides support for cognitive behavioral therapy (CBT) as an efficacious intervention for social phobia, more research is needed to improve treatment for children this research of results significant differences between treatment participants and controls were observed at post test on the german version of the social phobia and anxiety inventory for children furthermore in the treatment group, significantly more children were free of diagnosis than in wail list group at post test additional child completed and clinician completed measures support the results. This research conclusion is preliminary support is provided for the efficacy of the cognitive behavioral treatment focusing on cognition in socially phobic children. Active comparators. Should be established with other evidence based CBT programs for anxiety disorders, which differ significantly in their dosage and type of cognitive interventions from those of the manual under evaluation.

**Heino, Rittakerttu, Vananen (2011):** Relationship between social phobia and depression differs between boys and girls in mid adolescence. Earlier studies suggest that social phobia (sp) and depression (DEP) often
have their onset in adolescence and are highly comorbid with SP mainly preceding depression there is a lack of population based prospective studies among adolescents vulnerable to both disorders taking into account possible gender differences in the relationship between the two.

Neville J. King, Pater Wuris (2005) childhood fears phobia: assessment and treatment. The specific phobia in children, such as right-time fear and animal phobia, should not be underestimate since they cause personal distress to the child and also much interference with daily activities. Intervention plans should be informed by multi method assessment, using tools that are empirically should and developmentally sensitive. We selectively review a number of assessment tools, including structured diagnostic interview schedules standardized instruments such as anxiety or fear self report questionnaires and behavioral task. We provide an overview of the main intervention approaches, form a behavioral perspective, including traditional behavior intervention procedures such systematic desensitization and its varies, cognitive behavioral therapy and behavioral family therapy. We also present recent developments in psychodynamic treatment for phobic and anxious children medications. Are also discussed because of their possible use with psychosocial interventions. Finally, we are present our conclusions on the empirical standing of the various treatment approaches and also examine the impotent issue of treatment outcome prediction.

Hisato Malsunaga (2007) specific phobia a disorder of fear conditioning and extinction. Specific phobia is the most prevalent of the anxiety disorders although there have been relatively few studies of its psychobiology and pharmacotherapy there is a rich laboratory of literature on fear conditioning and extinction and a clear evolutionary perspective
advances in the cognitive affective neuroscience of fear processing may ultimately lead to new approaches to the clinical management of phobias.

**GH Mahmoudi, E Ghfarzadeh (1999)**, effect of cognitive therapy on the social phobia among high school boys in Kashan province. This is a clinical trial in which the effects of cognitive therapy were assessed by determining and comparing the social phobia between the cases of cognitive therapy and control groups at their entering the study and after six weeks. The same of this study consists of 44 boys suffering from social escaping or avoidant disorder. From II state high schools in Kashan. They scored higher than other students measured by social phobia scale of Mattick and Clarke. The result is finding of the cognitive therapy group was study showed that social phobia in the cognitive therapy group was significantly different when entering the study and after six weeks. The conclusion is considering the positive effect of cognitive therapy on social phobia cognitive therapy is recommended in treatment in the social phobia. We also suggest a study determining the effect of cognitive therapy on the social phobia at short and long term follow up.

**Ersin Bayramkaya Fevziya Toros (2005)** the relationship between social phobia and depression, self concept, smoking habit in adolescents were included. In this study the age range varied between 13 and 17 years sociodemographic characteristics and risk factors were obtained instructed questionnaires designed to determine the presence and clinical characteristics of social phobias in adolescents. In addition the child depression inventory, piers harms self concept scale for children cap social phobia scale for child and adolescent were administered to all adolescent participating into the study.

The frequency of social phobia was 14.4 % according to cutoff point found in this study although there was positive correlation between social
phobia and depression there was negative correlation between social phobia and self concept. This study demonstrated that social phobia usually starts early in teenage years and social phobia significantly affects the concept early age smoking habit in adolescents. In addiction participation factor from social phobia in a adolescents.

