

# Examples of Cognitions that can Worsen Anxiety:

**Cognitive errors**, such as believing that we can predict that bad events will happen

**Irrational beliefs**, such as “bad things don’t happen to good people, so if I was hurt, I must be bad”

**Mistaken appraisals**, such as seeing aches as diseases, noises as dangers, and strangers as threats

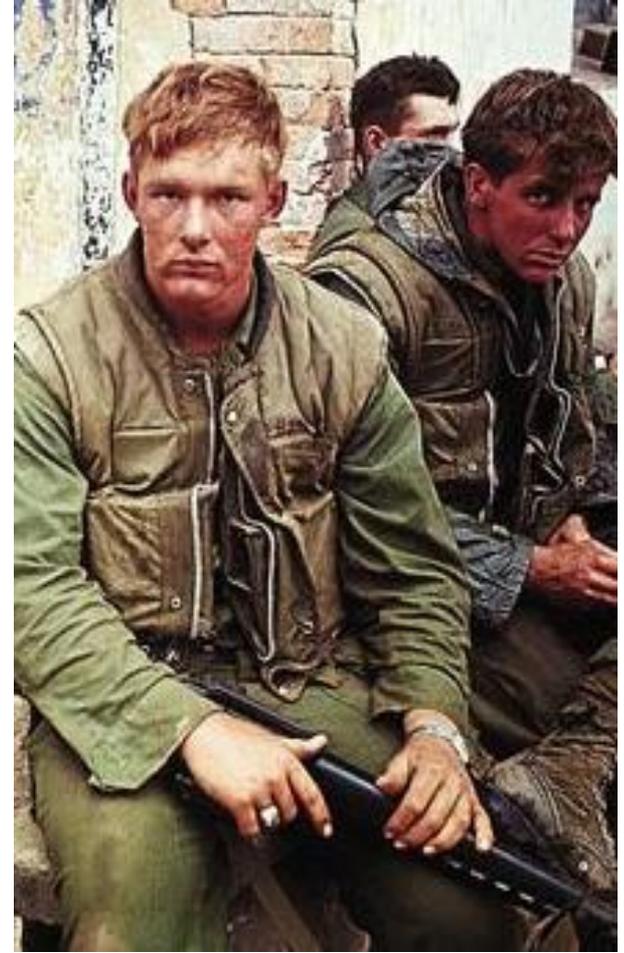
**Misinterpretations** of facial expressions and actions of others, such as thinking “they’re talking about me”

# Post-Traumatic Stress Disorder [PTSD]

*(No longer part of anxiety disorders.)*

About 10 to 35 percent of people who experience trauma not only have burned-in memories, but also four weeks to a lifetime of:

- *repeated intrusive recall of those memories.*
- *nightmares and other re-experiencing.*
- *social withdrawal or phobic avoidance.*
- *jumpy anxiety or hypervigilance.*
- *insomnia or sleep problems.*



# Which People get PTSD?

- Those with less control in the situation
- Those traumatized more frequently
- Those with brain differences
- Those who have less resiliency
- Those who get re-traumatized



## Resilience and Post-Traumatic Growth

Resilience/recovery after trauma may include:

- some lingering, but not overwhelming, stress.
- finding strengths in yourself.
- finding connection with others.
- finding hope.
- seeing the trauma as a challenge that can be overcome.
- seeing yourself as a survivor.

Years after he barely survived a terrorist attack that killed his wife and two children, Mr. Puskari suffers recurring flashbacks and frequent nightmares of the event that render him incapable of holding a steady job. Mr. Puskari is most clearly showing

signs of:

- A. obsessive-compulsive disorder.
- B. generalized anxiety disorder.
- C. post-traumatic stress disorder.
- D. dysthymic disorder.

# Understanding Anxiety Disorders: Freudian/Psychodynamic Perspective

- Sigmund Freud felt that **anxiety** stems from **repressed** childhood impulses, socially inappropriate desires, and emotional conflicts.
- We repress/bury these issues in the unconscious mind, but they still come up, as anxiety.



# Classical Conditioning and Anxiety

- In the experiment by John B. Watson and Rosalie Rayner in 1920, **Little Albert** learned to feel fear around a rabbit because he had been conditioned to associate the bunny with a loud scary noise.
- Sometimes, such a conditioned response becomes overgeneralized. We may begin to fear all animals, everything fluffy, and any location where we had seen those, or even fear that those items could appear soon along with the noise.
- The result is a phobia or generalized anxiety.

