

## Chapter 5 – Anxiety Disorders

Most common and effective form of treatment = **Exposure**

### Anxiety Disorders

- Most common psychiatric disorders
  - Phobias most common of the anxiety disorders
- Often Comorbid with Major Depression
- Anxiety is associated with a lack of control
- Includes the following
  - Specific and Social Phobias
  - Panic Disorder and Agoraphobia
  - Generalized Anxiety Disorder
  - OCD
  - PTSD and ASD

### Phobias

- Person must be aware that fear is irrational
- Fear out of proportion
- Interferes with daily life
- Specific Phobias
  - Focused on specific thing (dog, snake, etc.)
  - High comorbidity (fear of both needles and blood)
  - Mowrer's 2 factor model
    - Stimulus paired with aversive unconditioned stimulus
    - Avoidance maintained through negative reinforcement
      - Problem with this model is that not everyone becomes conditioned, this suggests a diathesis
- Social Phobia
  - Intense fear of social situations
    - Like an incredibly intense and extreme shyness
  - Treated with beta blockers which lowers adrenaline
  - Safety behaviors (avoid eye contact, do not talk to people) cause patients to be viewed as lacking social skill
  - Patients have a negative evaluation of themselves, and fear others do as well
    - Place much more attention to their own internal cues (heart rate, sweating, etc.) than someone without the disorder

### Panic Disorder

- Frequent panic attacks that are not related to the situation
  - Panic Attacks
    - Intense feeling of impending doom, terror, etc.
    - Can be caused by a feeling that they lack control
    - Can be caused by reading too much into bodily symptoms (heart rate increases = heart attack)
- Agoraphobia (fear place with people) can occur due to fear of having a panic attack

#### Generalized Anxiety Disorder

- Chronic, uncontrollable worry
  - Must last at least 6 months
  - Must interfere with daily life
- Worse prognosis than other anxiety disorders

#### Obsessive-Compulsive Disorder

- Obsessions – Intrusive, uncontrollable **thoughts** or urges
- Compulsions – Impulse to perform certain **behaviors** or rituals
- Obsessions cause stress, compulsions relieve stress and reinforce the behavior
- Person is aware of that obsessions and compulsions are irrational
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#### Post-Traumatic Stress Disorder

- Person experiences traumatic event which leads to intense fear or helplessness
  - Person experiences a severe trauma
  - Symptoms must be present for at least a month
  - If symptoms are present for less than a month they the disorder is classified as Acute Stress Disorder
- Exposure is most effective treatment

## Chapter 6 – Somatoform Disorders and Dissociative Disorders

#### Dissociative Disorders

- Dissociative Amnesia
  - Usually occurs suddenly after a traumatic event, memory has a large “hole” in it
  - Prognosis is that the patient will generally recover suddenly and completely
- Dissociative Identity Disorder
  - Formerly known as multiple personality disorder
  - Associated with severe child abuse

- Repressed memory controversy
  - More in depth than different facets of personality, whole other persons
  - Sociocultural theory suggests patient's may react to therapist's suggestion
  - Social Role enactment
    - Some believe DID does not exist and people are suggestive and/or are seeking attention
  - At least one personality does not share memories
    - May share implicit memories
  - Main goal of treatment = integration
    - Hypnosis is a popular method
- Dissociative Fugue
  - Similar to amnesia, but person travels and generally becomes someone new
  - Has no memory of their time in the fugue
- Depersonalization Disorder
  - Perception of self is altered
    - Feel detached
    - Out of body experience, like you are watching yourself

#### Somatoform Disorders

- Pain Disorder
  - Cannot be accounted for by Organic pathology
  - Pain not explained by other condition
  - Patient cannot give specific accounts of the pain
- Factitious Disorder
  - When a person makes themselves sick
- Malingering
  - When a person pretends to be sick for their own motives
- Body Dysmorphic Disorder
  - Preoccupation with a specific part of the body (i.e. my nose is too big)
  - Much plastic surgery and many suicidal thoughts

#### Hypochondriasis

- Preoccupation with having a serious disease

#### Conversion Disorder

- Used to be hysterics
- A psychological symptom "converts" into a physical symptom (i.e. trauma of watching children tortured converts into blindness)
- La belle indifference (patient does not seem to care about their predicament)

- Blindness conversion disorder patients may react to visual cues, but do not realize they are reacting to these cues
  - Research has been done involving seeing images before you register them, and how they can affect you (subliminal messages)

Problem with somatoform disorders is that most patients do not seek psychological help, though they require it.

