Logistics

Outreach Project Handout
Distributed in class on Thursday

Exam 1: Special Accommodations
Please email me THIS WEEK if this applies
Logistics

Your Feedback Matters

- Check-in quick surveys periodically
- Peer observation and/or classroom interview
- FCQs end of semester
- Email/office hours/etc.
QUESTIONS?
Roadmap

Course Logistics

Fear vs. Anxiety

Anxiety Disorders

Take-Away Qs
<table>
<thead>
<tr>
<th>Disorder</th>
<th>Emotion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Major Depressive Disorder</strong></td>
<td>Sadness, Guilt</td>
</tr>
<tr>
<td><strong>Specific Phobia</strong></td>
<td>Fear</td>
</tr>
<tr>
<td><strong>Panic Disorder</strong></td>
<td>Fear</td>
</tr>
<tr>
<td><strong>Social Phobia</strong></td>
<td>Fear, Embarrassment</td>
</tr>
<tr>
<td><strong>Bipolar Disorder</strong></td>
<td>Anger</td>
</tr>
</tbody>
</table>
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)
“Only thing we have to fear is fear itself.”

-Franklin D. Roosevelt (1932), First Inaugural Address
### Function of Fear

<table>
<thead>
<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)
Biological Factors

- Sensitivity of basic fear pathways appear disrupted in anxiety disorders.

- Feared stimulus projects to the thalamus, which sends signals to the amygdala and visual cortex. Fast, hard-wired response through the amygdala.
QUESTIONS?
Roadmap

Course Logistics

Fear vs. Anxiety

Anxiety Disorders

Take-Away Qs
ANXIETY DISORDERS

- 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.
YERKES-DODSON LAW (1908)

The diagram illustrates the relationship between arousal and performance. It shows that performance increases with arousal until a peak is reached, after which it decreases as arousal continues to increase. The x-axis represents arousal, ranging from low to high, and the y-axis represents performance, ranging from weak to strong.
Prevalence: 25%; Most Common Psychiatric Disorder (usually phobias)

Specific Phobia
Panic Disorder
Generalized Anxiety Disorder (GAD)
Social Anxiety Disorder
Obsessive-Compulsive Disorder (OCD)
Post-Traumatic Stress Disorder (PTSD) & Acute Stress Disorder (ASD)
Do not want.
Specific Phobias: DSM 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
<table>
<thead>
<tr>
<th>Type</th>
<th>Source of (Excessive) Fear</th>
</tr>
</thead>
<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 PHOBIA

- 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%
<table>
<thead>
<tr>
<th>Phobia</th>
<th>Object/Concept</th>
<th>Phobia</th>
<th>Object/Concept</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aerophobia</td>
<td>Drafts, Swallowing Air</td>
<td>Metrophobia</td>
<td>Poetry</td>
</tr>
<tr>
<td>Blennophobia</td>
<td>Slime</td>
<td>Nomatophobia</td>
<td>Names</td>
</tr>
<tr>
<td>Coulrophobia</td>
<td>Clowns</td>
<td>Orthophobia</td>
<td>Property</td>
</tr>
<tr>
<td>Dextrophobia</td>
<td>Objects on the right side of body</td>
<td>Panophobia</td>
<td>Everything</td>
</tr>
<tr>
<td>Ephebiphobia</td>
<td>Teenagers</td>
<td>Rhytiphobia</td>
<td>Getting Wrinkles</td>
</tr>
<tr>
<td>Francophobia</td>
<td>All things French</td>
<td>Samhainophobia</td>
<td>Halloween</td>
</tr>
<tr>
<td>Genuphobia</td>
<td>Knees</td>
<td>Tyrannophobia</td>
<td>Tyrants</td>
</tr>
<tr>
<td>Hobophobia</td>
<td>Tramps or beggars</td>
<td>Urophobia</td>
<td>Urine, or Urinating</td>
</tr>
<tr>
<td>Ideophobia</td>
<td>Ideas</td>
<td>Vitricophobia</td>
<td>Stepfathers</td>
</tr>
<tr>
<td>Judeophobia</td>
<td>Jewish People</td>
<td>Walloonphobia</td>
<td>French-speaking Belgians</td>
</tr>
<tr>
<td>Kyphophobia</td>
<td>Stooping</td>
<td>Xanthnophobia</td>
<td>The color Yellow</td>
</tr>
<tr>
<td>Logizomechanophobia</td>
<td>Computers</td>
<td>Zemmmiphobia</td>
<td>The great mole rat</td>
</tr>
</tbody>
</table>
Empirically-Supported Treatment for 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).
QUESTIONS?
PANIC DISORDER

