

Lecture 11: Psychological Disorders
Part II

Housekeeping

- Test update
- Assignment questions

40 mc from this section and 10 from past and short answer worth 10 marks

Psychological Disorders Outline

1. Bipolar disorder wrap up
2. Anxiety Disorders
 1. Generalized Anxiety Disorder, Social Anxiety Disorder, Panic Disorder, Obsessive Compulsive Disorder
3. Posttraumatic Stress Disorder
4. Schizophrenia
5. Eating Disorders
6. Borderline Personality Disorder

Bipolar Disorder

- Prevalence: up to 2.6% of general population
- Equally common in women in men
- High genetic component- tends to run in families
- Stress also seems to play a key role
 - Major stressors combined with genetic predisposition lead to BiD?

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Bipolar Disorder

- May have systems that are especially sensitive to goal and reward pursuit
 - Systems become “addicted” to reward and goal attainment
 - When overly focused on goal and reward pursuit, develop manic symptoms.
 - When all concepts of goal and reward pursuit are lost, develop depressive symptoms.
- Sleep/wake and eating patterns disrupted in bipolar disorder
 - These kinds of disruptions seem to impact mood
 - E.g., sleep deprivation for 24 hours can produce feelings of euphoria similar to mania

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Anxiety Disorders

GAD, SOCIAL ANXIETY DISORDER, PANIC DISORDER, OCD

Anxiety Disorders

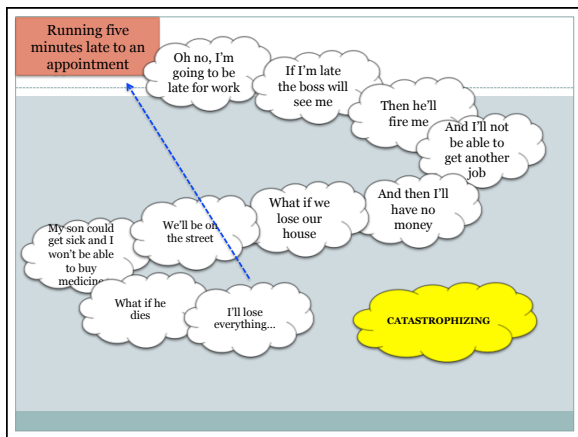
- We **all** have anxiety
 - Why?
- Anxiety is adaptive, functional, helpful...it's a good thing!
- Anxiety disorders very common, about ~12% of the population
- **All anxiety disorders characterized by attempting to avoid anxiety**
- NOTE: PTSD is NO LONGER classified as an anxiety disorder

-anxiety can keep us going (such as dying)
-helps you succeed
-avoidance of anxiety causes the problem not the actual anxiety

Generalized Anxiety Disorder

- What does it feel like/mean to worry?
- **GAD:** disorder characterized by pathological worry
 - Worry feels difficult to control or stop
- Accompanied by other symptoms such as:
 - Muscle tension
 - Feeling "keyed up" or on edge
 - Irritability
 - Difficulty concentrating
 - Sleep problems
- ...sound like something else?

-sounds like depression



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Generalized Anxiety Disorder

- Also accompanied by:
 - Avoiding activities with negative outcomes
 - Spending a lot of time preparing for worst case scenarios
 - Procrastination
 - Reassurance seeking
- **Common**- up to 4% of the population has this
 - Women 2:1
- Chronic course: “this is just who I am!”

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CBT Model of Generalized Anxiety Disorder

- What kinds of cognitions/beliefs would you expect someone with GAD to have?

If I'm not in complete control at all times, everything will fall apart

If something goes wrong, I won't survive.

