



PSYCHOLOGY

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TYPES OF PSYCHOLOGICAL DISORDERS

ANXIETY

- Anxiety, the nervousness or agitation that we sometimes experience, often about something that is going to happen, is a natural part of life. We all feel anxious at times, maybe when we think about our upcoming visit to the dentist or the presentation we must give to our class next week. Anxiety is an important and useful human emotion; it is associated with the activation of the sympathetic nervous system and the physiological and behavioral responses that help protect us from danger. However, too much anxiety can be distressing and disabling, and every year millions of people suffer from anxiety disorders, which are psychological disturbances marked by irrational fears, often of everyday objects and situations

Generalized Anxiety Disorder (GAD) Symptoms



**Excessive anxiety
and worry**



**Increased muscle
aches or soreness**



**Impaired
concentration**



Fatigue



Irritability

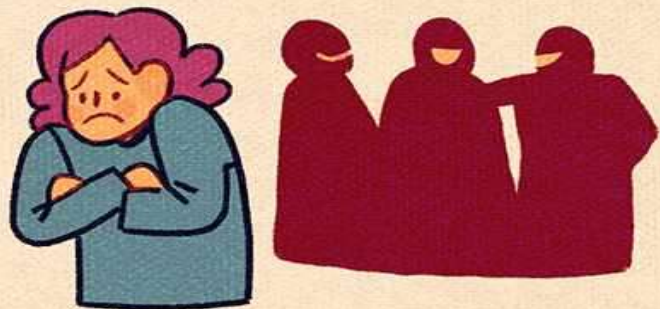


Restlessness

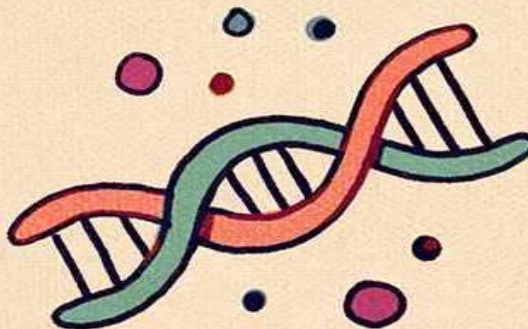


Difficulty sleeping

Potential Causes of Social Anxiety Disorder



Limited socialization



Genetics



Overprotective parents



History of being bullied



Memories of public humiliation

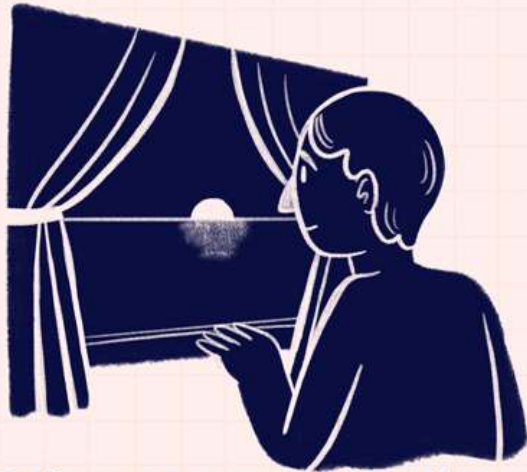
PANIC

- panic disorder, a psychological disorder characterized by sudden attacks of anxiety and terror, known as panic attacks, that have led to significant behavioral changes in the person's life. Symptoms of a panic attack include shortness of breath, heart palpitations, trembling, dizziness, choking sensations, nausea, and an intense feeling of dread or impending doom. Panic attacks can often be mistaken for heart attacks or other serious physical

