

Hana Papežová

Department of Psychiatry, First Faculty of Medicine,
Charles University and General University Hospital in Prague



ANXIETY DISORDERS AND PSYCHOTHERAPY

William Cullen (1710-1790)

English physician

- **First time used the term neurosis and neurotic for variform group of mental diseases:**

Including apoplexy, paralysis, dyspepsia, hypochondriasis, epilepsy and hysteria

- **which he thought were caused**
when the parts of brain were simultaneously in an **unequal states of excitement and collapse**

„Treatise the Materia Medica“

19th and early 20th century

- Neurosis denoted major or minor psychiatric illnesses **not psychotic or organically caused**

(a reversal of Cullen's meaning)

2 major neuroses:

- **Neurasthenia (George Miller Beard, Am.1840-1883)** syndrom of physical and mental exhaustion - previously hypochondriasis, prevalent and fashionable treated by rest cures, isolation of patient's exercise, massage, electrical stimulation
- **Hysteria (Franz Anton Mesmer, Austr 1734-1815)** treated by trance and invoked healing powers, invisible „animal magnetism“
- James Braid, (1795-1860) „hypnosis“ made by nervous center,
- Jean-Martin Charcot (1825-1893) only hysteria,
- Ambroise August Liébeault (1823-1904),
- Hippolyte Bernheim (1840-1919)

Anxiety (Neurotic) Disorders

- Neurotic, stress-related and somatoform disorders have common historical origin with **the concept of neurosis**
- and association of a substantial proportion of these disorders with **psychological causation**.
- Mixtures of symptoms, especially **anxiety** and **depression**.
- About 1/4 of the population in developed countries suffer from neurotic disorders during the lifetime.
- **With the exception of social phobia**
their frequency is higher in women than in men.

Neurotic, Stress-Related and Somatoform Disorders (F40-F48)

- F40 Phobic anxiety disorders
- F41 Other anxiety disorders
- F42 Obsessive-compulsive disorder
- F43 Reaction to severe stress, and adjustment disorders
- F44 Dissociative [conversion] disorders
- F45 Somatoform disorders
- F48 Other neurotic disorders

Agoraphobia

- The **avoidance behaviour** (causes sometimes that the sufferer becomes completely housebound).
- Most sufferers are women.
- Onset - early adult life.
- The lifetime prevalence - between 5—7%.
- **High comorbidity** with panic disorder; depressive and obsessional symptoms and social phobias may be also present.

Social Phobias

- Clinical picture - fear of scrutiny by other people in comparatively small groups – and avoidance of social situations
- The fears
 - **discrete** - restricted to **eating** in public,
 - to be **introduced** to other people,
 - to public **speaking**, or to encounters with the opposite sex
 - **diffuse** - social situations outside the family circle.

Specific (Isolated) Phobias

Fears of proximity to particular animals

- spiders (arachnophobia)
- insects (entomophobia)
- snakes (ophidiophobia)

Fears of specific situations such as

- heights (acrophobia)
- thunder (keraunophobia)
- darkness (nyctophobia)
- closed spaces (claustrophobia)

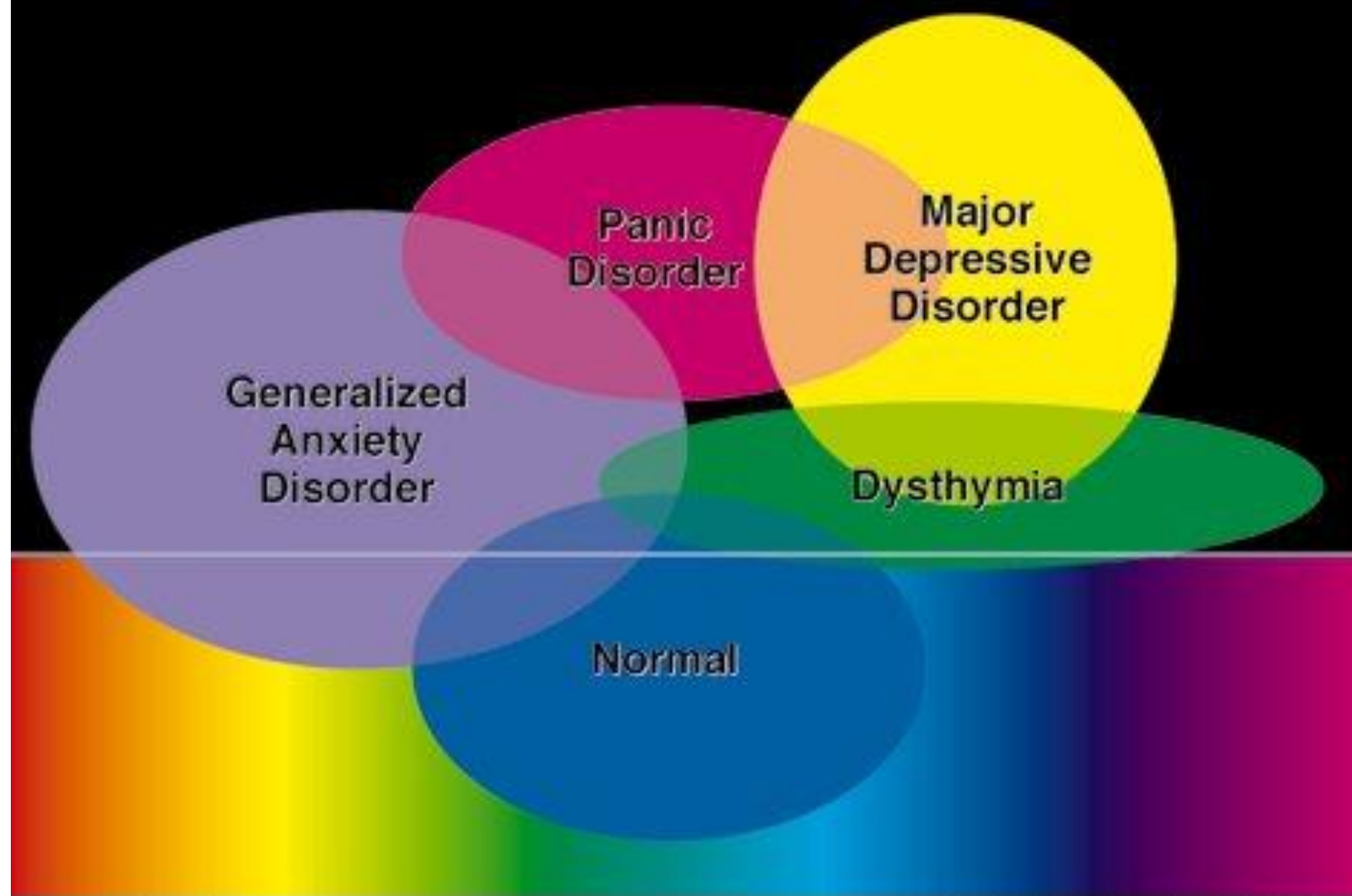
Panic Disorder

- Individual attacks usually last for **minutes only**. The frequency of attacks varies substantially.
- Frequent and predictable panic attacks produce fear of being alone or going into public places.
- The afflicted persons used to think they got a serious **somatic disease**.
- The course of panic disorder is **long-lasting** and is complicated with **various comorbidities**, in half of the cases with agoraphobia.
- Lifetime prevalence: between **1-3%**.

General Anxiety Disorder

- The essential feature is **anxiety** lasting more than 6 months,
- Generalised and persistent
- not restricted to or predominating in any particular environmental circumstances.
- **Symptoms:** continuous feelings of nervousness, trembling, muscular tension, sweating, lightheadedness, palpitations, dizziness, and epigastric discomfort.

