

Today

- PTSD
- Being ill
 - HIV/AIDS
 - Cancer
 - Obesity
- Gender and health
- Quality of Life
- Semester wrap-up

Post-traumatic stress disorder (PTSD)

- PTSD versus Post-traumatic Growth (PTG)
- PTG
 - Subjective experience of positive psychological change reported by an individual following a trauma
- PTSD
 - Psychiatric disorder in people who experiences (directly or indirectly) or witnessed a traumatic event
 - Includes symptoms such as intrusion, avoidance, numbing, and hyper-arousal
- PTSS
 - Post-traumatic stress symptoms – common negative reactions that occur in aftermath of trauma



PTSD IS NOT A MENTAL ILLNESS - IT IS A PSYCHOLOGICAL INJURY

HOW DOES YOUR BRAIN CHANGE WITH PTSD?

HIPPOCAMPUS SHRINKS

THIS AREA HELPS US DISTINGUISH BETWEEN PAST AND PRESENT MEMORIES



INCREASED ACTIVITY IN THE AMYGDALA

HELPS US PROCESS EMOTIONS AND IS ALSO LINKED TO FEAR RESPONSES

VENTROMEDIAL PREFRONTAL CORTEX SHRINKS

THIS REGION REGULATES NEGATIVE EMOTIONS THAT OCCUR WHEN CONFRONTED WITH SPECIFIC STIMULI

THESE CHANGES IN BRAIN CHEMISTRY ARE THE REASONS WHY ONLY TREATMENTS SUCH AS EMDR AND CBT CAN FULLY REVERSE THE EFFECTS OF PTSD.

ptsduk
www.ptsduk.org

POST-TRAUMATIC STRESS DISORDER

60% & 50%
OF WOMEN & OF MEN

Experience a traumatic event in their lifetime.

Of those,



20% of women



8% of men

Will develop PTSD

Globally,
259.2 Million
People experienced
PTSD in the
past year.