# Operant Conditioning and Anxiety

- We may feel anxious in a situation and make a decision to leave. This makes us feel better and our anxious avoidance was just reinforced.
- If we know we have locked a door but feel anxious and compelled to re-check, rechecking will help us temporarily feel better.
- The result is an increase in anxious thoughts and behaviors.

# Observational Learning and Anxiety

- Experiments with humans and monkeys show that anxiety can be acquired through **observational learning**. *If you see someone else avoiding or fearing some object or creature, you might pick up that fear and adopt it even after the original scared person is not around.*
- In this way, fears get passed down in families.



# Cognition and Anxiety

- **Cognition** includes worried thoughts, as well as interpretations, appraisals, beliefs, predictions, and ruminations.
- **Cognition** includes mental habits such as **hypervigilance** (*persistently watching out for danger*). This accompanies anxiety in PTSD.
- In anxiety disorders, such cognitions appear repeatedly and make anxiety worse.



# Biology and Anxiety: An Evolutionary Perspective

## 1. Human phobic objects:

Snakes  
Heights  
Closed spaces  
Darkness

## 2. Similar but non-phobic objects:

Fish  
Low places  
Open spaces  
Bright light

## 3. Dangerous yet non-phobic subjects:

We are likely to become cautious about, but not phobic about:

Guns  
Electric wiring  
Cars

- Evolutionary psychologists believe that ancestors prone to fear the items on list #1 were less likely to die before reproducing.
- There has not been time for the innate fear of list #3 (the gun list) to spread in the population.

# Biology and Anxiety: Genes

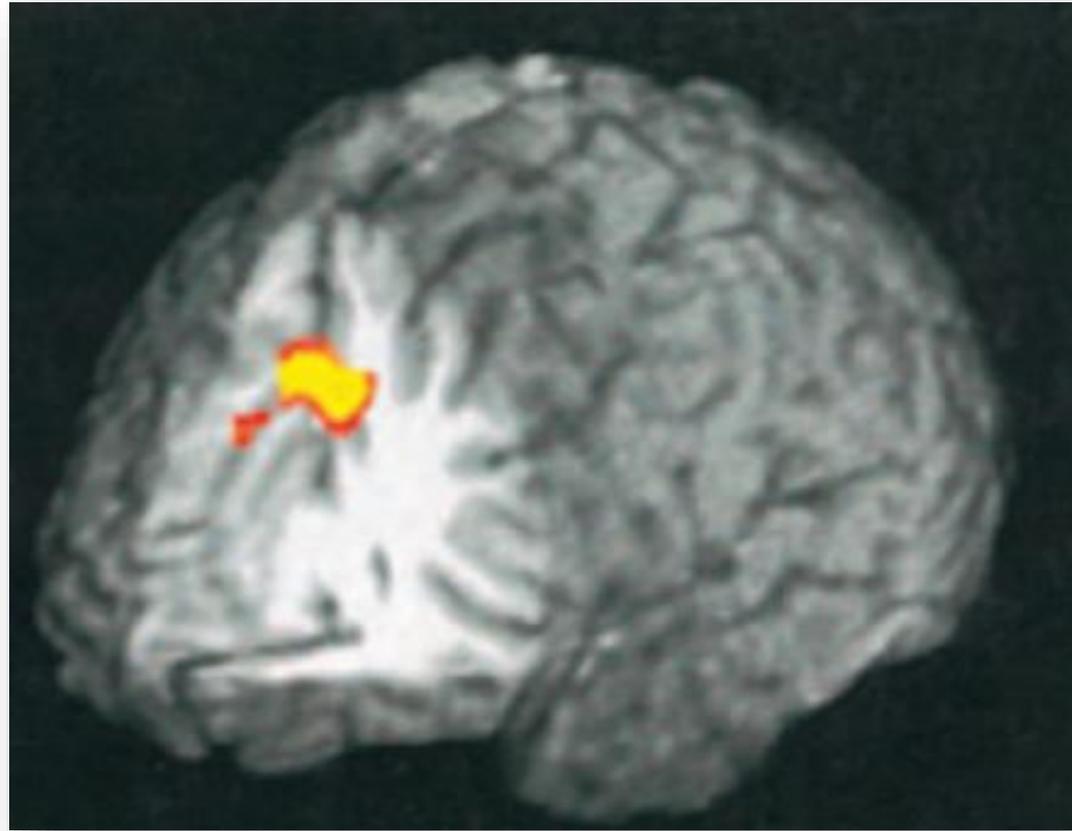
- Studies show that identical twins, even raised separately, develop similar phobias (more similar than two unrelated people).
- Some people seem to have an inborn high-strung temperament, while others are more easygoing.
- Temperament may be encoded in our genes.