Comorbidity of Generalized Anxiety Disorder



Post-traumatic Stress Disorder (PTSD)

PTSD is a **delayed and/or protracted response** to a stressful event of an exceptionally threatening or catastrophic nature.

The 3 major elements of PTSD include

- reexperiencing the trauma through dreams or recurrent and intrusive **thoughts** (“flashbacks”)
- showing **emotional** numbing such as feeling detached from others
- having symptoms of autonomic **hyperarousal** such as irritability and exaggerated startle response, insomnia

Commonly there is fear and avoidance of cues that remind the sufferer of the original trauma. Anxiety and depression are common.

Excessive use of alcohol and drugs may be a complicating factor.

The onset follows the trauma with a latency period, which may range from **several weeks to months**, but rarely more than half a year.

Lifetime prevalence: **about 0.5% in men and 1.2% in women.**

Psychotherapy

Definition of psychotherapy

- Psychotherapy is professional and goal-oriented application of clinical and interpersonal attitudes
- Using generally accepted psychological principles
- The aim of psychotherapy is to help people to change their behaviour, thinking, emotions and/or personality features in the direction desirable for both sides

Definition

How to explain to your patients

- Psychotherapy is a general term for addressing mental health concerns by talking with a psychologist or other mental health provider.
- Patients learn about their conditions and moods, feelings, thoughts and behaviors (insight).
- Psychotherapy helps them to **you learn how to take control over their life**
- and respond to challenging situations with **healthy coping skills.**

Many specific types of psychotherapy

- There are **many specific types of psychotherapy**, each with its own approach.
- The type of psychotherapy right for individual patient depends on
 1. individual situation,
 2. specific diagnosis,
 3. availability.
- Psychotherapy is known as **talk therapy**, counseling, psychosocial therapy, coaching.

Type of psychotherapy



- **Therapy can be given in a variety of formats:**
- **Individual:** This therapy involves only the patient and the therapist.
- **Group:** Two or more patients may participate in therapy at the same time. To share experiences and learn that others feel the same way and have had the same experiences.
- **Marital/couples:** This type of therapy helps spouses and partners understand why their loved one has a mental disorder, what changes in communication and behaviors can help, and what they can do to cope.
- **Family:** Family is a key part of the team that helps people with mental illness get better, it is helpful for family members to understand what their loved one is going through, how they themselves can cope, and what they can do to help.
- **Community treatment:** alcohol and drug addiction mainly

Methods of the psychotherapy

- Psychotherapeutic interview
- Psychodrama
- Psychogymnastics
- Relaxation methods
- Focusing
- Imagination technics
- Work with dreams

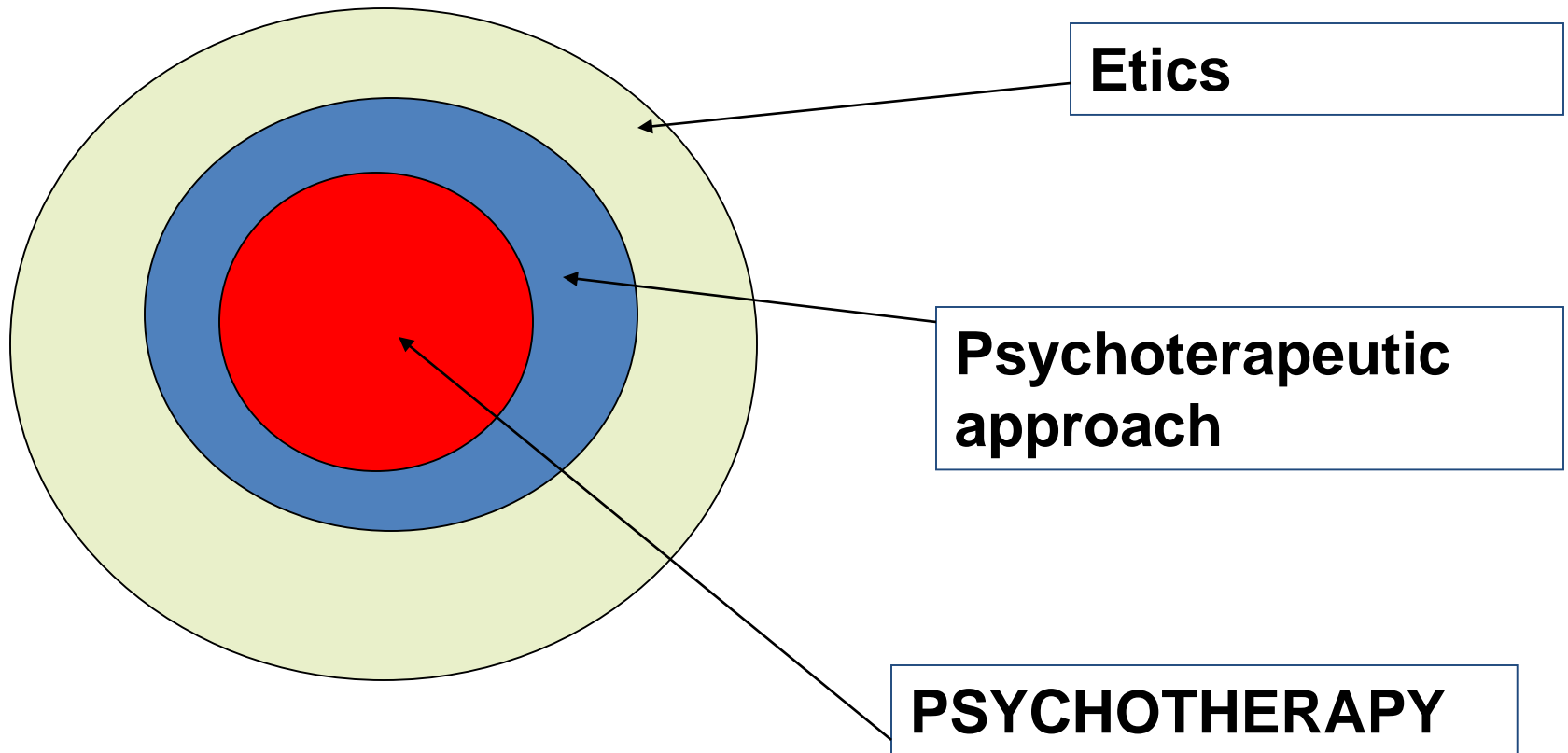
Characteristics of psychotherapy

- **General** – procedures to induce changes in all directions
- **Specific** characteristics in different psychotherapy concepts
- **Influence of therapist** 20%

Course of the psychotherapy

- Indication
- Preparation of the patient
- **Psychotherapeutic relation**
- **And space**
- **Intense therapy**
- **Psychotherapeutic process**
- Evaluation and termination of the therapy

Psychotherapy and attitude toward the patient



Personality of therapists and patients

- Acceptance
- Empathy
- Autenticity
- Qualification
- Emotional maturity
- Supervision
- The therapist must believe in supervision

- Motivation
- Intellect
- The ability of introspection
- Patient has to believe in psychotherapy.

