

THE PSYCHOLOGIST'S NOTEBOOK

Volume I

IS IT BPD OR IS IT TRAUMA?

ADHD

The unusual relationship
of ADHD and sleep

Meditation

Can meditation influence
genetics?

Case Master

Exercise your case
solving abilities

Trending

Metacognitive
Therapy



Food for thought

Free Therapy Paradox OR Therapy fee Paradox

It is no secret that therapy is expensive...let's admit that. We have all seen the "therapy is expensive but _____ is free" memes flying around the internet. There could be arguments made both for and against it if you are someone from a psychology background. But from a client's POV, expensive therapy ultimately only means in accessibility to healthcare. Not everyone who needs a therapeutic intervention is a working adult; kids, teenagers, college students etc do not exactly have the disposable income to afford expensive therapy. Even if there are working adults who are in desperate need of help they too can't afford therapy. For that reasons many therapists tend to keep their first or few sessions free, since the relationship in psychotherapy begins the minute the client walks in to the door of your office, this can go both ways.

The best case scenario, the person seeking therapy would be able to make an informed decision on which therapist to invest in for their mental health. In countries like India it also helps in dispelling the myths around therapy.



However, it can also backfire by clients not being serious about therapy since there's **no financial commitment** which also works as an **external motivator** to put in their best to heal. Clients may also engage in "**therapy shopping**", trying out different therapists to feel heard. Therapists may also not put in their best towards the treatment and use the first session as a hook, since many clients tend to get attached since they share some really emotional, deep parts in the first session. This **transference**, although needed, may not go well when money comes into the picture later on bringing on an **idealisation and devaluation cycle** (the therapist is equated with a "good" thing when he reacts as the BPD intends them to and equates them with "bad" when they don't or do anything which their dysfunctional caretaker did).

So, it's really crucial to educate people on why therapy is priced the way it is and what value "it being paid" brings to the treatment.

So, how to make therapy affordable?

There are a few things that we can in fact do that could help in this case,

- Keeping slots available at **low price or pro-bono** for clients who need them and establish a procedure to identify if the person fits the criteria for them
- Redirect the clients to **NGOs, group therapy** or other professionals in the community who fit their budget range
- Acknowledging students and having programs that could give them pro-bono or discounted rates with therapists.
- Acknowledging those from lower income or economically backward backgrounds and providing them with the **financial aid** needed.

There are many things that could be done that would be ethical and be beneficial for both the clients and the therapists. Just some creative brainstorming and resources are required.

Can BPD actually just be Complex PTSD?

Borderline Personality Disorder (BPD) is a DSM-V and ICD-10/11 diagnostic category that has been the subject of increased controversy in recent years, with some claiming that the label is stigmatizing and pathologizes reactions to trauma. Furthermore, because BPD bears numerous parallels with other diagnostic categories, several academics have questioned its scientific validity. A number of experts are urging for a re-evaluation of this diagnosis and techniques that focus on the underlying causes of the symptoms rather than merely labeling them as BPD. Many researchers in the United Kingdom and New Zealand believe it is past time that we ditch the label. In the United Kingdom, Borderline Personality Disorder (BPD) is often referred to as Emotionally Unstable Personality Disorder (EUPD).



Experts have emphasized the importance of recognizing the presence of stable and maladaptive traits as a key diagnostic feature of true personality disorders. While the triad of unstable mood, erratic interpersonal relationships, and disturbed behavior is frequently connected with personality disorders such as Borderline Personality Disorder (BPD), other variables that might contribute to these symptoms should be considered. Chronic sleep problems, for example, might produce symptoms comparable to those observed in personality disorders. Therefore, the fluctuating and unpredictable emotional instability features do not fit the framework mentioned above.

