Announcements

- Spring Break Next Week!
- No instructor office today
- Next Aplia due Monday after Spring Break
- Exam review features now functional

Eating and Eating Disorders

G. Anorexia
1. Severe end of a continuum of concern about weight and dieting
2. To diagnose, must have all of the following:
   a. Restriction of food intake leading to significantly low body weight
   b. Intense fear of gaining weight or becoming fat
   c. Disturbances in body shape perception, or undue influence of weight on self-evaluation, or lack of insight

G. Anorexia
3. Causes: multiple (biopsychosocial)
   a. Bio:
      1. Genetics
      2. Setpoint
   b. Psycho:
      1. Low self-evaluations
      2. Perfectionistic
      3. Family focus on appearance and weight
   c. Social
      1. Not seen in cultures where larger is desirable

Review
Eating and Eating Disorders

Bulimia

(1) Recurrent binging and lack of control during the episode
(2) Recurrent inappropriate compensatory behavior (purging, vomiting, laxatives, medications, fasting, excessive exercise)
(3) Binges and compensatory behaviors occur on average at once per week for at least 3 months
(4) Self-evaluation unduly influenced by body weight and shape

Epidemiology of Eating Disorders

- Women: Lifetime Prevalence of Eating Disorders
  - Anorexia: 0.5 to 3.7 % of US
  - Bulimia: 1.1 to 4.2 % of US
- Mortality (Crow et al., Am J Psychiatry, 2009)
  - 4% for Anorexia
  - 3.9% for Bulimia
  - Rates may be conservative
Emotion

I. Mood vs. Affect/emotion

A. Mood: enduring disposition
B. Affect/emotion: transient, reaction to stimuli.

Check your Experience of Emotion

B. Affect/emotion

Components:
1. Subjective experience
2. Internal physiological responses
3. Belief or cognitive appraisal
   a. Is emotion possible in absence of cognition?
   b. Animals' emotion
   c. Human emotion
      1. Cognitive corrigibility
      2. Cognitive incorrigibility
4. Facial Expression
5. Reaction (Behavior)
Key Aspects of Emotional Experience

A. Subjective experience
B. Physiological responses
C. Cognitive appraisal
D. Facial Expression

II. Physiological Arousal

- What is the role of physiological arousal in emotion?
- James (1884) proposed that the perception of physiological changes is the subjective experience of emotion

I am fearful because I tremble
I am angry because my heart races
A. William James’ Theory
1. Stimulus situation => Bodily reaction => Subjective emotion
2. Autonomic reactions are key
3. Sometimes called James-Lange theory

B. Cannon (1927)
1. Problems with James' theory:
   a. Emotion possible without visceral feedback
   b. Physiological changes are very similar across different emotions; non-specificity of emotion
   c. Physiological reactions are slow but experience of emotion can be very fast
   d. Artificial physiological stimulation does not produce true emotion

B. Cannon (1927)
2. Cannon's theory
   a. Stimulus situation =>
   b. Perception & Subjective interpretation =>
      1. Bodily changes for homeostasis (prepare fight/flight)
      2. Subjective Experience

C. Eckman: facial expressions are key
1. similarity of expression across persons
2. similarity of interpretation, even across cultures
3. distinct pattern of muscular changes for each emotion

Key Aspects of Emotional Experience

A. Subjective experience
B. Physiological responses
C. Cognitive appraisal
D. Facial Expression
Expressed Emotion

- Culturally universal expressions

The polite "unfelt" smile

The Duchene smile

Facial feedback hypothesis

1. Definition:
   a) feedback from facial muscles will alter emotional state
   b) also the feedback from other's faces is important (mimicry, contagion)

2. Experiment: Hold Pencil in teeth or make golf tees touch (smile or frown)

Facial Feedback!

Ekman’s Facial Feedback Theory

Facial expressions have an effect on self-reported anger and happiness
Facial Feedback and Botox

- Botox group is poorer at identifying emotions of others … why?

III. Cognition & Emotion

A. Zajonc/LeDoux: emotion is primary
   1. animals experience emotion without any cognitions
   2. persons experience emotions sometimes without knowing why

B. Lazarus/Schacter: cognition precedes
   1. there is always a cognition that associates stimuli with internal states

III. Cognition & Emotion

- C. Schacter & Singer: Cognition-Arousal theory
  1. Emotion is a function of both Arousal and Cognition
  2. Both necessary

Key Aspects of Emotional Experience

- A. Subjective experience
- B. Physiological responses
- C. Cognitive appraisal
- D. Facial Expression
2. Schacter’s infamous Study

- "Suproxin" given as a drug to "improve vision"
- While waiting for vision experiment, a “stooge” acted either angry or happy
- Subjects labeled their emotion as that which the stooge portrayed

Extending Schacter’s Perspective

D. Excitation transfer

1. Arousal from one situation will be interpreted consistent with subsequent cues
2. Shaky bridge experiment

Another example of excitation transfer…

- An arousal response to one event spills over into our response to the next event.

Arousal from a soccer match can fuel anger, which may lead to rioting.

Yet Another example?

- Arousal from driving in traffic
  - Negative Cognitions & Actions
Cognition and Emotion

- Cognition does not always precede emotion

Cognition & Emotion

E. Cognition in depression
1. Distorted cognitions create depression
2. Cognitive distortions (or errors)
   a. Overgeneralization
   b. Selective abstraction
   c. Magnification & Minimization
   d. All or Nothing thinking
3. Changing cognitions changes emotions
4. Sadder but Wiser phenomenon