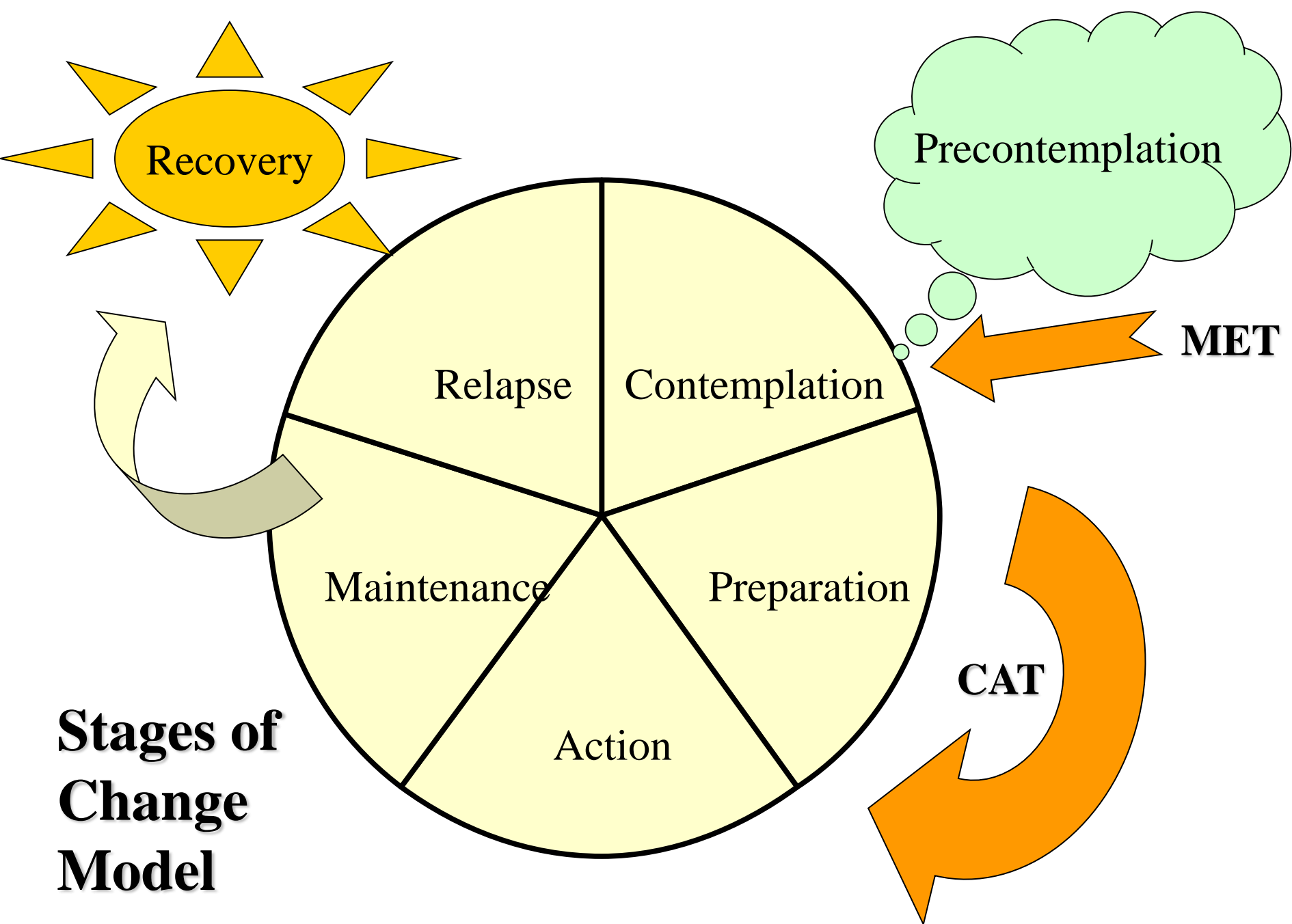


Characteristics of the psychotherapist

- 20% of successful outcome
- Working with own emotions
- Using supervision and stable environment
- Capacity to reflect the level of change he is working on
- Not to contribute to stagnation of the patient (or his team)

Psychoterapeutic approaches

- CBT
- Psychoanalytic psychotherapy
- Humanistic psychology Rogers psychotherapy
- Logotherapy
- Systemic psychotherapy
- Trans theoretical psychotherapy

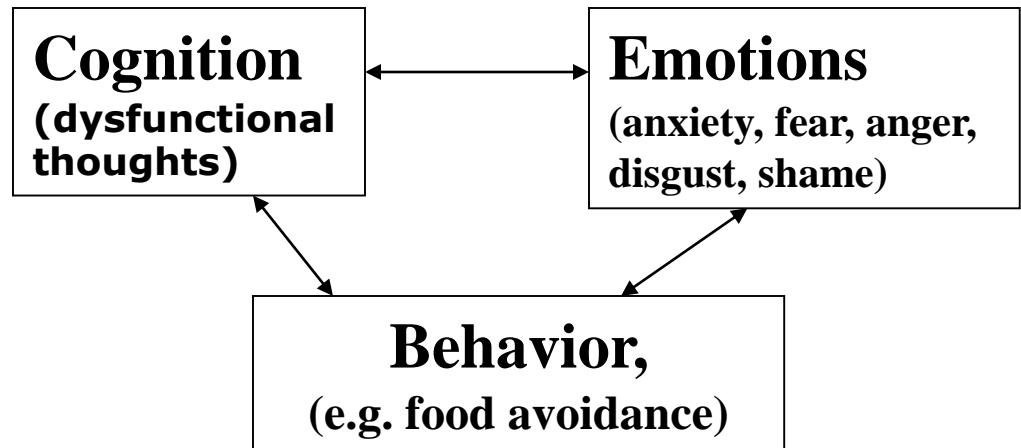


Cognitive-Behavioral Therapy

- Cognitive-behavioral therapy helps to **identify and change inaccurate perceptions** that people may have of themselves and the world around them.
- The therapist helps **establish new ways of thinking** by directing attention to both the "**wrong**" and "**right**" **assumptions** about themselves and others.
- **Cognitive-behavioral therapy is recommended for patients:**
- Who think and behave **in ways that trigger and perpetuate mental illness**.
- Who suffer from **depression and/or anxiety disorders** as the only treatment or, depending on the severity, in addition to treatment with [antidepressant](#) medication.
- Who refuse or are unable to take antidepressant medication.
- Of all ages who have mental illness that causes suffering, disability, or interpersonal problems.

Principles of CBT

- Making links between
- behavior, cognitions and affect
 - modifying these in parallel



Dysfunctional thoughts

- ***"You cannot solve problems using the same thinking that created them." Einstein***
- **1. ALL-OR-NOTHING THINKING:** You see things in black-and-white categories.
Example: if your performance falls short of perfect, you see yourself as a failure.
- **2. OVERGENERALIZATION:** You interpret a single negative event as a non-ending pattern of defeat.
- **3. MENTAL FILTER:** Picking out a single negative detail and dwell (obsess) on it, coloring all the positive details.
- **4. DISQUALIFYING THE POSITIVE:** Rejecting positive experiences and feedback, saying that they, "don't count," or putting yourself down.
- **5. JUMPING TO CONCLUSIONS:** Making a negative interpretation even though there are no real facts that support your conclusions.
 - a. Mind Reading- You arbitrarily conclude that someone is reacting negatively to you and you do not bother to check it out.
 - b. The Fortune Teller Error- You anticipate something bad will happen and are convinced your prediction is already sealed.

Dysfunctional thoughts

- **6. MAGNIFICATION (CATASTROPHIZING) OR MINIMIZATION:** Exaggerating the importance of things, such as a goof-up or someone else's accomplishment, or you inappropriately reduce the importance of your abilities or accomplishments.
- **7. EMOTIONAL REASONING:** Assuming that your negative emotions reflect the way things really are: "I feel this way, therefore that must be the way things are."
- **8. SHOULD STATEMENTS:** Trying to motivate yourself with "should," "must," and "ought to" statements. Whipping or beating yourself up to try to force yourself to behave, think, or feel a certain way. This leads to feelings of guilt. When shoulds or ought's are directed toward others, you feel anger, frustration, and resentment.
- **9. LABELING AND MISLABELING:** An extreme form of overgeneralization, attaching a negative label to yourself or others. "I'm a loser."
- **10. PERSONALIZATION:** You see yourself as the cause of some negative event when in reality, you had little to do with it. Taking responsibility for a negative event even though you are not responsible.