When addressing the diagnosis of Borderline Personality Disorder (BPD), numerous aspects must be considered. Psychologist Bethany Morris has noted that the condition has a historically sexist aspect, as it is primarily diagnosed in women. According to some studies, the gap in diagnosis rates between men and women is as large as 75%, or 3:1. This raises concerns regarding the validity of the diagnosis and the possible influence of gender bias in the mental health industry. Other studies show that BPD is a reaction to trauma rather than a serious personality disease. Furthermore, drug treatments for BPD have been proven to be futile prompting some to doubt the efficiency of the current "golden treatment" of Dialectical Behaviour Therapy (DBT). Furthermore, while diagnosing BPD and other personality disorders, cultural differences are to be considered.

In the end, the diagnosis and treatment of Borderline Personality Disorder is not as straightforward as it may seem. Psychiatric survivors' experiences, gender prejudice, and cultural disparities all play a part in this convoluted subject matter.

In light of the experiences shared by psychiatric survivors, it is clear that there is a pressing need for a more comprehensive and inclusive approach to creating a more supportive and compassionate mental health landscape for all.

<https://www.madinamerica.com/2023/06/borderline-personality-disorder-no-longer-has-a-place-in-clinical-practice/>



ADHD & Late Night Productivity

Have you ever found yourself unnaturally productive at an ungodly hour in the middle of night? Suddenly you have the energy to refocus your life, clean your entire room, write an entire song, plan a trip, write a manuscript—you get the idea. Well, as latest research suggest there just might be reasons for that! Being neurodivergent comes with its perks afterall. If you are neurodivergent or have ADHD, you may be interested in what these recent studies have to say!

As latest research points out, your extreme late night focus may be due to delayed sleep phase syndrome

New research suggests that problems in sleep could be due to delayed sleep phase syndrome – which refers to a **circadian rhythm** imbalance which leads to later bedtimes and longer wake-up times. So instead of having a typical circadian rhythm with typical sleeping hours from 11pm to 7am people have an irregular pattern of 2 a.m. to about 10 a.m. This could also be the reason why after the sun goes down, ADHD people feel especially energetic and think more clearly. Ultimately, all of this potentially spells trouble for someone with ADHD as over time, lack of sleep can exacerbate ADHD symptoms by leaving little time or energy for errands or socialising the next day or hurting daytime productivity

<https://pubmed.ncbi.nlm.nih.gov/18803919/>



That certainly does make a lot of sense, we may not realise it at the time but the lack of sleep does add up and only gets worse over time. There aren't any known causes for DSPS however, there are a few associated conditions it may come with. Among the listed associated factors for delayed sleep phase syndrome psychological are neurological disorders like depression, anxiety, ADHD and OCD along with insomnia, genetics and even changes that may come with puberty. So it is highly possible that if you have DSPS it may not be something that was caused by your intentional behaviors.

Some consequences for people with ADHD could include;

Vigilance auto-stabilisation behaviour explains the hyperactivity behaviour in ADHD. here, the person compensates for their fatigue, sleepiness with hyperactive behaviour (keeping themselves awake by moving/talking). This auto stabilisation behaviour is an adaptive strategy we all use (keeping yourself awake while driving when feeling drowsy) but it's used in a maladaptive manner in ADHD.

<https://brainclinics.com/the-relationship-between-sleep-and-adhd/>

What can we do about it?

Again, delayed sleep phase syndrome isn't something that may be happening to you intentionally, but there are things you can do to help improve your everyday life and even sleeping habits to an extent. Apart from the obvious like maintaining healthy sleep habits, **light therapy, chronotherapy**, the person needs to acknowledge that nights are their most productive time of day and utilise it to plan and/or complete tasks that aren't due in the immediate future but those that you'd like to complete within the next few days. If you are going to be awake? Why not take up this time to do something productive or meaningful? Also, finding jobs and professions which allows flexibility could help you immensely as well. If you are the type who is productive during night work having a job that lets you do that could work in your benefit!