**Nergis Lapsekli, Zekeriya Yelboga (2006)**: treatment of flight phobia through the eye movement desensitization and reprocessing. All phobic individuals when faced with the phobic situation feel obvious severe, persistent and irrational fear. The presence of traumatic experience are not necessary in the etiology of phobias. Even though there are many patients with no traumatic experiences in the history, if there is a detectable traumatic event in the history, EMDR therapy, seems to be good option for the treatment, also although there is not a traumatic event at the begging after the formation of phobic fear every encounter to phobic object even the idea can be seen as treatment of a case who experienced a jolt of the aircraft that EMDR treatment of the aircraft during a flight because of a turbulence. And who then deven then developed flight anxiety and could not geton a plane is presented within the framework of the protocol about an hour were applied as treatment. And it was observed that phobic fear and avoidance of the patient were disappeared. as a result. EMDR may be considered. As a treatment option in several clinical conditions thought to occur of after the experience of the past conditioning.

**A.M. Gallagher, A.R. Coldrick, B.Hedge (2005)** is the chronic fatigue syndrome an excise phobia ? a case control study. The aim of this study was to test whether patients with chronic figure syndrome have an exercise phobia, by measuring anxiety related physiological and psychological reactions to ordinary activity and exercise. Results: patients with CFS were more fatigued and sleep disturbed than were the controls and
noted greater effort during the exercise test. No statically significant differences were found in either heart rate or GSR both during a normal day and before during and after the exercise test. Patients with CFS were more symptomatically anxious at all times, but this did not increase with exercise. Conclusion: the data suggest that CFS patients without a co-morbid psychiatric disorder do not have an exercise phobia.

Carlos David Navarrel, Andreasollon (2009) fear extinction to an out group face. Conditioning studies on humans and other primate show that fear response acquire to word danger relevant stimuli, such as snakes resist extinction where as responses to ward danger irrelevant stimuli, such as birds are more reality extinguished similar evolved biases may extend to human groups as recent research demonstrates that a conditioned fear response to faces of persons of a social out group is more readily extinguished, here we provide an important extension to previous work by demonstrating that fear extinction bias occurs solely when the exam plays are male. These results underscore the importance of considering how gender of the target stimulus affects psychological and physiological response to our group threat.

2.4. THEORETICAL ORITATION OF STUDY

2.4.1. Theoretical Background of Obsessive Compulsive Disorder

Obsessive compulsive disorder is a type of anxiety disorder primarily characterized by repetitive obsessions (distressing, persistent and intrusive thoughts of image) and compulsions (urges to perform specific acts or rituals.) it affects roughly 3% of the population worldwide. The obsessive compulsive disorder thought pattern may be likened to superstitions insofar as it involves a belief in a causative relationship where, in reality, one does
not exist. Often the process is entirely illogical for example, the compel the compulsion of walking in a certain pattern may be employed to alleviate the obsession of impending harm. And in many case the compulsion is entirely inexplicable simply an urge to complete a ritual triggered by nervousness.

2.4.1.1. Classification of Obsessive Compulsive Disorder

2.4.1.1.1. Common Obsession in Obsessive Compulsive Disorder

2.4.1.1.1. Contamination

- Body fluids. (examples: urine, feces)
- Germs/disease. (examples: herpes, HIV)
- Environment contaminates. (examples: asbestos, radiation)
- Household chemicals. (examples: cleaners, solvents)

2.4.1.1.1.2. Losing Control:

- Fear of action on an impulse to harm oneself.
- Fear of action on an impulse to harm others.
- Fear of stealing things.

2.4.1.1.1.3. Perfectionism:

- Concern about evenness or exactness.
- Concern with a need to know or remember.
- Fear of losing or forgetting important information when throwing out something’s.
- Fear of losing things.
2.4.1.1.4. Harm:

- Fear of being responsible for something terrible happening.
- Fear harming others because of not being careful enough (example: dropping something on the ground that someone might slip on and hurt themselves)

2.4.1.1.5. Unwanted Sexual Thoughts

- Forbidden or perverse sexual thoughts or images.
- Forbidden or perverse sexual impulses about others. Obsessions about homosexuality.
- Sexual obsessions that involve children or incest.
- Obsession about aggressive sexual behavior to other.

2.4.1.1.6. Religious Obsessions:

- Concern with offending god or blasphemy.
- Excessive concern with right wrong or morality.

