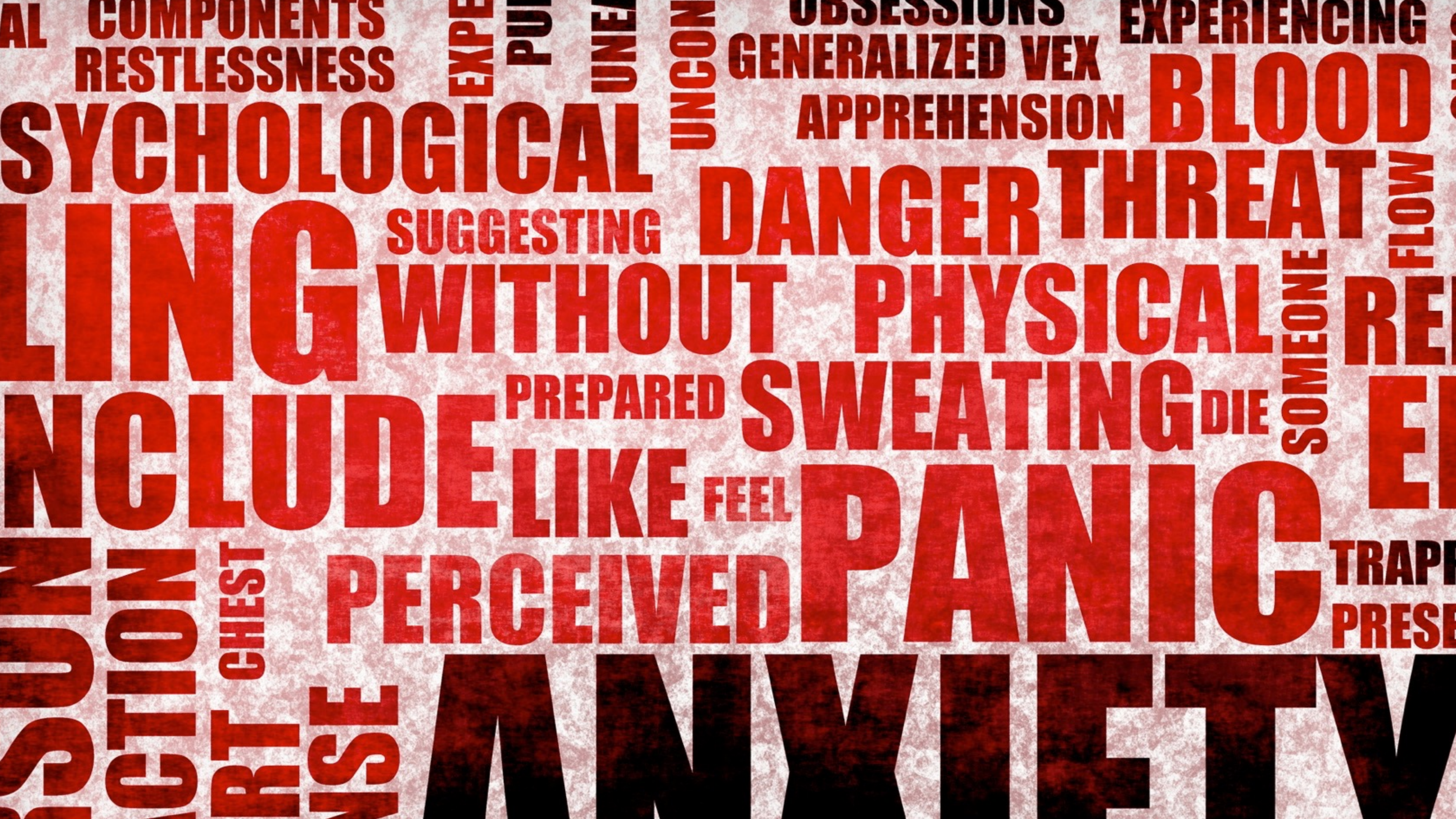


# Human Emotion

**Emotion and Mental Health**  
*Fear & Anxiety*





AL COMPONENTS RESTLESSNESS EXPERIENCING BLOOD  
SYCHOLOGICAL APPREHENSION DANGER THREAT  
LING WITHOUT PHYSICAL  
INCLUDING SWEATING  
PREPARED DIE  
PERCEIVED PANIC  
WITNESS MIND WET TRAP  
CHEST PRESE

# ANXIETY DISORDERS

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- 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

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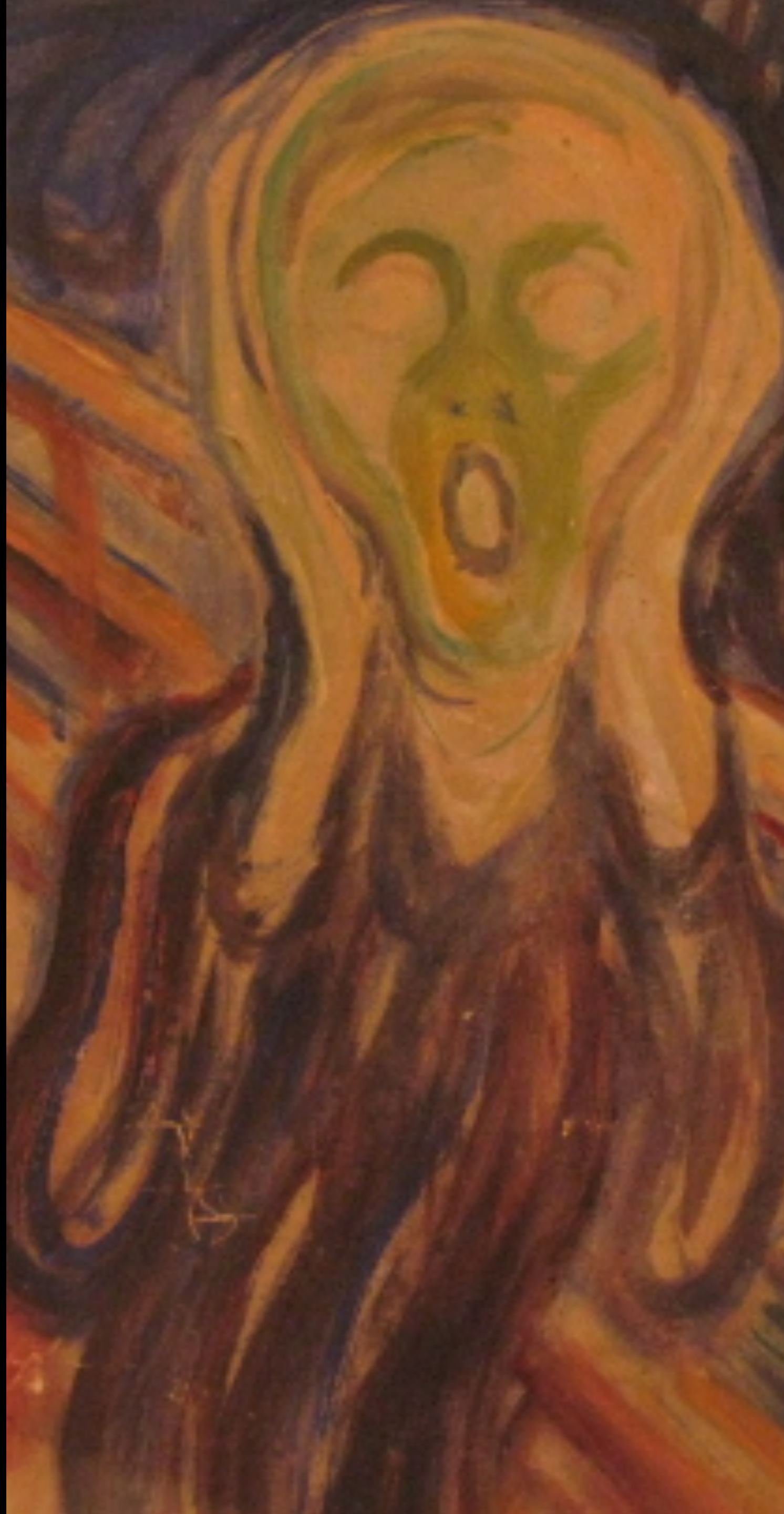
Most common mental disorders in US.

