CHAPTER TWO

Understanding Anxiety and Depression

In the previous chapter, we reviewed how and why CBT was developed and the basics of how it's used to treat anxiety and depression. We considered some of the ways that CBT is unique—for example, CBT is highly structured and focuses on practicing key skills.

In this chapter, we'll cover exactly what anxiety and depression are, as well as how they can disrupt our lives. First, let's start with anxiety.

Mel's Dog Phobia

"What is it, Mommy?" Mel's daughter asks as she feels her mom's hand tense around her own. The young girl can sense something's wrong.

"It's okay, sweetheart," Mel replies, trying to sound casual. "Let's just cross the street." What she doesn't tell her four-year-old daughter is that she desperately wants to avoid the dog she spotted farther down the sidewalk.

Ever since she was chased by a big dog that got out of its yard, Mel has been terrified that dogs will attack her. Although she wasn't hurt, she's certain she

would have been if the owner hadn't called off his dog. Now, when she sees a dog, her heart pounds, she breaks into a sweat, and she avoids them if possible.

All the elements of a CBT framework are here. First, Mel believes that dogs are extremely dangerous. Given that belief, it's no wonder that she feels fear whenever she sees one. She experiences:

See Dog → Feel Afraid

With our CBT understanding, we can add the intervening thought:

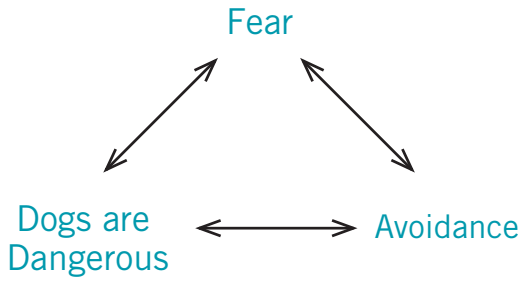
See Dog → "Dogs are dangerous" → Feel Afraid

Second, she avoids dogs. By avoiding them she gets some relief from her fear. In some sense, her avoidance is working, at least in the short term. Unfortunately, it also makes her more likely to run from dogs in the future.

By avoiding dogs, Mel *never gets to learn what would actually happen if she approached one*. Therefore, her avoidance behavior *reinforces* her belief that dogs are dangerous.

To complete the loop, her fear affects her behavior, compelling her to avoid dogs. The fear she feels also strengthens her belief that dogs are dangerous—"Why else would I be so afraid of them?"

When Mel came for treatment of her fear of dogs, she was locked in a vicious spiral of thoughts, behaviors, and emotions, depicted in the diagram we've seen before:



Let's see how CBT helped her to break free.

THOUGHTS

With her therapist's help, Mel identified her beliefs about dogs and what they were based on. Mel believed that dogs were pretty likely to attack—she estimated a 25 percent probability. Her therapist encouraged her to think about all the times she had been around a dog and how many times she or someone else had been attacked. Mel realized that out of thousands of encounters with dogs, she had been chased once.

> *"But still," she said, "it only takes once." Mel and the therapist then explored what had happened when she was chased. The dog may have just wanted to play with her—at least, that's what the owner had explained apologetically. But Mel still had been left with the feeling, "What if . . . ?"*

It's important to note that *simply changing her thoughts did not get rid of her extreme fear*. She felt only slightly less terrified around dogs. (You may be able to relate to this experience—for example, most people who have a phobia of flying know that it's the safest way to travel.) But she was now in a place where she was *willing* to face her fear, given the seemingly low risk involved.

BEHAVIOR

Next, Mel and her therapist made a list of ways she could practice being around dogs until she felt comfortable again—a process called exposure. They came up with fairly easy ones—staying on the sidewalk when a dog passed on the other side of the street—and ones that would be more challenging. At the top of her hierarchy was petting a big, "scary" dog like a German Shepherd or Rottweiler, assuming the owner gave permission.

The first few exercises weren't too bad, and Mel quickly got comfortable being in the vicinity of dogs. As Edna Foa and other psychologists have discussed, Mel's direct experience of not being attacked by the dogs had a powerful effect on her belief about dogs being dangerous. As she became less afraid, she had an easier

time doing her harder exposures. Now her thoughts, behaviors, and feelings were working together *for her* rather than against her.