-intense desire to control everything to create a worst case scenario
 -something going wrong will be really bad (catastrophe)
 -intense fears

Contemporary CBT model for GAD

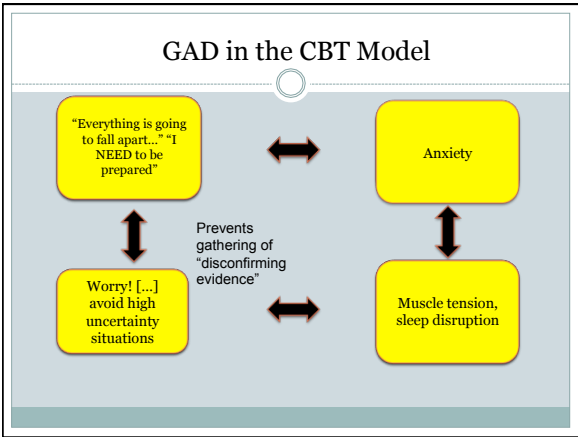
- GAD is driven by **intolerance of uncertainty**
- The world is an uncertain place
- Some people can “stomach” uncertainty better than others
- Those who are intolerant of uncertainty engage in thought patterns to try and make an uncertain world certain by **preparing for every single scenario possible**
 - This is what worrying is

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Contemporary CBT model for GAD

- But worry doesn't fully work to solve the uncertainty problem... why?
- The world will always be uncertain, even if you prepare for all the worst case scenarios you can think of, there are always more
 - The worry would be endless because it cannot make things more certain
- The worry helps people avoid uncertainty, but not get comfortable with it
 - Trapped in a cycle of worrying forever
 - The case of the client who was worried about money

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Neuroscientific model of GAD

- Gamma-aminobutyric acid (GABA) is an **inhibitory neurotransmitter**
 - Turns neurons "down" (e.g., gets them to stop firing)
- When we are afraid, neurons fire more quickly to create a state of excitability
- After a while, GABA is released to turn down the neural activity
 - (Tells the neurons to chill out)
- The GABA release response may be somehow deficient in GAD
- May also have some abnormalities in prefrontal, anterior cingulate, and amygdala responding

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Social Anxiety Disorder

Social Anxiety Disorder

- **Social anxiety disorder:** severe, persistent irrational fears of social or performance situations in *which embarrassment may occur*
- **If you ask someone with social anxiety disorder what they're afraid of:**
 - Being **judged**/negatively evaluated

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Social Anxiety Disorder

- Prevalence: ~7.1% of the population
- More common in minorities and low income groups
 - Why?
- Social anxiety can be specific (e.g., about eating or writing or public speaking) or generalized (e.g., all social situations)
 - Note... is it abnormal to become anxious when public speaking?
- Social situations are **avoided** or **endured with high levels of distress**

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Social Anxiety Disorder

- Small talk
- Initiating a conversation (or keeping it going!)
- Expressing opinions
- Talking on the phone
- Talking to authority figures
- Walking into places late
- Public speaking
- Eating in front of others
- Dating

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Social Anxiety Disorder

- Things someone with social anxiety may worry about:
 - Their social “identity” (e.g., “I’m boring”; “I’m not funny”; “People will think I’m dumb”)
 - Physical appearance (e.g., “People think I’m ugly” or “I’m wearing the wrong thing”)
 - Signs of anxiety (e.g., “People will be able to tell that I’m nervous”)
- Think of cognitive distortions in as **hypotheses**.
 - Want to gather evidence that disconfirms them.

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Cognitive Components to Social Anxiety Disorder

- **Self-focused attention:** so focused on your own behaviour that you don’t actually notice or gather evidence about what people actually think about you
- **High standards:** underestimate social performance
 - Reinforced by self-focused attention
- Belief that consequences of poor social interaction are **catastrophic**

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Behavioural Components to Social Anxiety Disorder

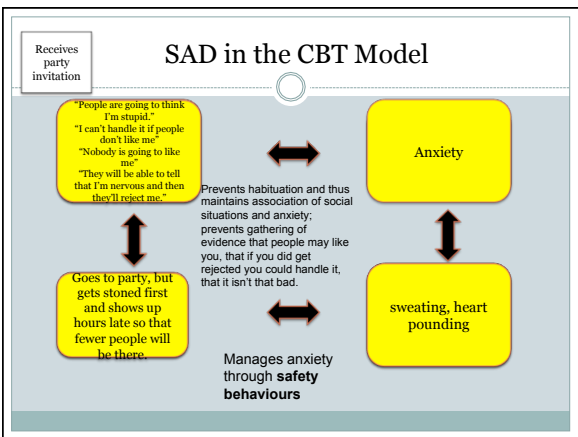
- **SAFETY BEHAVIOURS:** behaviours that allow the prevention of a social catastrophe OR allow one to avoid experiencing full anxiety of a social situation
 - e.g., going to a party but texting in the corner the whole time
 - e.g., getting drunk or stoned before going to parties
 - e.g., talking to people, but only talking to people online
- Think back to the lecture on learning...what is the problem with safety behaviours?