19 million adults (ages 18-54) in US

Anxiety disorders cost more than \$42 billion/year.



Can emotion  
go awry?



# Emotion and Psychopathology

BRIDGING AFFECTIVE  
AND CLINICAL SCIENCE

Jonathan Rottenberg  
Sheri L. Johnson

Copyrighted Material

# Emotion Regulation and Psychopathology

A Transdiagnostic Approach  
to Etiology and Treatment

edited by  
Ann M. Kring  
Denise M. Sloan

Copyrighted Material

# HANDBOOK OF EMOTION REGULATION

edited by James J. Gross

# Emotion & Psychopathology

<b>Disorder</b>	<b>Emotion</b>
<b>Major Depressive Disorder</b> (e.g., Gotlib & Joormann, 2010; Rottenberg et al., 2005; Sloan et al., 2001)	<b>Sadness, Guilt</b>
<b>Specific Phobia</b> (e.g., Etkin et al., 2007; Ohman et al., 2011)	<b>Fear</b>
<b>Panic Disorder</b> (e.g., Arch & Craske, 2008; McNally et al., 1994; Watson & Kendall, 1989)	<b>Fear</b>
<b>Social Phobia</b> (e.g., Etkin et al., 2007; Ohman et al., 2011; Rapee & Heimberg, 1997)	<b>Fear, Embarrassment</b>
<b>Bipolar Disorder</b> (e.g., Gruber, 2011; Johnson, 2005)	<b>Anger, Joy</b>

# Roadmap

Course Logistics

Themes

Fear vs. Anxiety

Anxiety Disorders

Take-Away Qs & Expert Interview

# Course Logistics

## Outreach Project

Questions?

**Flash Talk - 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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Fear vs. Anxiety

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# 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)

# Roadmap

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A black and white portrait of Franklin D. Roosevelt, showing him from the chest up. He is wearing a dark suit jacket, a white shirt, and a dark tie. He has a serious expression and is looking slightly to the right of the camera. The background is dark and out of focus.

**“Only thing we have  
to fear is fear itself.”**

-Franklin D. Roosevelt (1932), First Inaugural Address

# Function of Fear

<b>Recurrent Evolutionary Situation</b>	<b>Shifts in Perception/Attention</b>	<b>Goal</b>	<b>Behavior</b>	<b>Purpose</b>
Hearing cues associated with predator	Attentive to sounds  More likely to perceive threat	Safety  Present-focused	Fight or flight response  Increased blood flow to periphery  Increased oxygen volume	Escape predator  Defend