2.4.1.1.7. Other Obsessions:

- Concern with getting a physical illness or disease (not by contamination e.g. Caner)
- Superstitions ideas about lucky/unlucky numbers, certain colors.
2.4.1.2. Common Compulsions in Obsessive Compulsive Disorder:

2.4.1.2.1. Washing and Cleaning

- Washing your hands too much or in a certain way.
- Excessive showering, bathing, tooth brushing, grooming or toilet routines.
- Cleaning household items or other objects too much
- Doing other things to prevent or remove contact with contaminations.

2.4.1.2.2. Checking:

- Checking that you did not / will not harm others.
- Checking that you did not/will not harm yourself.
- Checking that nothing terrible happened
- Checking that you did not make a mistake.
- Some parts of your physical condition or body.

2.4.1.2.3. Repeating:

- Rereading or rewriting.
- Repeating routine activities (examples: going in or out doors getting up or down from chairs)
- Repeating body movements (examples: tapping, touching, blinking)
- Repeating activates in “multiples” (examples: doing a task there times because There is a “good” “right” ”safe” number).

2.4.1.2.4. Mental Compulsions

- Mental review of events to prevent harm (to oneself, other, to privet, terrible consequences)
- Praying to prevent harm (to oneself, other, to prevent terrible consequences)
• Counting while performing a task to end on a “good” “fight” Or safe number.
• “Cancelling out” or “undoing” (example: replacing a “bad” word with a “good” word to cancel it out).

2.4.1.2.5. Other Compulsions

• Collecting items which results in significant clutter in the home (also called hoarding)
• Putting things in order or arranging things until it “feels right”
  Telling, asking, or confessing to get reassurance
• Avoiding situations that might trigger you obsessions

2.4.1.3.. Historical Background of Obsessive Compulsive Disorder

The European renaissance (roughly 14th to 16th centuries) was a time for re-examining past beliefs around this time a new word for Obsessive’s and Compulsives came into usage the new term was popularized by two 15 century intellectuals, jeangeson and john diner, and by archbishop antonymous of Florence. In the late 1600s several English clergymen wrote down how to deal with Obsessive’s and Compulsives these “self-help” writings, by Richard Baxter and other probably were very helpful to the Obsessive compulsive disorder suffers of that era. Same early autobiographical accounts of Obsessive’s and Compulsives appeared Ignatius of Loyola (100s) John Bunyan (1666) and Hannah Alien (1683) wrote such accounts.

Raman catholic writers stressed that the way to overcome obsessive and compulsive was thought absolute obedience to one’s spiritual advisor in matters concerning the obsessive-compulsive .the stress on obedience
become most prominent in the writing of Alphonsus deliguori (1687-1752), gave advice on how to overcome obsessive and compulsive that sounds a lot like behavior therapy.

Physicians of the 1700 and 1800s described many types of obsessive compulsive including compulsive washing, compulsive checking, and obsessive fear of syphilis, aggressive and sexual obsessions and responsibility obsessions. Fewer religions obsessive compulsive were reported than in earlier centuries.

Obsessive-compulsive disorder has a long history already in the seventh century. Obsessions and had washing riptides immortalized by Shakespeare in the ridden character of Lady Macbeth. Prior to that time individuals with obsessive thoughts of a blasphemous or sexual nature were believed to be possessed by the devil.

Nineteenth century physicians treated Obsessive Compulsive disorder with a variety of medications, and some may have actually worked, if you don’t count the damaging side effects. William Hammond (1828-1900) and others used bromides as sedatives for patients suffering from obsessive’s – compulsive. Henny Maud sly published an 1895 psychiatric textbook recommended prescribing such opium and morphine, to be taken three time a day, and suggested that adding low doses of arsenic along with these narcotics could be helpful.

Two figures dominated the early 20th century history of obsessive compulsive. The French psychiatrist Sigmund Freud. While Janet expanded on existing medical ideas, Freud represented a significant break from the past a paradigm shift.
Freud’s theories about such matters gained influence and continued to be fairly well-accepted up to the 1970s, although, of course, other ideas and approaches also existed.

