• Pleasure principle
• Entirely unconscious

■ Ego
• Reality principle
• Mediate id and superego
• Repression defense mechanism
• Ego defenses adaptive in childhood but maladaptive later in life

■ Superego
• Morality principle
• Conscience

● Psychoanalytic techniques/therapy
  ○ Help uncover past trauma & unconscious conflicts
    ■ Promote insight
  ○ Techniques
    ■ Free association
    ■ Interpretation
    ■ Catharsis
      • Reliving repressed feelings to resolve conflicts
      • Have to achieve emotional insight as well as intellectual insight

● Object Relations Traditions
  ○ Rejected Freud's biologism
  ○ Emphasis on early attachment figures
    ■ Introjects- internalized representations of the self
  ○ More focus on fostering emotional safety
    ■ Corrective emotional experience

● Self Psychology
  ○ Many problems that other theories don't fully explain
  ○ Clients describe
    ■ Feelings of emptiness
    ■ Problems w/ narcissism and chronic need for validation
    ■ Problems in sense of self and self-esteem
  ○ Heinz Kohut
    ■ Defenses protect from anxiety and help self-esteem stay intact
    ■ Attachment figures idealized first, then gradually and non-traumatically deidealized
Many diseases exhibit depressive symptoms that are associated with the illness.

- **Unipolar Depression Prevalence**
  - 20% of all adults experience an episode at some point in their life
  - Average age of onset is 19
  - Rates of depression higher among poor than wealthy people
  - Hispanic Americans and African Americans are 50% more likely to have recurrent episodes
  - Twice as likely in females than males

- **Biological Models**
  - **Genetics**
    - Family pedigree, twin studies
    - Gene studies
  - **Biochemical**
    - Low levels of neurotransmitters
      - Serotonin
      - Norepinephrine
    - Hypothalamic pituitary adrenal pathway tends to be overly reactive in depressed people
      - Causes excessive release of cortisol and related hormones
  - **Brain Circuitry**
    - Depression-related brain circuit
      - Prefrontal cortex, hippocampus, amygdala, subgenual cingulate
        - Operates abnormally in depressed people
        - Activity and blood flow unusually low and high in other parts of prefrontal cortex
    - Undersized hippocampus and production of new neurons is low
    - High activity and blood flow in amygdala
    - Problematic communication between structures

- **Biological Treatments**
  - **Antidepressants**
    - Monoamine oxidase inhibitors (MAOIs)
      - Phenelzine
      - Slows production of enzyme that degrades serotonin and norepinephrine
• Have to avoid consumption of foods that have tyramine which can elevate blood pressure (cheese, wine, bananas)

■ Tricyclics
• Share a three-ring structure
• Act on neurotransmitter reuptake mechanisms
• Take time for improvements to go into effect
• High rate of relapse after stopping use

■ Second-Generation Antidepressants
  ○ Rival tricyclics in effectiveness and speed of action
  ○ Fewer side effects
    ■ Weight gain
    ■ Drowsiness
    ■ Reduced libido
  ○ Target fewer neurotransmitters
• Selective Serotonin Reuptake Inhibitors (SSRIs)
  ○ e.g. prozac, zoloft, lexapro
  ○ Release serotonin specifically, w/o affecting other neurotransmitters
• Selective Norepinephrine Reuptake Inhibitors (SNRIs)
  ○ e.g. strattera
  ○ Increases norepinephrine activity only
• Serotonin-Norepinephrine Reuptake Inhibitor
  ○ e.g. effexor

○ Brain Stimulation
  ■ Electroconvulsive Therapy (ECT)
    • Two electrodes pass 65-140 volts of electricity through the brain for half a second or less
    • Causes a brain seizure
    • 6-12 treatments over 2-4 weeks
    • Patients given strong muscle relaxants to minimize convulsions and prevent broken bones
    • Can be very effective and fast-acting
    • 50-80% of patients show improvement
    • Potential for memory loss and neurological damage

■ Vagus Nerve Stimulation
  • Attempts to mimic ECT without the undesired trauma
  • Pulse generator implanted under skin of chest
○ Confronting avoidance
  ■ Imagining exposure, in vivo exposure
  ■ Eliminating worry behaviors
    ● Anxious behaviors to prevent something bad from happening
      ○ Reassurance seeking

● Biological explanations
  ○ Neurochemical
    ■ 1950s discovery of benzos decrease anxiety
    ■ Receive GABA
  ○ Brain circuitry
    ■ Fear circuit v active
      ● Low GABA activity
      ● Prefrontal cortex, amygdala

● Pharma treatment
  ○ Benzos
    ■ Less addictive, less side effects, bind to receptor sites in fear circuit
    ■ Increase GABA
    ■ Short-lived
    ■ Physical dependence
    ■ Bad interactions w alcohol + antideps
  ○ Antidepressants
    ● Not as fast acting
    ■ Increase serotonin and norepinephrine
    ■ Improve function of fear circuit

Social Anxiety
● Severe, persistent, irrational
● Fear of being negatively evaluated
● Social situations provoke anxiety
● Lasts at least 6 months
● Causes avoidance of social situations
● High prevalence
  ○ Late childhood to early adolescence onset
● cog/behav exp
  ○ Dysfunctional beliefs
    ■ Unrealistic high social standards
    ■ Believe they're socially unskilled/ awkward
    ■ Believe behavior will have bad consequences
      ● Can be caused by low self-esteem
  ○ Behavioral