# 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)

# Roadmap

Course Logistics

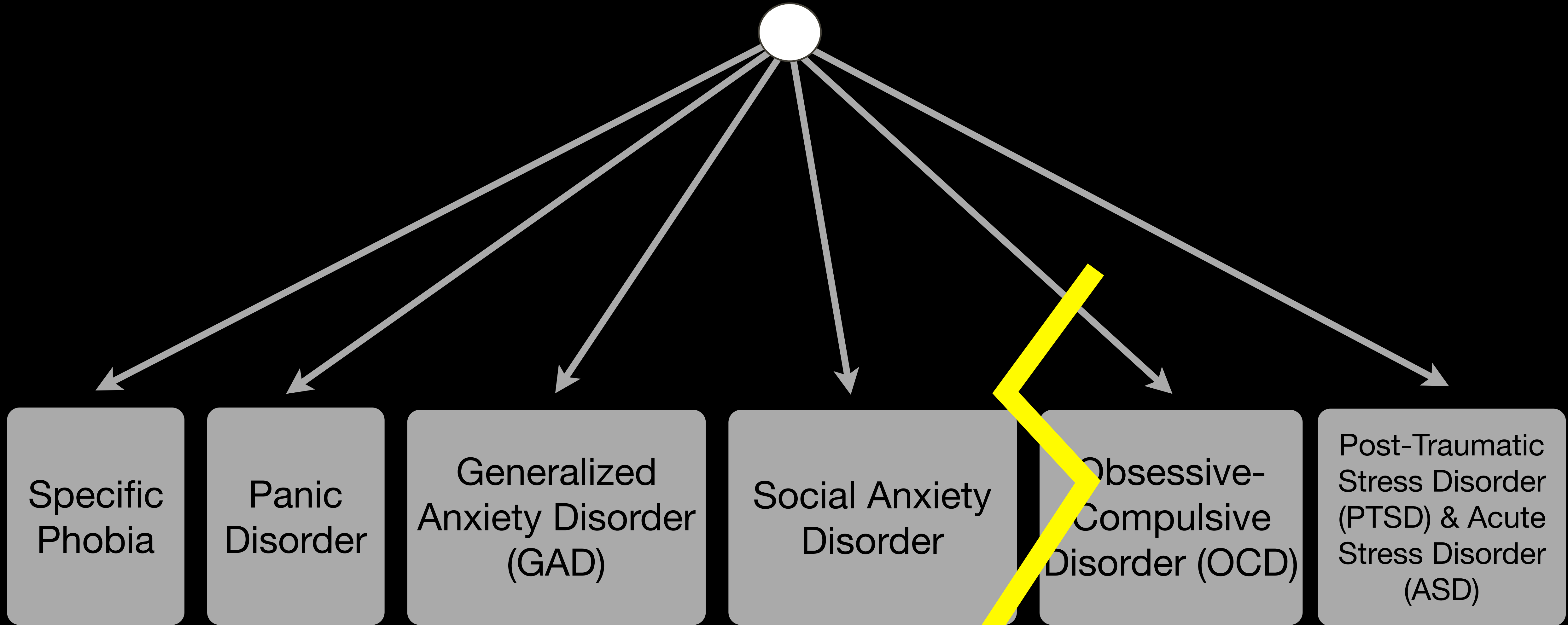
Themes

Fear vs. Anxiety

Anxiety Disorders

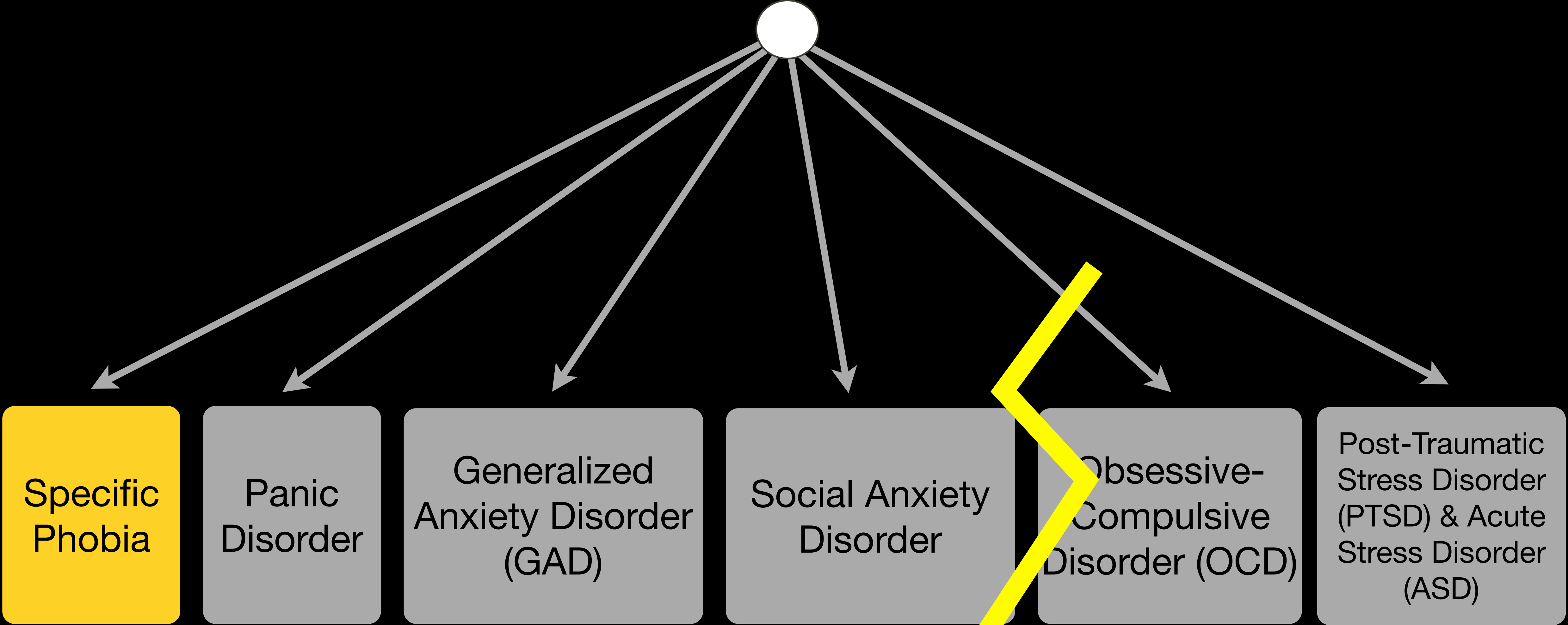
Take-Away Qs & Expert Interview

# UMBRELLA



**Prevalence: 25%; Most Common Psychiatric Disorder (usually phobias)**

# UMBRELLA



**Prevalence: 25%; Most Common Psychiatric Disorder (usually phobias)**

## 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**

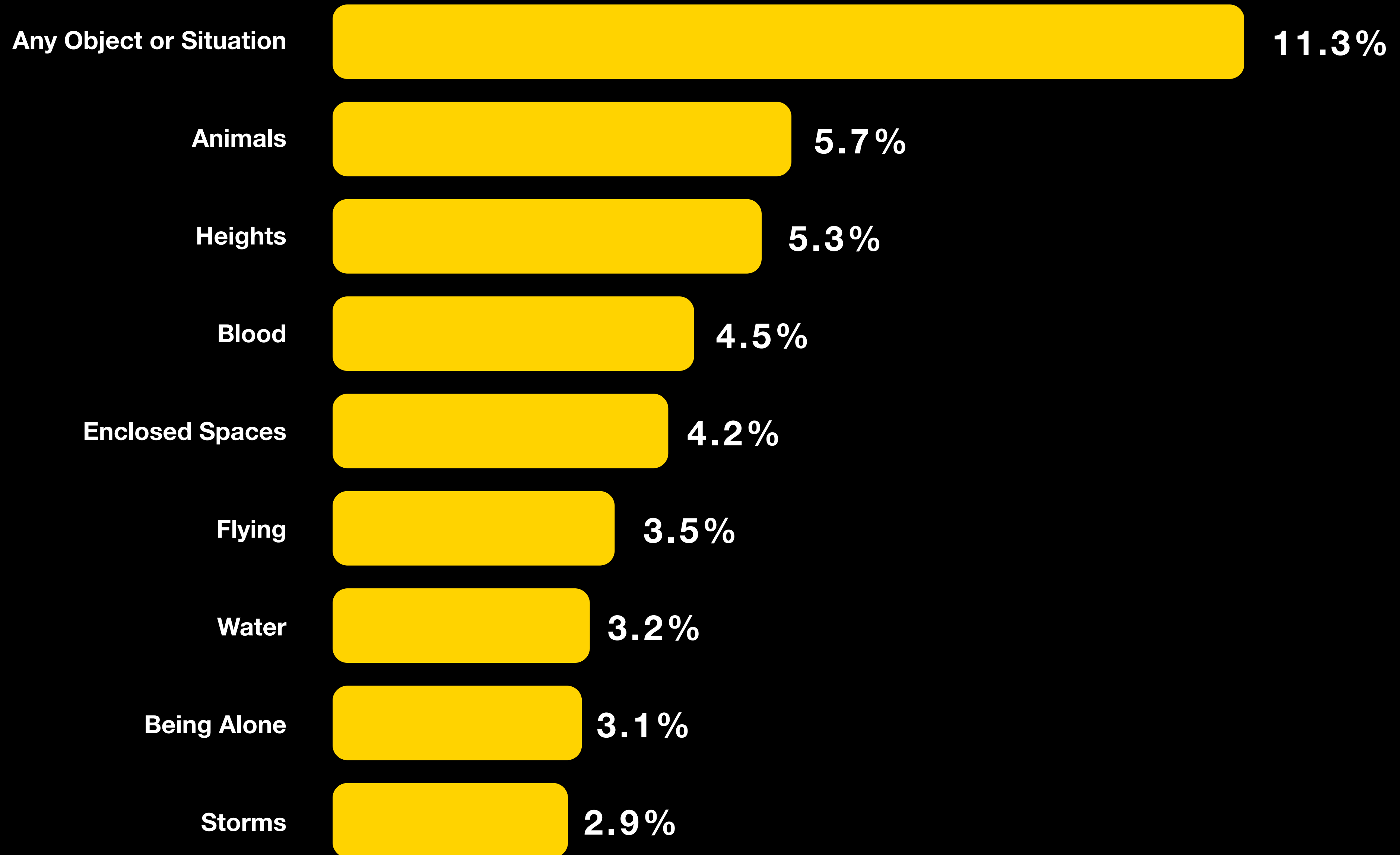
IV. **Avoidance of feared situation  
OR endure with severe distress**