- Lifetime prevalence (with or without agoraphobia) is between 1.5 – 3.8%
- Female to male ratio: 2:1
- Onset of 1st panic is typically late adolescence or early twenties
- Moderate genetic loading
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 TYPES

SUBTYPES
1. Situationally bound (cued)
2. Situationally predisposed
3. Unexpected (uncued)
4. With agoraphobia
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
“Only thing we have to fear is fear itself.”

-Franklin D. Roosevelt (1932), First Inaugural Address
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
COGNITIVE MODEL OF PANIC

INTERNAL/EXTERNAL TRIGGER

PERCEIVED THREAT

ANXIETY

MISINTERPRETATION

PHYSICAL/COGNITIVE SYMPTOMS

(Clark, 1986)
DIFFERENTIAL DIAGNOSIS OF PANIC

- **Cardiovascular**
  - Arrhythmia, tachycardia, heart disease, myocardial infarctions, hypertension, stroke, TIA, pulmonary embolism or edema.

- **Respiratory Disorders**
  - Asthma, emphysema

- **Endocrine**
  - Hyperthyroidism, hypoglycemia, pregnancy, premenstrual syndrome

- **Hematological**
  - Anemia, low B12

- **Drug Related**
  - Antidepressant withdrawal, alcohol use or withdrawal, side effects of medications, caffeine.
When locus coeruleus stimulated in monkeys, they exhibited panic like behavior

- **Locus coeruleus** rich in norepinephrine carrying neurons

- **Norepinephrine** dysregulation may be implicated in Panic Disorder. Anti-depressant drugs that regulate norepinephrine are successful in treating panic
PHARMACOLOGICAL CONSIDERATIONS

- Typically $\frac{1}{2}$ of all patients are taking anxiolytics
- But medication not always effective
  - May inhibit behavior learning
  - State Dependency: Indicates greater relapse potential
  - Lethality
GENETIC CONSIDERATIONS

- About 10% of first degree relatives of probands have PD compared to 2% of relatives of people without PD

- About 30-40% of variation in rates of PD attributable to genetics
QUESTIONS?
ANXIETY DISORDERS

- Specific Phobia
- Panic Disorder
- Generalized Anxiety Disorder (GAD)
- Social Anxiety Disorder
- Obsessive-Compulsive Disorder (OCD)
- Post-Traumatic Stress Disorder (PTSD) & Acute Stress Disorder (ASD)
GENERALIZED ANXIETY DISORDER

- Estimated lifetime prevalence 1.9 – 5.4%
- National Comorbidity Study: 1.6 (current); 5.1 (lifetime)
- Female to Male Ratio = 2:1
- GAD typically presents characterologically with an undefined developmental onset
Generalized Anxiety Disorder (GAD): DSM 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, however

Tom Borkovec
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)
TREATMENT FOR GAD

- **Cognitive**
  - Identify anxiogenic cognitions, negative thoughts, and cognitive distortions
  - Mindfulness

- **Behavioral**
  - Exposure
  - Limit worry maintaining behaviors

- **Physiological**
  - Progressive Muscle Relaxation

- **Targets of Treatment**
  - Problem Solving
  - Assertiveness Training
  - Sleep Hygiene
  - Time Management
  - Scheduled worry time
COMORBIDITY AND GAD

• HIGH COMORBIDITY
  • Estimated 65-90% of those diagnosed with GAD have another Axis I disorder
  • 75% of those diagnosed with GAD have a co-occurring anxiety disorder
  • Most commonly occurring physical symptoms include: IBS, cluster headaches, chest pain, general malaise, etc.

