

**NPTEL
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Course Name

Stress Management

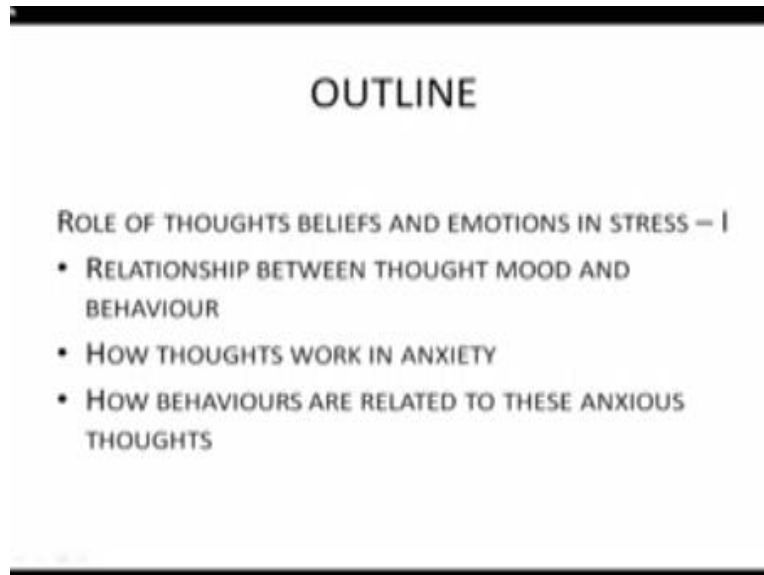
by

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**Lecture 13: Role of Thoughts Beliefs
and Emotions – I**

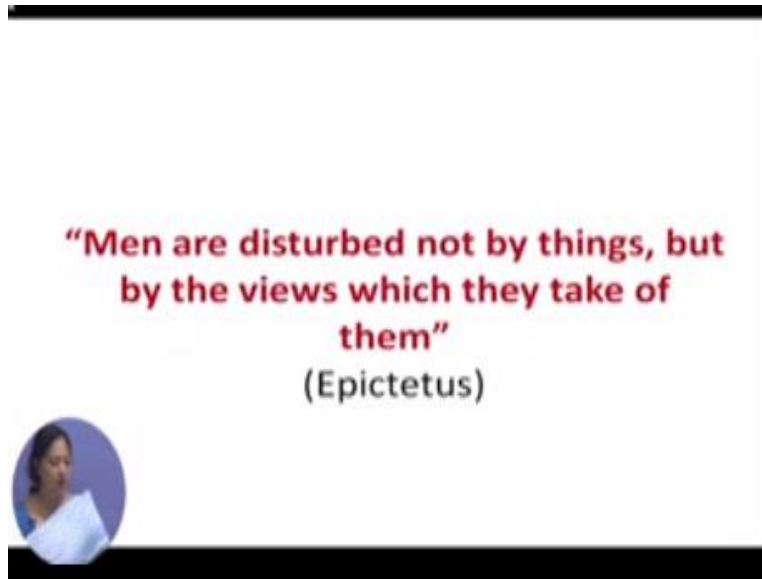
Hello everybody welcome to the third week of stress management and in this third module of developing resilience to stress today we will discuss about the role of thoughts emotions and behavior in anxiety.

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So primarily we will see the relationship between thoughts and mood and behavior and how thoughts work in anxiety and how these behaviors are related to these anxious thoughts.

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We will start off with one of the famous quotes by Epictetus which goes on like this, but men are disturbed not by things, but by the views which they take of thing of them. So Epictetus way back in the first century AD wrote about this and we know that this is true even till today. So we have already been talking about this since the first session of our course that it is not the stimulus per se that is stressful.

But it is how we look at that how we perceive the stimulus that makes the difference between one individual another. So how we view them actually makes it more stressful or otherwise.

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**ROLE OF THOUGHTS BELIEFS AND
EMOTIONS IN STRESS AND ANXIETY**

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STRESS AND ANXIETY

- **Stress** is a natural response to a nerve-racking situation. Often it is a feeling of anger, frustration or distress. It is a normal part of life and, in small amounts, can motivate you to be more productive. Frequent stress, however, can have negative effects on physical and psychological health
- **Anxiety disorders** involve chronic, debilitating and seemingly unprompted feelings of apprehension, nervousness or fear

Both stress and anxiety disorders have many symptoms in common but stress tends to be managed through lifestyle changes, whereas anxiety disorders require both lifestyle changes and medical therapies

So in today's session first and foremost we will discuss what is the difference between stress and anxiety several times we have been using the word stress sometimes stressors, sometimes anxiety disorders so what exactly is the difference between stress and anxiety are this anonymous can we use one for the other or do we actually use specific names for each other. So stress is a natural response to a nerve-racking situation.

Often it is a feeling of anger, frustration, or distress it is a normal part of life and in small amounts can motivate you to be more productive we have spoken about you stress and distress and, you know that stress can also be productive so if I am not stressed before an exam then I will not even work hard to do well. So an optimal amount of stress is desirable frequent stress however can- can have negative effects on physical and psychological health.

We spoken about the effects of chronic stress on health and anxiety disorders on the other hand involve chronic debilitating and seemingly unprompted feelings of apprehension, nervousness or fear. So if an individual is going through several stresses or say one stressor chronic stressor for a long period of time or even in fact if there is an acute stress so it is a independent singular

stressor that has a very high intensity there is a probability of it manifesting into a group of disorders known as anxiety disorders.