By the end of treatment, Mel could hardly believe how far she'd come in just a few sessions. She felt proud of herself for having faced her fears. She even surprised the therapist by getting a small dog. Through being around dogs in therapy, she realized she loved them. She's still appropriately cautious around dogs she doesn't know, but she no longer fears or avoids them.

The Faces of Anxiety

Anxiety can be useful. Think about all the ways anxiety helps us take care of our responsibilities. Without anxiety, we might not get out of bed in the morning. I'd probably be watching TV or surfing the Web if I didn't have some anxiety about my deadline to finish this book.

In many situations, we would think it was strange if a person didn't seem at least a little anxious, like during a first date or job interview. We might think the person didn't care.

ANXIETY BY THE NUMBERS

Anxiety disorders are the most common psychiatric conditions that people experience. How likely are people to have a major type of anxiety at some point?

- **Eighteen percent** will have a **specific phobia**.
- **Thirteen percent** will have **social anxiety disorder**.
- **Nine percent** will have **generalized anxiety disorder**.
- **Seven percent** will have **panic disorder**.
- **Four percent** will have **agoraphobia**.

Women are about 70 percent more likely to have an anxiety disorder than men. The gender difference was greatest for specific phobias and least for social anxiety disorder.

Anxiety also protects us from danger and prompts us to protect the people we care about—for example, making parents keep an eye on their kids near a swimming pool. In short, anxiety helps us survive, be productive, and get our genes into the next generation.

So when is anxiety a disorder? Mental health professionals in the United States generally use the fifth edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*—abbreviated *DSM-5*—to determine when a psychiatric diagnosis is warranted. The *DSM-5* notes that an anxiety disorder may be present when:

- **The anxiety is overblown compared to the actual danger**. Being very afraid when we find a black widow spider is less likely to be a disorder than is being terrified of houseflies.
- **The anxiety consistently appears in certain situations, and for a period of weeks or months**. The *DSM-5* includes lengths of time that anxiety must be present before any diagnosis is likely. For example, symptoms of panic disorder must last at least a month to be diagnosed, while symptoms of generalized anxiety disorder must be present for at least six months.
- **The person is really upset by the anxiety**, rather than being able to shrug it off and move on.
- **The anxiety gets in the way of a person's normal activities**. For example, Mel's fear and avoidance of dogs was making it hard for her to do regular activities outside of her home.

Now, let's review the main types of anxiety that adults experience, according to the *DSM-5*.

SPECIFIC PHOBIA

Specific phobia involves excessive anxiety and strong, often irrational fear of a given object or scenario. People can have phobias about virtually anything—from spiders to injections to clowns. The *DSM-5* notes that certain fears are more common, including animals, certain "natural environments" like heights and storms, and situations like flying or riding in elevators. Sometimes a bad experience led to the fear (as with Mel's fear of dogs), but many times we can't identify a cause. If you've dealt with a specific phobia, you know how upsetting it can be, and how strong the drive is to avoid what you fear.

SOCIAL ANXIETY DISORDER

Social anxiety disorder involves a strong fear of social scenarios. While it might seem like a specific phobia of social situations, it is different from phobias in important ways. First, the fear is ultimately of embarrassment. It seems almost cruel that oftentimes the fear is that "I'll look anxious," which only leads to more anxiety.

Also, with phobias we usually know if the thing we're afraid of happened. For example, we know if we fell from a great height or if the elevator got stuck. Social anxiety disorder, on the other hand, involves *guesses* about what others are thinking: "Do they think I sound dumb?" "Am I making him feel awkward?" "Are they bored?" Even when people say nice things to us—"Great job on your talk today"—we might not believe them. We might be left believing that our performance was terrible, even though nothing clearly bad happened.