3.5%
Of U.S. Adults
suffer from
PTSD

30%
Of PTSD cases
develop into
lifelong conditions

50%
of those with
PTSD
do not
seek treatment

Source: Psychological Care & Healing Treatment Center & Carrington College

Co-Occurring Symptoms

Post Traumatic Stress and Traumatic Brain Injury

PTS

TBI

Flashbacks

Avoidance

Hypervigilance

Nightmares

Re-Experiencing
Phenomenon

Fatigue

Insomnia

Depression

Irritability

Anxiety

Headache

Dizziness

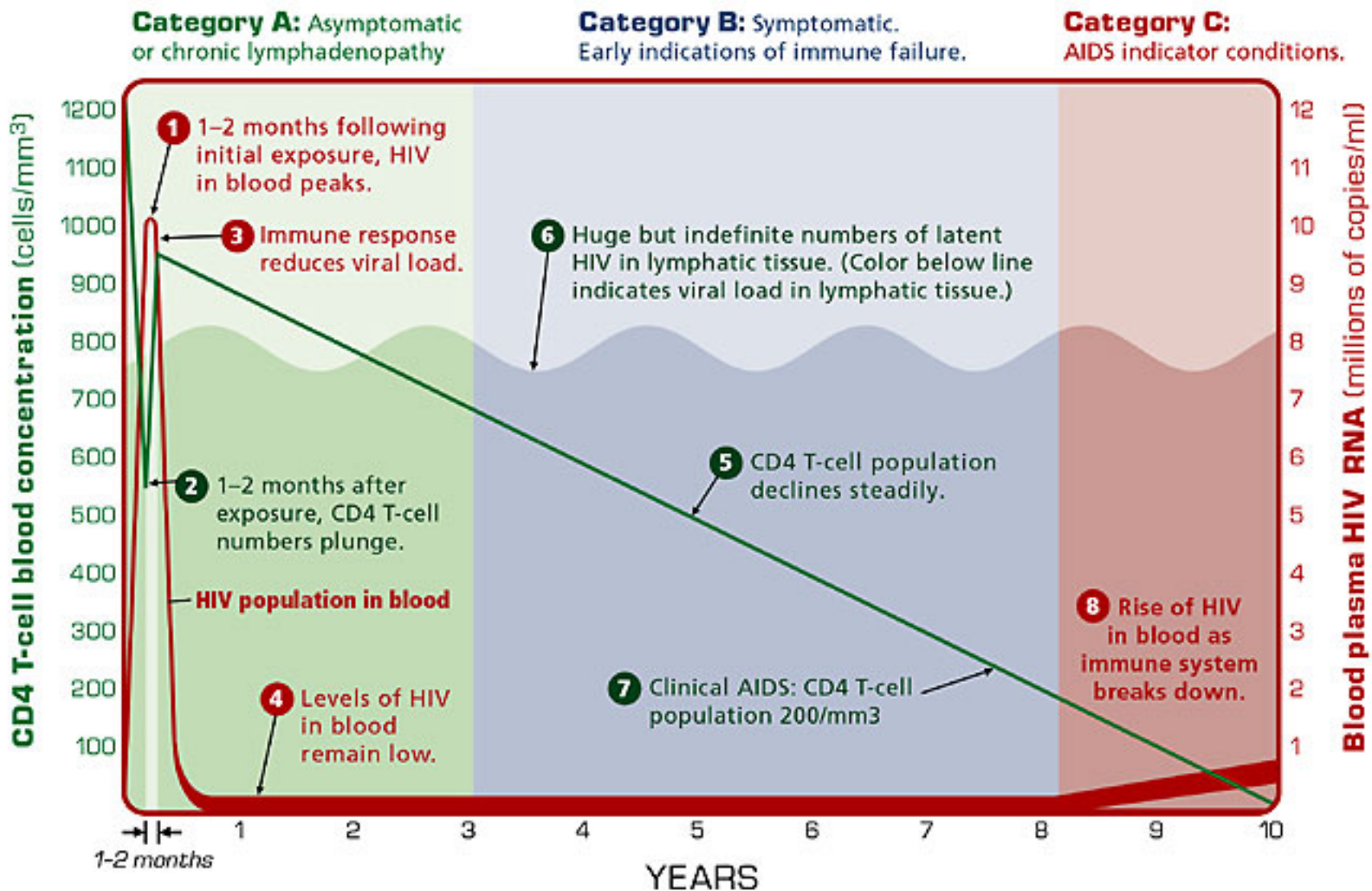
Nausea & Vomiting

Vision Problems

Sensitivity
to Light/Noise

brainlinemilitary

HIV / AIDS



Psychology in HIV / AIDS

- Susceptibility to disease
 - Lifestyle behaviors (unsafe sex, drug abuse) -- exposure comorbid infections (herpes, CMV)
 - Beliefs impact lifestyle behaviors (much work outdated)
 - Women are more susceptible to HIV and AIDS
 - Discuss WHY

WOMEN'S BATTLE WITH AIDS & HIV

FEMALES ARE MORE SUSCEPTIBLE TO HIV & AIDS

WHY?



STRUCTURAL DRIVERS

Structural drivers are the social, economic and political factors that shape the way in which people interact. They include factors such as the lack of social norms and use of protection, economic and social inequality, and the way in which people interact.



1 2 3 4

WOMEN ACCOUNT FOR ONE IN EVERY FOUR NEW HIV DIAGNOSES AND DEATHS CAUSED BY AIDS



MORE THAN HALF A MILLION PEOPLE DIAGNOSED WITH AIDS HAVE DIED IN THE USA TWO-THIRDS OF THESE PEOPLE DID NOT LIVE TO THE AGE OF 45

IN AREAS WITH FEW PALLIATIVE CARE FACILITIES WHEN A PERSON IS ILL FROM AIDS THE CARE IS USUALLY A WOMAN'S RESPONSIBILITY



SUCH AS IN AFRICA 2/3 OF CAREGIVERS FOR THOSE LIVING WITH HIV & AIDS ARE WOMEN



34 MILLION WORLDWIDE LIVE WITH HIV/AIDS

HALF ARE WOMEN DUE TO THEIR BIOLOGICAL VULNERABILITY & SOCIAL STANDING

IN SOME SOCIETIES WOMEN HAVE FEW RIGHTS WITHIN SEXUAL RELATIONSHIPS & THE FAMILY OFTEN THE MEN WILL MAKE THE MAJORITY OF DECISIONS



