Human Emotion

Emotion and Mental Health

Fear & Anxiety
Some amount of anxiety is normal and is associated with optimal levels of functioning.

Only when anxiety is excessive and interferes with social or occupational functioning is it considered abnormal.
ANXIETY DISORDERS

Most common mental disorders in US.

19 million adults (ages 18-54) in US

Anxiety disorders cost more than $42 billion/year.
Can emotion go awry?
<table>
<thead>
<tr>
<th>Disorder</th>
<th>Emotion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Major Depressive Disorder</strong> (e.g., Gotlib &amp; Joormann, 2010; Rottenberg et al., 2005; Sloan et al., 2001)</td>
<td>Sadness, Guilt</td>
</tr>
<tr>
<td><strong>Specific Phobia</strong> (e.g., Etkin et al., 2007; Ohman et al., 2011)</td>
<td>Fear</td>
</tr>
<tr>
<td><strong>Panic Disorder</strong> (e.g., Arch &amp; Craske, 2008; McNally et al., 1994; Watson &amp; Kendall, 1989)</td>
<td>Fear</td>
</tr>
<tr>
<td><strong>Social Phobia</strong> (e.g., Etkin et al., 2007; Ohman et al., 2011; Rapee &amp; Heimberg, 1997)</td>
<td>Fear, Embarrassment</td>
</tr>
<tr>
<td><strong>Bipolar Disorder</strong> (e.g., Gruber, 2011; Johnson, 2005)</td>
<td>Anger, Joy</td>
</tr>
</tbody>
</table>
Roadmap

Course Logistics

Themes

Fear vs. Anxiety

Anxiety Disorders

Take-Away Qs & Expert Interview
Course Logistics

Outreach Project
Questions?

Flash Tak - Not Required :)
Extra Credit Option
Must Decide by Fri 11/22 (Email with “PSYC 313t Flash Talk” to Confirm Presenting (Note if Partner)
Course Logistics

Exam 2

Grading in Progress, Completed By Next Week
Roadmap

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Take-Away Qs & Expert Interview
Emotion & Psychopathology: 3 Themes

1. Extremes
   Greater intensity of emotional displays, greater amplitude of emotional reactivity

2. Absences
   Lower intensity of emotional displays (or absent); decreased amplitude of emotional reactivity (or absent)

3. Disjunctions
   Emotion as a multi-component system (experience, behavior, physiology). Channels ideally cohere together. Disjunction involves mis-match between channel(s) of emotion with other channel(s)

Gruber & Keltner (2007)
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Take-Away Qs & Expert Interview
“Only thing we have to fear is fear itself.”

-Franklin D. Roosevelt (1932), First Inaugural Address
<table>
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<tr>
<th>Recurrent Evolutionary Situation</th>
<th>Shifts in Perception/Attention</th>
<th>Goal</th>
<th>Behavior</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing cues associated with predator</td>
<td>Attentive to sounds More likely to perceive threat</td>
<td>Safety Present-focused</td>
<td>Fight or flight response Increased blood flow to periphery Increased oxygen volume</td>
<td>Escape predator Defend</td>
</tr>
</tbody>
</table>
**Fear vs. Anxiety: Comparative Analysis**

**FEAR**
- Present-Focused
- Proximal to eliciting stimulus (e.g., fear response to threat in immediate moment)
- Triggers SNS fight or flight response
- Often subconsciously activated

**ANXIETY**
- Future-Focused
- Less proximal stimulus (e.g., anxious about a future threat)
- Increases preparedness and fear mobilization
- Not always subconsciously activated
When is Anxiety Helpful?

1. Facilitates planning for the future  
   (e.g., applying for medical school)

2. Recruits help from others  
   (e.g., express distress elicits prosocial response from others)

3. Vigilance to threat increases attention to potential danger  
   (e.g., watching for pedestrians when driving)

4. Enhances physical and intellectual performance  
   (e.g., studying for exams)
When is Anxiety Harmful?

1. Hinders social functioning  
   (e.g., fear of public speaking)

2. Impedes basic tasks of living  
   (e.g., fear of flying)

3. Physical harm  
   (e.g., fear of contamination = washing hands until they bleed)

4. Death  
   (e.g., fear of becoming fat = starvation)

5. Increases risk for other comorbid disorders  
   (e.g., heart disease, substance abuse, suicide)
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Take-Away Qs & Expert Interview
Prevalence: 25%; Most Common Psychiatric Disorder (usually phobias)

UMBERLLA

- Specific Phobia
- Panic Disorder
- Generalized Anxiety Disorder (GAD)
- Social Anxiety Disorder
- Obsessive-Compulsive Disorder (OCD)
- Post-Traumatic Stress Disorder (PTSD) & Acute Stress Disorder (ASD)
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Specific Phobias: DSM-IV-TR Criteria