PANIC DISORDER

People with panic disorder are often struck by bouts of fear, seemingly out of nowhere, with clear and sudden onset. As unpleasant as they are, panic attacks *per se* are not a disorder; only about one in six people who have had a panic attack (see sidebar) actually have panic disorder. The attacks have to happen

THE EFFECTS OF PANIC

A panic attack is not subtle—it's like an alarm going off, and it gets our attention. During panic, the body's sympathetic nervous system launches a "fight or flight" response, releasing chemicals like adrenaline that prepare us to deal with danger. Here are the common effects of this fight-or-fight alarm, drawn in part from a workbook by panic experts Michelle Craske and David Barlow:

- The heart beats faster and stronger.
- We breathe faster and deeper, which can lead to strange sensations like dizziness or feeling light-headed. It can also lead to derealization—what some describe as a feeling that reality is "bending"—or depersonalization, which is a feeling that you're not connected to your body.
- We sweat more, which can fuel self-consciousness.
- Our digestive systems are affected, which can cause nausea or diarrhea.
- The muscles tense to prepare for action, which can cause trembling.
- We probably have an overwhelming desire to get out of the situation we're in.
- When an alarm goes off, we try to figure out what's wrong. If there's no obvious explanation, as Craske and Barlow point out, the mind is likely to think there's something wrong *internally*—that I'm having a medical emergency, like a heart attack or stroke, or am about to "lose control." These fears only intensify the alarm signal.
- Once the attack is winding down, we'll probably feel exhausted from the stress and strain of the panic. We may cry as activity increases in the parasympathetic nervous system (which calms us down).

repeatedly and be unexpected, and a person has to either worry about having more attacks or change their behavior—for example, avoiding driving at certain times of day. The urge to avoid places where panic is likely to happen can be so strong that it leads to a condition called agoraphobia.

AGORAPHOBIA

While it sounds like a kind of specific phobia, agoraphobia is really about avoiding places where we think *it would be really bad to panic* (or do something else embarrassing, like have uncontrollable diarrhea). According to the *DSM-5*, a person with agoraphobia is likely to avoid things like public transportation, bridges, movie theaters, lines at the grocery store, or just being out and about without a "safe" companion who could help if something happened. In some cases, the anxiety and avoidance are so strong that a person will stop going out of the house at all, sometimes for years.

GENERALIZED ANXIETY DISORDER (GAD)

Persistent and pervasive worry is the hallmark of generalized anxiety disorder. In addition to excessive and hard-to-control worry, things like trouble sleeping, difficulty concentrating, and feeling tired all the time are part of GAD. While panic represents the threat of immediate danger, GAD is on the opposite end of the spectrum. The anxiety is spread over multiple areas (thus "generalized") and is experienced as a grinding dread about all kinds of "what ifs." As soon as one worry is resolved, another takes its place.

Do you suffer from a particular form of anxiety? The following checklist may help give you a sense of what kind(s) of anxiety you might have, if any.

THE ANXIETY CHECKLIST

Place a mark next to the statements that describe you.

CATEGORY A

- ☐ A certain situation or thing (for example, heights, blood, snakes, flying on an airplane) almost always causes me tremendous fear.
- ☐ If at all possible, I avoid the situation or thing I'm afraid of.
- ☐ When I can't avoid my feared situation or thing, I feel intensely uncomfortable.
- ☐ My fear is probably more intense than makes sense, given the actual danger.
- ☐ I've had this intense fear for at least several months.

CATEGORY B

- ☐ I've had more than one abrupt spell of intense fear.
- ☐ During these spells my heart raced or pounded, I was sweating, I felt nauseated, and/or I was shaking.
- ☐ During these spells I felt short of breath, had chills or hot flashes, felt lightheaded, and/or felt separate from my body.
- ☐ I've worried about what these spells are and if I'll have more of them.
- ☐ I've tried to avoid anything that might trigger another spell of intense fear.

CATEGORY C

- ☐ I generally feel intense anxiety about using public transportation and/or being in open spaces like a parking lot.
- ☐ I generally feel intense anxiety when I'm in enclosed places (e.g., a movie theater), being in a crowd, waiting in line, and/or going out of the house alone.
- ☐ I worry that I might have a hard time escaping these situations if I had a panic attack or some other crisis.
- ☐ When I can, I avoid these situations, or try to get someone I trust to go with me.
- ☐ The fear I feel is probably greater than the actual danger in these situations.
- ☐ I've been afraid of these situations for at least several months.