THIS POWER IMBALANCE MAKES IT MORE DIFFICULT FOR WOMEN TO PROTECT THEMSELVES FROM GETTING INFECTED WITH HIV



AFRICAN AMERICAN WOMEN ACCOUNT FOR

30%

OF THE ESTIMATED NEW HIV INFECTIONS AMONG ALL AFRICAN AMERICANS

Psychology in HIV / AIDS

- Progression of disease
 - Lifestyle
 - Adherence to medication (only 75% of eligible receive treatment) – AZT, HAART (adverse effects, question efficacy, difficult regimen)
 - Stress - CBT effective in reducing viral load when added to medication treatment at 15-month follow-up controlling for medication adherence (Antoni et al., 2006)
 - Cognitive adjustment – having negative expectancies of HIV at baseline predicts faster disease progression (Bower et al., 1998, Reed et al., 1999)
 - Types C coping style – emotional inexpression, decreased recognition of needs and feelings worsens disease progression (as do high levels of emotional expression) (Solano et al., 2001, 2002)

Psychology in HIV / AIDS

- Longevity
 - Baseline factors such as
 - Health status
 - Health behaviors
 - Hardiness
 - Social support
 - Type C coping (self-sacrificing, self-blaming, not emotionally expressive)
 - Protective factors
 - Realistic acceptance
 - Social support
 - Problem-solving
 - Help-seeking behavior
 - Low social desirability
 - Expression of anger and hostility

Cancer

- Initiation and promotion of cancer
 - Behavioral factors
 - 75% of all cancers attributable to health behaviors (Mokdad et al., 2004; Khaw et al., 2008)
 - Stress
 - Experimental animal research studies (uncontrollable stressors linked to tumor growth)
 - Life events
 - Inconsistent, methodological problems
 - Control
 - Coping styles
 - Disengagement strategies (smoking, alcohol)
 - Depression
 - Personality – “cancer-prone personality” (Eysenck, 1990) – high in helplessness and hopelessness, Type C
 - Hardiness – control, commitment (meaning in life), challenge

Cancer

- Psychological consequences of cancer
 - Lowered mood
 - Body image
 - Cognitive adaptation
 - Benefit finding
- Interventions for symptom relief & QOL enhancement
 - Pain management
 - Social support management
 - Treating nausea and vomiting (visual imagery, relaxation, hypnosis...)
 - Body image counselling
 - Cognitive adaptation strategies (self-worth, meaning in life, self-transcendence)
 - Fear reduction

Obesity

Causes

- Physiological theories
 - Genetics
 - One parent obese – 40%; two parents obese – 80%; non-obese parent only 7% chance of having an obese child
 - Twin studies (genetics 66-70% of variance in body weight), Adoptee studies (stronger association to biological parents)
 - Metabolic rate theory
 - Lower metabolic rate to begin with predicts weight gain
 - Overweight people have higher metabolic rate – paradox
 - Weak support
 - Appetite regulation
 - Genetics (leptin, ghrelin)
 - Diet may contribute to changes in appetite regulation (artificial sweeteners, high sugar diet, salt intake, fat intake)

