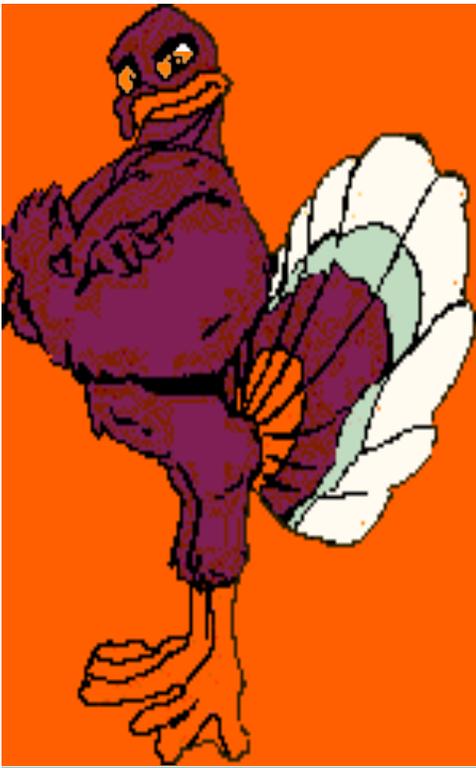


Psych

ACCESS



*Fall 2012:
Issue 1*

Psychology Newsletter

Look
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Hello Everyone! Fall is here!

Searching for Social
Support



We are excited to continue with *Psych Access* this school year! In this issue, we focus on social support, anxiety, and emotions. Dr. Dunsmore provides an excellent summary of recent findings in emotion research.

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We hope to bring more awareness and knowledge about psychological sciences! Have a great semester!

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Searching for Social Support

College is a great time to expand your academic horizons, develop practical skills for the real world, gain experience to add to your resumé, and become involved in organizations and activities where you might take on a leadership role. It's also a great time to develop and strengthen your social support system. The benefits of social support are extensive and its many different forms enable us to build a wide range of support that we might turn to in times of need.

Perceived social support generally relates to the perceived availability and adequacy of reliable connections and assistance from other people (Cohen & Hoberman, 1983). This differs from the idea of *social embeddedness*, which is more focused on the quantity and frequency of social contact. Although some disagreement exists in the literature with regard to the specific functions of social support, most researchers agree on at least four key functions: emotional, informational, tangible, and companionship support (Cohen & Wills, 1985). *Emotional* support generally refers to feeling cared for, valued, and accepted. *Informational* support may be thought of as guidance or advice, particularly in problem-solving situations. *Tangible* (or instrumental) support involves support through physical means such as financial or material.



2 Finally, *companionship* support may be what often comes to mind when we think of



social support, which concerns belongingness and the need for social affiliation. More likely than not, we rely on all of these types of support on a regular basis, potentially without being fully aware its importance.

The implications of social support permeate the realms of both mental and physical health. Correlational evidence supports a positive association between social support and better cardiovascular function (e.g., low blood pressure). In a meta-analysis, 23 studies found evidence for a positive association between social support and better cardiovascular function, 4 studies found no relationship, and 1 study reported the reverse relationship (for review, see Uchino, Cacioppo, & Kiecolt-Glaser, 1996). Many intervention and laboratory studies have also demonstrated consistent findings between social support and cardiovascular health, suggesting that this relationship is likely. The same meta-analysis described 12 studies supporting a positive association between social support and immune system functioning, while 7 studies did not find significant correlations in either direction. While this finding is not as robust as the cardiovascular evidence, preliminary research suggests that social support and immune system functioning may be associated as well. Social support is also thought to be negatively correlated with symptoms of depression and many other mental illnesses (Cohen & Hoberman, 1983).

Social Support continues...Research evidence also supports a “buffering” hypothesis of perceived social support, where perceived social support protects against the health consequences of various forms of life stress (e.g., low birth weight, tuberculosis, alcoholism; for review, see Cobb, 1976).