V. **Phobia causes impairment in person's life**

## Specific Phobias: Different Types

Type	Source of (Excessive) Fear
1. Animal	Snakes, Spiders, Dogs
2. Natural Environment	Heights, Storms, Water
3. Blood-Injection-Injury	Shots, Blood, Medical Procedures
4. Situational	Tunnels, Bridges, Elevators, Flying, Driving, Closed Spaces
5. Other	Choking, Illness, Loud Sounds

## PERCENTAGE OF POPULATION WITH PHOBIA



# How to Assuage Phobias: Exposure Therapy



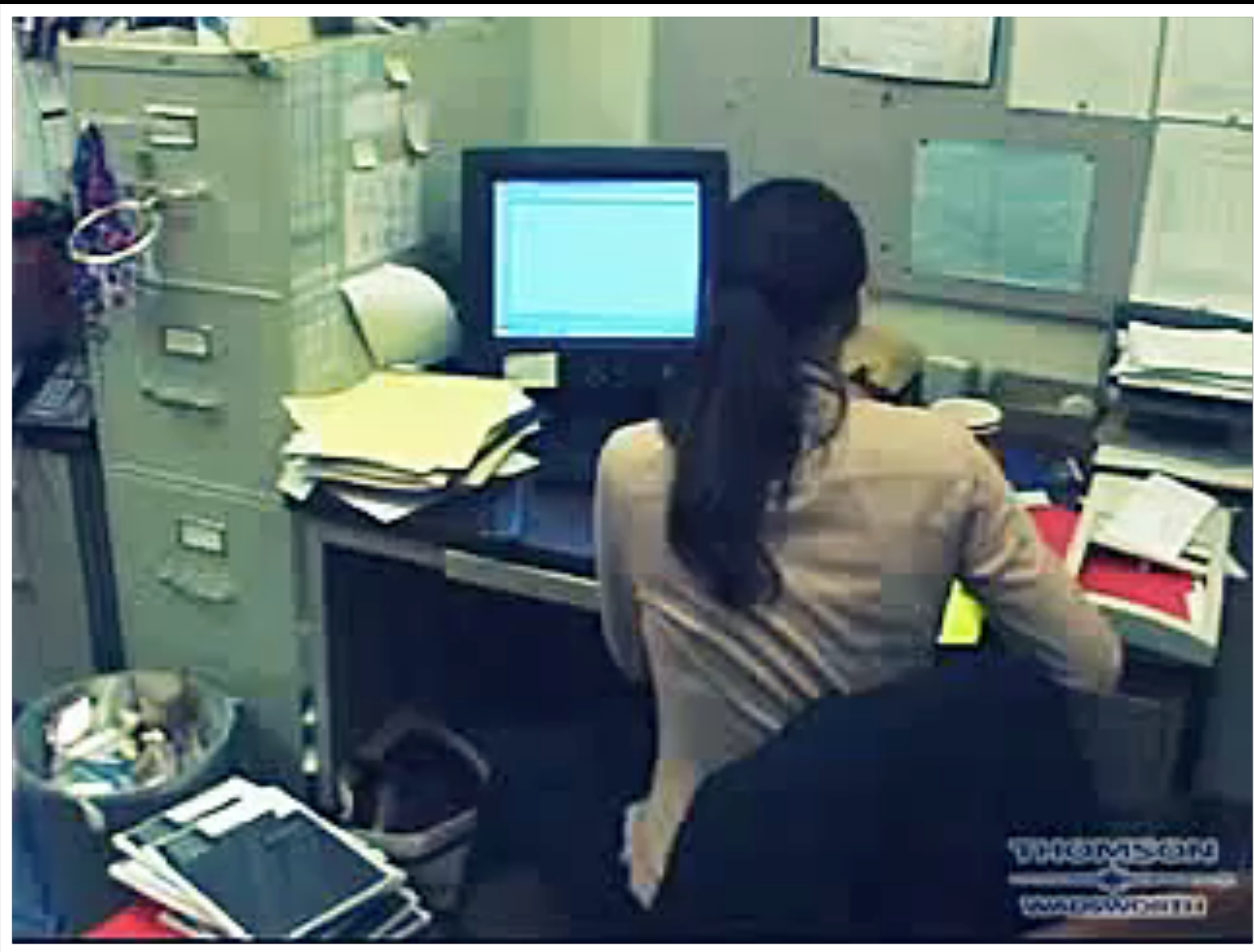
Person is exposed to feared situations or objects.