So stress as compared to anxiety this primer anxiety response is more for long-term response and it affects the thought, moods and behavior of the individuals. So both stress and anxiety disorders have many symptoms in common but stress tends to be managed through lifestyle changes whereas anxiety disorders require both lifestyle changes as well as medical therapy. So many times we see that an individual is asked to meet the doctor for anxiety.

So the symptoms that are expressed through a stressful situation if the intensity is less or in an anxiety disorder may be the same, but the intensity of the responses or the symptoms are maybe more in the case of an anxiety disorder where the individual needs other forms of treatment like counseling, psychotherapy as well as pharmacotherapy that is taking medicines. So on the other hand for stressful life events or safe or stressful changes in life an individual can actually be helped only by means of changes in lifestyle changes.

So it could be something like introducing a more disciplined way of life introducing more for exercise in relaxation techniques and more of picking up hobbies changing the sleep routine so these could help with stress, but if it becomes an anxiety disorder of due to chronic stress and that needs to be addressed more professionally.

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Generic Model: (Padesky , 1990)

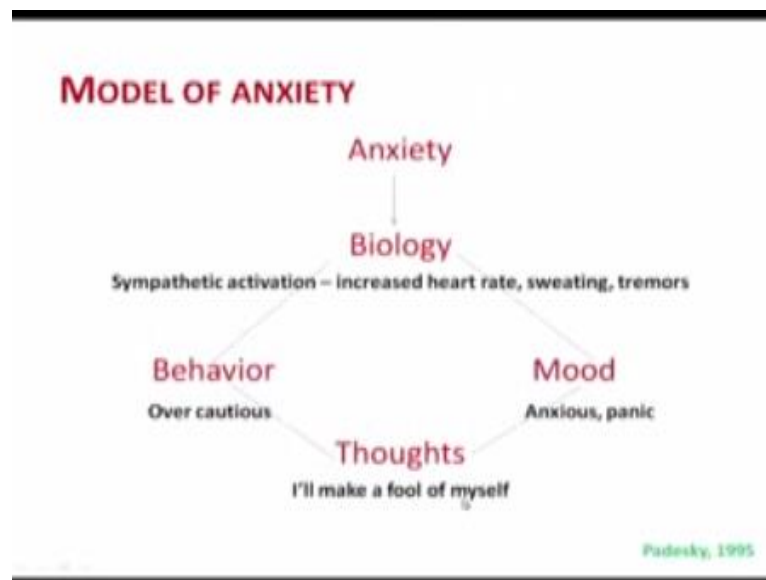


So this brings us to the role of thoughts, moods and behavior and how they are we must remember that these are interlinked. So we have spoken about the biology so of that changes or this physiological changes during a stressful situation. Now the same thing there are changes in the thoughts and also in the mood of the individual or the emotional changes and likewise there is a change in behavior.

Now these are all interlink so if there is a change in the thought process there will be a change in the mood and the behavior and if there is a change in the mood it will also affect the physiology as well as thoughts and behavior. So these are all interlinked we must remember that this is also the case in case of depression or other psychological disorders, so there is a, whenever we are talking of a mind-body relationship so like in anxiety disorders or like in depression.

So it affects the organism as a whole through it affects the physiology, it affects the thoughts what the individual is thinking the moods of the individual as well as the behavior patterns that he is adopting. And these behavior better patterns if they are maladaptive they actually aggravate the thoughts. So I will just give you an example to start off with.

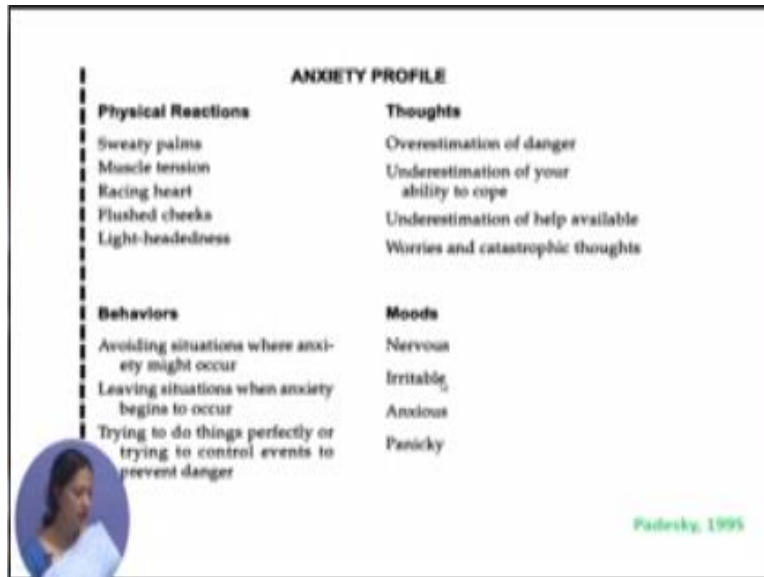
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So in anxiety what happens there is sympathetic activation, increased heart rate sweating frammers I will just I am just citing an example see before a presentation in the classroom. So there is an individual has to give a presentation in a classroom who is really anxious about her public speaking. So he suffers from social anxiety think about such an individual when he has to give a presentation he has an increased heart rate, he is sweating, his tremors, and what is his mood like he is anxious he is in a panic state what are the thoughts that are disturbing first and foremost people are going to really kill me I will make a fool of myself what is the behavior it may be overcautious.