If you’ve been convinced of the importance of social support, you might also be interested in knowing how it might be obtained. Groups and organizations are a great way to get to know new people and forge new social connections, which might allow you to increase your level of perceived social support. Having a range of types of friends that you can call upon in a variety of types of need can help to ensure that you are able to find support when you need it. Volunteering or getting involved in a new hobby can also help you to expand your breadth of social support. Making an effort to keep in touch with family and friends from home can increase your perception of social support. Finally, being a good friend is another great way of ensuring that help is available when you need it. Considering the many benefits of perceived social support, it is far too important a priority to let fall to the wayside during your college years. Continue to develop the valuable resource of social support, and both your physical and mental health will thank you later!
BY JILL LORENZI

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The Research Findings

In the first study, participants pretended to be “buyers” and were tasked to negotiate the sales price of a car. The researchers found that there was a significant difference between subjects sitting in hard and soft chairs. Those seated in hard chairs judged their negotiating partner to be less emotional. Moreover, the “buyers” in soft chairs increased their offer by nearly 40% more than those in hard chairs. In short, a hard chair not only changed the buyers’ perception of their negotiating partner, it made them more difficult bargainers.

In a second experiment, participants were asked to rate a manager/employee interaction after feeling either a hard piece of wood or a soft blanket. Participants who felt the hard wood rated the employees in the scene as being more rigid than participants who felt the soft

Anxiety: What we need to know...

I have three exams this week, how can I do well on all of them? I need to pass this class... if I fail then I won't graduate on time. What will graduate schools think about a failed class? My parents will be so disappointed if I don't finish... This is a typical internal monologue for someone experiencing anxiety over an event.



Everyone experiences anxiety at some point in their lives, but if it gets out of control, it can manifest into any one of a variety of disorders. Anxiety is generally a normal response to stressful situations and can even be beneficial in some cases such as making sure that you complete an assignment or pay a bill. You may recognize anxiety for characteristics such as the inability to stop revisiting a specific thought or having an endless stream of worrying thoughts. You may also be able to identify it by the physical components that often accompany anxiety such as a racing heart, muscle tension, or sweaty palms. For some people, however, the anxiety is excessive and may affect one or many areas of their lives. Anxiety disorders can be debilitating, affect social interactions, and even reduce general life satisfaction.

It may surprise you to know how prevalent anxiety disorders actually are. According to the National Institute of Mental Health (NIMH; 2012), in any given year approximately 18% of the population is likely suffering from one or multiple anxiety disorders. Women are about 60% more susceptible to qualify as having an anxiety disorder. As categorized by the Diagnostic and Statistical Manual for Mental Disorders (DSM-IV TR), there are a whole host of related, diagnosable psychological disorders that fall under the label of an anxiety disorder. Let's take a moment to review a few of the more common disorders and discuss their prevalence rates before bringing attention to local services available to those who think they may qualify as having a disorder.

Although not the most prevalent, Generalized Anxiety Disorder (GAD) is the most appropriate DSM disorder to introduce first, because it is generally characterized by pervasive anxiety. A little more than 3% of adults suffer from this disorder in any given year. It is primarily identified by its main characteristic of "worrying". If someone tends to worry more often than not, and this worrying applies across a whole domain of issues and topics in life, then it is possible that they will qualify for

4GAD.

Panic Disorder (PD) is an anxiety disorder that is less characterized by consistent levels of anxiety and more by the prevalence of discrete panic attacks. It afflicts about 3% of the population. The first incident usually occurs in late adolescence or the early twenties. It also tends to be much more prevalent among women than men. The first panic attack usually arises very quickly and hits a peak within the first few minutes. The symptoms generally only last 5 to 15 minutes, but they can be intense and terrifying.

Social Anxiety Disorder (SAD) is one of the most prevalent disorders in the anxiety class. Estimates report that in a given year, 1 in 14 people qualify for having SAD. Some of the clinical cognitive features include feeling very self-conscious, which may include the fear of appearing foolish or awkward. It also is often characterized by feelings of social inferiority and fears of negative evaluations from others.

Obsessive Compulsive Disorder (OCD) is relatively less common and only afflicts around 1% of the population. This disorder is typically characterized by the prevalence of both obsessions and compulsions to act in some way to relieve the strain induced by the obsessions. The obsessions may manifest as recurrent images, thoughts, impulses or fears. The compulsions typically are some type of behavioral response that helps attenuate the sensations generated by the obsessions.





However, the rates of diagnoses are traditionally much lower than the actual prevalence of disorders. For example, more than three times the number of students who filled out these surveys qualified as having Generalized Anxiety Disorder than those who reported actually receiving a diagnosis.