Daily Record of Dysfunctional Thoughts

[illegible]

Explanation: When you experience an unpleasant emotion, note the situation that seemed to stimulate the emotion. (If the emotion occurred while you were thinking, daydreaming, etc., please note this.) Then note the automatic thought associated with the emotion. Record the degree to which you believe this thought 0% = not at all; 100% = completely. In rating degree of emotion: 1 = a trace, 100 = the most intense possible.

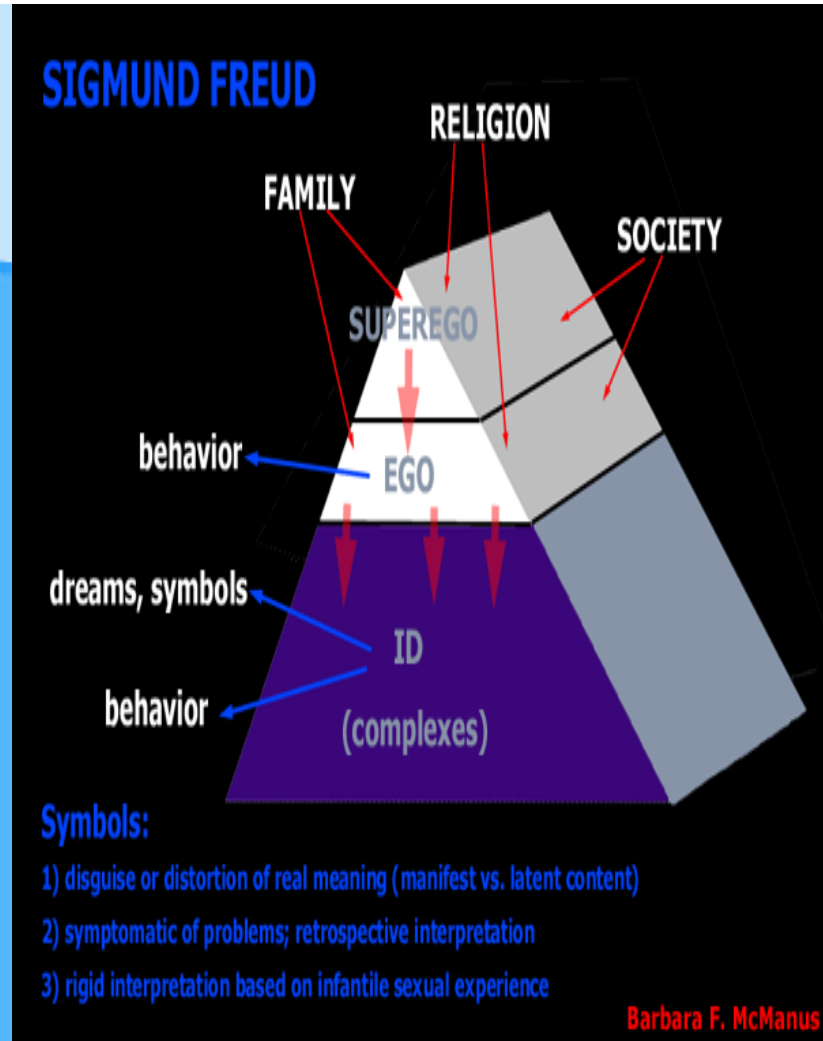
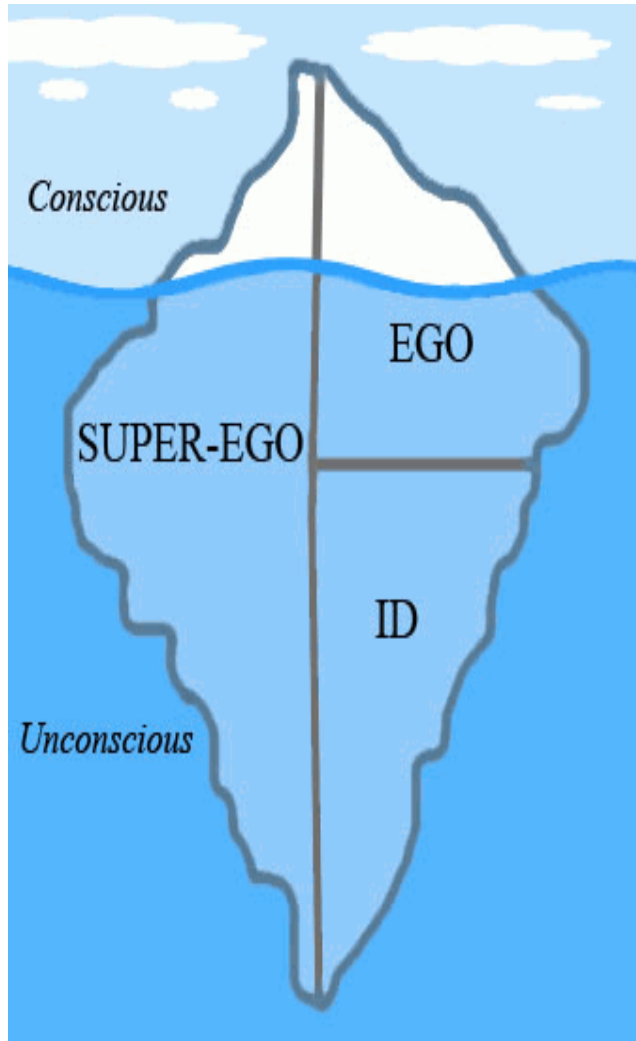
Taken from Mind over Mood

Cognitive Analytic Therapy

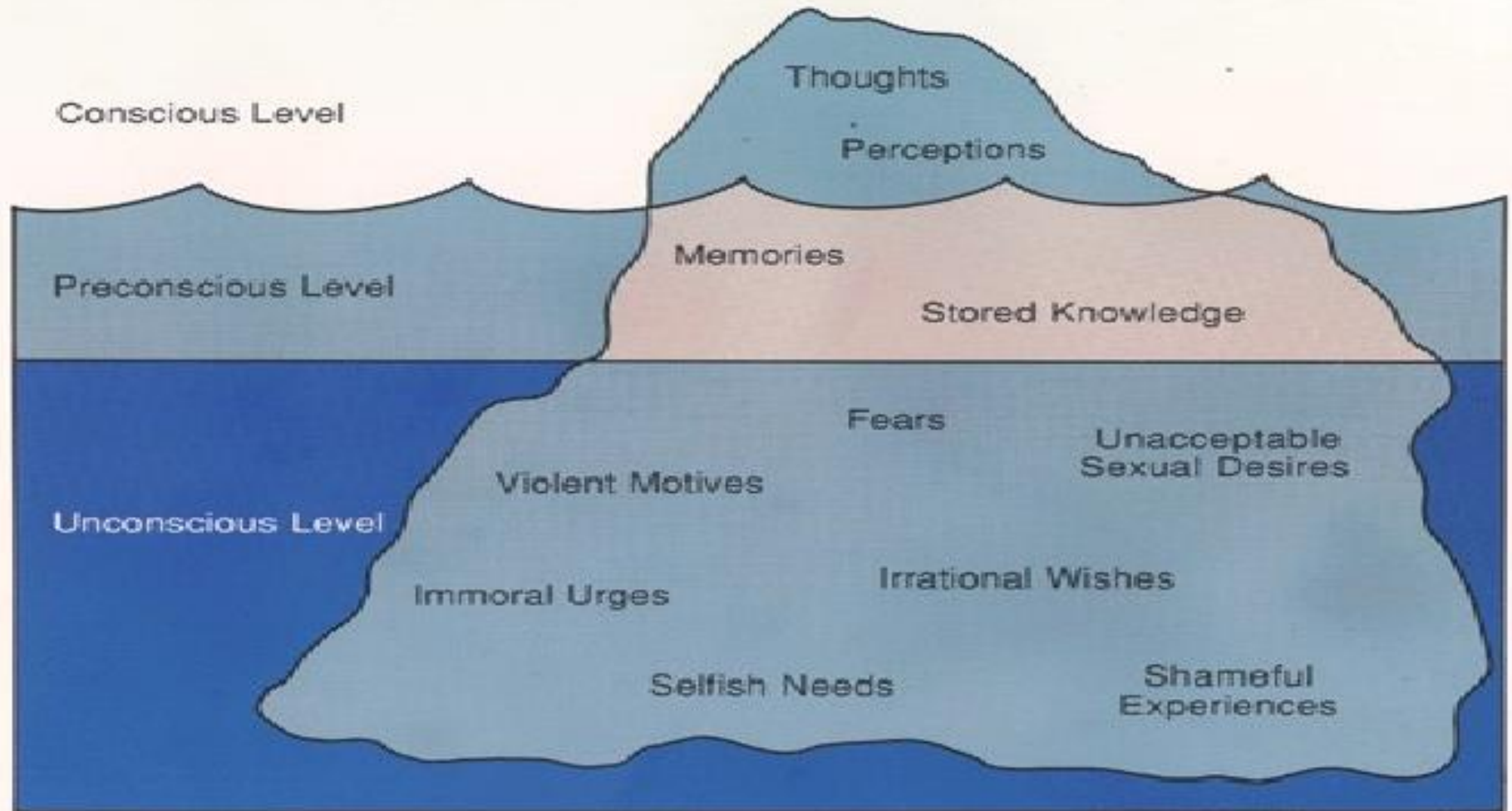
- Brief integrated focused therapy for NHS use - 16-24 sessions
- Draws from cognitive behavioural models and object relations theory
- Process of reformulation, recognition & revision
- Integration of tools from diverse areas to facilitate change