So I am actually focusing on every word that I am saying and for long-term behavior it could be the avoidance of a situation so I am falling ill. So that is how long term biology is being affected and avoidance behavior I am being I am avoiding the situation where I have to give a presentation so whenever there is a situation where I have to express myself publicly I am ill or I have I think of several other causes that may happen to me so that is the thoughts of the calamities that may happen and I avoid that situation so you must remember that more of this avoidance will also since mood is related to behavior will increase the anxiety and the panic features relating to that thought of presentation.

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ANXIETY PROFILE	
Physical Reactions	Thoughts
Sweaty palms	Overestimation of danger
Muscle tension	Underestimation of your ability to cope
Racing heart	Underestimation of help available
Flushed cheeks	Worries and catastrophic thoughts
Light-headedness	
Behaviors	Moods
Avoiding situations where anxiety might occur	Nervous
Leaving situations when anxiety begins to occur	Irritable
Trying to do things perfectly or trying to control events to prevent danger	Anxious
	Panicky

Foa, 1995

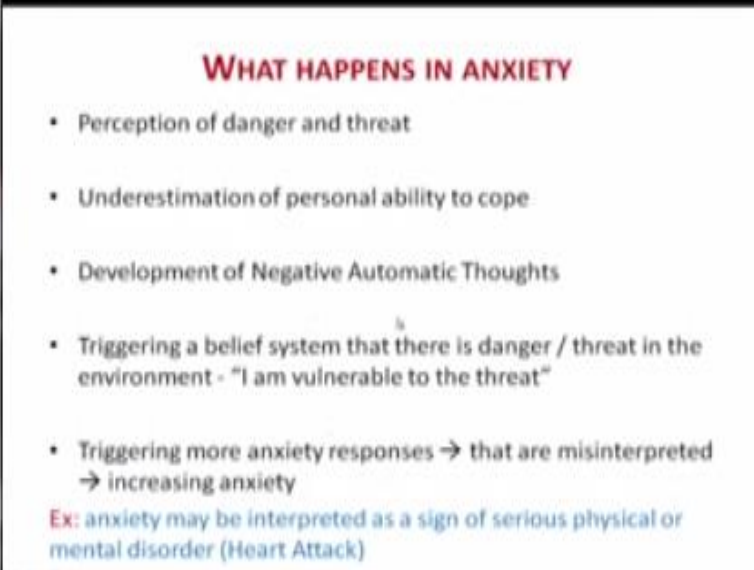
So now we already know that in an anxiety profile or the anxiety and anger in an anxious individual these are the physical reactions so primarily sweaty palms muscle tension racing heart flushed cheeks lightheadedness so these are some of the physical reactions that an individual goes through an anxiety some of the moods are nervousness irritable anxious panicky state thoughts are relating to overestimation of danger so I oh god this is really scary underestimation of your ability to cope so I cannot manage I just cannot manage if I go there if I have to stand up on stage I will faint underestimation of the help available no matter how many PPTs I have with me I will not be able to look at them and talk no matter how much I have rehearsed how much my friends are there to help me worries and catastrophic thoughts something really scary is going to happen.

Most of the time these catastrophic thoughts cannot be explained very much in detail if you ask this person what is going to happen I do not know what will happen but something serious something very dangerous is going to happen so it is a more like a calamity will fall on them behaviors avoiding situations where anxiety may occur I was just talking of such an avoidance behavior leaving synthesized situations when anxiety begins to occur there are many people who

go for the examination but before appearing for the exam they come away or leave the place or somebody who goes for the interviews but does not take the interview.

So before the interview walks away so there are different kinds types of avoidance behaviors the third type of behavior is trying to do things perfectly or trying to control events to prevent danger so more cautious behavior this is a part of safety behavior that actually increases anxiety we will talk about safety behaviors a little later this I were doctored from pods 1995 you can look at the book it is known as mind over mood and it is a wonderful book really a self-help book to practice for anxiety and depression.

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WHAT HAPPENS IN ANXIETY

- Perception of danger and threat
- Underestimation of personal ability to cope
- Development of Negative Automatic Thoughts
- Triggering a belief system that there is danger / threat in the environment - "I am vulnerable to the threat"
- Triggering more anxiety responses → that are misinterpreted
→ increasing anxiety

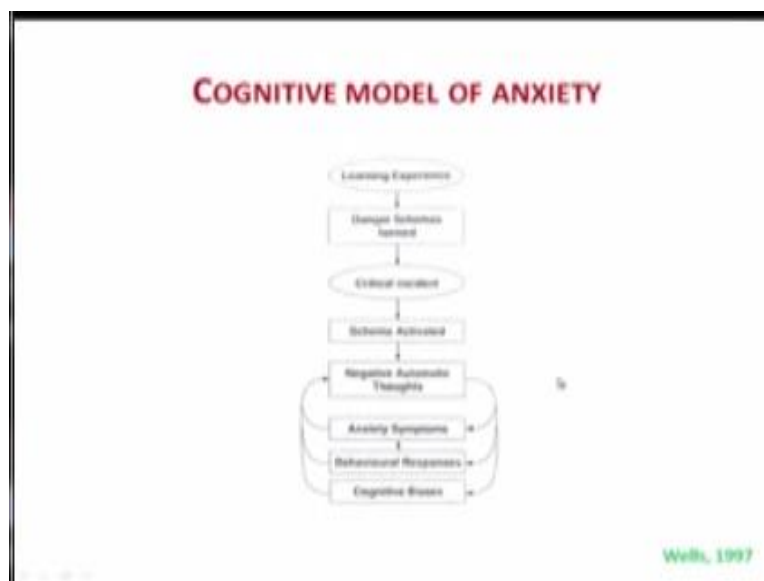
Ex: anxiety may be interpreted as a sign of serious physical or mental disorder (Heart Attack)

So what exactly happens in anxiety so we know that there is a perception of danger and threat underestimation of the person's ability to cope and development of negative automatic thoughts just remember this term negative automatic thoughts or n it is we just get back to it right now and this these negative automatic thoughts triggers a belief system that there is a danger or threat in the environment that you are vulnerable to.