CATEGORY D

- ☐ I feel very anxious in situations where I think I may be judged or criticized. Examples include public speaking, meeting new people, or eating in public.
- ☐ I'm afraid that I'll be publicly humiliated and/or rejected by others.
- ☐ I avoid social situations whenever I can.
- ☐ If I can't avoid a social situation, I feel intensely uncomfortable.
- ☐ My social fears are probably excessive in light of the actual threat.
- ☐ I've had intense anxiety about social settings for at least several months.

CATEGORY E

- ☐ I worry excessively about many things most days.
- ☐ It's hard to stop worrying once I start.
- ☐ When I'm worrying a lot I feel tense, irritable, restless, and/or easily fatigued.
- ☐ Worrying makes it harder to concentrate and/or disturbs my sleep.
- ☐ I've been a "worrier" for at least six months, and maybe most of my adult life.

Do your symptoms cluster in one or more specific categories? The categories are:

- ☐ **A:** Specific Phobia
- ☐ **B:** Panic Disorder
- ☐ **C:** Agoraphobia
- ☐ **D:** Social Anxiety Disorder
- ☐ **E:** Generalized Anxiety Disorder

Whatever category your symptoms might fall in, this workbook provides tools that apply. You can find more suggestions for tools to address the specific condition you might be experiencing in the Resources section at the back of the book.

You can find a copy of this checklist online at callistomediabooks.com/cbt.

Zeroing in on Depression

"What's the point?" Bill thinks to himself as his alarm clock goes off again. He realizes he definitely shouldn't hit snooze again if he's going to get to work on time. But he wants nothing more than to turn off the alarm, tell his boss he's not feeling well again, and stay in bed all day.

With a heavy sigh, he swings his legs around and onto the floor and sits with his head in his hands, trying to muster the energy to stand up.

Bill feels like he's moving through mud as he walks to the bathroom. He used to enjoy his morning shower—now it's all he can do to get in and wash up. For breakfast he manages to drink a small glass of orange juice; he looks at the boxes of cereal in his cabinet and closes the door.

He doesn't dare sit, knowing how hard it will be to get up again. Besides, his leg still hurts when he goes from sitting to standing. Three months ago, Bill broke his right tibia while trail running. For years, he would run with his friends several times a week, enjoying the outdoors and camaraderie. Now he can only ride the stationary bike at the gym as he heals.

As he drives to work, his leg hurts every time he presses the brakes. He curses himself for "being so stupid" as to break his leg. His mind wanders to other times he feels like he messed up—when he missed the last-second shot that would have tied the championship basketball game in high school; the unenthusiastic performance report he got at work last year; even the time he wet the bed at a seventh-grade sleepover. It all seems pathetic. He sighs as he parks his car and heads in for another day's slog at work.

Bill is caught in an episode of depression. It started with his injury, which led to losing many things he loves: conquering a difficult run, time with good friends, being outside. Many of the things that keep him feeling well were suddenly missing. As his mood dropped, he started to believe bad things about himself: that he's "pathetic" and "worthless."

DEPRESSION BY THE NUMBERS

- Depression is the **number one cause of disability**, according to the World Health Organization.
- About **350 million people** worldwide are depressed.
- As many as **25 percent of people in the United States** will experience major depression in their lifetime.
- As with anxiety disorders, **women** have about a **70 percent greater risk** for depression compared to men.
- **Younger generations** are more likely to experience depression than are their ancestors.

There are multiple ways CBT can interrupt the tailspin Bill is in. One of the most important is to find ways to replace the sources of joy and accomplishment that are now missing. In CBT, Bill will also take a close look at what he's telling himself, and he will see whether his thoughts make sense. Is he truly pathetic? Does breaking his leg mean he's stupid? The losses Bill experienced would take a toll on anyone, but they don't mean he has to stay depressed.