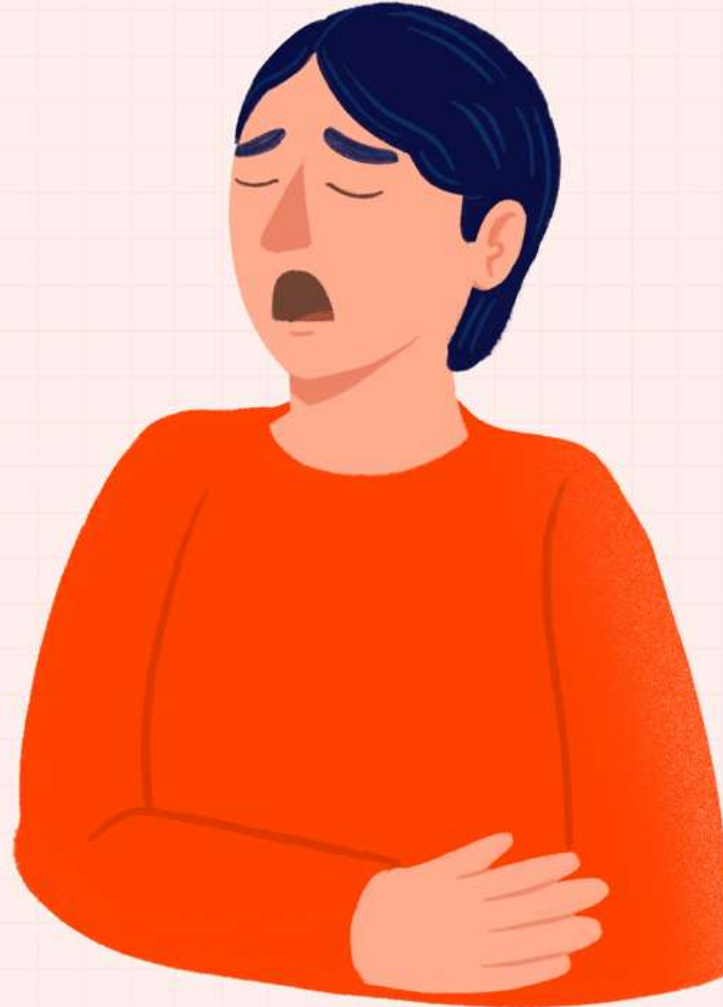
Steps to Take After a Panic Attack



Talk to a loved one



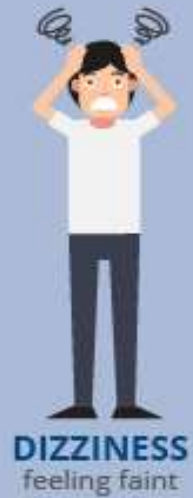
Refocus on something else



Stop and breathe



Use positive self-talk



PANIC DISORDER

PHOBIAS

- A phobia is a specific fear of a certain object, situation, or activity that adversely affects an individual's functioning. The condition generally lasts more than 6 months
- Specific phobias are unreasonable fears of a clearly identified object or situation. Examples of specific phobias include animals, blood, flying in a plane, or thunder and lightning.
- A common phobia is social phobia, also known as social anxiety disorder, which is an extreme discomfort in social situations due to a fear of being negatively evaluated by others or humiliating oneself. Social phobia may be specific to a certain event, such as speaking in public or using a public restroom. People with social phobia will often experience physical symptoms in public, such as sweating profusely, blushing, stuttering, nausea, and dizziness. They are convinced that everybody around them notices these symptoms as they are occurring.
- Agoraphobia is defined as anxiety about being in places or situations from which escape might be difficult or in which help may not be available. Typical places that provoke this anxiety are parking, crowded streets or shops, bridges, tunnels, or expressways.