With time the explanation of the cause of obsessions and compulsions moved and from a religious medical view esquire first described obsessions and compulsions in psychiatric literature in 1838 and by the end of the nineteenth century obsessions were generally regarded as manifestations of depression (Ranchman & Hodson 1980).

By the beginning of the twentieth century the view of obsessive compulsive neurosis had shifted toward a psychological explanation with ford’s publication in 1909 of the psychoanalyst of obsession neurosis (the ray man) obsession and compulsive actions were seen as the result of unconscious and of thoughts and actions being isolated from their emotional components (Freud 1909). As a result of this shift in the treatment of obsessive compulsive disorder turned away from the symptoms although this shift identified that actions can be motive by factors of which the individual in unaware there was little imprudent in the treatment out comes for individuals who had suffered for obsessive compulsive disorder.

2.4.2. Theoretical Background of Anxiety Disorder

Anxiety disorder a category of mental disorder characterized by feeling of anxiety and fear, where anxiety is a worry about future events and fear is a reaction to current events. This feeling s may cause physical symptoms, such as a racing heart and shakiness; there are various forms of anxiety disorders, including generalized anxiety disorder, specific phobia, social anxiety disorder, and panic disorder. While each has its own
characteristics and symptoms, own characteristics and symptoms they all include symptoms of anxiety.

Anxiety disorder is partly genetic but may also be due to drug use including alcohol and caffeine, as well as withdrawal from certain drugs. They often occur with other mental disorders, particularly major depressive disorder, bipolar disorder, cretin personality disorder and eating disorder. The term anxiety covers four aspects of experiences that an individual may have: mental apprehension, physical tension, physical symptoms and dissociative anxiety. The emotions present in anxiety disorder range to terror. There are other psychiatric and medical problems that may mimic the.

2.4.2.1. Classification Anxiety Disorder:

2.4.2.1.1. Generalized Anxiety Disorder:

Generalized anxiety disorder is a common chronic disorder characterized by long lasting anxiety that is not focused on any one object or situation. Those suffering from generalized anxiety disorder experience non-specific persistent fear and worry and become overly concerned with everyday matters.

2.4.2.1.2. Panic Disorder:

With panic disorder, a person suffers from brief attacks of intense terror and apprehension, often marked by trembling, shaking confusion, dizziness, nausea and breathing. These panic attacks defined by APA as fear of discomfort that abruptly arise and peaks in less than ten minutes can be triggered by stress fear or even always apparent.
2.4.2.1.3. Social Anxiety Disorder:

Social anxiety Disorder describes an intense feared avoidance of negative public scrutiny public embarrassment, humiliation. Or social situation or, more typically, is experienced most social interactions. Social anxiety often manifests specific physical symptoms, including blushing, sweating and difficulty speaking. As with all phobic disorders, those suffering from social anxiety often will attempt to avoid the case of social anxiety this is particularly problematic and in severe case can lead to complete social isolation.

2.4.2.1.4. Separation Anxiety:

Separation anxiety disorder is the feeling of excessive and inappropriate levels of anxiety over being separated from a person of place separation anxiety is a normal part of development in babies or children and it is only when this feeling is excessive or inappropriate that it can be considered a disorder.

2.4.2.1.5. Situation Anxiety:

Situation anxiety is caused new situation or changing events. It can also be caused by various events that make that particular individual uncomfortable. Its occurrence is very common. Often, an individual will experience panic attacks extreme anxiety in specific situations.

2.4.2.2. Historical Background of Anxiety Disorder:

Hysteria become a term used to describe anxiety and other related disorder begging in the 16th century hysteria was thought to be the reason for a woman’s involvement in witchcraft by English physician Edward
Jordon in 1603. The term was later used to describe many mental disorders throughout the 1600s. The late 1800s throughout the late 1900s become a key period of learning about and understanding anxiety disorders and how to treat them.

Da Costa’s views were published in 1871 and would have been diagnosed today as anxiety. According to the Canadian psychiatric association. Ethyl alcohol opiates and bromide salts were used to treat weakness of the nerves “by the late 1800s. the Russian began sending psychiatrists into battle to treat soldiers during the Russo Japanese wore in 1904-05. Barbiturates came of use in the early 20th century to treat anxious symptoms because of the drugs sedative effect however sterilization of the mentally ill was performed on thousands of the early 1900s.