I. Marked and persistent fear of object/situation/etc

II. Always anxious when presented with object/situation/etc

III. Recognize fear is excessive

IV. Avoidance of feared situation OR endure with severe distress

V. Phobia causes impairment in person’s life
## Specific Phobias: Different Types

<table>
<thead>
<tr>
<th>Type</th>
<th>Source of (Excessive) Fear</th>
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<tbody>
<tr>
<td>1. Animal</td>
<td>Snakes, Spiders, Dogs</td>
</tr>
<tr>
<td>2. Natural Environment</td>
<td>Heights, Storms, Water</td>
</tr>
<tr>
<td>4. Situational</td>
<td>Tunnels, Bridges, Elevators, Flying, Driving, Closed Spaces</td>
</tr>
<tr>
<td>5. Other</td>
<td>Choking, Illness, Loud Sounds</td>
</tr>
</tbody>
</table>
PERCENTAGE OF POPULATION WITH PHOBUA

- Any Object or Situation: 11.3%
- Animals: 5.7%
- Heights: 5.3%
- Blood: 4.5%
- Enclosed Spaces: 4.2%
- Flying: 3.5%
- Water: 3.2%
- Being Alone: 3.1%
- Storms: 2.9%
How to Assuage Phobias: Exposure Therapy

Person is exposed to feared situations or objects.

Different types of exposure:
- Visualization
- Virtual reality
- In vivo exposure

May be quick (flooding) or through gradual hierarchy (systematic desensitization).
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UREBRELLA

Specific Phobia

Panic Disorder

Generalized Anxiety Disorder (GAD)

Social Anxiety Disorder

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Panic Disorder: DSM Criteria

I. History of Panic Attack(s):
- Discrete period of intense fear
- Usually peaks within 10 minutes
- Triggers SNS response (e.g., heart racing, sweating, dizzy, trembling, hard to catch breath)

II. Fear of having future panic attack(s)

III. Causes impairment in person’s life
Panic Attack

- Heart Racing
- Difficulty breathing
- Chest pain
- Palms Sweating
- Dizziness
- Derealization
- Feeling of fainting
- Feel going crazy
- Feel as if dying
- Nausea
- Hot flashes/chills

Fear of Future Panic Attacks

Panic Disorder
“Only thing we have to fear is fear itself.”

-Franklin D. Roosevelt (1932), First Inaugural Address
Panic Disorder = Fear of Fear?

Fear of Fear Hypothesis

Part I. Overly aroused autonomic nervous system

Part II. Tendency to be upset by the physiological sensations.

Part III. Vicious cycle
- Worry about future panic attacks
- This worry heightens physiological arousal
- Makes future panic attack more likely
Agoraphobia

Panic Disorder + Behavioral Avoidance

Often of crowds (lines, buses, trains)

Situations representing “no escape” if had a panic attack

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Specific Phobia
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Social Anxiety Disorder
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Generalized Anxiety Disorder (GAD): DSM-IV-TR Criteria

I. Chronic & persistent worry, tension (min. 6 mos)

II. Trouble controlling worry
   - Hard to stop (or decrease) worrying

III. Associated symptoms
   - Difficulty concentrating
   - Fatigue
   - Muscle tension

IV. Causes Impairment
"I always thought I was just a worrier. I'd feel keyed up and unable to relax. At times it would come and go, and at times it would be constant. It could go on for days. I'd worry about what I was going to fix for a dinner party, or what would be a great present for somebody. I just couldn't let something go."
Avoidance Perspective on Worry
(Borkovec et al., 2004)

- More thoughts than images during worry
- Worry restricts physiological arousal
- Worry promotes distance from emotional state
- Worry in GAD decreases physical and emotional intensity and discomfort in short term
- Worry creates long term emotional difficulties

Tom Borkovec
Emotion Regulation Model of GAD (Mennin et al., 2005)

1. **Heightened Intensity of Emotions**: emotional reactions occur easily, quickly, & intensely

2. **Poor Understanding of Emotions**: trouble identifying emotions such as anger, disgust, and joy; experience emotions as confusing & undifferentiated

3. **Negative Reactivity to Emotions**: negative reactions to experiencing emotions (felt as aversive) and trouble accepting emotions when they occur

4. **Maladaptive Management of Emotions**: either under-regulation (poor modulation of expression or experience or over-regulation) (attempts to control or suppress experience or expression)
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OCD: DSM-IV-TR Criteria

I. Obsessions
- Intrusive, recurring, uncontrollable thoughts and images
- Viewed as irrational by person, but uncontrollable
- Common obsessions: sexual, aggressive, contamination

II. Compulsions
- Repetitive behaviors & rituals
- Compulsions temporarily relieve fear (unsuccessful emotion regulation strategy?)
- Difficult to control
  Ex: Cleaning, checking, counting, repeating

III. Causes Impairment
Jennifer

Source:
UCLA Neuropsychiatric Institute & Hospital
OCD in the Media
Anxiety Disorders: Umbrella

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Treatments for Anxiety Disorders

1. Medication
2. Behavioral
3. Cognitive Behavioral Therapy (CBT)
4. Exposure/Systematic Desensitization
5. Panic Control Therapy (PCT)
6. Mindfulness & Acceptance
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Anxiety Disorders

Take-Away Qs & Expert Interview
Experts In Emotion

*EXTRA CREDIT OPPORTUNITY*
Experts In Emotion
Interview

Dr. Douglas Mennin

Associate Professor of Psychology
City University of New York, Hunter College

Anxiety and Emotion
Thank You!

Psychology 3131
Professor June Gruber