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Behavioural Components to Social Anxiety Disorder

- **Post event rumination:** replaying social situations over and over and over
 - Perpetuates anxiety
- Do you think an extrovert can have social anxiety disorder?

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Panic Disorder

Panic Attacks

- Period of intense fear or discomfort...
- Accompanied by **some** (not necessarily all!) of the following:
 - Heart palpitations (pounding heart)
 - Sweating
 - Trembling or shaking
 - Sensations of shortness of breath or being smothered
 - Feeling like one is choking
 - Chest pain or discomfort
 - Nausea or abdominal distress
 - Feeling dizzy, unsteady, or like you might faint
 - Derealization or depersonalization
 - Fear of losing control or going crazy
 - Fear of dying
 - Tingling or numbness in different parts of body
 - Hot flashes or chills

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Panic Attacks

- Peak very quickly (people don't typically have a panic attack for days or weeks)
 - Symptoms come on suddenly and are at their height within 10 minutes
- **Having panic attacks are not a diagnosis!**
- How many people would you guess have had a panic attack at some point in their lives?
 - Almost one quarter (22.7%; Kessler et al., 2006)
- Panic attacks ≠ Panic **Disorder**
- **How do you think they're different?**

-they differ because panic disorders are more common and in more situations

Panic Disorder

- ~5% of the population (as opposed to 23%!)
 - Panic attacks + worry about having more panic attacks OR significant change in behaviour to avoid having subsequent panic attacks
 - E.g., worrying for months that something is terribly wrong with you very frequently, or having a consuming fear that it will happen again
 - **Behavioural change after panic attacks:** avoiding certain activities because they may elicit a panic attack

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Things Someone with Panic Disorder May Avoid

- Going to the location in which they had their first panic attack (e.g., class)
- Activities that can bring on panic like sensations (E.g., beating heart, sweating)
 - Exercise, sex
- Unfamiliar, new places

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Agoraphobia

- Not fear of leaving the house
- Often co-occurs with panic disorder
- Fear of going to places where help may not be available, **or escape may be difficult** if one has a panic attack
- Often confused with **claustrophobia** (fear of small spaces)

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Agoraphobia

- Common places someone with agoraphobia may avoid:
 - Subways
 - Elevators
 - Small rooms
 - Busy, crowded places (e.g., shopping malls)
 - Travelling on buses or trains
- Case: The woman who climbed stairs...
- How would you disentangle whether someone is agoraphobic or claustrophobic?
 - Ask what they're afraid of in those situations

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Warning! Be careful with your diagnoses...

- People have panic attacks all the time and do not have panic disorder
- Also, many other disorders can involve panic attacks
- E.g., having panic attacks in social situations?
 - Social anxiety
- E.g., having panic attacks all the time because you can't stop worrying (but you don't worry about your panic attack)?
 - GAD
- E.g., having panic attacks all the time because you can't stop worrying (AND you also worry about your panic attack)?
 - GAD and Panic Disorder

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Neuroscience Model of Panic Attacks

- Brain circuit in the amygdala, hypothalamus, and locus ceruleus produces panic attacks
- Probably functions improperly, producing too much firing in that circuit
- As such, these individuals are especially likely to have panic like body sensations (e.g., tightness in chest, racing heart)

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Obsessive Compulsive Disorder

Obsessive Compulsive Disorder

Mary is a 32 year old woman who gave birth to a newborn approximately 2 months ago. About one month ago, Mary was looking in on her newborn sleep when she had a violent image come to her of her smothering her baby with a pillow. She was mortified and disgusted with herself that she had those thoughts, and clenched her fists until they went away. Now, when Mary is with her baby, she often has images of hurting him. They're incredibly upsetting to her, so when she has these images, she clenches her fists 6 times and then the thoughts go away. She says that she has to do this to protect her baby from herself.