The Four Major Specific Phobia Categories

Natural Environment



Astraphobia



Hydrophobia



Dendrophobia

Animals



Batrachophobia



Cynophobia



Equinophobia

Mutilation/Medical Treatment



Trypanophobia



Dentophobia



Hemophobia

Situations



Claustrophobia



Aerophobia



Glossophobia

Symptoms of phobia

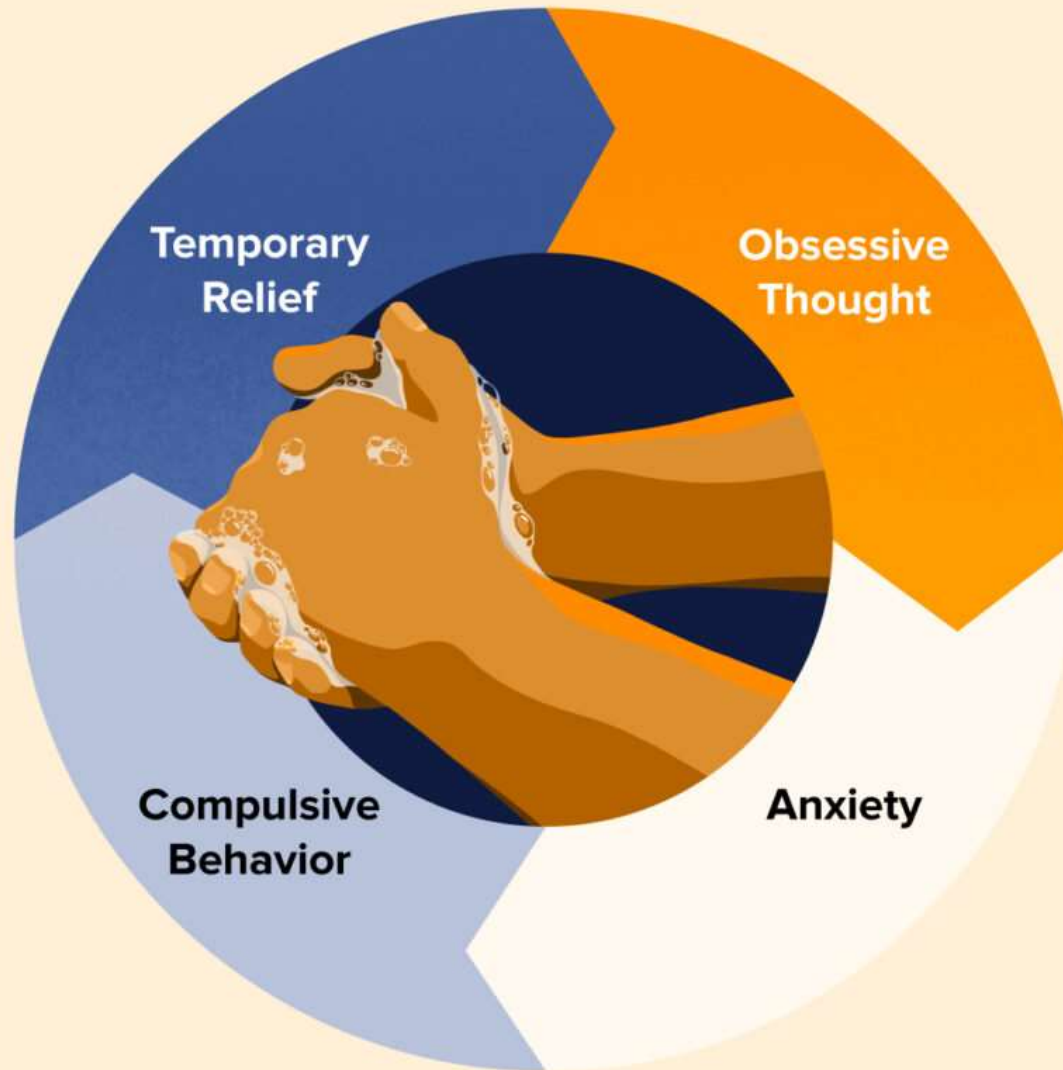


Name	Description
Acrophobia	Fear of heights
Agoraphobia	Fear of situations in which escape is difficult
Arachnophobia	Fear of spiders
Astraphobia	Fear of thunder and lightning
Claustrophobia	Fear of closed-in spaces
Cynophobia	Fear of dogs
Mysophobia	Fear of germs or dirt
Ophidiophobia	Fear of snakes
Pteromerhanophobia	Fear of flying
Social phobia	Fear of social situations
Trypanophobia	Fear of injections
Zoophobia	Fear of small animals

OBSESSIVE-COMPULSIVE DISORDER (OCD)

- I have got this obsessive-compulsive disorder where I have to have everything in a straight line or everything has to be in pairs. I'll put my Pepsi cans in the fridge and if there's one too many then I'll put it in another cupboard somewhere. I've got that problem. I'll go into a hotel room. Before I can relax, I have to move all the leaflets and all the books and put them in a drawer. Everything has to be perfect
- Obsessive-compulsive disorder (OCD) is a psychological disorder that is diagnosed when an individual continuously experiences distressing or frightening thoughts, and then engages in repetitive behaviors. Obsessions are unwanted and distressing repetitive thoughts and compulsions are the repetitive behaviors done as a way to reduce the anxiety caused by the obsession. OCD is diagnosed when the obsessive thoughts are so disturbing and the compulsive behaviors are so time consuming that they cause distress or interfere with functioning in a person's everyday life