Another important thing to you can try is avoiding **revenge bedtime procrastination** i.e.suspending the bedtimes in order to experience all of the things they didn't get to enjoy during the day which could happen due to perfectionism, and the **intention-behaviour gap**, which is the "failure to translate intentions into action."

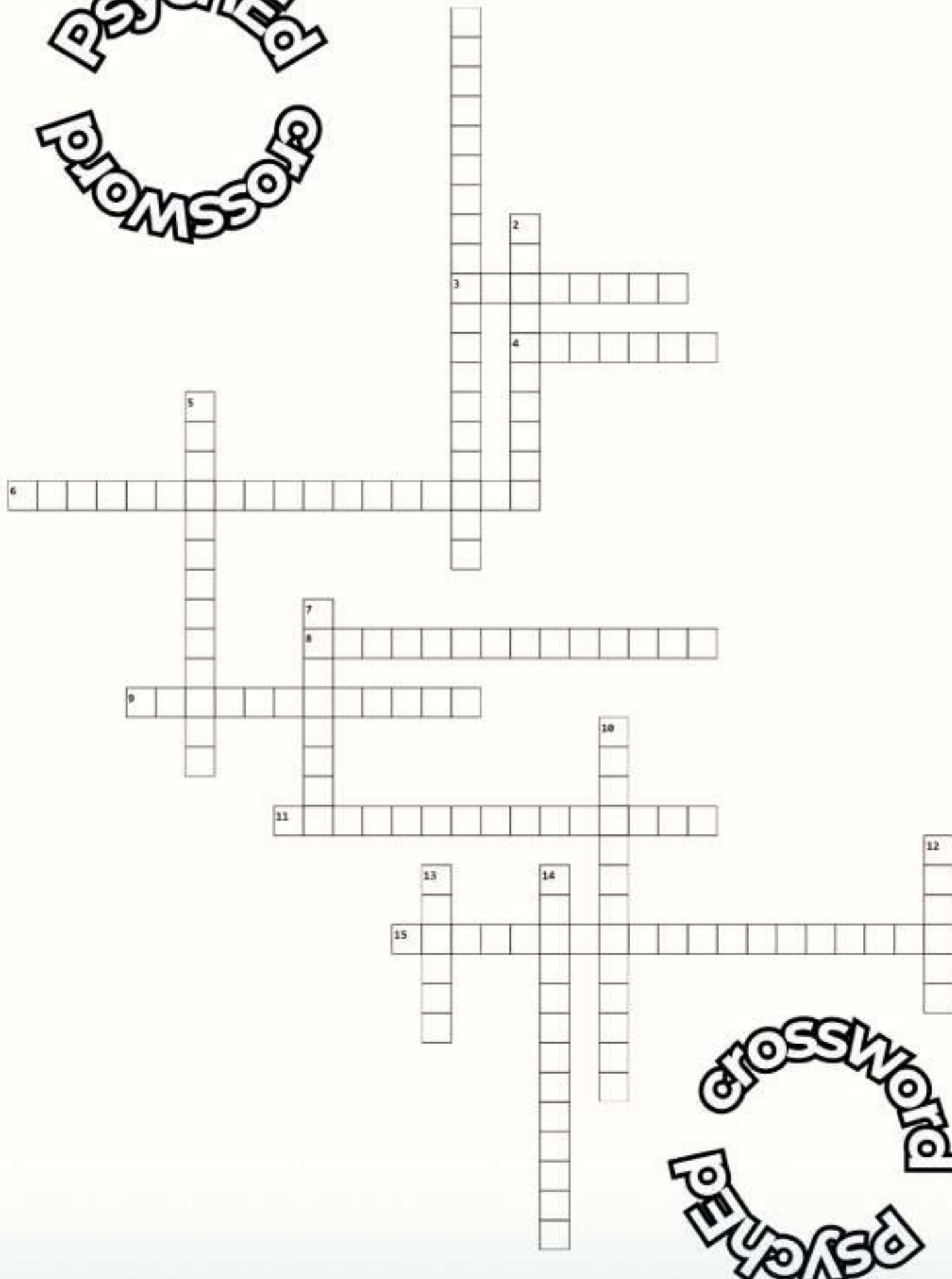
For better or for worse, as studies suggest DSPS is something that affects a lot of neurodivergent people and individuals with anxiety, depression, etc. Along with managing its symptoms, using it to their advantage may also be really helpful for the people who have it.

