

ANXIETY,
ANGER, AND
DEPRESSION

DR. NEAL

DR. NEAL KINGS' INSTITUTE

Discussion Topics

1. Anxiety
2. Anger
3. Depression
4. Positive Mental Health

ANXIETY

ANXIETY

Anxiety

- **Fear:** the emotion we experience in response to **concrete** danger
- **Anxiety:** complex feelings of uneasiness to **possible** impending threats
- Both related to the 'flight' component of fight-or-flight response
- If anxiety is excessive and disabling and there is lack of a physical cause, a person may have an anxiety disorder

Generalized Anxiety Disorder

- Symptoms of GAD may include fatigue, muscle tension, irritability, and more
- 5.7% will develop GAD in their lifetime
- Onset often begins in childhood or adolescence
- Symptoms exacerbated by stress and can wax and wane throughout a person's life

Panic Disorder

- Characterized by repeated and unexpected panic attacks along with worry about future attacks
- Symptoms of panic attack are similar to those of heart attack and include chest pains, rapid heartbeat, shortness of breath, dizziness, etc.
- Panicked person has intense fear
- Lifetime prevalence is approximately 4.7%

Phobias

- An unreasonable or excessive fear of an object, situation, or activity
- DSM-IV-TR has three broad categories:
 - **Agoraphobia:** fearful or a public place or being outside of the home to the extent that a panic attack or extreme embarrassment is possible
 - **Social phobia:** a fear of social activity, especially of being scrutinized and embarrassed
 - **Specific phobias:** exaggerated fear of specific objects/situations not covered by the other two

Obsessive-Compulsive Disorder

- **Obsessions:** thoughts, images, or impulses that are intrusive enough to cause marked rise in anxiety
- **Compulsions:** ritualistic behaviors or mental acts that are designed to lower anxiety
- Usually begins at ages 6-15 for females and 20-29 for males
- Total incidence is less than 2% of population

Posttraumatic Stress Disorder (PTSD)

- A reaction to traumatic stressors that results in:
 - Reexperiencing the traumatic event
 - Avoiding stimuli related to event
 - General response numbing
 - Increased persistent arousal
 - Has high comorbidity with other disorders (depression, alcohol abuse, etc.)
 - 6.8% lifetime prevalence

Treatments for Anxiety Disorders

- Generally, three types of treatments:
 - **Pharmacological:** SSRIs particularly effective during initial treatment and for preventing relapse
 - Anti-anxiety drugs can be helpful, but can be addictive and carry side effects
 - **Behavioral:** most effective type is exposure therapy
 - Exposure therapy: person in treatment systematically confronts the feared event or stimulus in a controlled and safe environment
 - For OCD, response prevention also added
 - Response prevention: person prevents compulsion when confronted with feared stimulus

Treatments for Anxiety Disorders (cont'd.)

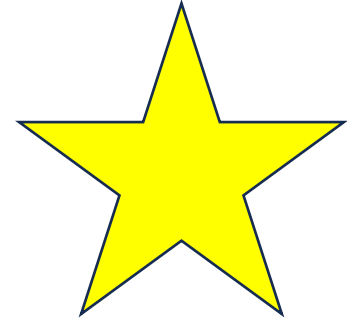
- **Cognitive-behavioral therapy:** designed to challenge dysfunctional thoughts, assumptions, and beliefs
- Best evidence-base

Anxiety Management

- Integrate the strategies that work best into daily routine:
 - Reduce use of stimulants
 - Engage in aerobic exercise
 - Practice deep relaxation exercises
 - Meditate
 - Using deep breathing
 - Accept anxiety as natural

Anxiety Management (cont'd.)

- Focus attention outwards
- Challenge anxiety-generating belief system
- Challenge anxiety generating thoughts
- Confront your fears



Anxiety Management (cont'd.)