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OCD

- Presence of **either** obsessions or compulsions (usually both)
- **Obsessions:**
 - Recurrent **intrusive** thoughts, impulses, or *images* that are intrusive and inappropriate and are very upsetting
 - E.g., the man with tongue biting imagery
 - Thoughts are not simply excessive real life worries
 - What would that be?
 - Thoughts tend to have more extreme or bizarre content
 - **EGO-DYSTONIC**
 - Not actually how a person feels/what they want to do

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Examples of Obsessions (Abramowitz, 2008)

- **Contamination:** worrying about contaminating other people
 - The woman who wouldn't wear sandals or sit in parks
 - The woman who walked on a trail of napkins
- **Responsibility for harm:** worrying that one will accidentally harm others
 - "What if I run someone over?"
 - "What if I left the iron plugged in and I burn down the house?"
 - "What if I make a mistake on a prescription?"

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Examples of Obsessions (Abramowitz, 2008)

- **Symmetry and Order:** feeling like things are not "right" unless they're arranged in a specific way
 - Need to organize books by colour in a particular way
 - Pillows must rest on specific angle
 - Feeling like actions must be done a certain number of times
- **Immorality/blasphemy/violence:**
 - Images of Jesus having sex with Judas
 - Impulse to gouge out eyes of someone else
 - Images of child molestation

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Compulsions

- What's a compulsion?
- Repetitive behaviours or mental acts that the person feels as though they *must do* in response to an obsession, or according to rigid rules
- Behaviours are aimed at *REDUCING* distress, but are not connected in a realistic way to the obsession or are **clearly excessive**
 - E.g., clenching fists in response to urges to smother baby with pillow
 - E.g., checking whether iron was on 20 times

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Compulsions

- Can be very time consuming
 - E.g., the woman who was always hours late
- Key is that compulsions reduce unwanted obsessions or anxieties
 - What was Kim's compulsion?

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Common Compulsions

- **Decontamination:** washing, cleaning
 - The man with overly clean hands
 - Cleaning house for hours on end
- **Checking:** Checking something repeatedly to make sure you haven't made a mistake
 - The woman with perfect emails
 - Driving back to make sure iron is off
 - Checking locked doors

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Common Compulsions

- **Ordering/arranging:** re-organizing items until they are just "right"
- **Mental rituals:**
 - Praying over and over again
 - Mentally repeating certain words or mantras for long periods of time

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Normal obsessions

- Research shows that it is common to:
 - Have impulses to harm people
 - Have impulses to jump in front of subway
 - Have impulses to abuse others
 - Have impulse to throw children out of bus
 - Have violent murder impulses
- What is different between this and what someone might feel with OCD?
- How long it lasts, how uncomfortable it makes people feel, how much people feel like they can dismiss it, urges to neutralize (Rachman & de Silva, 1978)

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CBT Model of OCD

- First time someone experiences an obsession, they may accidentally do the compulsion
 - But then they become associated
- Compulsions work through **negative reinforcement** to decrease distress associated with obsessions
 - What's the problem with that?
- Prevent learning that thoughts do not actually harm, and will pass

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Neuroscience of OCD

- May be underactivity of serotonin
 - Certain antidepressants that increase serotonin seem to improve OCD symptoms
- Orbitofrontal cortex and caudate nucleus may be overactive
 - Regions convert sensory information into thoughts/actions
 - Serotonin key neurotransmitter here

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Posttraumatic Stress Disorder

PTSD

- No longer considered an anxiety disorder in DSM-5
- Involves response to a **traumatic event**:
 - Event that involves exposure to actual or threatened death, serious injury, or sexual violence
 - Either experience it, observe it, or hear about it happening to someone very close
- ...But up to 84% of people will experience at least one traumatic event in their lifetime (Vrana & Lauterbach, 1994)
 - ...and yet only 9.2% of people will get PTSD in their lifetime
- So what is PTSD then?