**Different types of exposure:**

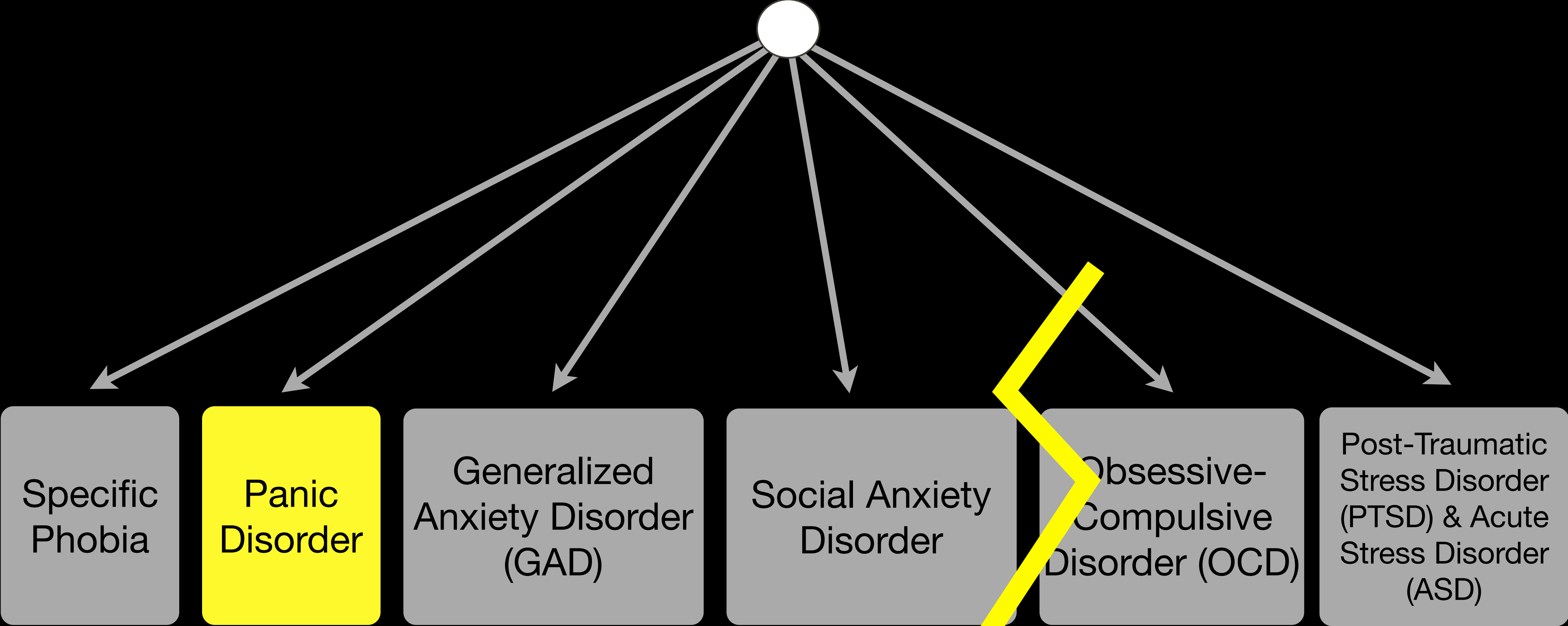
- Visualization
- Virtual reality
- In vivo exposure



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



# UMBRELLA



**Prevalence: 25%; Most Common Psychiatric Disorder (usually phobias)**

# 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)

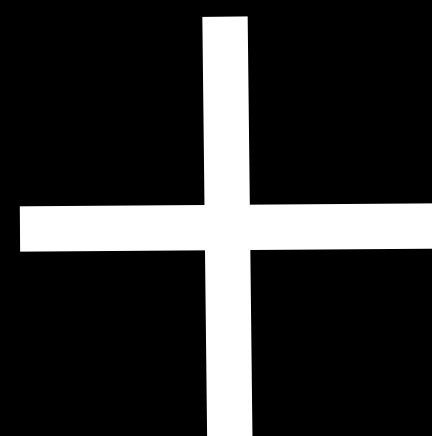
## **II. Fear of having future panic attack(s)**

## **III. Causes impairment in person's life**

# Panic Disorder

## 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**

A black and white portrait of Franklin D. Roosevelt, showing him from the chest up. He is wearing a dark suit jacket, a white shirt, and a dark tie. He has a serious expression and is looking slightly to the right of the camera. The background is dark and out of focus.

**“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.

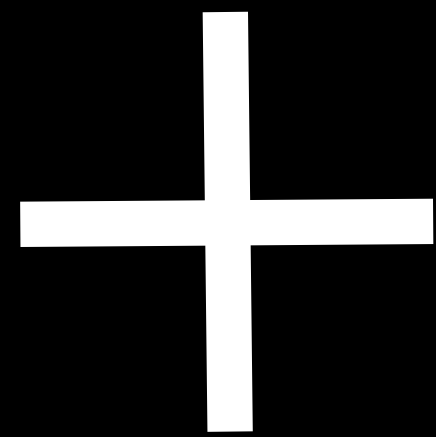
**Part III.** Vicious cycle

- 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)

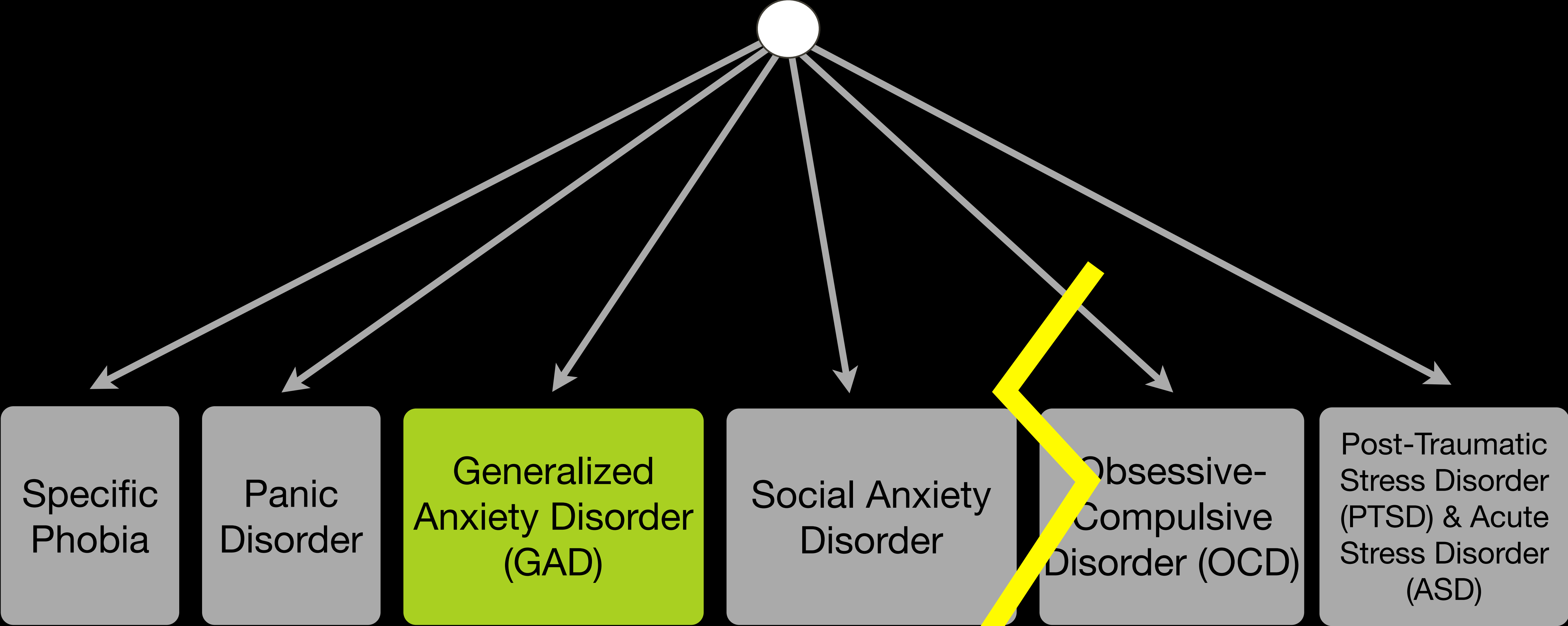
Situations  
representing “no  
escape” if had a  
panic attack



**Agoraphobia**



# UMBRELLA



**Prevalence: 25%; Most Common Psychiatric Disorder (usually phobias)**

# 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**

# Generalized Anxiety Disorder (GAD)

"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."