psyched

WITH
DR
PSYCLOPS



psyched
promise



crossword
psyched



Across

- 3. A neurotransmitter involved in mood regulation and reward
- 4. The ability to understand and share the feelings of another person
- 6. The highest level of psychological development according to Maslow's hierarchy of needs
- 8. A psychoanalytic theory proposed by Freud involving a child's unconscious sexual desire for the opposite-sex parent
- 9. An unintentional error in speech that reveals unconscious thoughts or desires
- 11. The process of eliminating unused or unnecessary synapses in the brain to increase efficiency
- 15. The discomfort experienced when holding conflicting thoughts or beliefs

Down

- 1. The interference or interruption of cognitive processes, such as attention or memory
- 2. A defense mechanism in which unacceptable impulses are pushed into the unconscious mind
- 5. The improvement in symptoms or outcomes resulting from a belief in a treatment's effectiveness
- 7. The stage of development during which children develop a sense of right and wrong
- 10. The mental effort required to process information or perform a task
- 12. Mental frameworks or structures that organize and interpret information about the world
- 13. A psychological disorder characterized by extreme and irrational fear of specific objects or situations
- 14. Thinking about one's own thinking or the awareness and understanding of one's thought processes



CASE MASTER

Solve this case based on the evidence given below and show us your deductive reasoning skills!

Being unable to function or not being able to do the things which are supposed to be seemingly normal that any seemingly normal person can do in any seemingly normal situation; is often looked down upon in our society. But what is normal? What constitutes acceptable when it comes to someone's ability to do or not do something, and who gets to decide that? If there is a predetermined set of expectations that is demanded from us, What is supposed to happen to those of us who can't meet them? What is it like for those who do? And ultimately does it even matter? I want you to keep this in mind as I move along with today's story. I hope you are paying attention because there *will* be a test at the end!

Who am I? I am your friendly neighborhood psychologist Dr. PsyClops and I have a fascinating story for you today. A few things about me I like coffee, love psychology, and love my friend Healo even more. My clients love them as well, and that healo gives them energy and comfort, which I am glad my friend can give them. One such client who adores Healo is Kathleen Watson.

Kathleen came to me a few weeks ago having had troubles with her life at college, and she is here today in front of me. She reported having difficulty feeling overwhelmed by the "million things she had to keep up with and the density of information presented in each class. She faced trouble following the flow of lectures and also reported difficulty managing the volume of required reading in her classes. Having been so overwhelmed with the sheer increase in workload along with having difficulty adjusting beyond the support bubble that was her school life, she found it increasingly difficult to keep up with everything until one day in her words everything fell apart.

When she first arrived her main needs were to be able to somehow learn how to manage her college again, because she did not want to disappoint her parents any longer, (not that her parents ever said that to her directly, or ever in fact). She mentioned how she had lost all interest in doing anything partly because she had lost confidence in herself and partly because of just how exhausted she was. According to her, she was just extremely apprehensive and overwhelmed with everything.

In our first session together she mentioned all of her present concerns to me, being only 19 she never imagined how her life could turn out like this, she had no clue why everything was happening to her. She expressed her concerns and troubles and we promised to meet again to help her get through this.

I told her, "Sometimes life is just overwhelming and things are out of control, when that happens I genuinely feel like it is okay to be tired, it is tiring. It is okay to ask for help too because you don't have to and shouldn't have to go through it alone. I am extremely proud of you for coming

to me. I want you to be prouder. Even If things are hard, you are here, and that matters. We will get through this together."

