THE SPECIFICITY OF COGNITIVE PROCESSES OF ANXIETY-PHOBIC DISORDERS: IMPLICATION FOR DIAGNOSIS AND PSYCHOTHERAPY

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The disturbed cognition has a role in the development and maintains of anxiety-phobic disorders, including disfunctionality of the attention processes, memory, maladaptive cognitions and metacognitions. This article reviews basic cognitive mechanisms and constructs of cognitive vulnerability to anxiety: anxiety sensitivity, looming anxiety, pathological worry, intolerance of uncertainty, catastrophizing thinking, fearful imagery, overestimating of danger, cognitive avoidance, etc.

Anxiety disorders as a group share some common factors of cognitive vulnerability, but also express disorder-specific cognitive mechanisms. Specific anxiety disorders (panic disorder with/without agoraphobia, social phobia, generalized anxiety disorder, posttraumatic stress disorder, obsessive-compulsive disorder) are characterize by specific cognitions (e. g., anxiety sensitivity in panic disorder, worry and catastrophizing in generalized anxiety disorder, inflated responsibility in obsessive-compulsive disorder, negative

self-focused attention and negative self-perception in social phobia).

The combined cognitive-behavioral treatment has shown highly efficacy in reducing anxiety-phobic symptoms, and constitute the treatment of choice of these disorders. Cognitive theories of emotional disorders are based on idea that maladaptive thinking styles leads to emotional disturbance (Beck, 1976; Ellis, 1962), and behavioral theories of anxiety disorders point out that pathological fears are acquired through classical conditioning processes and maintained through operant conditioning of avoidance behavior.

In order to maximize the positive outcomes of cognitive—behavioral therapies and minimize the recidive rates, it is essential to achieve full understanding of the common factors of cognitive vulnerability, as well as disorder-specific cognitive mechanisms. The cognitive factors in the etiology, maintaining and reduction of anxiety-phobic symptoms are discussed.