So I am well to the threat this belief this thought more or thought is triggered and this likewise triggers anxiety into responses and when these responses are misinterpreted like I am oh god I am having sweaty palms I am having an increased heart rate so I am maybe I am going to faint and if this thought is I realize that I have sweaty palms and palpitations and I the thought is triggered that I am going to faint then that increases more anxiety because if I faint in a public situation I will video cool my ridiculer.

So also this may be interpreted as a physiological illness so several times people having panic attacks may express that they were having a serious heart disorder or something like I am having a heart attack or I am just going to collapse so maybe my BP went down or shot up like anything I think I am turning crazy or I am going to have a cardiovascular illness so several people complain of such things when actually it is nothing but an anxiety attack.

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So just to understand the cognitive model of anxiety in brief what happens is there is a learning experience so through our early experiences over time in the previous session we were talking about A and B two guitarists who had a different upbringing and how that affected their behavior patterns in college while playing guitar or during a guitar performance so early experiences

actually helped us build our thoughts and our belief systems so what is dangerous what is what other should send must how we should behave and what is right and what is wrong so these principles or these core beliefs or these schemas are created.

So the danger schemas are formed that way over time over school over a family values and our experiences and also by knowing others experiences over time so it could be something like you know once he my friend he I saw him that he could not speak in class and everybody laughed and abused him so then I have not experienced that but it is a it is a learned phenomena for me so I have built this belief system that if you actually if you are not perfect then people will laugh at you so something like that and then there is a critical incident so critical incident is something is an event that happens say suppose I and the individual has to speak in public.

So that is an incident and so the schema is activated we know that the first schema that was formed one of the schemas that was formed is you have to be perfect if you are not then people will laugh at you, so then these bring out the automatic thoughts the moment the schema is activated the moment I start believing that Oh! God if I have to some assumptions are created that if I do not perform well.

Then some people are going to laugh at me so it is more like an if and then situation and so there are some rules set and these trigger the automatic thoughts in the critical situation and this leads to anxiety behaviors so they will be behavioral responses some cognitive thoughts and anxiety other anxiety features we will just study this a little in detail this model was given by wells in 1997.

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SCHEMAS AND ASSUMPTIONS

Schema: key elements of our frame of reference

- a set of rules determining
 - how we judge ourselves, situations, others
 - how we interact with other people

• **Assumptions** (if / then statements) - Rules formed by experience, revised by newer experiences – **becoming silent assumptions**

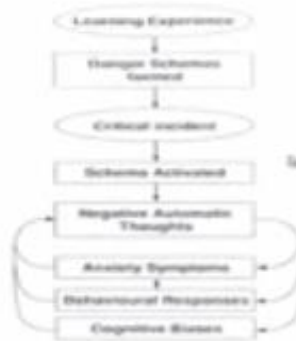
- link events and self-appraisals (e.g. 'if I show signs of anxiety **then** people will think I'm inferior; **if** I have bad thoughts **means** I am a bad person; unexplained physical symptoms are usually a sign of serious illness; if I can't control anxiety I am a complete failure')



And you can check out his book on anxiety it is again a wonderful book to treat anxiety disorders to understand anxiety mechanisms and anxiety disorders so what exactly do we mean by schema.

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COGNITIVE MODEL OF ANXIETY



We have been talking about dangerous schema forms schema is formed so what are schemas.

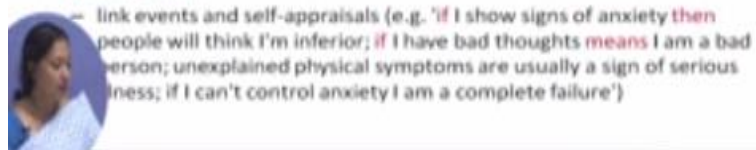
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SCHEMAS AND ASSUMPTIONS

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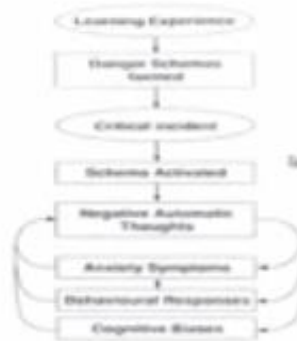
Schemas are key elements of our frame of reference so basically as I was telling you they are a set of rules determining how we judge ourselves situations and also how we judge others and how we interact with other people, so these are basically principles formed rule systems that are formed by our past experiences by our learning by our modeling others behavior and also by our value systems that we endow that we get from school and parents etc.

And important others, assumptions are more like rules based on if then so these are conditional schemas are not conditional so the assumptions are like if I if I do this then and then people will say this so It is like if I show signs of anxiety then people will think I am inferior if I have that thoughts means then it means I am a badperson so unexplained physical symptoms are usually a serious sign of serious illness and so if there is schema is this that if I have to be fit I have to be perfect.

So if I can cannot control my anxiety then I am a complete failure so think about this that when the danger schemas.

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COGNITIVE MODEL OF ANXIETY



Are formed then and the critical there is an incident where I am in an anxiety provoking situation where the individual isn't in an anxiety provoking situation these schemas are activated so the scheme as being I have to be perfect.