Frances Connan, 2003

Psychoanalytic psychotherapy



PERS 5 Freud's View of the Human Mind: The Mental Iceberg



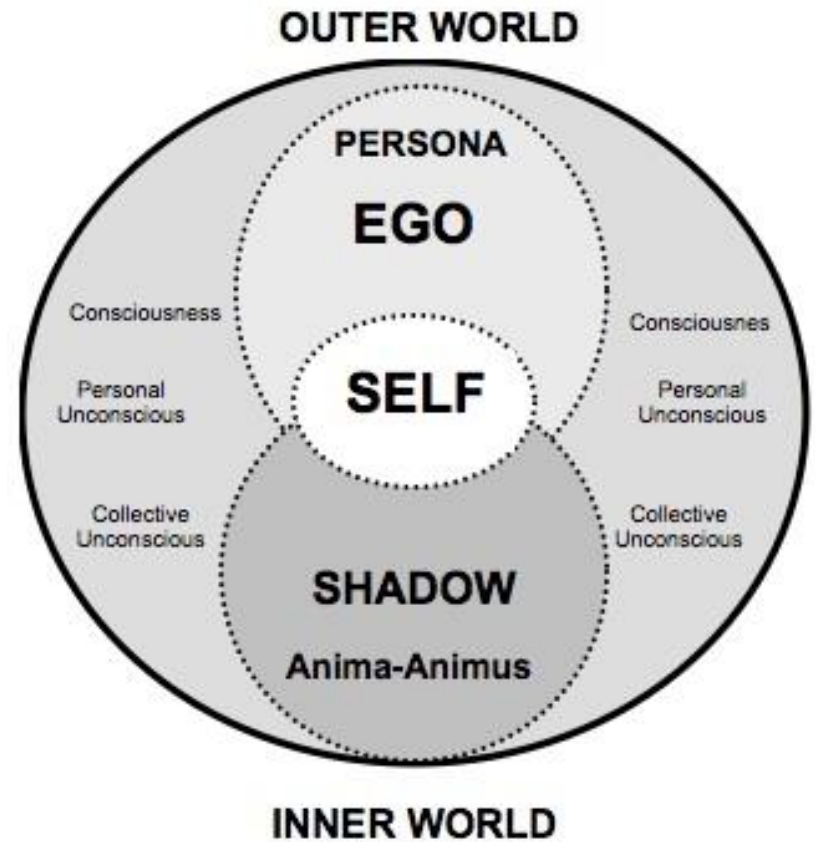
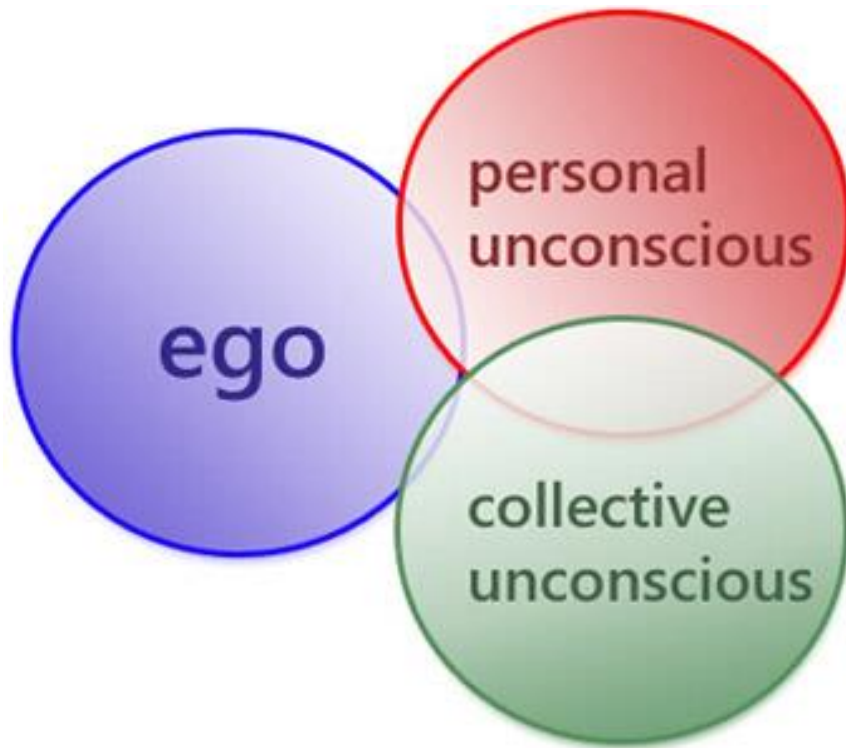
Carl Gustav Jung