In our second session, she told me a little more about herself, her family, and what her life was like at home. Kathleen had said that during high school, her parents woke her up every morning and made sure that she did not forget her books and papers for school. On the occasions when both of her parents were out of town on business or had to leave early for work, Kathleen said she often arrived late to school and forgot something she needed.

Today is Kathleen's third session with me and we are going through her school life prior to joining college. Kathleen mentions that when she was in school while she did learn to read quickly she had difficulty making use of them, in fact, her mother deemed her a slow reader. When I asked her for more details on the matter she mentioned it could be attributed" to the fact that she had trouble "paying attention", and "found it hard to make sense of things in her head". Reading continued to be difficult for her throughout middle and high school. Along with that, she faced difficulty keeping up with her assignments and homework and only ever managed to do just enough to not fail. Having been in her teacher's good grace also helped her immensely in being able to get away with doing just what was necessary.

As we moved on to discuss what she was like in the classroom, Kathleen recalled being told once that she used to get into fights with her classmates a lot when she was younger. Her teachers would say that it was because of her inability to maintain her emotions and reactions, her classmates made fun of her. In a similar fashion for a larger portion of her childhood, she struggled to make friends as well.

When she was 16 she dated for the first time, made her first close friend, and on the recommendation of said close friend she joined her school's theatre club as well. Kathleen mentions that joining the club was the best thing that happened to her. Joining it helped her immensely in raising her self-esteem and overall performance at school. As a result of which she ended up getting into her dream college. This is where according to her everything started going wrong.

Her parents were concerned about how she would be able to manage on her own, their child who would end up crying over small things (e.g., bursting into tears over a dispute on the playground) or when things didn't go according to plans, making her way through college alone. But Kathleen tried her best to push through. As it happened, however, and the reason for her being here things didn't turn out as well as she had imagined. Her self-initiated efforts to work harder did not produce her desired results. She continued to have difficulties even after reducing social commitments to focus on her studies. Kathleen eventually became so distraught, she avoided all potentially stressful tasks, stopped going to classes, and failed to complete most of her assignments. Not surprisingly, her academic struggles began to challenge her self-confidence. She became depressed, self-reproachful, and uncertain about whether she really belonged in college.

This is the point where she met me. Kathleen had faced a great deal of trouble being able to function on her own and manage her lifestyle as any typical college freshman should be able to. She did her best to meet the expectations of those around her but it only lead her to crash and burn because ultimately she did not realize where her own needs arise and her abilities stop. As I mentioned in the beginning, there is definitely nothing wrong at all with having different abilities and as a matter of fact having conditions that actively hinder people from experiencing the world as "normal" people do and doing things the way "normal people" do. And that isn't necessarily because there is something wrong with these people, it is because our world is built for abled-bodied neurotypical people, and anyone who doesn't fit the cookie cutter gets pushed to the point of burnout or is actively excluded. My question is why does one need to push themselves this far to prove they are "normal"? And what can be done to prevent things from getting this far?

I know, I know these questions are meant to be thought over and resolved in the longer run. But I have a question for you that I can't wait to hear your responses for! My dear budding psychologists, how would you hypothesize the diagnosis for Kathleen's case? And what approach would you take to help her?



A large, brown, circular cartoon character with a simple face (two dark blue dots for eyes, a small blue line for a mouth) is wearing a white lab coat over a white shirt. It is holding a yellow magnifying glass in its right hand and a small white coffee cup with a brown handle and a dark brown sleeve that says "COFFEE" in white capital letters in its left hand. To the right of the character is a large, light gray speech bubble containing the following text:

TUNE IN TO THE NEXT ISSUE
WHERE I TELL YOU THE ANSWER!
THE PRIZE WINNER OF PUZZLE
CORNER AND CASE MASTER WILL
BE ANNOUNCED IN THE NEXT
EDITION AS WELL AS ON OUR
SOCIALS AND WE GO OVER A NEW
CASE! TILL THEN MY
FRIENDS GOODBYE AND TAKE
CARE!