• PRODROME THEORY OF GAD
  • High rates of comorbidity have led researchers to believe GAD is not necessarily a distinct disorder, but may be better accounted for by multiple disorders (e.g., depression)
Expert Interview

Dr. Douglas Mennin

Professor of Clinical Psychology
Teacher’s College, Columbia University
QUESTIONS?
ANXIETY DISORDERS

- Specific Phobia
- Panic Disorder
- Generalized Anxiety Disorder (GAD)
- Social Anxiety Disorder
- Obsessive-Compulsive Disorder (OCD)
- Post-Traumatic Stress Disorder (PTSD) & Acute Stress Disorder (ASD)
SOCIAL ANXIETY CAN CAUSE SOMEONE TO FEEL LIKE EVERYTHING IS GETTING CLOSER AND PEOPLE ARE ALL STARING AT THEM. EVERYONE HAS TO KNOW THAT YOU'RE FLIPPING OUT RIGHT NOW. OH GOD, HOW IN THE HELL ARE YOU GOING TO GET OUT OF HERE THIS TIME? YOU USED THE I-HAVE-TO-USE-THE-RESTROOM BIT LAST TIME, SO THEY'LL SEE THAT ONE COMING. IF YOU TRY AND LOOK AT SOMETHING ON THE OTHER SIDE OF THE STORE, SOMEONE MAY WANT TO GO WITH YOU. YOU HAD A SMOKES ON THE WAY INTO THE STORE, SO EVERYONE WILL KNOW SOMETHING IS WRONG IF YOU GO OUT FOR ANOTHER ONE. NOBODY REALLY NEEDS TO KNOW THAT MUCH. THEY PROBABLY ALREADY KNOW SOMETHING IS WRONG. JUST BASED ON THE FACT THAT YOU HAVE BEEN RUBBING YOUR HANDS TOGETHER AND LOOKING AROUND LIKE A CAT TRAPPED IN A DOG POOL. HOW AM I GOING TO FACE ALL THESE PEOPLE AGAIN? SURELY THEY'LL RECOGNIZE ME IF I GO TO ANOTHER STORE. I CAN JUST HEAR THEM NOW: QUIETLY WHISPERING TO THE OTHER PEOPLE: WITH THEM ABOUT HOW THAT'S THE GUY THEY SAW FLIPPING OUT JUST LAST WEEK. I WANT TO GET OUT OF HERE OR THINK I'M GOING TO FOR THAT LIT. I'LL USE THE SLOTTED PHONE ON THE-CAT DEUCE SO I CAN GET OUTSIDE AND GET A BREATH OF FRESH AIR. BECAUSE IT'S NOT LIKE I'M HAVING A BAD DAY OR ANYTHING. I MIGHT BE A BIT SLOW OR LOST OR SOMETHING, RIGHT? I CAN'T KEEP UP WITH THE OTHER PEOPLE. I CAN'T KEEP UP WITH THEIR RATES. I CAN'T KEEP UP WITH THEIR MANEUVERS. I JUST A MIGHT.
SOCIAL ANXIETY DISORDER: DSM Criteria

- A. Marked and persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others.

- B. Exposure to feared situations almost invariably provokes anxiety (situationally bound or predisposed).

- C. Fear is recognized as excessive or unreasonable.

- D. Feared performance or social situations are avoided or endured with intense distress.
SOCIAL ANXIETY DISORDER: FACTS

- Lifetime prevalence (12.1 – 14%)
- Women (60 – 70%)
- Lower than average educational levels
- Non-married (60%)
- Peaks of incidence (11-15 years; 18-25 years)
- Typically precedes depression
  - Early onset SAD typically results in increased MDEs with greater severity
SOCIAL ANXIETY DISORDER: FACTS

Audience

Mental Representation of Self as seen by Audience

Comparison of SELF with Appraisal of Audiences Expected Standard

Judgment of Probability and Consequence of Negative Evaluation from Audience

Behavioral Symptoms

Cognitive Symptoms

Physical Symptoms

Perceived Internal Cues

Preferential Allocation of Attentional Resources

External Indicators of Negative Evaluation
SOCIAL ANXIETY DISORDER: TREATMENTS

• Social Skills Training
• Cognitive Therapy
• Relaxation Training
• Exposure
• Interpersonal Psychotherapy
• Pharmacotherapy
QUESTIONS?
Roadmap

Course Logistics

Fear vs. Anxiety

Anxiety Disorders

Take-Away Qs
Thank You!
Psychology 3303
Professor June Gruber