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SCHEMAS AND ASSUMPTIONS

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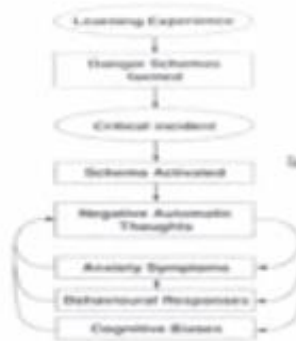
- link events and self-appraisals (e.g. 'if I show signs of anxiety **then** people will think I'm inferior; **if** I have bad thoughts **means** I am a bad person; unexplained physical symptoms are usually a sign of serious illness; if I can't control anxiety I am a complete failure')



I have to do things well one needs to be good one needs to be appreciated by others so these are I should be in control I should be good I have to be perfect so these are internal schemas that we might have and then these are actually these trigger these assumptions of if-then so if I am if I control cannot control my anxiety then I am not perfect.

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COGNITIVE MODEL OF ANXIETY



So what happens so here these we have these assumptions of if-then and we bring in the negative automatic thoughts.

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NEGATIVE AUTOMATIC THOUGHTS, WORRIES

- Negative automatic thoughts (NATs) are appraisals or interpretations of events, and can be tied to particular behavioural and affective responses. Immediate thoughts

Ex: walking down the road, smile at a friend, he looks away - what would be the immediate thought that would come to your mind?

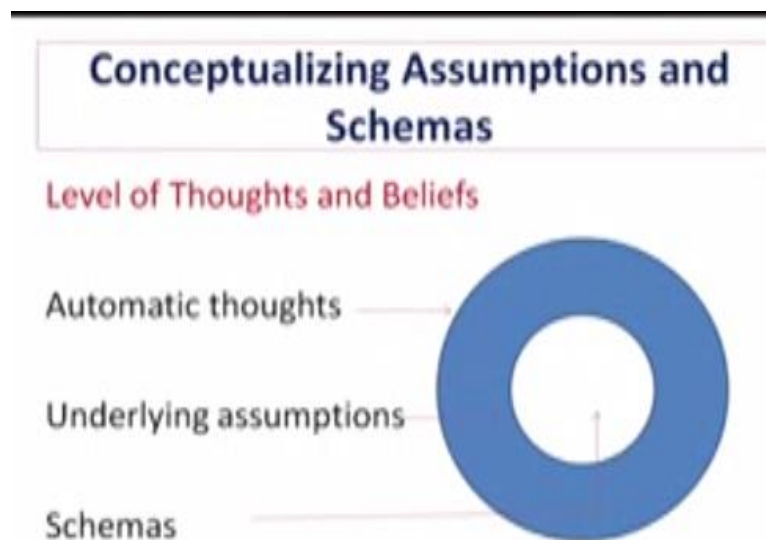
Now the negative automatic thoughts are thoughts that as the term suggests it occurs automatically so they are the immediate thoughts that come to an individual say if you are walking down the road and you see a friend walking by you smile a bad friend he just moves his head away and walks up was the first thought that comes to your mind, if it is that I am he did not see me so he moved away.

So this the first thought is a the immediate thought is an automatic thought now it could be a positive thought it could be a negative thought now the difference between a negative automatic thought and of any other positive thought is it is the negative automatic thought is not based on any rational conclusion so it is based on the immediate event that has happened so I saw a person moving his head away from me.

That means see an anxious person would see it as or he wants to avoid he wants to he I am not good so he does not want to talk to me so maybe he is angry with me so these are the anxiety the thoughts that are triggered and now see it is because of the prevalent anxiety underlying the individuals mood that is triggering such thoughts and these are very immediate thoughts it does not require any rational assumptions that are followed okay.

So these now they are negative they are known as negative automatic thoughts because these thoughts are do are maladaptive by nature so actually they trigger more of the anxiety response they do not help the individual and primarily these are negative in nature, so they have an unpleasant connotation for the individual as well.

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So that brings us to the schematic diagram of how the thoughts and beliefs are so the automatic thoughts are on the very superficial level so immediately in a situation they are triggered the underlying assumptions are if then as I said based on the schemas which are more core, so you know the target is to reach the schema if you are an anxious individual you could try this so what are the basic principles that my life moves on.

Or what are my basic value systems we call these schemas or core beliefs so what are these coal believes that I have and I mean how mostly we say this as these are my principles in life I believe in this is my value system and many times we are also unaware of our core beliefs and these lead to these inner in a situation you will see that these trigger the underlying assumptions like in a critical in an anxiety provoking situation.

So if there is something that is making you anxious first think about what are the thoughts that are immediately coming to my mind those would be the automatic thoughts and what are the if-then principles that they are based on so is it something like if I do this then this will happen so if I collapse that will mean I am weak.

So then it means I am weak so are these if-then principles that you it is working on, say in an exam I have is it if I fail this exam then it proves that I am a failure. Now if such an assumption is working in your case or say in anybody's case it is seen that the four beliefs would be more fundamental like without their absolute truths they are taken as absolute truths I have to be successful, one has to be successful I cannot be a failure.

So you know so that is why one situation where there is a probability of not doing well is immediately related to being a failure so every say for an anxiety anxious person every situation is a condition to prove his personal worth we were discussing about the two cases of the guitar players in the last session there we saw that for every performance guitar performance was a situation where he had to prove his worth that he is good enough now that was because of his goal believes that he has to be perfect. Now what is the difference between negative automatic thoughts and worry we have sometimes.