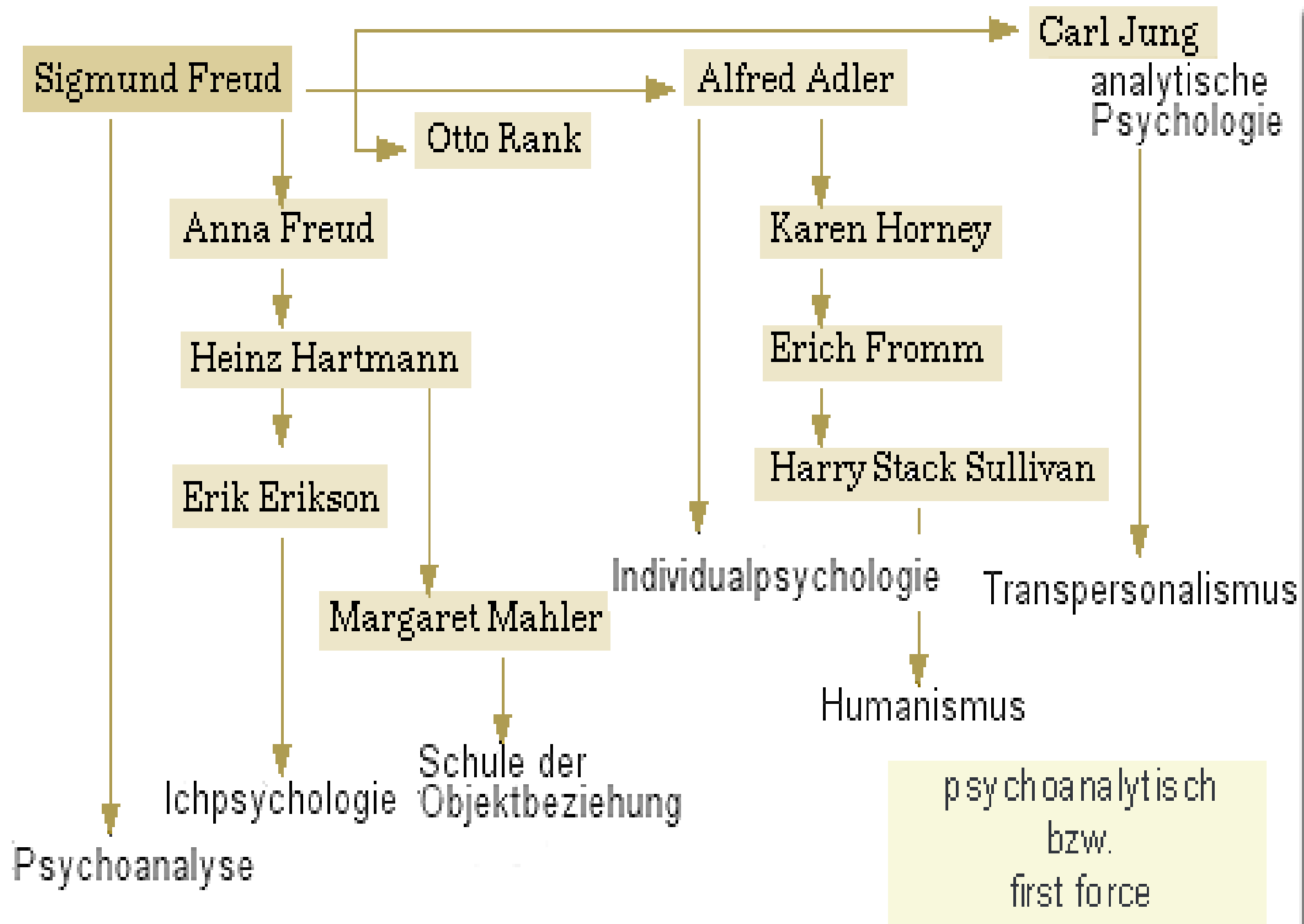
(1875–1961)

- “Psychoanalysis cannot be considered a method of education if by education we mean the topiary art of clipping a tree into a beautiful artificial shape.
- But those who have a higher conception of education will prize most the method of cultivating a tree so that it fulfils to perfection its own natural conditions of growth ”

Collective unconscious

Anima - animus





Psychodynamic Therapy

- Based on the assumption that emotional problems are caused by **unresolved, generally unconscious conflicts**, often stemming from childhood.
- The goal for the patient is to **understand and cope better** with these feelings by talking about the experiences.
- Psychodynamic therapy is administered over a period of 3-4 months, although it can last longer, even years (5-6 years).

Humanistic psychology

- **Carl Ransdom Rogers** - american psychologist and psychoterapist, at University Ohio,Chicago.

Client oriented therapy Stresses the importance of personal choice and responsibility

- [Abraham Maslow](#) - **the concept of the hierarchy of needs** to address

The hierarchy serves as a model of development, in which babies start at the lowest level by attempting to gain food, water and shelter.

The stages of the hierarchy include physiological needs, safety needs, the need for love and belonging, the need for esteem and, finally, **self-actualization**.

Abraham Maslow

(1908 - 1970),

Maslow's Hierarchy of Needs



Characteristics of Self-Actualization

For Maslow, a self-actualizer is a person who has reached the pinnacle of human existence. He or she may not have achieved fame and fortune but has achieved sound psychological health and a strong sense of fulfillment.

Traits associated with self-actualized people:

- Acceptance of self and others
- Deep and meaningful relationships with others
- Autonomy
- A sense of humor
- Accurate perception of reality as it relates both to oneself and to others
- A sense of purpose and regular tasks geared toward that purpose
- Frequent moments of profound happiness that Maslow termed “peak experiences.”
- Empathy and compassion for others
- Ongoing appreciation of the goodness of life. Some might refer to this trait as childlike wonder.

Self-actualization involves a strong sense of purpose and self-awareness, as well the imperative that one's basic needs are being met, it can be **a challenging goal to reach**.

However, people who self-actualize may be able to retain access to this level because they have learned the necessary skills to achieve fulfillment.

American Psychological Association. *APA concise dictionary of psychology*. Washington, DC: American Psychological Association, 2009. Print.

Maslow self actualization. (n.d.). Unlearn. Retrieved from <http://psikoloji.fisek.com.tr/maslow/self.htm>

Logotherapy

The Search For Purpose and Meaning

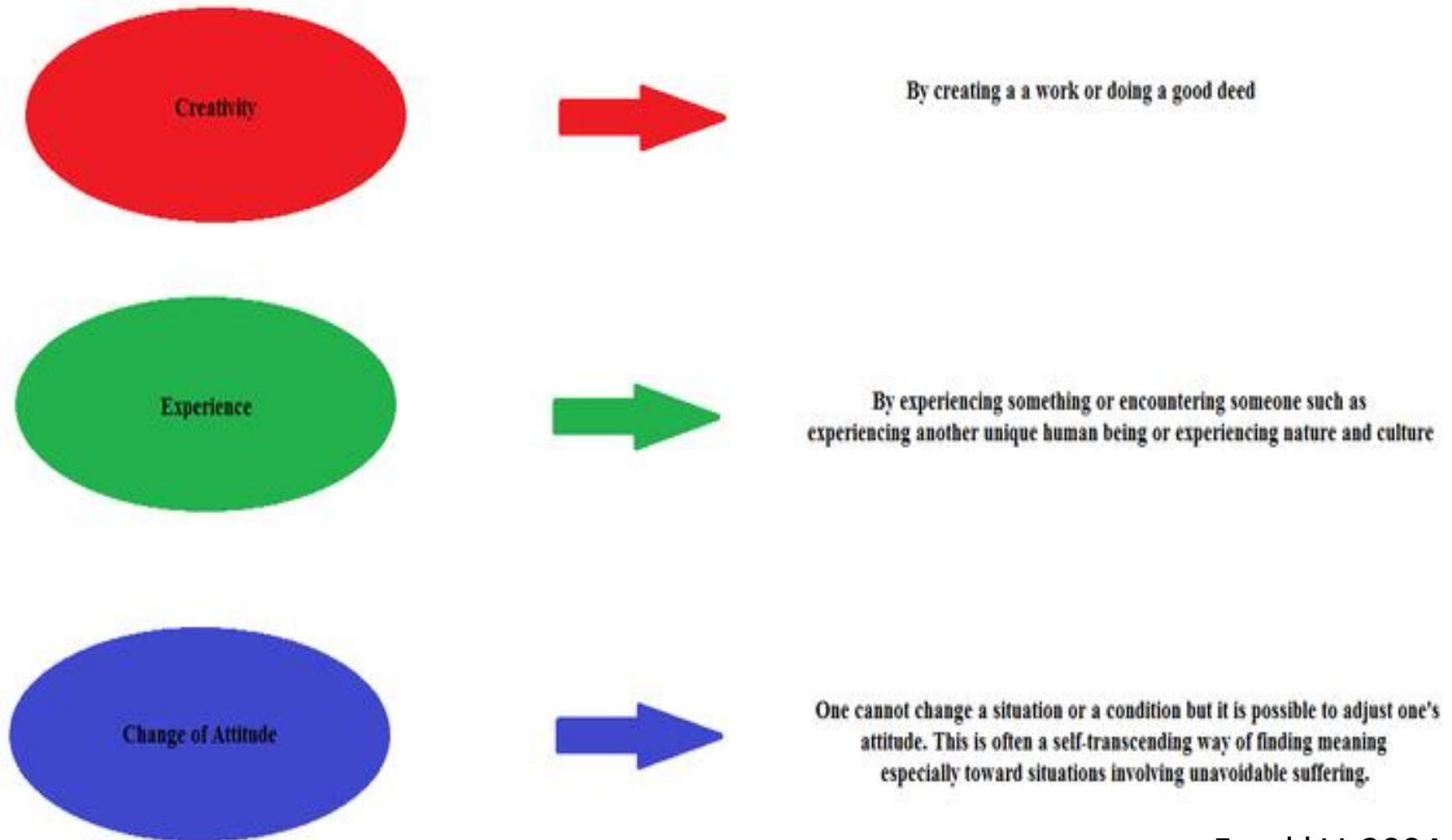
- Dr. Viktor Emil Frankl (1905-1997),
- Viennese psychiatrist and neurologist
- Characterized as the pioneer who promoted the idea that **the primary motivational force in life is to find meaning**