The OCD Cycle



COMMON OCD SIGNS AND SYMPTOMS



Fear of germs or contamination



Unwanted forbidden or taboo thoughts involving sex, religion, and harm

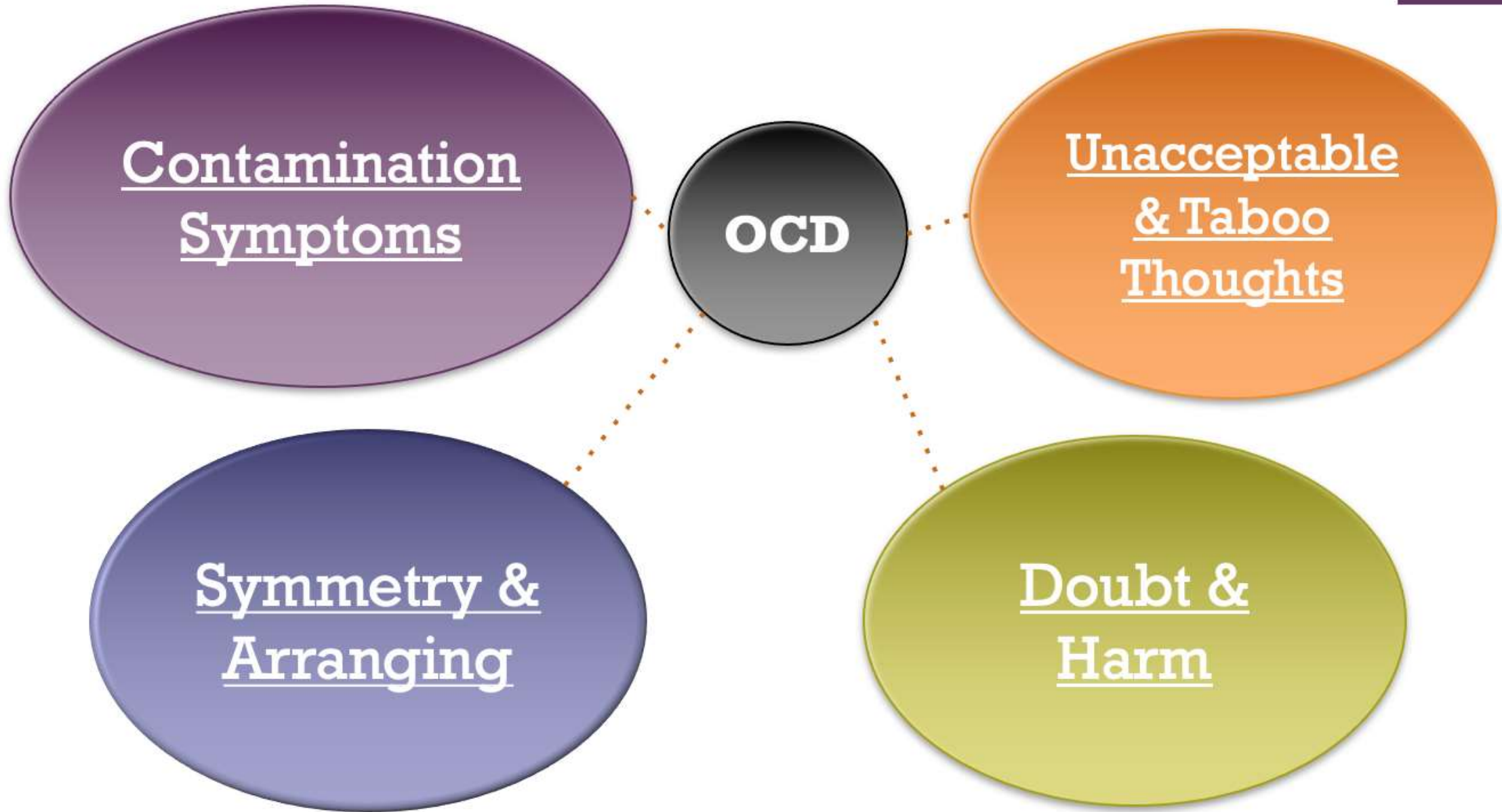


Aggressive thoughts towards others or self



Religious obsessions such as having things symmetrical or in a perfect order

4 Kinds of OCD



POSTTRAUMATIC STRESS DISORDER (PTSD)

- Jill, an Afghanistan war veteran, witnessed her fellow service members being hit by an improvised explosive device (IED) while driving a combat supply truck. The members of her truck survived, while those in the truck that hit the IED all died. Since returning home from Afghanistan, she has become increasingly depressed and began using alcohol on a daily basis. She has had difficulties in her employment, missing many days of work, and she reported feeling disconnected and numb around her husband and children. Additionally, she has experienced nightly sleep problems and has a recurring nightmare of all the images she experienced of the event. With no decrease in her symptoms, she sought help from a clinician
- People with Posttraumatic stress disorder (PTSD) feel stress and fear that cause distress and interfere with their lives after having been exposed to a traumatic event. People who have survived a terrible ordeal, such as combat, torture, sexual assault, imprisonment, abuse, natural disasters, or witnessing the death of someone, may develop PTSD.

PTSD Symptoms

Intrusive



Repetitive,
unwanted
memories

Avoidance



Resisting
conversations
about the event

Heightened arousal



Trouble
falling asleep

Changes in thoughts & feelings



Loss of interest
in once-enjoyed
activities

MAJOR DEPRESSIVE DISORDER

- I didn't want to face anyone; I didn't want to talk to anyone. I didn't really want to do anything for myself...I couldn't sit down for a minute really to do anything that took deep concentration...It was like I had big huge weights on my legs and I was trying to swim and just kept sinking. And I'd get a little bit of air, just enough to survive and then I'd go back down again. It was just constantly, constantly just fighting, fighting, fighting, fighting, fighting
- Depressive disorders are diagnosed when depressive symptoms cause serious distress and negatively influence physical, perceptual, social, and cognitive processes. The level of depression observed in people with depressive disorders varies widely. If the depression is deep and lasts two or more weeks, the diagnosis may become that of major depressive disorder. Major depressive disorder, also known as clinical depression, is a mental disorder characterized by significant distress or impairment in important areas of function (APA, 2013). Those who suffer from major depressive disorder feel an intense sadness, despair, and loss of interest in pursuits that once gave them pleasure. These negative feelings profoundly limit the individual's day-to-day functioning and ability to maintain and develop interests in life

Symptoms of Major Depressive Disorder



Chronic
emptiness



Unyielding
sadness



Hopelessness



Restlessness



Fatigue



No interest
in hobbies



BIPOLAR DISORDERS

- While major depressive disorder is characterized by overwhelming negative moods, a bipolar disorder is characterized by swings in mood and activity from overly high and energetic to sad and fatigued, and back again, with periods of near-normal mood and energy in between. Bipolar disorder is diagnosed in cases such as Juliana's, where experiences with depression are followed by a more normal period and then a period of mania or euphoria in which the person feels particularly awake, alive, talkative, excited, energetic, and involved in everyday activities.

BIPOLAR DISORDER SYMPTOMS

Manic



Decreased need
for sleep



Racing
thoughts



Risky behavior



Distractibility

Depressive



Feelings of
worthlessness



Appetite
changes



Extreme sadness



Suicidal thoughts

PSYCHOLOGY



Theories of Emotion

Questions:



- What's the connection between what we think & feel?
- Can we change the way we feel by changing our thoughts?
- Can we experience emotion before thinking?

Questions:



- ✂ Give an example of how an emotion/emotions has affected your thinking?
- ✓ Ex. I am sad/depressed (emotion), it's is going to be a bad day or every one is so crabby today (thoughts - perceptions/intepretations)

What is Emotion?



- **Emotion**- a response of the whole organism, involving 3 components of emotion