## Genes and Neurotransmitters

- Genes regulate levels of neurotransmitters.
- People with anxiety have problems with a **gene** associated with levels of **serotonin**, a *neurotransmitter involved in regulating sleep and mood*.
- People with anxiety also have a **gene** that triggers high levels of **glutamate**, an *excitatory neurotransmitter involved in the brain's alarm centers*.

# Biology and Anxiety: The Brain

- Traumatic experiences can burn fear circuits into the amygdala; these circuits are later triggered and activated.
- Anxiety disorders include overarousal of brain areas involved in impulse control and habitual behaviors.



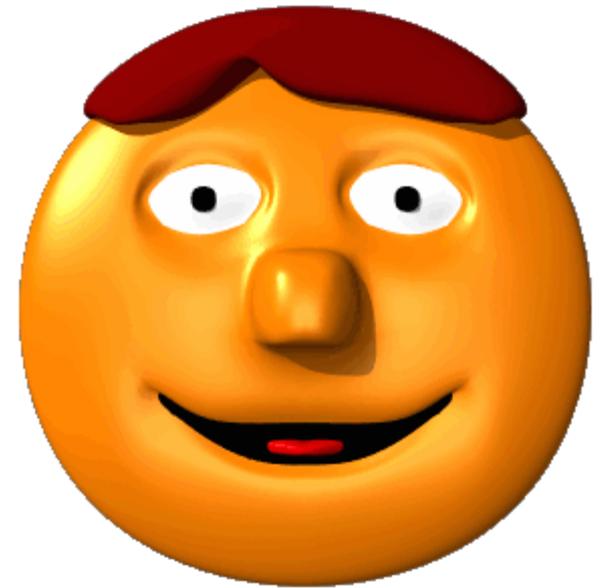
The OCD brain shows extra activity in the ACC, which monitors our actions and checks for errors.

*ACC = anterior cingulate gyrus*

# MOOD DISORDERS



Psychological Disorders characterized by emotional extremes.



# *Depression*

- Described as "common cold" of psychological disorders. (not accurate.)
- It is like a warning that something is wrong.
- Associated with low levels of serotonin



- Discouraged about the past, present, future
- Dissatisfied with your life
- Isolated from others
- Lack of energy
- Inability to concentrate



# Depression is Everywhere



Depression shows up in people seeking treatment:

- Phobias are a more common (frequently experienced) disorder, but depression is the #1 reason people seek mental health services.

Depression appears worldwide:

- Per year, depressive episodes happen to about 6 percent of men and about 9 percent of women.
- Over the course of a lifetime, 12 percent of Canadians and 17 percent of Americans experience depression.