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PTSD

- Most people after a traumatic event experience some PTSD symptoms in the weeks that follow
 - Nightmares, flashbacks, easily started, feel disconnected from other people
 - **Acute stress disorder**
- But for most people, those symptoms subside within a month
- In those with PTSD, they do not.
 - **PTSD = DISORDER OF NON-RECOVERY (failure to recover)**
 - Not because of the severity of the traumatic event

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PTSD Symptoms

- **Re-experiencing the event:**
 - Flashbacks
 - Nightmares
 - Feeling as if it is happening again
 - **Intense** distress when exposed to reminders

- **Avoidance of things associated with event:**
 - Avoid people, places, conversation topics

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PTSD Symptoms

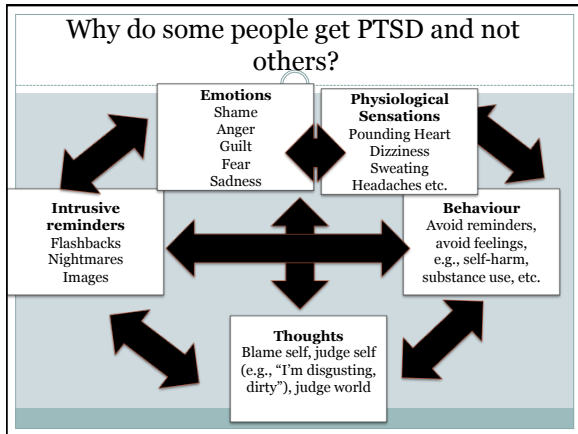
- **Changes in mood and thinking patterns:**
 - Cannot remember event
 - Loss of positive emotions
 - E.g., the case of the woman without happiness
 - Feeling detached/estranged from other people
 - Persistent negative emotions (fear, anger, guilt, shame)
 - Persistent distorted thoughts about the cause of the event
 - "I did this...it's my fault...I should've known better... I'm to blame"
 - Persistent distorted thoughts about the world
 - "Nobody is safe. Everyone in the world is a predator"

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PTSD Symptoms

- **Changes in arousal**
 - Feeling irritable or angry (having outbursts)
 - Reckless or impulsive behaviour
 - **Hypervigilance**
 - The man who watched his door all night
 - Sleep problems
 - Difficulty concentrating

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“Normal” Recovery After Trauma

- When intrusive thoughts or memories occur:
 - Normal emotions run their course
 - E.g., “unwanted house guest emotions”
 - Distorted thoughts are able to be examined and modified to be more accurate
- **Avoidance** (behavioural component) prevents this from occurring (Resick, Monson, & Chard, 2008)

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Other Factors That Influence the Development of PTSD

- **Biological factors:** abnormally high levels of cortisol and norepinephrine (?)
 - Correlational
 - Potential over-activity damages hippocampus and amygdala
- **History:** higher childhood poverty, higher incidence of psych. Disorders in family, past traumatic experiences
- **Social support:** higher isolation, less family support systems
 - Rape victims treated with **dignity** by justice systems

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Schizophrenia

Schizophrenia

- Involves experiences with **psychosis**: loss of contact with reality
- Affects approximately 1 in 100 people
- **Psychosis** can occur without schizophrenia
 - 8% of people have psychotic experiences in their lifetime without schizophrenia
- Three clusters of symptoms:
 - Positive symptoms, negative symptoms, and psychomotor

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Positive Symptoms

- **Delusions**: false ideas that someone completely believes are true
 - Content: control (thought insertion, withdrawal, or broadcasting); grandiose; religious; love; misidentification; persecutory; reference
- **Hallucinations**: perceptions that occur in the absence of external stimuli
 - Auditory hallucinations most common
 - The man who heard electricity
 - The woman who saw cats

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Positive Symptoms

- **Inappropriate affect:** emotions that are unsuited to the situation
 - Smiling when something really serious is going on
- **Loose Associations and Derailment:** rapidly shift from one topic to the next, believing that incoherent statements make sense
 - "I was able to tell by the clock that the eagle was coming at the left right left right 25"

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Negative Symptoms

- Called negative because reflect "deficits" (not enough of something)
- **Poverty of speech:** speaks very little
- **Flat affect:** very little emotional responding
- **Loss of volition:** feeling of being drained of energy
 - Cannot follow through with actions
- **Social withdrawal:** attend to only their ideas and fantasies
 - Distances people further from reality