3 components of emotion

1. physiological arousal

☒ heart racing

2. expressive behaviors

☒ walk faster

3. conscious experience

☒ I'm scared -fear

Theories of Emotion

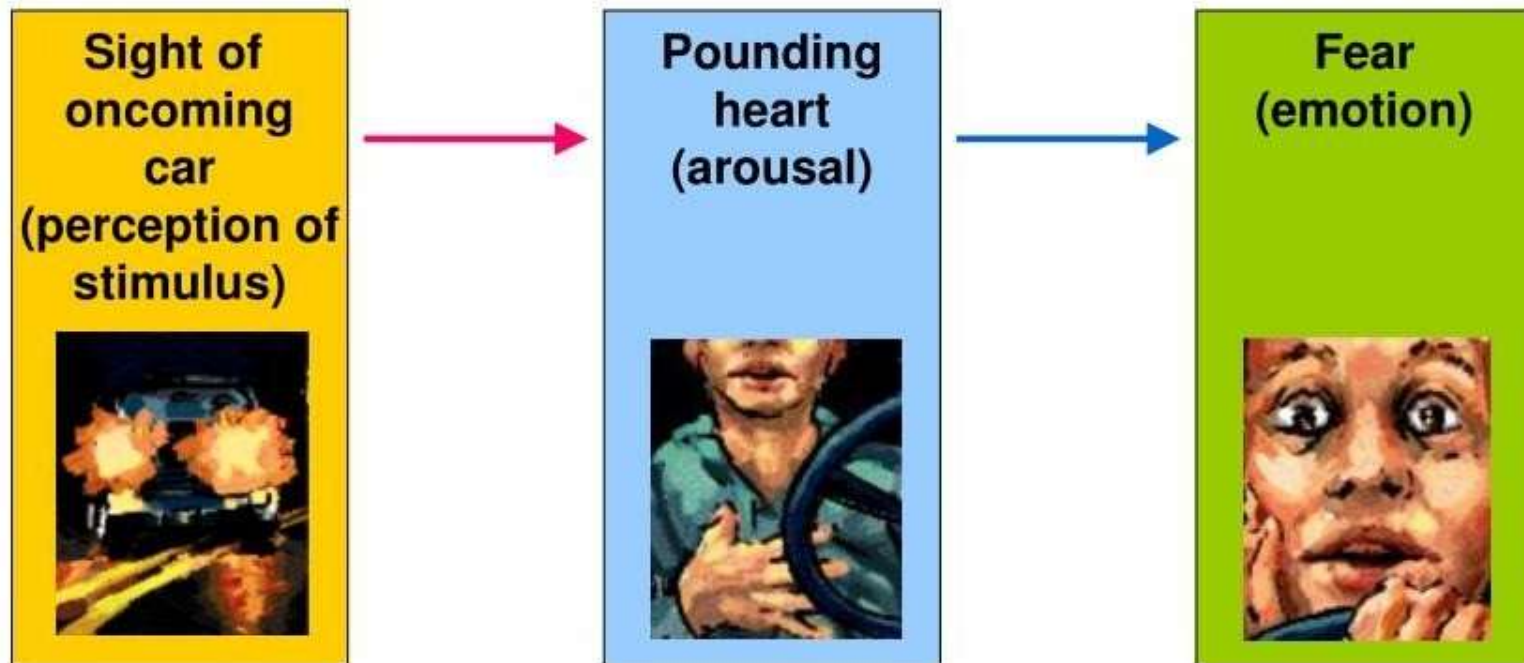


- Does your heart pound because you are afraid... or are you afraid because you feel your heart pounding?

James-Lange Theory of Emotion



- Experience of emotion is awareness of physiological responses to emotion-arousing stimuli



James & Lange Theory

1. James & Lange Theory


- emotion grows from our body's arousal and/or state of being

Evidence to support:

- subtle physiological distinctions among emotions
- Spinal cord injury study

Implications: want to feel happy?, start smiling, look cheerful, act joyful

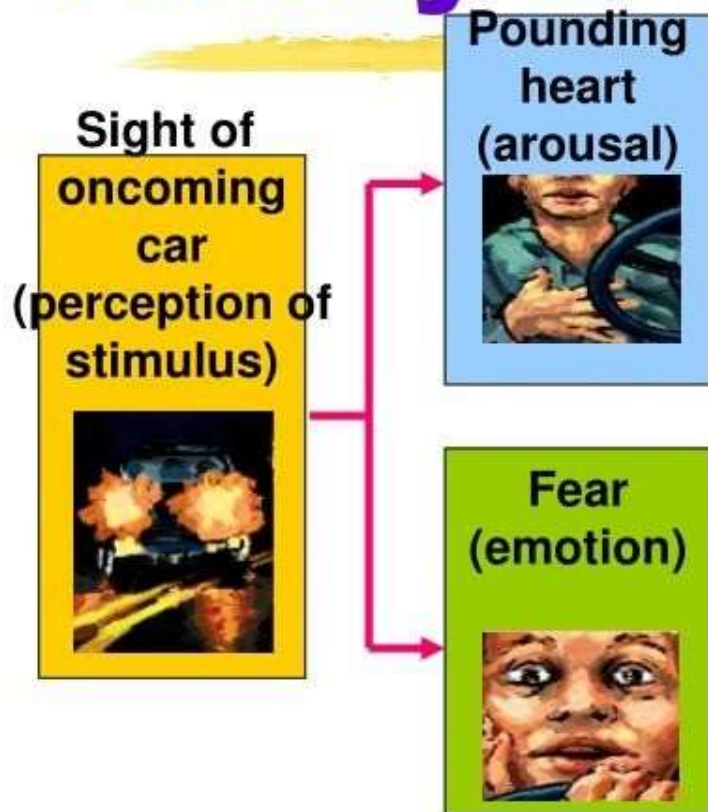
Spinal cord injury study



⌘ Hohmann's research w/WWII soldiers w/ spinal cord injuries

- ☑ From the neck down injuries reported decrease in emotional intensity
- ☑ Emotions above the neck were felt more intensely, ex. Lump in throat, crying
- ☑ Support for James-Lange

Cannon-Bard Theory of Emotion



Emotion-arousing stimuli simultaneously trigger:

- physiological responses
- subjective experience of emotion

Cannon & Bard Theory

2. Cannon & Bard Theory

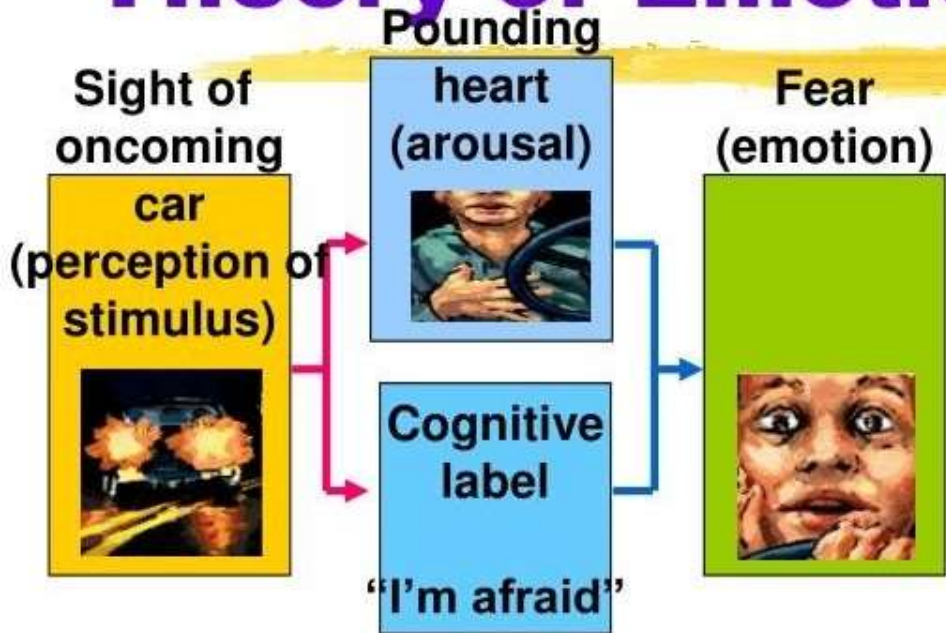
- Emotion is simultaneously physiological responses & subjective experience of emotion
- Evidence to support - emotions are physiologically similar
 - Example of experiment - people watching movies in 4 rooms

Cognition & emotion



- ⌘ Whether we fear the man in the dark, alley behind us depends on how we interpret him - friend or foe?
- ⌘ What's the connection between how we think & feel?
- ⌘ Are our feelings subject to our appraisal or perception of a situation?

Schachter's Two-Factor Theory of Emotion



To experience emotion one must:

- be physically aroused
- cognitively label the arousal

Schachter's Two-Factor Theory of Emotion



3. Schachter's Two-Factor Theory of Emotion

- To experience emotion one must:
 - be physically aroused
 - cognitively label the arousal

Schachter's beliefs:

1. Agreed w/James & Lange that experience of emotion grows from our body's arousal
2. Agreed w/Cannon & Bard that emotions are physiologically similar

Therefore emotional experience requires conscious thought of the arousal

Thoughts are an essential ingredient of emotion -
2 ingredients: physical arousal & cognitive label

Spill over effect

⌘ Schachter & Singer experiment: p. 520

Situation: Injection of hormone (epinephrine),
waiting room w/euphoric or irritated accomplice

☒ Independent variables: information given about
drugs effect

☒ Dependent variable: reaction to situation

☒ Experimental/Control Groups: told of expect arousal
from the drug, told the drug would produce no effect

Spill over effect cont.



⌘ Results:

- arousal can intensify any emotion
- we can have different emotional reactions based on how we interpret & label an event
- arousal from emotions can spill from emotion to another

Application to understanding behavior

⌘ Example:

Work out at gym, come home & husband says "what's for supper?"

Responses: "What do you mean what's for supper? I work all day too. Why don't you figure it out!" or
Steak honey it is going to be awesome!

Verses the response you might have if you were not aroused & calm, how you interpret & label the question, etc.

Complex vs. Simple Emotion



- ⌘ Simple emotions (likes/dislikes, fear) are harder to change with our thinking
- ⌘ Complex emotions (guilt, love/hate, sad) involve interpretation/perception & expectation, we can learn to think and then feel more easily

Body Language

Are you lying to me????

Body Language

- As we grow we learn verbal and nonverbal cues that help transmit or receive the communication cycle
- How you physically present yourself to others. Body language has been proven to be an extremely powerful viewer into the inner workings of the human psyche.
- In other words, we learn what people mean by not only what they say, but how they say it and “how” they say it.

Dominant body language

Making the body big

- Hands on hips makes the elbows go wide and make the body seem larger. So also does standing upright and erect, with the chin up and the chest thrust out. Legs may be placed apart to increase size.

Making the body high

- Height is also important as it gives an attack advantage. This can be achieved by standing up straight or somehow getting the other person lower than you, for example by putting them on a lower seat or by your standing on a step or plinth.

Occupying territory

- By invading and occupying territory that others may own or use, control and dominance is indicated. A dominant person may thus stand with feet akimbo and hands on hips.

Superiority signals

Breaking social rules

- Rulers do not need to follow rules: they *make* the rules. This power to decide one's own path is often displayed in breaking of social rules, from invasion and interruption to casual swearing in polite company.

Ownership

- Owning something that others covet provides a status symbol. This can be territorial, such as a larger office, or displays of wealth or power, such as a Rolex watch or having many subordinates.
- Just owning things is an initial symbol, but in body language it is the flaunting of these, often casually, that is the power display. Thus a senior manager will casually take out their Mont Blanc pen whilst telling their secretary to fetch the Havana cigars.