Zaiser, 2005

- *Man's Search for Meaning*

Viktor Frankl Institute, 2010

How Can we Find Meaning in Life?



Trans-theoretical model (TTM)

- **Does not exclude any psychotherapy model**
- Open system
- Selects the **effective factors** from different conceptual approaches and integrates them into the complex concept.
- System is **open to integration** of new interventions.
- The concept is based on **needs of clinical practice**.
- Uses the states and **levels of targeted changes**
(the insight itself does not necessarily bring the change)

Psychotherapy and structural changes in brain

Neuroimaging in Posttraumatic Stress Disorder and Other Stress-Related Disorders

Fig. 1. Hippocampal volume on MR image in PTSD.
Smaller hippocampal volume in a representative patient who has PTSD relative to a non-PTSD subject.

J. Douglas Bremner, 2007

CBT (n=17) increases metabolism in hippocampus and cingulum.

PAROXETIN (n=13) Increases metabolism in prefrontal cortex and decreases metabolism in limbic system.

„Modulation of cortical-limbic pathways of major depression: treatment specific“ Goldapple K, et al., Arch Gen Psych, 2004

Psychobiology of Personality

Science of Well-Being

Claude **Robert Cloninger**, M.D. (1944)
psychiatrist and geneticist

- **Character** **Partially suggestible to change** the way of thinking, behaving, emotional reactions and reaction to the environment
- **Temperament** **Stable** the way of emotional reactivity

3 dimensions of temperament - independently inherited:

[harm avoidance](#) (anxious, pessimistic vs. outgoing, optimistic),

[novelty seeking](#) (impulsive, quick-tempered vs. rigid, slow-tempered)

[reward dependence](#) (warm, approval-seeking vs. cold, aloof)

Persistence (persevering, ambitious vs. easily discouraged, underachieving)

These dimensions are measured by using his [Tridimensional Personality Questionnaire](#) (TPQ).

Temperament and neurotransmitters

Temperament

Novelty seeking

Harm avoidance

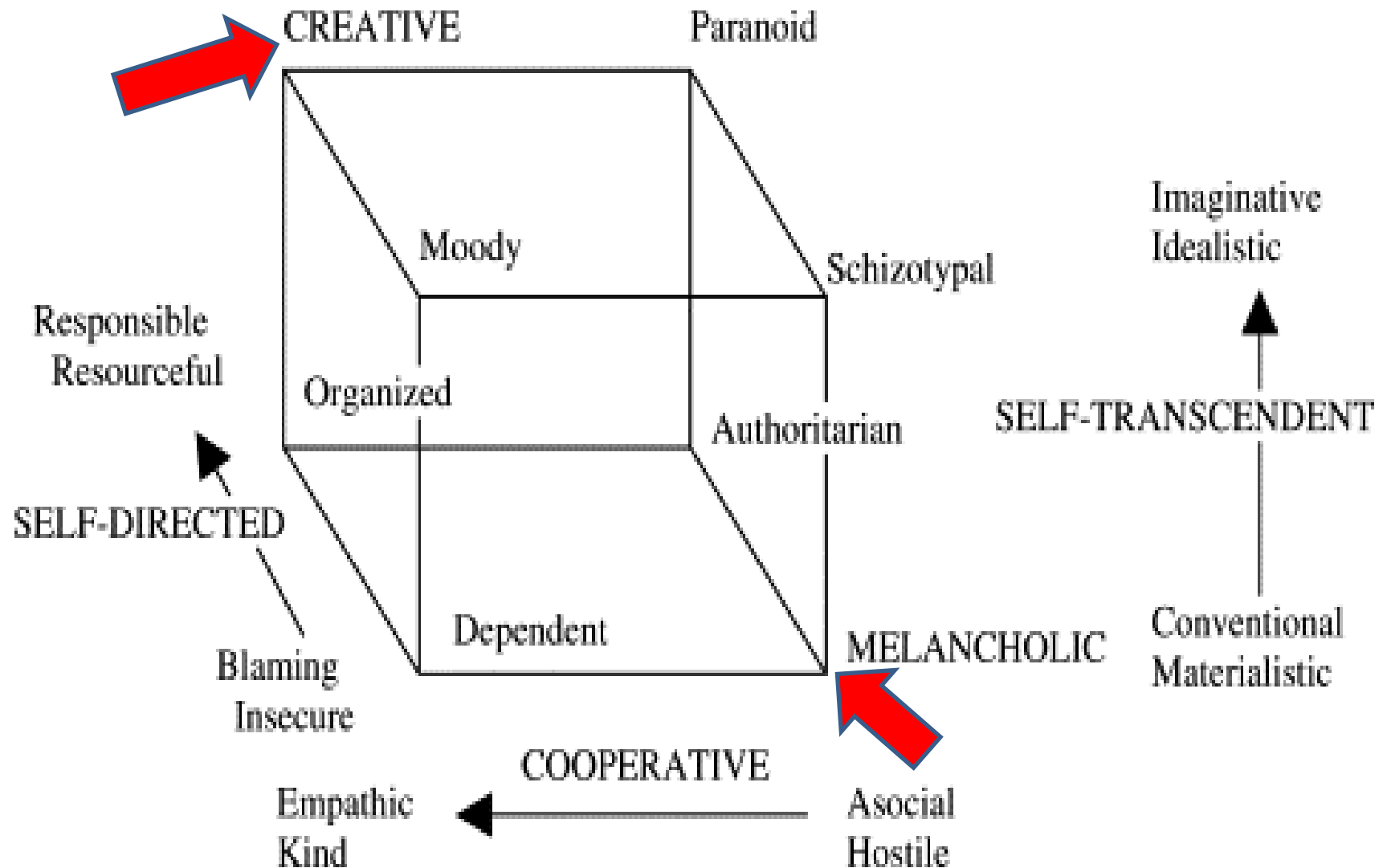
Reward dependence

Neurotransmitter system

Low dopaminergic activity

High serotonergic activity

Low noradrenergic activity



creative (1,1,1) moody (0,1,1) melancholic (0,0,0)

Psychotherapy and medication

- Psychotherapy is often used either alone or in combination with medications to treat mental illnesses.
- Called "therapy" for short, the word psychotherapy actually involves a variety of treatment techniques.
- During psychotherapy, a person with a mental illness talks to a **licensed and trained mental health care professional** who helps him or her identify and work through the factors that may be triggering the illness.