## **GAD:** Worry is Emotional Avoidance?

### **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



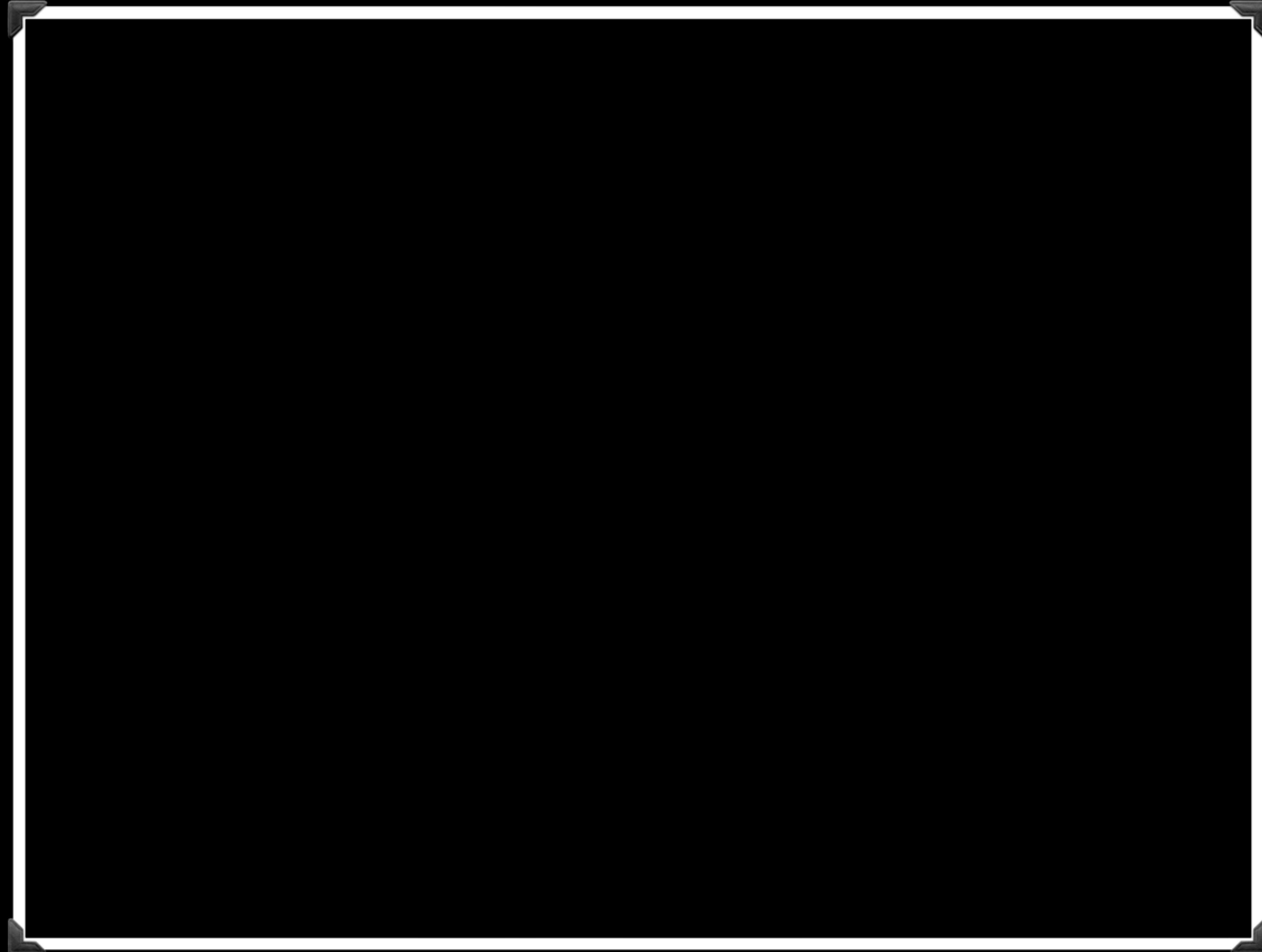
Tom Borkovec

## **Emotion Regulation Model of GAD** (Mennin et al., 2005)

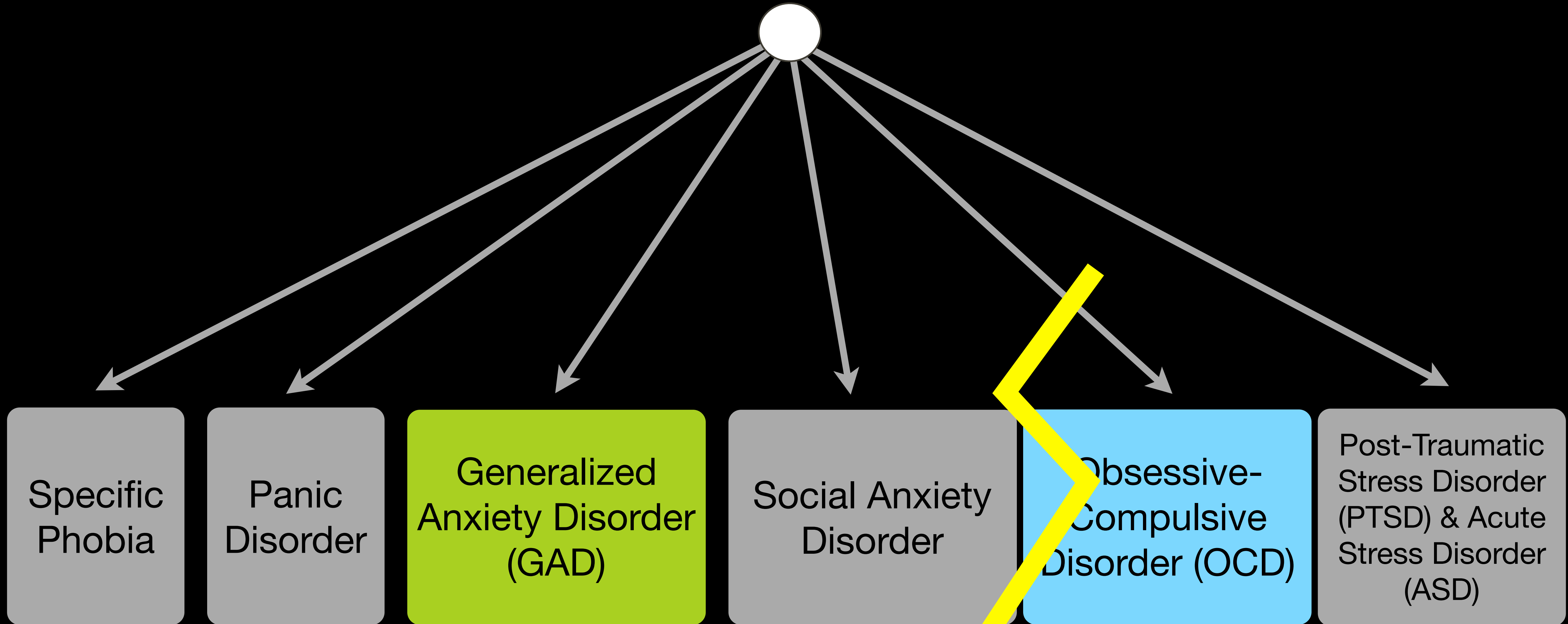
- 1. Heightened Intensity of Emotions:** *emotional reactions occur easily, quickly, & intensely*
- 2. Poor Understanding of Emotions:** *trouble identifying emotions such as anger, disgust, and joy; experience emotions as confusing & undifferentiated*
- 3. Negative Reactivity to Emotions:** *negative 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)*