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NATs AND WORRY

- Worry is a chain of negatively affect laden thoughts aimed at problem solving (Borkovec et al. 1983)
- Worry is a verbally based thought process while negative automatic thoughts can occur in a verbal and an imaginal form

We use them interchangeably but we need to understand that there is a difference ,so one e is a chain of negatively affect Laden thoughts aimed at problem solving so I am really worrying about how to manage so many things in one day, negative thoughts on the other hand occur immediately on a situation so why may be continuing throughout the day, negative thought is specific to that event or that situation and worry is generally a verbally based thought process.

Negative thoughts can occur in the form of verbal thoughts or it can be in an imagery form also immediately it can bean imaginal form. Now what is the role of behavior in these anxiety thoughts?

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THE ROLE OF BEHAVIOUR

- When a threat is perceived - the cognitive system facilitates caution by eliciting a series of self-doubts, negative evaluations, and negative predictions
 - The somatic (bodily) manifestation → range of feelings such as unsteadiness, faintness, and weakness
 - Beck et al. (1985) assume that this is part of a primal survival mechanism that exists to terminate risk-taking behaviour and orient behaviour towards self-protection
 - In social performance situations these responses can increase the danger - i.e. they interfere with social performance
-

So when a threat is perceived the cognitive system or the thoughts facilitates caution by eliciting a series of self doubts or negative evaluations and negative predictions. The somatic the or the bodily manifestation leads to a range of feelings such as unsteadiness faintness and weakness, so several times when signal all this is happening due to the physiology so when a threat is perceived think about the fight-or-flight response once again so the body is responding to the fight or flight or freeze response to the situation by a fight or flight or freeze response.

So there may be an unsteadiness faintness and weakness in the limbs because of the physiological changes. Now this may be a part of the survival mechanism that exists to terminate risk taking behavior and orient behavior to a self-protection so the gushing of blood to the legs may actually make us more aware of the maybe may they there may be a slight tremor or an awareness of the physiological changes in the legs, that unfortunately may be interpreted as a serious physical symptom and that actually brings in more what should I say more anxiety.

So in a social performance situation these responses of, or these physiological responses to a survival instinct survival threat actually increases the danger as in the individual may start feeling that oh god I am going to collapse, so what happens is we have spoken about this that

previously when in primitive man in earlier settings when survival was of prior importance in an everyday life situation the brain was brain responded to the threats for survival through the flight or flight response. But now everyday situation it is whenever anxiety is created it does not necessarily mean that is it is a threat to survival, but the brain is still responding in the same way so the changes that are happening within the body mechanism may not be appropriate to a social situation.

So when a person is having in say the brain thinks this is an anxiety situation immediately there is a gush of blood to different parts of the body and there may be certain symptoms relating to unsteadiness, faintness, weakness that I created in the limbs and this is not appropriate to respond responding in a social situation.

So that makes the individual more anxious rather than helping the individual to resolve the anxiety it actually makes individual more anxious.

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BEHAVIOUR INCREASING ANXIETY

Ex: A social phobic is fearful of babbling and talking incoherently in a social situation may focus more attention on the self and monitor his/her spoken words closely

In addition to this **cognitive self-monitoring strategy** there may be attempts to pronounce words in a clear and controlled way, and rehearse mentally the material to be spoken before speaking in order to check that it sounds acceptable

Safety behaviours (Salkovskis, 1991) play a significant role in the maintenance of anxiety

So many times it increases safety behaviors now say I will just related this with an example see a social phobic person so our social anxious person is fearful of babbling and talking incoherently

in a social situation and he may focus more attention on the self and monitor his or her words spoken that he is speaking out more closely so the moment he actually focuses on his words what am I saying this happens several times.

When we try and speak a foreign language so it could happen when you are speaking in English where you are not very sure of the English for Indians being a foreign language not our mother tongue several times we may not be sure of the prepositions that we are using or the tense so focusing more on the tense or the prepositions actually increases the you know that slows down the way we are talking and there is more of incoherent speech and that actually increases the anxiety all the more that oh I am babbling I cannot speak properly.

So there is so this actually the also the rehearsing of the material mentally several times before we speak we have actually rehearsing should I say the or show it should it be did or do or walls or is so maybe the tents the preposition the whenever we are getting confused or we are rehearsing in our mind it not only slows the expressions of the behavior the feedback also that I am saying slowly and people are looking at me.

So all this feedback goes to the brain and actually makes the individual more anxious so that's why South Coffs case in 1991 pointed out that the safety behaviors that are followed by an individual during a stressful situation instead of actually helping the individual increases the anxiety so some of the I will just discuss some of the safety behaviors.

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SAFETY BEHAVIOURS

- Controlling one's breathing may lead to hyperventilation
 - Controlling certain thoughts may contribute to paradoxical effects of increased preoccupation with thoughts
 - Perception that - non-occurrence of feared outcomes resultant of safety behaviour rather than correctly attributed to the fact that catastrophe will not occur
 - Particular safety behaviours, such as increased vigilance for threat, reassurance seeking, etc., enhance exposure to danger-related information that strengthens negative beliefs
-

So controlling one's breathing may lead to hyperventilation so I'm sure you have heard the term hyperventilation before you may be watched it in many of the movies hyperventilation is where the individual breathes out more so it is like panting so he's I am controlling my breathing I am trying to calm down so instead of taking long breaths we breathe out more so and that increases anxiety controlling certain thoughts may contribute to paradoxical effects of increased preoccupation with the thoughts I am trying to stop this starts actually the moment you are saying I am trying to stop a thought you are thinking about that thought to stop it.

So that actually brings in the thought all the more this happens many times with obsessive traits so our say in an OCD patient where there is an obsessive thought that is recurrently coming to the mind so there if the individual forcibly tries to stop the thought without adopting other techniques then that increases the likelihood of the thought coming back so I am NOT going to think that I did not put my admit card in my bag properly.