Psychotherapy or medication?

1998-2007 The outpatients on psychotherapy alone fell 15.9 to 10.5%, while with medication alone increased from 44.1 to 57.4 %

Olfson & Marcus, 2010 Am J Psychiatry

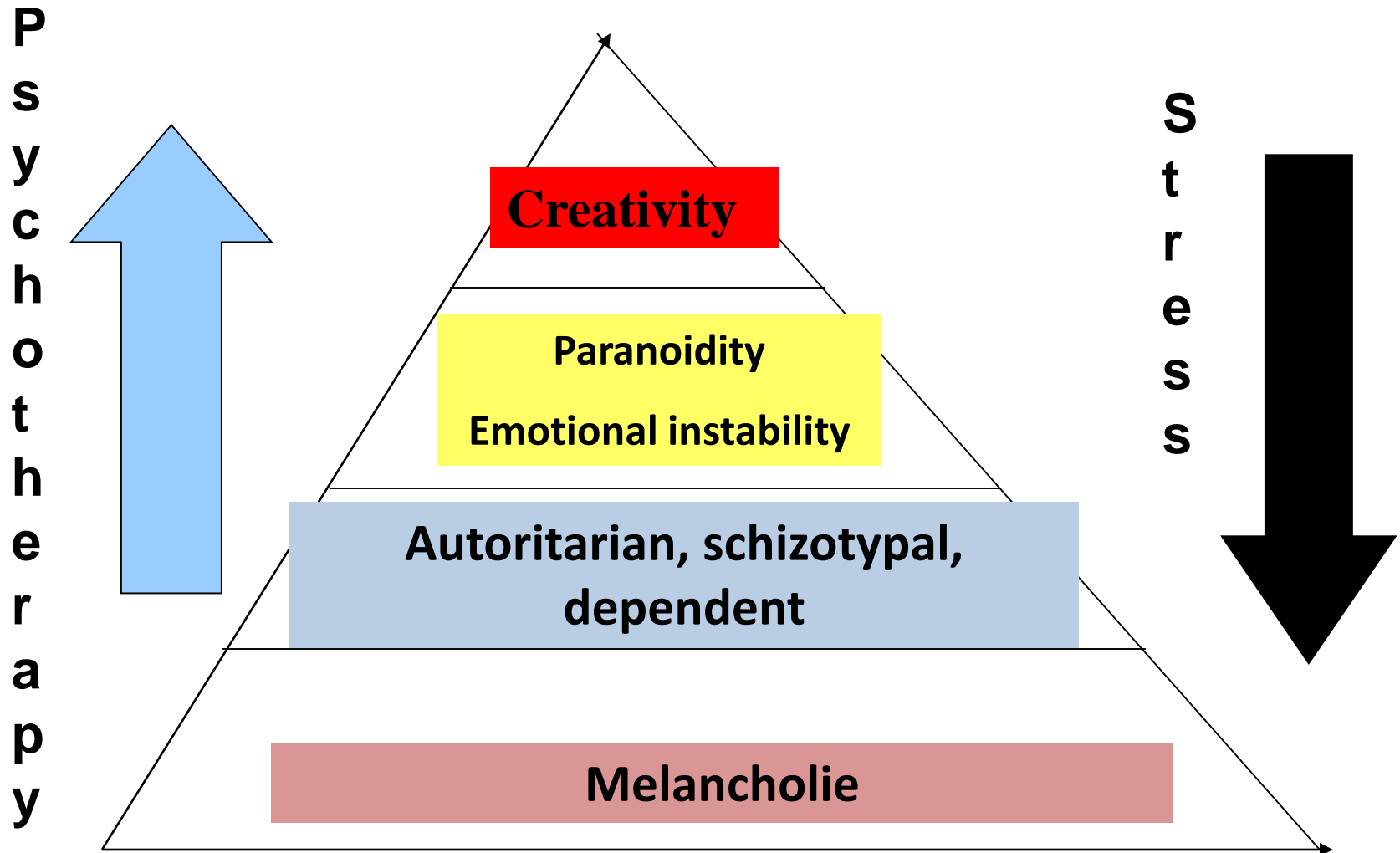


In a system of medicine and health insurance rewarding evidence-based practice and biology as a more rigorous science, psychotherapy has lost ground among physicians, insurers and policymakers

Brown University Research, 2007

Therapeutic goals

- changes toward more healthy personality structure



**Internet, chats, psychoeducation
of patients and carers,
online interventions**

Are You A Perfectionist?

METRO QUIZ RESULTS

Worry About
Making Errors

Questioning
Myself

My Own
Ideals

Total
Score



01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

METRO Magazine

Roll over and click on
ALL categories to get

NOVEMBER

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1 Weight Training 4-6PM Practice 5-6PM	2	3 Weight Training 4-6PM Practice 5-6PM	4 Practice 7-8AM MEET 8PM	5 Weight Training 4-6PM Practice 5-6PM	6 Practice 5-6PM Practice 7-8PM	7 MEET 3PM
8	9	10	11	12	13	14

Back

Early intervention and prevention



Healthyandfree

Anonymní poradna a chaty

Jídlo, diety, zdravý životní styl, hubnutí, anorexie, bulimie, přejídání, obezita

www.healthyandfree.cz

norway grants
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Guided Meditations and Exercises

Self-Compassion

www.self-compassion.org

- [Affectionate Breathing](#) [21 minutes]
- [Compassionate Body Scan](#) [24 minutes]
- [Loving-Kindness Meditation](#) [20 minutes]
- [Self-Compassion/Loving-Kindness Meditation](#) [20 minutes]
- [Noting Your Emotions](#) [18 minutes]
- [Soften, soothe, allow: Working with emotions in the body](#) [15 minutes]
- [Self-Compassion Break](#) [5 minutes]

Exercises

- [Exercise 1: How would you treat a friend?](#)

How do you think things might change if you responded to yourself in the same way you typically respond to a close friend when he or she is suffering? This exercise walks you through it.

- [Exercise 2: Self-Compassion Break](#)

This exercise can be used any time of day or night and will help you remember to evoke the three aspects of self-compassion in the moment you need it most. [Also available as an mp3.](#)

- [Exercise 3: Exploring self-compassion through writing](#)

Everybody has something about themselves that they don't like; something that causes them to feel shame, to feel insecure, or not "good enough." This exercise will help you write a letter to yourself about this issue from a place of acceptance and compassion.

- [Exercise 4: The criticizer, the criticized, and the compassionate observer](#)

In this exercise, you will sit in different chairs to help get in touch with different, often conflicting parts of yourself (the criticizer, the criticized, and the compassionate observer), experiencing how each aspect feels in the present moment.

- [Exercise 5: Changing your critical self-talk](#)

By acknowledging your self-critical voice and reframing its observations in a more friendly way, you will eventually form the blueprint for changing how you relate to yourself long-term. This exercise will help you learn how to do it.

- [Exercise 6: Self-Compassion Journal](#)

Keeping a daily journal in which you process the difficult events of your day through a lens of self-compassion can enhance both mental and physical well-being. This exercise will help make self-kindness, common humanity, and mindfulness part of your daily life.

- [Exercise 7: Identifying what we really want](#)

Remember that if you really want to motivate yourself, love is more powerful than fear. In this exercise, you'll reframe your inner dialogue so that it is more encouraging and supportive.

- [Exercise 8: Taking care of the caregiver](#)

This exercise will allow you to keep your heart open and help you care for and nurture yourself at the same time you're caring for and nurturing others.