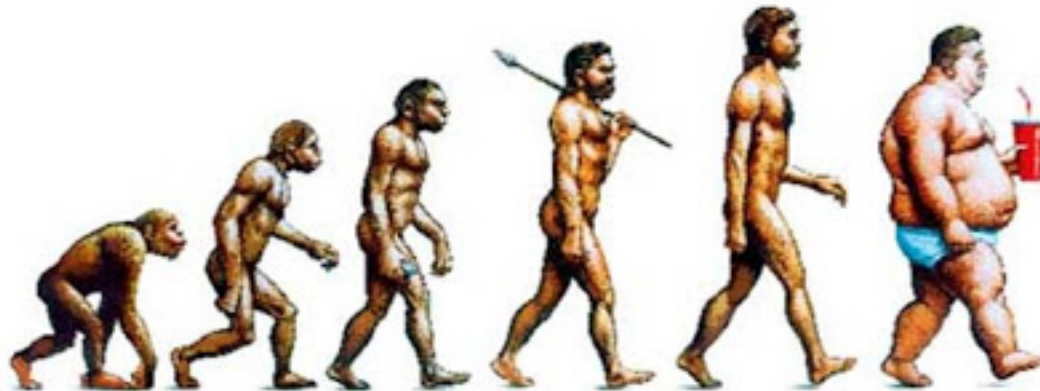
Obesity

Causes

- Obesogenic environment

What factors outside the individual could explain obesity?

- Discuss



Obesity

Causes

- Behavioral theories

- Physical (in)activity

- Increase in obesity prevalence at the same rate as decrease in physical activity (or increase TV viewing)
 - Obese people less active than non-obese
 - Most evidence correlational – what is cause and effect?

- Diet

- Increase in obesity unrelated to overall decrease in calorie consumption in the home
 - Obese do not seem to eat more than non-obese (but most research is self-reported)
 - Obese may eat proportionately more fat and relatively less carbohydrates

- Calories in vs. calories out - ???

Obesity

- Treatments
 - Behavioral
 - PA – takes a lot of PA, may be better as prevention strategy
 - Dieting – restraint eating may promote overeating, weight cycling
 - Role of cognitive restraint
 - Drug treatments – side effects
 - Surgical treatments

Should we treat obesity?

- Discuss

Obesity

- Halfron et al. (2013)
- Discussion

Gender and Health

- Persistent differences between men and women
 - Health behaviors
 - Health outcomes
 - Longevity, morbidity, mortality
- Women's health
 - Pregnancy, miscarriage, termination
 - Menopause
- Men's health
 - Health behaviors, risk-taking behaviors, help-seeking behaviors
 - Andropause
 - Prostate cancer, CHD, suicide

Menopause

- Cessation of menstrual flow lasting at least 12 months
- The median age at menopause is 52
- Menopausal transition is a natural, developmental process
- Changes health profile of women
- Generally neutral or positive effects on wellbeing but impact will vary based on
 - Premenopausal health
 - Stress
 - Menopausal symptoms
 - Lifestyle

Article discussion

- Lau 2013
- Steel 2017

Quality of Life

- QOL rather than longevity is a vital goal in health promotion
- Only partially reflected in existing mortality and morbidity indexes – traditional assessment of Q of L

What is Quality of Life?

- How to define QOL?
- What does QOL mean to you?

The New Science of Happiness

(Seligman, Diener)

- Subjective experience that is about 50% determined
- Experiencing self versus remembering self
 - Are we our memories or sum of total experiences?
- Keys: pleasure, engagement, meaningfulness
 - Kindness, gratitude, capacity for life
 - Gratitude journals/letters

Happiness: Enough Already

(Wilson)

- Sadness is normal and salutary
- Too much happiness can be detrimental
 - The case of late-stage illness (happiest most likely to die)
- Negative emotions needed – make us more analytical, critical, innovative
 - If you are 100% what happens?
 - Melancholia fueled many geniuses in history

What is Quality of Life?

- How to define QOL?
- What does QOL mean to you?
- We know it when we see it (David Rowe's collage....)

Quality of Life

- Subjective and objective evaluations of the “goodness” of one’s life overall, and the “goodness” of the various domains that make-up one’s life
- What are the domains?...

Infinite Dimensions of QOL....