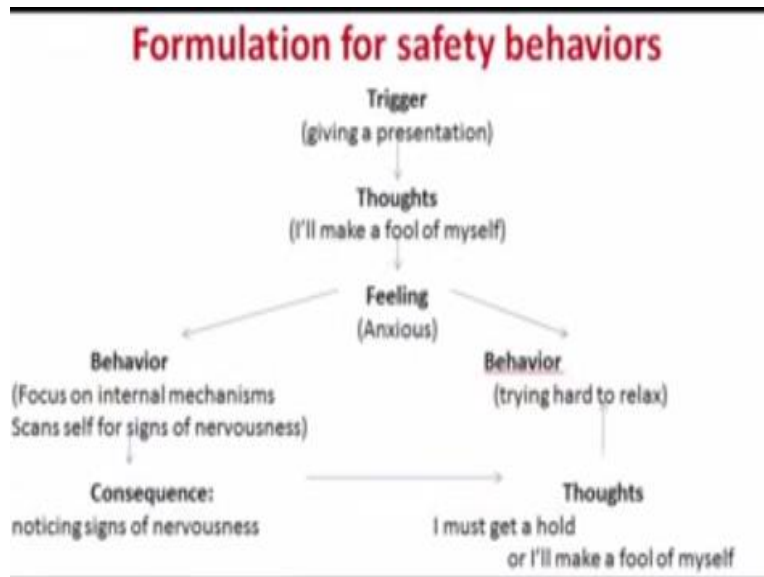
So what happens it triggers the thought that I might have not put the admit card in my bag let me check it once again now the perception that non-occurrence of feared outcomes resultant of safety behavior rather than correctly attributed to the fact that catastrophe will not occur so this is

a little technical so the idea that I am taking these behaviors protective behaviors to stop a catastrophe and actually this by itself is bringing is firmly associated with the thought that a catastrophe may occur that is why I am taking such protective behaviors.

So definitely it is not removing the code thought that this is an alarming situation or rather removing that thought that this is bringing in the new thought that this is not an alarming situation so you must start with this that every situation is not threat provoking every situation is not alarming and it is not our survival threat some of the safety behaviors like increased vigilance for a threat reassurance seeking etc enhance exposure to danger related information that strengthens negative beliefs this is a very interesting thing that we come across is if and when an individual is looking at the is given a certain medicine and he these days thanks to Google everybody looks up what is on the net and you get to see.

So many side effects of the medicine and immediately thereafter the individual starts having all the signs and symptoms of the contraindications or the side effects of the medicine so what is happening this precaution precautionary measure of knowledge or you know I am actually being more cautious about things is exposing me to several other anxiety provoking information that I would be better done without.

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So here I will just show you formulation of the safety behaviors. So say the trigger or the event a critical situation critical event is giving a presentation the thoughts are I will make a fool of myself feeling anxious so feeling or the mood is anxious the behavior is trying hard to relax so that again related to the thought I must get a grip or I lose it I if I do not control I will maybe collapse I will forget things the behavior the other behavior.

So one of them is trying hard to relax and the other is focusing hard on internal mechanisms so scans self for signs of nervousness so am I being nervous am I being nervous is my hand trembling a little am I getting sweaty palms am I actually vibrating a lot and all these be to the consequence of noticing the signs of nervousness am I saying the English correctly why did I say D or a or so just noticing this will actually make more errors will make me more do more perform or efforts and the other hand if I become very conscious I am vibrating a lot okay my legs are trembling.

So that will give the bring about the thought that I am actually losing grip and that makes me try hard to relax but it actually increases the anxiety behavior because trying hard to relax will also again trigger that is there any sign of nervousness or am I actually relaxing so when you are

trying to relax do not try and relax just focus on something else rather than the anxiety provoking symptom.

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COGNITIVE BIASES

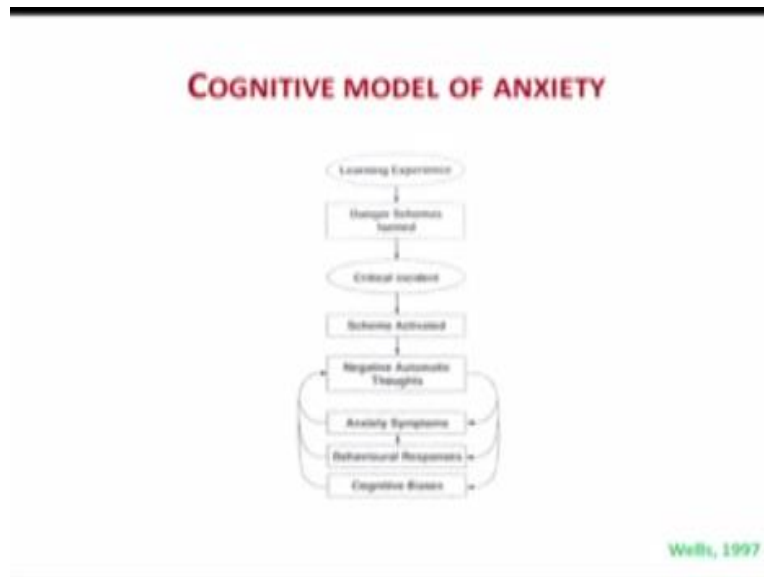
- Once danger schema is activated → biases the information processing
- These biases are **distortions** that affect **interpretations of events** in a way that is consistent with the content of dysfunctional schemas

Biases in processing include:

- selective attention for threat-related material,
- interpretation of events
- Beck and associates, and Burns (1989) labeled interpretive biases as '**thinking errors**' or '**cognitive distortions**'

So one more thing that I will see before we wind up to day sessions is cognitive biases.