General Types of Depression

Depression takes many forms. Sometimes we don't even realize we're depressed when the condition is different from our idea of it. The *DSM-5* separates the broad category of depression into several specific types. Let's look at some of the subtypes.

MAJOR DEPRESSIVE DISORDER

The most common form of depression is major depressive disorder. It's what we usually mean when we say someone is "clinically depressed" or has "major depression." A person has to either feel down for most of the day *or* lose interest in almost all activities for at least two weeks. A person can be depressed but not actually feel "down." The average bout of major depression is about four months.

During the same two weeks, a person with depression will have other symptoms, such as sleeping a lot more or a lot less than usual, being much more or much less hungry, feeling exhausted, and having a hard time focusing or making decisions.

We also tend to feel bad about ourselves when we're depressed, either excessively guilty or completely worthless. Depression is a strong risk factor for suicidal thinking and even attempting suicide. Someone with major depressive disorder will probably feel like she's in mental pain and is likely to have a hard time doing normal activities.

Because there are nine symptoms of depression and five are needed for a major depression diagnosis, the condition can look quite different in different people.

PERSISTENT DEPRESSIVE DISORDER

Major depressive disorder tends to wax and wane, even without treatment. Within one year from when it begins, around 80 percent of individuals will have started to recover, according to the *DSM-5*. Others experience a more chronic form of depression called persistent depressive disorder. Consistent with the name, a person has to feel depressed most of the time for at least two years to receive this diagnosis. They will also have at least two other symptoms of depression, so the condition can be milder than major depressive disorder (which requires five symptoms). As the *DSM-5* makes clear, this is not to say that persistent depressive disorder is a "light" form of depression. Its negative effects can be at least as great as those of major depression.

PREMENSTRUAL DYSPHORIC DISORDER

A controversial diagnosis was added to the latest *DSM*: premenstrual dysphoric disorder, or PMDD. This form of depression occurs leading up to and during the first part of a woman's menstrual period. Contrary to some of the criticism of the diagnosis, it is not the same thing as premenstrual syndrome, or PMS. PMDD is to PMS what major depression is to feeling "depressed" when one's favorite team loses.

In addition to some of the symptoms of major depression, PMDD also includes symptoms like volatile mood swings, irritability, anxiety, feeling overwhelmed, and the physical symptoms associated with the premenstrual phase, like breast tenderness and feeling bloated. A woman must have these symptoms during most menstrual cycles to have the PMDD diagnosis. In a given year, around 1 to 2 percent of menstruating women will experience PMDD.

SPECIFIERS FOR DEPRESSIVE DISORDERS

Further complicating matters, each type of depression can have one of several "specifiers," or labels that tell us more about the nature of the depression. Here are some of those labels:

Single Episode versus Recurrent Episode. Some individuals only have a single episode of depression, whereas others have recovered and then have a recurrence of the condition.

Mild/Moderate/Severe. Depression can range from manageable to completely debilitating. The labels include:

- **Mild:** A person barely meets criteria for depression and is able to manage with the condition; this accounts for only about one in ten instances of major depressive disorder.
- **Moderate:** Major depressive disorder is classified as moderate in about two out of five instances, which by definition falls between Mild and Severe.
- **Severe:** Most depression symptoms are present and the person is miserable and unable to function well; the largest percentage of cases of major depressive disorder are classified as Severe, at around 50 percent.

With Anxious Distress. It might seem like anxiety and depression are opposites: anxiety is a high-energy state, depression a low-energy state. However, major depression is significantly correlated with every kind of anxiety diagnosis, meaning we're more likely to be anxious if we're depressed, and vice versa. The *DSM-5* includes a category of depression "with anxious distress," meaning that a person has at least two symptoms of anxiety or dread, e.g., feeling unusually restless, worrying that interferes with concentration, or fearing something awful might happen.