Invasion

- A dominant act is to disrespect the ownership of others, invading their territory, for example getting too close to them by moving into their body space. Other actions include sitting on their chairs, leaning on their cars, putting feet up on their furniture and being over-friendly with their romantic partners.
- Invasion says 'What's yours is mine' and 'I can take anything of yours that I want and you cannot stop me'.

Belittling others

- Superiority signals are found both in saying 'I am important' and also 'You are not important'. Thus a dominant person may ignore or interrupt another person who is speaking or turn away from them. They may also criticize the inferior person, including when the other person can hear them.

Facial signals

- Much dominance can be shown in the face, from disapproving frowns and pursed lips to sneers and snarls (sometimes disguised as smiles).
- The eyes can be used to stare and hold the gaze for long period. They may also squint, preventing the other person seeing where you are looking. They may also look at anywhere but the other person, effectively saying that 'you are not even worth looking at'.
- Faces can also look bored, amused or express other expressions that belittle the other person.
- Dominant people often smile much less than submissive people.

Phallic displays

- Dominant men will often expose their crotch, effectively saying to other men 'I am safe from attack' or 'my penis is bigger than yours', whilst showing off. They may also be offering 'come and get it!' to women. When women do this, it is to some extent a tease or invitation to men but may also be an emulation of the male display, thus saying 'I am as strong as a man'.
- This appears in standing or sitting where the legs are apart. It may be emphasized by scratching or adjusting of the crotch.

The dominant greeting

- When people first meet and greet, their first interaction sets the pattern for the future relationship. When a person is dominant here, then they will most likely continue to be dominant.

The handshake

- A classic dominant handshake is with the palm down, symbolically being on top. Another form of dominant handshake is to use strength to squeeze the other person.
- Holding the other person's hand for longer than normal also shows that you are in control.

Eyes

- Prolonged, unblinking eye contact acts like overplaying the handshake -- it says 'I am powerful, I can break the rules.' The dominant person may alternatively prevent eye contact, saying 'You are beneath me and I do not want even to look at you.'

Speaking

- The person who speaks first often gets to control the conversation, either by talking for longer or by managing the questions.

Responding to dominance

- If others display dominant body language you have a range of options.
- The simplest response is simply not to submit, which is what they probably want. Continue to appear friendly and ignore their subtle signals.
- Another response is to fight dominance with dominance, for example:
- Out-stare them (a trick here is to look at the bridge of their nose, not their eyes).
- Touch them, either before they touch you or immediately when they touch you.
- When they do a power handshake, grab their elbow and step to the side.
- When they butt in to your speech, speed up, talk more loudly and say 'let me finish!'

Emotional body language

Anger

- Anger occurs when achievement of goals are frustrated.
- Neck and/or face is red or flushed.
- Baring of teeth and snarling.
- Clenched fists.
- Leaning forward and invasion of body space.
- Other aggressive body language.
- Use of power body language.

- Fear, anxiety and nervousness
- Fear occurs when basic needs are threatened. There are many levels of fear, from mild anxiety to blind terror. The many bodily changes caused by fear make it easy to detect.
- A 'cold sweat'.
- Pale face.
- Dry mouth, which may be indicated by licking lips, drinking water, rubbing throat.
- Not looking at the other person.
- Damp eyes.
- Trembling lip.
- Varying speech tone.
- Speech errors.
- Voice tremors.
- Visible high pulse (noticeable on the neck or movement of crossed leg).
- Sweating.
- Tension in muscles: clenched hands or arms, elbows drawn in to the side, jerky movements, legs wrapped around things.
- Gasping and holding breath.
- Fidgeting.
- Defensive body language, including crossed arms and legs and generally drawing in of limbs.
- Ready body language (for fight-or-flight)
- Other symptoms of stress

Before going into the topic, lets do a simple activity that will get us started and help us get a better understanding of what body language looks like.

An image of a facial expression will be displayed and you will have to pick an answer of what does the gesture express.

Here we go

..

The previous images, as we all noticed,
were different body gestures that gave
out different messages right?

Well, that's what is called
“Body Language”

These 7 expressions of **Universal Body Language** express:

- 1) Sadness
- 2) Fear
- 3) Boredom
- 4) Anger
- 5) Disgust
- 6) Happiness
- 7) Surprise

Other Body Language Gestures:

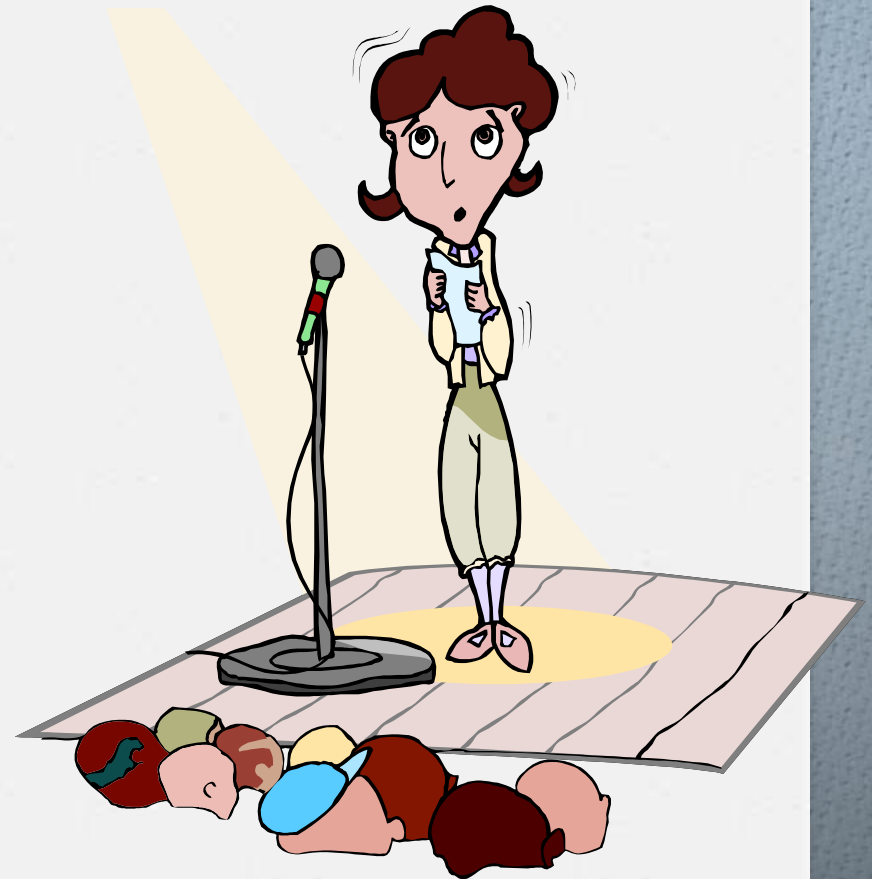
Body Gesture	Interpretation
Brisk, erect walk	Confidence
Standing with hands on hips	Readiness, aggression
Sitting with legs crossed, foot kicking slightly	Boredom
Sitting, legs apart	Open, relaxed
Arms crossed on chest	Defensiveness
Walking with hands in pockets, shoulders hunched	Dejection
Hand to cheek	Evaluation, thinking
Touching, slightly rubbing nose	Rejection, doubt, lying
Rubbing the eye	Doubt, disbelief
Hands clasped behind back	Anger, frustration, apprehension
Locked ankles	Apprehension
Head resting in hand, eyes downcast	Boredom

More Gestures:

Rubbing hands	Anticipation
Sitting with hands clasped behind head, legs crossed	Confidence, superiority
Open palm	Sincerity, openness, innocence
Pinching bridge of nose, eyes closed	Negative evaluation
Tapping or drumming fingers	Impatience
Steepling fingers	Authoritative
Patting/fondling hair	Lack of self-confidence; insecurity
Tilted head	Interest
Stroking chin	Trying to make a decision
Looking down, face turned away	Disbelief
Biting nails	Insecurity, nervousness
Pulling or tugging at ear	Indecision

“After violent death, most people fear public speaking more than anything else in life”

People Management
April 2002



Planning

- o Why are you doing the talk? Be clear about your purpose
- o Find out how big your audience is likely to be & what sort of group
- o Make notes about your subject
- o Don't write your talk word for word
- o Use small pieces of paper and number them
- o Powerpoint has a notes & timing feature which may help
- o Time your talk & practice it
- o Then practice it again

Think of Threes

- o Tell people what you're going to say
- o Tell them
- o Tell them what you've said

Presentation Techniques

“He was looking up into the sky all the time he was speaking and Alice thought this decidedly uncivil”

Lewis Carroll

Techniques 1

- o Pace of delivery
- o Vary style
- o Move about
- o Vary pitch
- o Use notes
- o Avoid annoying habits
- o Use props, but don't overdo it



Techniques – teaching aids

- o Flip chart for diagrams, pictures, key points
- o Ohps/powerpoint - serve the same purpose (more permanent, better for a large audience)
- o Powerpoint – pros and cons on next slide
- o Demonstration - get your audience involved

Powerpoint

Advantages

- Quick, easy & simple
- Prepare in advance
- Good for large audience
- Can include pictures & graphics easily
- Something to look at

Disadvantages

- Can be tedious
- Not very dynamic
- Easy to overload with information
- Be careful with animations
- Tendency to read word for word

Do's



- o Take a deep breath
- o Speak clearly
- o Make small cards to remind yourself of topics (number them!)
- o Be aware of where your audience is - are you facing all of them?
- o Smile, have fun
- o Be yourself and project your personality
- o Remember - no-one knows how you feel or what you think
- o Remember - The audience is on your side!

Don'ts



“ ‘Don’t grunt’, said Alice; ‘that’s not at all the proper way of expressing yourself’ ”

Lewis Carroll

Don'ts



- o Rush what you're trying to say –
SLOW DOWN
- o Read off a sheet of paper word for word
- o Fiddle with things - its irritating!
- o Use inappropriate language for your audience
- o Panic

“ In that case," said the Dodo solemnly, rising to its feet, "I move that the meeting adjourn, for the immediate adoption of more energetic remedies –
"

"Speak English!" said the Eaglet. "I don't know the meaning of half those long words, and, what's more, I don't believe you do either!"

Alice in Wonderland – Lewis Carroll

In Summary...

- o Most talks go according to plan
- o But, you must actually plan unless you are very experienced
- o You have the support of your audience
- o Most common mistakes are avoidable
- o The world won't end if it does go wrong – just correct yourself and carry on