## Depression: The "Common Cold" of Disorders?

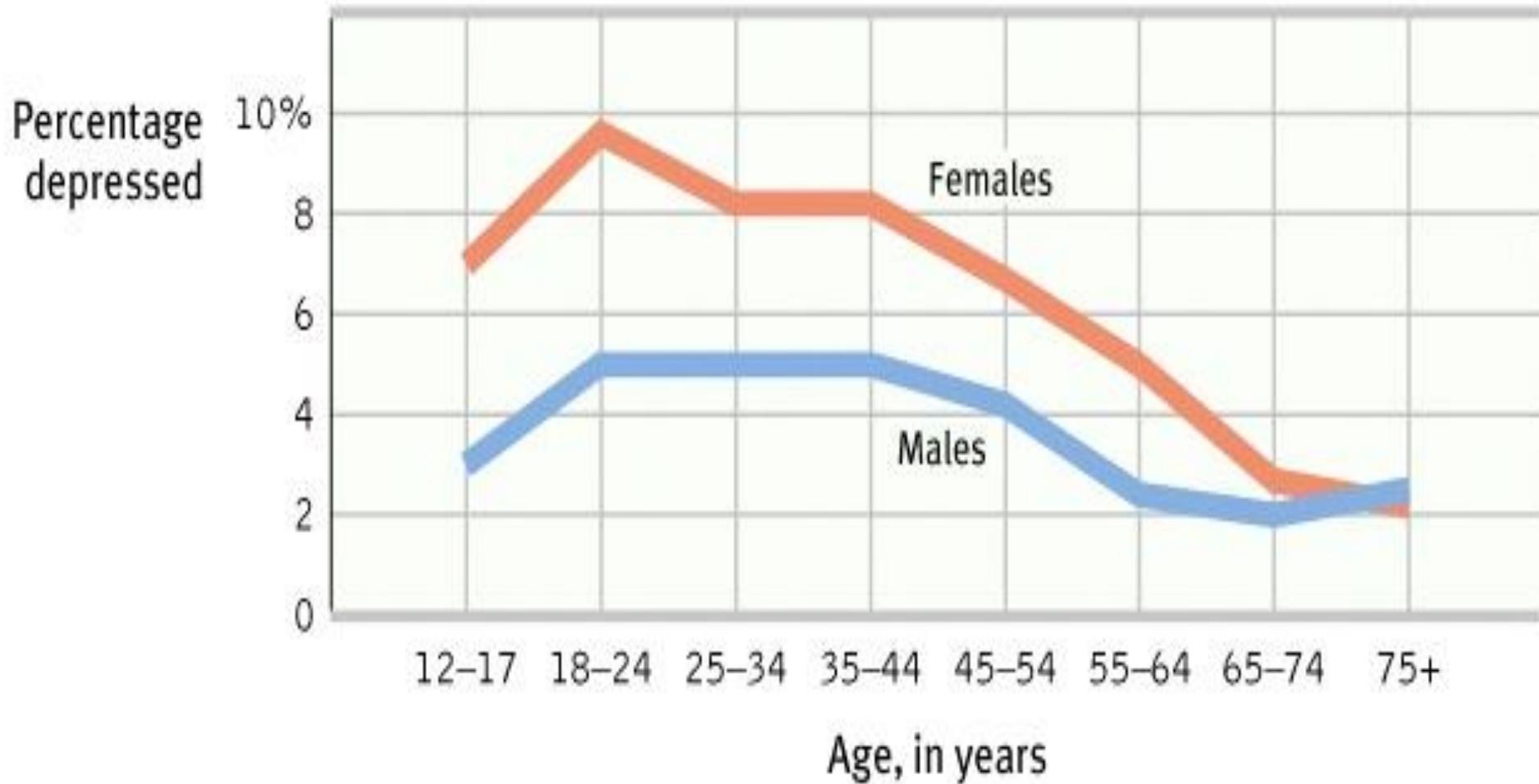
Although both are "common" (occurring frequently and pervasively), comparing depression to a cold doesn't work.

Depression:

- is more dangerous because of suicide risk.
- has fewer observable symptoms.
- is more lasting than a cold, and is less likely to go away just with time.
- is much less contagious.

And...depressive pain is beyond sniffles.

# Depression



# Major Depressive Disorder

- more than just feeling "down."
- more than just feeling sad about something.
- A person, for no apparent reason, experiences two or more weeks of depressive moods.

- Includes feelings of worthlessness and diminished interest or pleasure in most activities.



◆ **Clinical Description**

**2 Weeks or More**

# Major Depressive Disorder

Major Depressive Disorder occurs without any incidence of mania.

In a year, 5.8% of men and 9.5% of women report depression worldwide (WHO, 2002).

Blue mood

Major Depressive Disorder

Gasping for air after a hard run

Chronic shortness of breath

# Criteria of Major Depressive Disorders

Major depressive disorder is not just one of these symptoms.

It is one or both of the first two, PLUS three or more of the rest.

- Depressed mood most of the day, and/or
- Markedly diminished interest or pleasure in activities
- Significant increase or decrease in appetite or weight
- Insomnia, sleeping too much, or disrupted sleep
- Lethargy, or physical agitation
- Fatigue or loss of energy nearly every day
- Worthlessness, or excessive/inappropriate guilt
- Daily problems in thinking, concentrating, and/or making decisions
- Recurring thoughts of death and suicide

# Major Depression: Not Just a Depressive Reaction



- Some people make an unfair criticism of themselves or others with major depression: "There is nothing to be depressed about."
- If someone with asthma has an attack, do we say, "what do you have to be gasping about?"
- It is bad enough to have MDD that persists even under "good" circumstances. Don't add criticism by implying the depression is an exaggerated response.

# Increasing rates of depression

- Rates of depression have increased 10-20 times compared to 50 years ago.
  - The average age of a person experiencing depression has gone down.
- Seligman identifies three causes of this trend.
  - 1. **Out of control individualism/self-centeredness** - focus on individual success and failures rather than group accomplishments.