With Melancholic Features. Even when we're depressed, we often feel temporarily better when something good happens, like if we finish an important project

PHYSICAL MANIFESTATIONS OF DEPRESSION

Depression is best thought of as a whole-body illness. Physical manifestations of depression can include:

- **Changes in appetite:** People who are depressed commonly lose their appetite, often because food just doesn't taste as good. Others experience an *increased* appetite and may gain weight.
- **Trouble sleeping:** Sleep can change in either direction. Some people with depression have terrible insomnia, despite being exhausted; others sleep 12 hours a day and still want more sleep.
- **Physical agitation:** When a person is depressed, he might have a hard time sitting still and may constantly fidget, driven by an internal sense of unrest.
- **Being slowed down:** Some depressed individuals might move or talk slowly, to the point where other people might notice.
- **Slower healing:** Multiple studies have shown that we heal more slowly when we're depressed. For example, chronic wounds heal more slowly if we're depressed, and depressed patients recover more slowly from coronary bypass surgery.
- **Greater risk for dying from physical disease:** Among patients with coronary heart disease, for example, depression doubles the risk for dying.

Clearly depression is, quite literally, not just in a person's head.

or we spend time with loved ones. During severe depression, there can be a complete loss of pleasure in everything, even a person's favorite activities. A person with this kind of depression may have "melancholic features," which also include a worse mood in the morning, waking up in the morning at least two hours early, and consistent loss of appetite.

With Atypical Features. In contrast to melancholic features, atypical features include having a positive response when good things happen. Additionally, a person will have an *increased* appetite (and may gain weight) and *excessive* sleep, along with other symptoms.

With Peripartum Onset. No doubt you're heard of women experiencing "postpartum depression" after childbirth. The *DSM-5* states that about half the time, this form of depression actually starts before the baby is born. So depression around this period is called "peripartum," or "around delivery," rather than only after delivery. Depression with peripartum onset often includes severe anxiety. Three to six percent of mothers will experience depression with peripartum onset.

With Seasonal Pattern. Sometimes depression varies with the seasons, most often with a worse mood in the fall and winter as the days get shorter and mood improvement in the spring. This pattern is especially common among younger people and at higher latitudes—in Boston versus North Carolina, for example.

If you think you might be depressed, complete the following scale to see what symptoms of depression you're experiencing.

THE DEPRESSION SCALE

Over the past two weeks, how often have you been bothered by any of the following problems? Circle the number that matches your response for each item.

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	**0**	**1**	**2**	**3**
2. Feeling down, depressed, or hopeless	**0**	**1**	**2**	**3**
3. Trouble falling or staying asleep, or sleeping too much	**0**	**1**	**2**	**3**
4. Feeling tired or having little energy	**0**	**1**	**2**	**3**
5. Poor appetite or overeating	**0**	**1**	**2**	**3**
6. Feeling bad about yourself, or that you are a failure or have let yourself or your family down	**0**	**1**	**2**	**3**
7. Trouble concentrating on things, such as reading the newspaper or watching television	**0**	**1**	**2**	**3**
8. Moving or speaking so slowly that other people could have noticed; or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	**0**	**1**	**2**	**3**

Add up each column and write the totals here: ____ + ____ + ____ + ____

= Total Score: ____

Your total score provides an estimate of the degree of depression that you're experiencing:

0–4	Minimal
5–9	Mild
10–14	Moderate
15–19	Moderate to Severe
20–27	Severe

Depression can make it hard to focus on simple tasks, let alone taking on a workbook. If you're suffering from anything beyond mild to moderate depression, seek the services of a professional in addition to using this book.

You can find a copy of this form online at callistomediabooks.com/cbt.

Chapter Check-In

In this chapter, we covered the many ways that we can experience anxiety: the specific fears in phobias, the terror of panic disorder, the avoidance with agoraphobia, the fear of humiliation in social anxiety disorder, and the never-ending worries of generalized anxiety disorder. We also covered the various forms of depression, including the most common, major depressive disorder.

The good news is that however anxiety and depression present themselves, a core set of CBT techniques can help control them. The first step in managing anxiety and depression is to have clear goals, which will be the topic of the next chapter.

For now, take some time to write down any reactions you have to this chapter. Which types of anxiety and/or depression could you identify with? Write down any other thoughts or feelings you're having at this point. In the next chapter, week 1, you'll identify your goals for this program.