Getting Help...

If you think you may qualify as having an anxiety disorder, don't feel bad about it. As you just saw, they are very common in the general population and there are often great chances at improving on your condition. Many people receive treatment and go on to greatly reduce their anxiety and live substantially happier lives. Currently, the best options for dealing with anxiety disorders are cognitive behavioral therapy and/or some form of doctor-prescribed medication. However, there is variability amongst the disorders in terms of which is more helpful and it would be advisable to consult a clinician or counselor before acting.

On campus, the Cook Counseling Center offers online anxiety screening for informational purposes. This screening can help you find out whether consultation with a counselor from the Center may be helpful for you.

More information can be found at:

<http://www.ucc.vt.edu/>.

BY JARED MCGINGLEY

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Post Traumatic Stress Disorder (PTSD) is present in about 3.5% of the population. PTSD may occur in practically any individual that has been exposed to some type of tragic event that overwhelmed them. It is commonly associated with soldiers who have been in war, but also may apply to victims of sexual abuse, those who experienced a natural disaster, or those who have experienced some other intense negative emotional experience. PTSD is typically characterized by re-experiencing the traumatic experience or recurrent negative emotions surrounding the memory. These experiences can pervade either waking or sleeping life.

Although this is not an exhaustive list of all anxiety disorders, it brings attention to some of the more common ones. At this point in time, there have not been any studies to systematically look at the prevalence of anxiety disorders with students at Virginia Tech, but a recent online survey conducted by the Department of Psychology assessed anxiety prevalence in a sample of undergraduates enrolled in psychology courses. The results showed that over 13% of students reported as having been diagnosed with at least one type of anxiety disorder, while more than 2% reported having been diagnosed with more than one anxiety disorder.





Dr. Julie Dunsmore

When did you become involved in psychological research? I first became involved in psychological research in a formal way as a senior in college, working on my honors thesis on observer and field perspectives in autobiographical memory. Informally, I worked in child care from high school throughout college, and those casual observations really sparked my interest in children's social and emotional development.

What is your area of study and what do you think are three important discoveries in your area of study in the last 10 years? My area is parental emotion socialization and children's socio-emotional development. Probably the most important discovery ever in this area is the importance of parent-child

attachment relationships. :)

In regard to the last 10 years or so: One discovery that is near and dear to my heart is the importance of examining emotion socialization processes within cultural contexts. Though cross-cultural differences have long been explored, there has been a blossoming of methodologically strong, culturally sensitive research within the last few years describing the heterogeneity of effective parental emotion socialization practices within and across cultures and beginning to define multiple principles for understanding cross-cultural similarities and differences in a nuanced way. Chen and Rubin's (2012) book, "Socioemotional Development in Cultural Context", provides a nice summary of this work.

A second discovery that broaden-and-build theory (Fredrickson, 2001). This research related to really shifted the field to a only of emotions but also functioning, to focus on outcomes as well as with detrimental



leaps to mind is the of positive emotions theory, and all the lines of positive emotions, have fuller understanding not of the range of human promoting exemplary preventing or intervening outcomes.

A third discovery is a little earlier than 10 years ago, but I'm going to use it anyway. That's the development of the emotion coaching construct (Gottman, Katz & Hooven, 1996, 1997). Research on parental emotion socialization had focused separately on linguistic analyses (i.e., use of emotion terms, elaboration about emotions, explanations of causes and consequences) and broader acceptance/rejection of children's emotions until Gottman and colleagues integrated findings into the emotion coaching or meta-emotion construct. In the last decade, research has increasingly accumulated showing the benefits of parents' validation and active coaching of children's emotions, both within clinical and community samples. Within the last few years, evidence that effects of emotion coaching are mediated by increases in child emotion regulation has become more robust. Which leads me to your final question...

In this issue we are also talking about anxiety. Is anxiety related to emotion regulation?

Absolutely yes! Because emotion regulation involves effective modulation of emotional experience and expression to meet short-term and long-term goals, it makes sense that anxiety would be related to deficits in emotion regulation skills. In research with children, Cindy Suveg and Janice Zeman have done good work demonstrating that link empirically.

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