**Anxiety**

**Anxiety is a feeling of worry or fear, that can be mild or severe (NHS, 2015). Anxiety could be conditioned (operant and classical), i.e. when a dog bites a child, he/she learns to have a fear of a dog. Unpleasant experience can work as a punishment, while** avoidance and escape behaviours are negatively reinforced. Could be classical conditioning; the sight of a dog or places where dogs might be (CSs) can cause a fear response (conditional response - CR) and generalization can develop. Classical conditioning can be a response internal somatic signs of arousal as well. Conditioning to somatic signs is called interoceptive conditioning; Interoceptive fear conditioning (IFC).

Counter-conditioning (CC) can be used for desensitisation that is weakening or eliminating an undesired response by introducing and strengthening a second response that is incompatible with it. Marry Cover Jones (1924) used pleasant stimulus for Marry Cover Jones (1924) 1st time**.** Joseph Wolfe (1950s) worked on systematic desensitisation by adding an anxiety hierarchy to scale anxiety. Reciprocal inhibition technique-exposure can be used to deal with the feared experience and relaxation training to combat anxiety. E.g. a patient with snake phobia is sitting relaxed and imagines the graded series of situations with snakes. The relaxation tends to reduce the anxiety that otherwise the person could not handle. Later real life (vivo) or simulated exposure techniques could be used effectively.

Another type of CC is aversive conditioning, which makes a particular behaviour less appealing by pairing it with an unpleasant stimulus.

**CBT** for panic disorder and agoraphobia are highly effective. It can help to question negative and anxious thoughts and to do things that are avoided because they can increase anxiety**.** It has components: **Behaviour therapy** examines how you behave and react in situations that trigger anxiety**, Cognitive therapy** examines how negative thoughts, or cognitions, contribute to anxiety. Those with anxiety disorders may not realise that they tend to be overly sensitive to particular threats (even when there is no threat). Their feelings, behaviours, and symptoms might be changed by changing their cognition. Coping oriented cognitive treatment can be effectively used with exposure techniques.

The treatments can include education about the nature of panic disorder or anxiety. E.g. Gilovich et al. (2000) find that psychoeducation about 'The Spotlight Effect' (people overestimate the number of people who noticed/observed them) can reduce social anxiety. Information gathering, self observation and breathing retraining can be also useful to discover problems and to increase self awareness. Other alternatives: Exercise (natural stress buster and anxiety reliever), hypnosis or different relaxation techniques (i.e. meditation).