Identification in 1903 John B. Watson introduced the term behaviorism” to suggest that people could be conditioned to fear certain situations that cause anxiety. Significance Researchers studied anxiety attacks and shall shock throughout world war II. They concluded that any soldier could suffer from the anxiety disorders during. The national mental health yet was connected in 1946 to improve the mental health of citizens though research and treatment. The national institute of mental health eas established in 1949 to deal with mental health problems suffered by veterans of world war I and II. Genetic factor become linked to phobia and panic disorders. In the 1980s. The phobia society of America, which later become the anxiety disorder association of America. Was founded in 1980 to promote awareness of anxiety disorders. Term anxiety disorder had yet been widely used, the association hotels however, research that linked abnormal blood flow in the brain to panic attacks helped lead to new medications and treatments of anxiety disorder association of America
changed its name in 1990 to reflect the growing knowledge about anxiety disorder.

2.4.3. Theoretical Background of Phobia Disorder

The single largest category of anxiety disorder is that of phobic disorders, which includes all case in which fear and anxiety is triggered by a specific stimulus is triggered by a specific stimulus is triggered by a specific stimulus or situation. Between 5% and 12% of the population worldwide suffer from phobic disorders. Suffers typically anticipate terrifying consequences from encountering the object of their fear, which can be anything from an animal to a location to a bodily fluid to a particular situation. Suffers understand that their fear is not proportional to the actual potential danger but still are overwhelmed by it.

2.4.3.1 Classification of anxiety disorder

There involve a fear of phobia, based on the object or situation feared, including:

2.4.3.1.1. Animal Phobias:

Examples include the fear of dogs, snakes, insects, or mice animal phobia are the most common specific phobias.

2.4.3.1.2. Situational phobias:

These involve a fear of specific situations, such as flying, riding in car or on public transportation, driving, going over brings or in tunnels, or of being in closed in place, like an elevator.

2.4.3.1.3. Natural Environment Phobia:

Examples include the fear of storms, heights, or water.
2.4.3.1.4. Blood-Injection-Injury Phobia:

These involve a fear of being injured, of seeing blood or of invasive medical procedures, such as blood tests or injections.

2.4.3.1.5. Other Phobias:

These include a fear of falling down, a fear of loud sounds, and a fear costumed characters, such as clowns.

2.3.2. Historical Background of Phobia Disorder

The first written reference to phobia problems that we have is in the words of the ancient Greek physician Hippocrates (470-410 C.E.). Hippocrates wrote about the many ailments and problems of his patients, and we can still read many of his volumes of observations today.

But Hippocrates didn’t actually come up with the term phobia. That word wasn’t used until nearly 500 years later, when a Roman doctor, Celsius, used the word hydrophobia (literally water fear) to describe someone who seemed to have a horror of water due to rabies (people with advanced rabies may have tremendous thirst but be unable to drink and averse to water).

The first relatively modern use of the word phobia wasn’t until 1786, when (according to the Oxford English dictionary) an unknown writer in the Columbian magazine defended the word as meaning “a fear of an imaginary evil or an undue fear of a real one”

The word doesn’t up again in print (as far as we know) until 1801, but by the late 1800s, people were stating to use the term a lot. In the late 1800, medical science were busy creating clear, scientific categories of psychological problems.

In 1895 Sigmund Freud (1856-1839). Viennese neurologist who founded the science of psychoanalysis, noticed that while some things quick
(gross out) most people a little (such as snake, death, or getting sick), other things only bother a few people (such as fear of living two house).

But wasn’t until 1947 that phobias become a separate diagnostic category in the international classification of diseases. (They were classified of the American psychiatric association in 1951).

In the 1960, it was observed that phobias basically divide themselves in to their rather different kinds of categories. An agoraphobia, social phobia, and specific phobias. That set stage for the we now know much more about phobias and similar conditions that we did in ancient times even more then we know just a few decades ago. In particular, wave come to understand muck more about the kinds of biological and psychological processes that can cause phobias.