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Psychomotor Symptoms

- Awkward movements, grimaces, gestures
 - Gestures often seem ritualistic
- **Catatonia:**
 - Catatonic rigidity (maintaining rigid, upright posture)
 - Catatonic posturing (assuming awkward, bizarre positions)
 - Waxy flexibility (maintaining postures that they've been placed in, even if awkward)
 -

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Schizophrenia: Subtypes

- *Paranoid type*—the main symptoms in this type are delusions and possibly auditory hallucinations; the delusions centre on being persecuted or jealousy
- *Disorganized type*—the combination of disordered thoughts and flat affect characterize this subtype
- *Catatonic type*—this subtype is characterized by immobility or by agitated, purposeless movements

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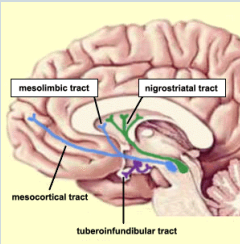
Explanations for Schizophrenia

- **Genetic factors:** schizophrenia much more common among biological relatives
 - Closer relatives are to person with scz, more likely to develop it
 - **Concordance:** when both twins share a trait
 - Identical twins—48% concordance rate
 - Fraternal twins—17% concordance rate
- Genetics lead to brain abnormalities

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The Dopamine Hypothesis

- Neurons in the *mesolimbic pathway* that use dopamine are overactive
 - Positive symptoms
- Neurons in the *mesocortical pathway* that use dopamine are underactive
 - Negative symptoms



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The Dopamine Hypothesis

- Originally put forth in response to antipsychotic drugs
 - These drugs reduce schizophrenia symptoms (Esp. positive ones)
 - For a while we didn't know why
 - Started to assume it was because of dopamine because of the Parkinson-like side effects
- **Brain structures:** Enlarged ventricles in schizophrenia
 - Small frontal and temporal lobes

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“OTHER DISORDERS”

EATING DISORDERS
BORDERLINE PERSONALITY DISORDER

Anorexia Nervosa

- **Preoccupation** with notion that individual is fat, or will become fat
 - Excessive fear of being fat
- Extreme behaviours to reduce body weight
 - Extreme caloric restriction
 - E.g., the woman who ate less than 200 calories per day
 - Extreme exercise
 - E.g., the women who ran up and down her stairs
- Can be fatal, or cause many other medical complications
 - Infertility, loss of hair, heart attack, flakey skin, lanugo hair

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Anorexia Nervosa

- More prevalent in women
- More prevalent in cultures with available food that value the “thin ideal”
 - Why?
- Some distortion in the way body is actually experienced
- Very chronic

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Bulimia Nervosa

- Excessive food consumption (e.g., bingeing) followed by extreme behaviours to get rid of food consumed
 - Called **compensatory behaviours**
- Typical behaviours
 - Purging
 - » The woman with bags
 - » Tooth decay a common issue
 - Laxative use
 - » Very dangerous
 - Diuretics
 - Extreme exercise
- What is the difference between AN and BN?

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Borderline Personality Disorders

1. Frantic efforts to avoid real or perceived **abandonment**
2. **Unstable and intense interpersonal relationships** (alterations between *idealization* to *devaluation*)
3. **Identity disturbance/ Unstable sense of self**
 1. Rapidly changing identity
4. Chronic feelings of **emptiness**
5. **Impulsivity** in at least two areas that are potentially self-damaging

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Borderline Personality Disorders

- 6. Recurrent **suicidal** or **self-harming** behavior, gestures, threats
 - 6. 10% die by suicide (Paris & Zweig-Frank, 2001)
- 7. Transient, stress-related **paranoid ideation** or **dissociation**
 - 6. Losing time, not being able to remember
- 8. **Affective instability** due to marked reactivity of mood
- 9. Inappropriate, intense **anger** or difficulty controlling anger
 - 6. The client with hot oil

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Where Does it Come From?

- Linehan (1993), leading theory:
 - Biological vulnerability to intense emotion **paired with invalidating environment**
- Environment that
 - Rejects displays of emotion
 - Intermittently reinforces emotional escalations
 - Oversimplifies problem solving

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Questions?

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