## Chapter 7 – Stress and Health

- Psychological factors affecting Medical Conditions
  - When psychological factors affect existing medical conditions
- Behavioral medicine
  - Goal is to understand, prevent, and treat illnesses influenced by psychological factors
- Health Psychology
  - Psychology dealing with the role of psychological factors in health and illness
- Selye's General Adaptation Syndrome
  - Phase 1: Alarm Reaction: Initial stress
  - Phase 2: Resistance: Damage occurs as person adapts to stress
  - Phase 3: Exhaustion: Person can die or suffer irreversible damage due to stress
- Coping
  - Problem focused coping – deal with the problem and solve it
  - Emotion focused coping – Make efforts to reduce negative emotions you are feeling
    - Used in different situations by different people
  - Avoidance coping – pretty much always maladaptive, unless it really is just better to forget about it (get rejected by every medical school)
- Social Support
  - Structural – Have lots of friends
  - Functional – Have high quality friends
    - Functional is more beneficial (quality > quantity)
- Stress-Illness Link
  - Everyone has their own “weakness” to stress
  - Falls into a diathesis-stress category
  - Can be changed by changing behaviors and physiology
- Biologically based stress theories
  - Allostatic Load – Exposure to cortisol (stress hormone) for long periods of time can causing much damage
    - Can negatively impact your immune system (Psychoneuroimmunology)
  - Stress causes immune system to release cytokines, which trigger fatigue, fever, etc. (the body's response to fight off illness)

- Psychologically based stress theories
  - Psychodynamic
    - Anger in theory
      - Unexpressed hostility causes negative emotions – causing stress
  - Cognitive
    - Seeing things in your life as more than you can handle causes stress
  - Personality
    - Chronic negative emotions can cause health problems and a less effective immune system
- Cardiovascular disorders affected by stress
  - Type A Behavior: Anger, impatience, hostility (both men and women) and competitiveness (men only) can cause
    - Essential Hypertension
      - No biological cause
      - High Blood pressure
        - Causes greater chance of stroke, heart attack
    - Coronary heart disease
      - Angina Pectoris
        - Chest pain caused by insufficient oxygen to the heart
        - Triggered by physical exertion or stress
      - Myocardial Infarction (heart attack)
        - Caused by insufficient oxygen to the heart
        - Often results in permanent heart damage
      - CHD is also linked to the following
        - Blood pressure more sensitive to stress
        - Cholesterol is higher
        - Abnormal calcium deposits
        - Cigarette and alcohol use
        - Metabolic syndrome
        - Anxiety
        - Depression
- Asthma
  - Constricted air passages
    - Stress can cause attacks and increase symptoms occurrence
- AIDS
  - Can be prevented by changing behaviors
    - Condom use
    - Monogamy
  - Strategies
    - Provide accurate information about HIV transmission
    - Instruction in condom use

- Teach sexual assertiveness skills
    - Resist pressure to have sex
- Gender and health
  - Women live longer but in poorer health
  - Women are less likely to exhibit type a behavior
- Socioeconomic Status
  - Low status = more health problems, high status = less health problems
  - Examples of reasons for this are less access to food, more liquor, less time to exercise, health care not as good
- Race
  - Mortality rates for African Americans in the US is twice that of whites
    - Stress due to discrimination is one possible explanation
- Managing Stress
  - Relaxation
  - Changing your thoughts
  - Changing your behaviors
  - Changing your environment