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If we look at this the image again of the model of anxiety you will see that the negative automatic thoughts bring about anxiety symptoms and what are the symptoms the behavioral responses and the cognitive biases.

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Cognitive distortions (biases).....

- Catastrophizing
- Mind reading
- Over generalization
- Selective abstraction
- Personalization
- Arbitrary Inference
- Maximization - Minimization



Cognitive biases are particular ways of thinking or distorted ways of thinking that is why it is also known as cognitive distortions and interpreting these events in a particular way so they may include selective attention to certain things and these are thinking errors that are triggered when a person is in a particular situation.

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Cognitive distortions (biases).....

- Catastrophizing
- Mind reading
- Over generalization
- Selective abstraction
- Personalization
- Arbitrary Inference
- Maximization - Minimization



So when that you will you can actually, Identify the cognitive errors in yourself also I will just talk about some of the errors that are related to anxiety catastrophizing something serious is going to happen. So if you just look at the negative thoughts immediate thoughts that occur during an anxious anxiety situation, or during a stressful situation you will see that meant for many people know this thought is something serious is going to happen I do not know what will happen Oh God! So this is catastrophizing. Mind-reading is another feature another thought distorted way of thinking that happens in anxiety.

So it is like he did not look at me when I smile at him that means that he is thinking this and that means after that he will go and do this and that just means the net so you just keep thinking as if you are reading his mind so most of the times we jump thoughts and this increases our anxiety because it is all negatively proved. Overgeneralization I have failed this exam so I am sure I am no good so that is the core belief. I am no good so that means I am going to fail in everything that happens in my life. So we are actually Jay over generalizing things. One exam, the teacher told me today that I am no good so that is more of personalizing.

Bringing all the happenings to yourself so internalizing things and that may bring about it overgeneralization I have not been, I have been critic written the drama performance today this shows that I am no good in anything. I cannot I am sure I will perform badly in the exam tomorrow and in the placement interview tomorrow and even my friends will understand that I am no good. Selective abstraction just picking up certain information, and deducing things from that so maximization minimization so over general over emphasizing the negative situations negative responses in a situation and minimizing the other responses like one person told you if you ask that person one person told you that your singing was not good today.

But the other is really appreciated so here for an anxious person it will be more of maximization of the negative thing and minimization of the positive elements so oh! they said that just to please me, or just to pacify me, but actually that person who criticize me is right so you give more emphasis to the negative features.

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EXAMPLE OF DISTORTIONS...

A socially phobic person involved in a conversation with a work colleague...The colleague suddenly cuts short the conversation and leaves the situation

Interpretation:
'I must be so boring' / 'he thinks I'm an idiot, he doesn't like me' (arbitrary inference and 'mind reading')

In the next encounter, the social phobic is pre-occupied with negative thoughts about 'appearing boring and idiotic'

- he/she selectively attends to his/her own anxious performance- **selective attention**
- fails to notice positive signals from the work colleague - **minimisation**
- or discounts these as evidence that he is 'just trying to be nice' - **minimisation**

biases of attention and inference serve to maintain belief in negative appraisals, as negative information is abstracted, and positive information is not processed, or is discounted

So an example socially phobic person involved in a conversation with a work colleague I must be the colleague suddenly cut short of the conversation shuts, shuts the conversation and leaves the situation. So one interpretation could be I must be so boring, he thinks I am an idiot and he

does not like me so let us arbitrary inference. So immediately just because the person cut the conversation short I must be boring so that is arbitrary inference just reducing from very small pieces of information and mind reading. He thinks I am an idiot how do you know you are actually reading his mind.

Now that is not how things happen it happens for anxiety anxious from anxiety prone individuals of course in the next encounter what will happen to this person the anxious person, is preoccupied with negative thoughts about appearing boring and idiotic. I have to be, I am boring so I need to be a little more energetic, more enthusiastic so that he does not think I am idiotic is he thinking I am idiotic is he am I being more boring so he selectively attends to his or her own performance So there he is actually focused focusing on his behavior patterns not on the others

So what happens fails to notice positive signals from the work colleague so there is a minimization of positive information, or stimulus, and discounts these as evidence that is just trying to be nice. So he is minimizing the positive information again. So biases of attention and inference serve to maintain belief in negative appraisals as negative information is abstracted, and positive information is not processed or is discounted so we start looking at more of negative things happening to us more of negative stimulus in our lives.

If you ask an anxious person how many a positive feedback did you get today, maybe he will not be able to count, and say but if you ask him how many negative feedback you get today, he will tell you of all the small things that has happened. So similarly even a depressed person may also tell you a lot about the negative things that are happening but he minimizes the positive things. So it could be a thank you or a smile that is absolutely minimized where it could so you know looking at all the negative information around you highlighting more on the negative information around you.

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TO SUMMARIZE...

- The inter-relationship between thought mood and behaviour
- How an anxious thought is created and nurtured in our brain
- Safety Behaviours - How the behaviours are related to these anxious thoughts
- Biases, Schema, NATs and cognitive distortions

Brings in more of the anxiety or depression response, so to summarize in today's session we have discussed about the relationship between thought mood, and behavior and we have seen how the anxious thoughts are created in the brain and how the safety behaviors are triggered and what are the biases schemas, negative automatic thoughts, and cognitive distortions so thank you.