- Symptoms
- Mobility
- Physical activity
- Social activity
- Emotions
- Relationships/sexuality
- General activities
- Sleep
- Practical problems
- Independence
- Physical health
- Social health
- Cognitive health
- Role limitations (physical)
- Role limitations (emotional)
- Pain
- Mental health
- Vitality, energy
- General health
- Personal development
- Recreation

Defining Quality of Life

- Multiple definitions and measures (300+)
- Little consistency
- Three most common approaches
 - QOL as absence of disease or life expectancy (mortality, morbidity); quality-adjusted life years (QALY)
 - QOL as function and well-being – Health-related QOL
 - QOL as a “cognitive judgment of satisfaction with one’s life” (Pavot & Diener 1993)

QOL as Function and Well-Being

- Function

 - Physical

 - Cognitive

 - Activities

- Well-Being

 - Bodily

 - Emotions

 - Self-Concept

 - Global Perceptions

Quality of Life Measures

- Objective Measures???
- Subjective Measures
 - Aggregated Measures
 - Single Item Measures
 - Perceived Change
 - Multidimensional Measures
 - Comparative Measures
 - “Non-Measures” of QOL

Sample Measures of QOL

- **Sickness Impact Profile**
 - *physical and psychosocial status; independence*
- **SF-36, SF-12, SF-6**
 - *overall physical and mental health status*
- **Nottingham Health Profile**
 - *Emotional reactions, social isolation, physical mobility, pain, energy, sleep*
- **ADLS and IADLS**
 - *bathing, transferring, dressing*
 - *cooking, laundry, managing money*
- **Satisfaction with Life Scale**
- **Late Life Function and Disability Inventory**
 - *Limitations in discrete activities*
 - *Performance of socially defined tasks/activities*

Psychological approach to QOL

- Happiness or satisfaction with life the ultimate outcome

_____ In most ways my life is close to my ideal.

_____ The conditions of my life are excellent.

_____ I am satisfied with my life.

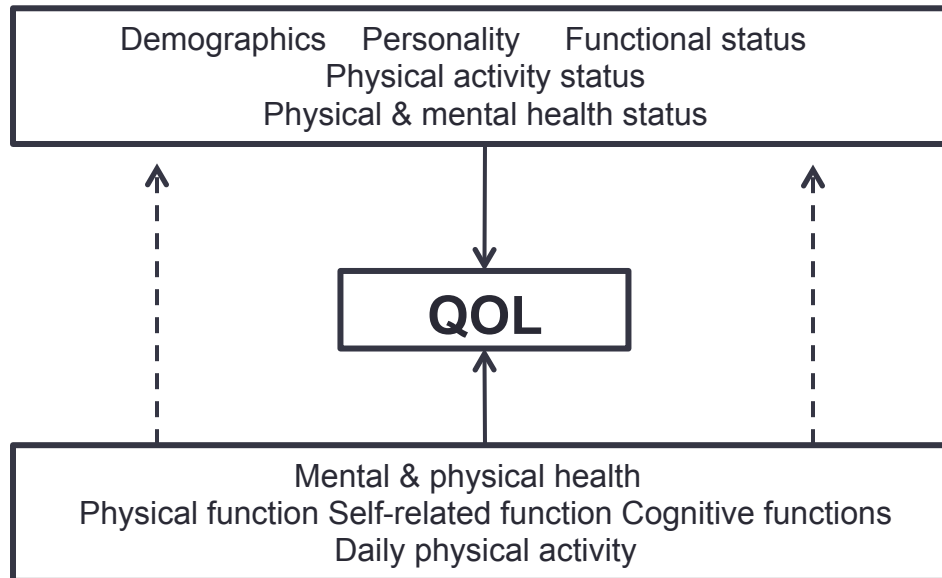
_____ So far I have gotten the important things I want in life.

_____ If I could live my life over, I would change almost nothing.

Quality of Life

Top-Down Influences

(time invariant, individual difference or between-person characteristics)



Bottom-Up Influences

(time varying, within-person changes)

Semester Wrap-Up

- Health psychology - an interdisciplinary field concerned with the application of psychological knowledge and techniques to health, illness, and health care (Marks et al., 2011)
 - Health beliefs and behaviors
 - Health cognitions and the process of behavior change
 - Illness cognitions and the process of illness
 - Quality of life
- The importance of learning to be critical
 - Theories, constructs
 - Finding commonalities and differences in theories
 - Transtheoretical paradigms
 - Methods and research designs
 - Discipline problems – mind-body split; individual within context