# Emotion Model of GAD

DOUGLAS MENNIN



# UMBRELLA



**Prevalence: 25%; Most Common Psychiatric Disorder (usually phobias)**

# 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**

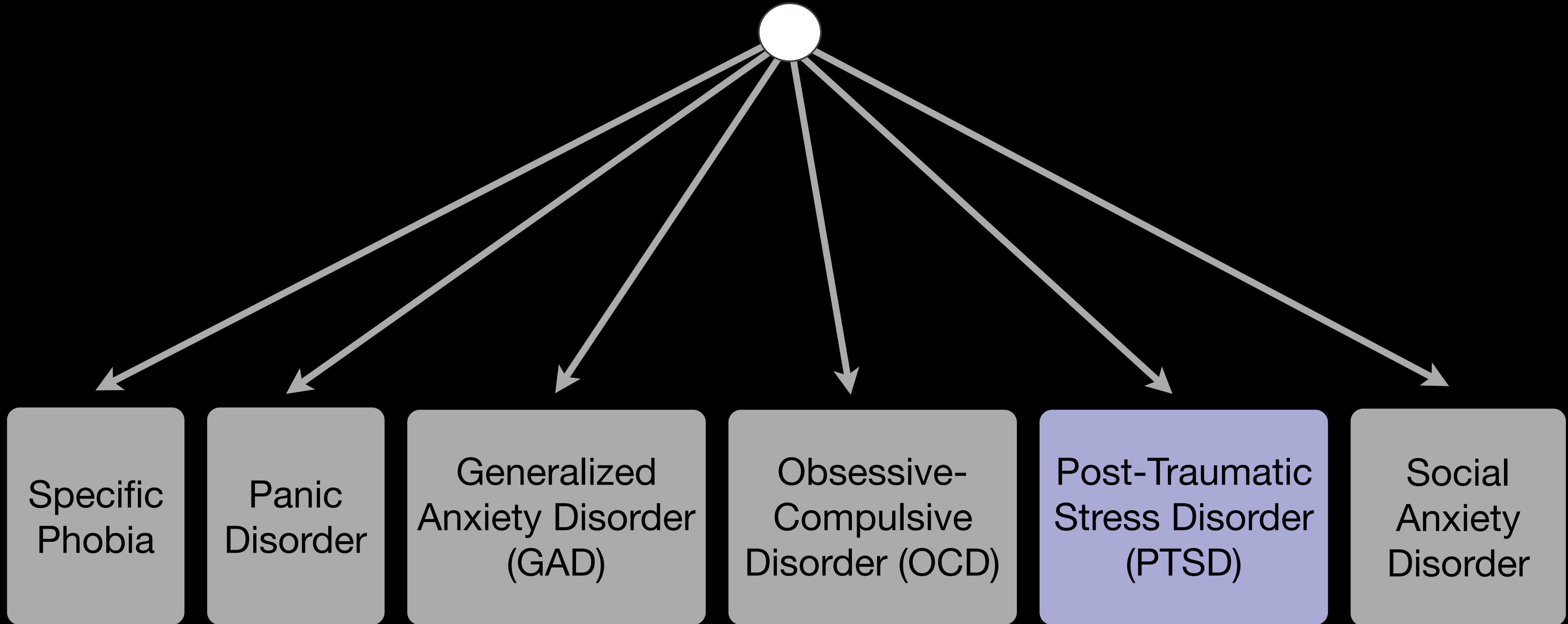
**Source:**

**UCLA Neuropsychiatric Institute  
& Hospital**

# OCD in the Media



# Anxiety Disorders: Umbrella



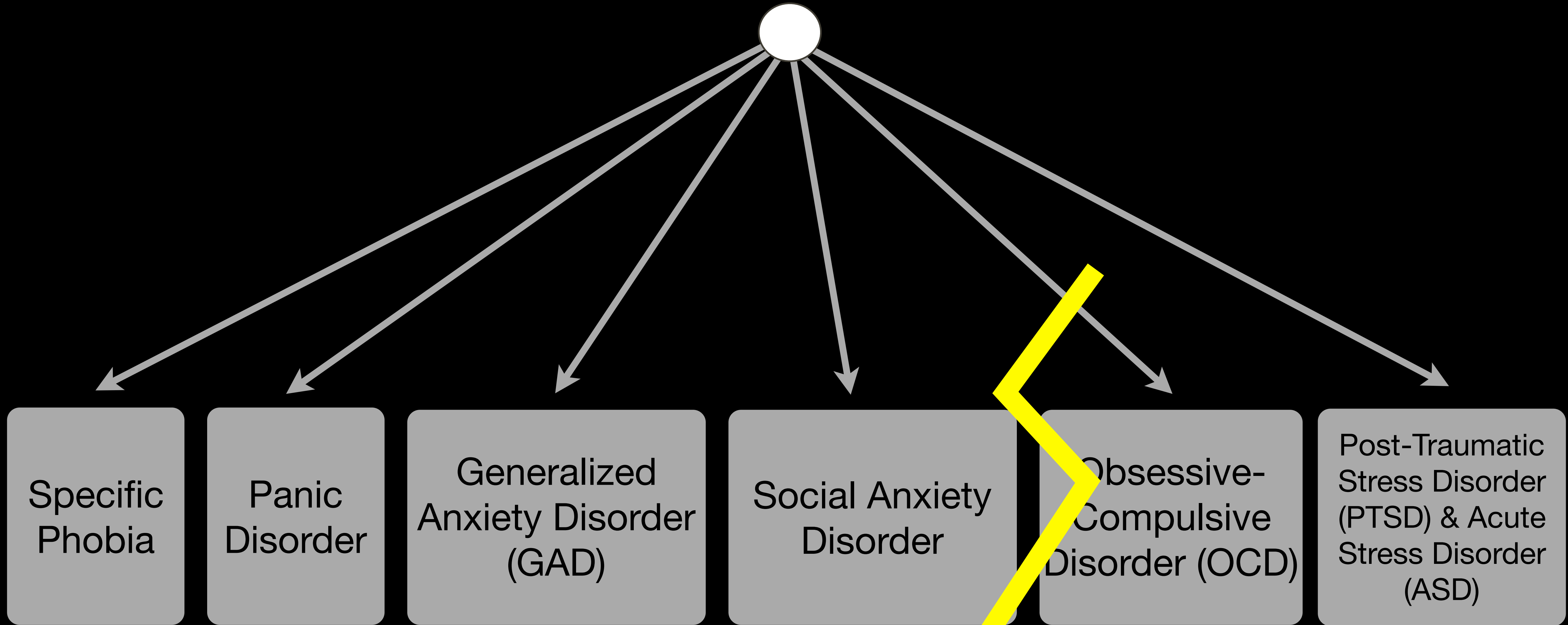
**Prevalence: 25%; Most Common Psychiatric Disorder (usually phobias)**







# UMBRELLA



**Prevalence: 25%; Most Common Psychiatric Disorder (usually phobias)**

# 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

A NEW HARBINGER SELF-HELP WORKBOOK

# The Mindfulness & Acceptance Workbook for Anxiety

A Guide to Breaking Free from Anxiety, Phobias &  