Abdominal Breathing

Get into a comfortable sitting position and place your palms on your abdomen. Breathe in through your nose and gently pull the air slowly into your lower lungs. Notice how your hands move outward as your abdomen expands. Now slowly continue to draw more breath to fill out your upper lungs. Notice how your chest expands and your hands move inward as your abdomen contracts. Now hold the breath in your lungs for a count of 3. 1 . . . 2 . . . 3. Now slowly release the air through your nose. Try it again.

Stress Management Exercise

ANGER



ANGER

Anger

- Anger primes us to fight as in the fight-or-flight response
- Anxiety can supersede or accompany anger
- Several reasons for feeling anger: a demeaning offense, frustration, competitiveness, etc.
- “Anger-in” is anger directed towards the self, “anger-out” is directed to someone else
- Anger-hostility correlated with negative health effects, but moderate expression of anger can be good

Anger (cont'd.)

- **Intermittent explosive disorder (IED):**
 - a psychiatric disorder characterized by episodes of extreme anger and acting out through assaults or property damage
 - Can produce negative health effects, weaken relationships, etc.
 - People who experience anger tend to rely on projection as a defense mechanism
- Chronic anger is overstimulating

Anger Management

- **Catharsis theory:** an early theory that states that if anger is not expressed, it will build up until a person “explodes”
 - Actually, this increases anger, not decreases it
- An alternative approach is **stress inoculation:** builds coping strategies to use in stressful situations
 - Group treatments rely on cognitive approaches, relaxation training, and social skills training

Anger Management (cont'd.)



- Anger is a natural emotion like anxiety, but frequency and intensity can cause problems
- **Passive-aggressive behavior:** passive resistance to others through procrastination
- Effective approaches to managing problem anger:
 - Take responsibility
 - Use humor

Anger Management (cont'd.)

- Examine intentions
- Use deep breathing
- Practice deep relaxation exercises
- Take a time-out
- Challenge anger-building cognitions
- Empathize
- Be assertive
- Practice forgiveness

DEPRESSION



DEPRESSION

Depression

- **Diathesis-stress model of depression:** stress leads to depression in vulnerable individuals
- Several types of mood episodes related to depressed states
- **Major depressive disorder:** person experiences at least one major depressive episode that lasts two weeks or more
 - Other symptoms include abnormal sleep, weight changes, poor concentration, etc.

Depression (cont'd.)

- Lifetime prevalence of 16.5% and more common in females
- People with severe or chronic medical conditions are more likely to experience clinical depression
- Ruminative thinking is a vulnerability factor in prolonging and deepening depressed moods
- Pharmacological treatments:
 - Most common now are SSRIs
 - An even newer class, SNRIs are used when people are not responsive to SSRIs

Depression (cont'd.)

- Therapy treatments:
 - **Behavior therapy:** motivate depressed person to be active and engaged in rewarding activities
 - **Interpersonal psychotherapy:** help depressed persons identify and deal effectively with interpersonal issues that concern their depression
 - **CBT:** developed by Aaron Beck, it focuses on changing dysfunctional thoughts

Dealing with Depression

- General strategies for dealing with depression:
 - See a psychologist
 - Engage in aerobic exercise
 - Reduce or eliminate alcohol intake
 - Get social
 - Challenge negative thinking

THIS IS A STANDARD LIST. THIS LIST IS AWFUL. BASED ON WHAT YOU KNOW ABOUT DEPRESSION, DISCUSS WHY THIS LIST IS NOT PARTICULARLY HELPFUL.

POSITIVE
MENTAL
HEALTH

Positive Mental Health

- There are alternatives to DSM classifications
 - Even if symptoms fit into a category, someone may not have an illness
 - **Values in Action (VIA):** classification system that uses character strengths to define mental health
 - **Complete mental health:** based on factor analyses that revolve around clusters of hedonia and positive functioning
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Summary

- Fear and anxiety are emotional components of fight-or-flight response
- Anxiety disorders include GAD, panic disorder, phobias, OCD, and PTSD
- Anger is related to “fight” in fight-or-flight
- Moderate anger expression reduces risk of CHD
- Strong evidence for diathesis-stress model
- Alternatives to DSM, which many people think has an “illness ideology”