Worry Using Acceptance & Commitment Therapy



Includes CD with guided  
mindfulness meditations  
& bonus worksheets &  
self-assessments

#### A POWERFUL, STEP-BY-STEP PROGRAM TO HELP YOU:

- Understand why trying to control anxiety can keep you stuck & suffering
- Break free from the anxiety struggle & the trap of avoidance
- Practice mindful acceptance & a willingness to do what works
- Discover what you care deeply about & commit to making it happen
- Live a rich and meaningful life—even with anxiety, fear & worry

JOHN P. FORSYTH, PH.D.  
GEORG H. EIFERT, PH.D.

# Roadmap

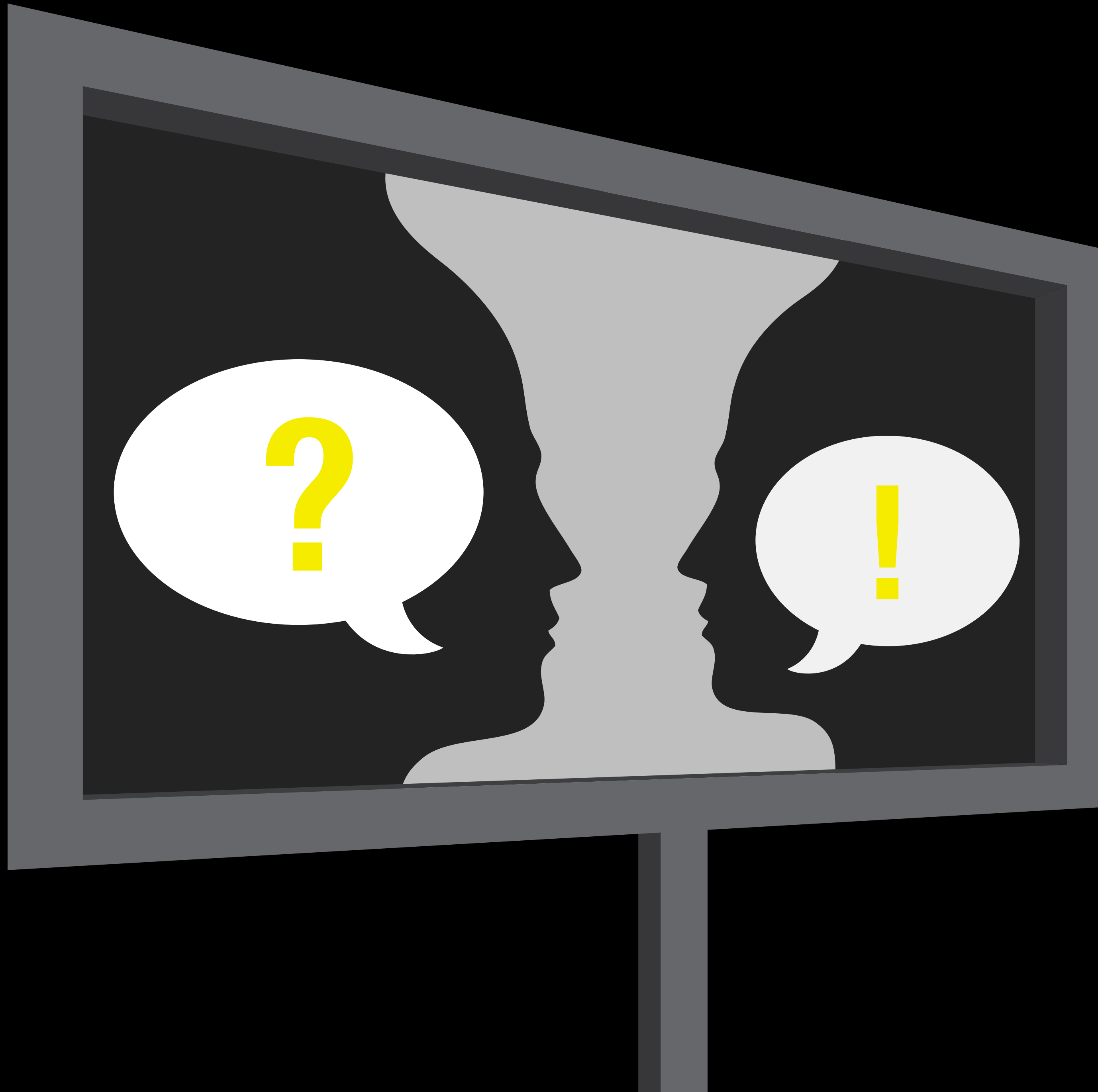
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# Experts In Emotion

**\*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