UNSCRAMBLE THE PSYCH WORDS

PPTCORNIIPROOE

VYYGOKTS

KEETASHCNITI

EENRCIKWS REAA

AHIPASA

AMTARU

OIDNSYTFCUN

YHIEACPVYTIRT

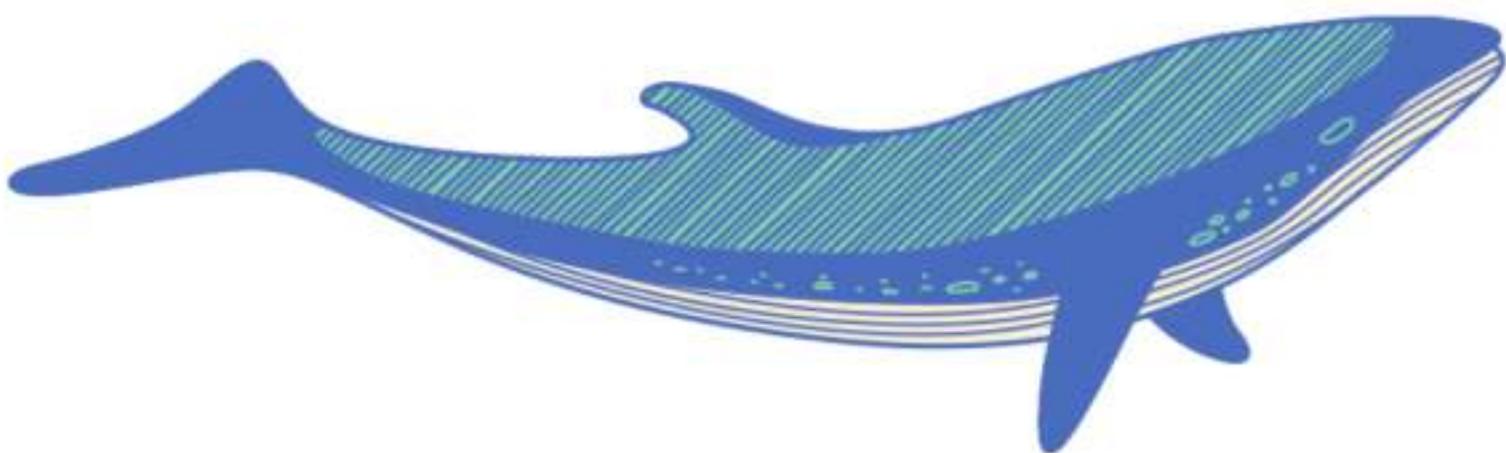


Healo hint! Think developmental theories, areas, etc

Meditation

Recent developments

Latest research has seen a lot of new developments into meditation in recent years. In the world we live in today is one that is filled with fast paced high stakes environments, one that is recovering and still suffering from global pandemics, and where the cost of living is at an all time high all over the world. It would not be an exaggeration to say that with the rising stress levels all across the globe we need this now more than ever. Mindfulness and self care practices that only take a few moments of our days but give us long standing long term benefits are really important in our day and age. It's the little things that matter, little small activities or efforts that we can put in really do benefit us a lot. Not only does meditation show immediate results it does have really amazing long term effects as well!



Let me share a few of the most recent developments that have been noticed by researchers!

Meditation can even alter gene expression!

For meditation to show long lasting results it's essential to do it regularly for 8 weeks as that is when the changes at neurological level occur by modifying gene transcription and changing emotional and social circuitry which in turn supplement the main treatment. Mindfulness programs which also include some principles of meditation are also based on this timeline of 8 weeks.

Often people also genuinely believe they do not have 'time to meditate' or 'meditation doesn't work on me'. Such skepticism is often seen flying around in hot takes on social media.. And many may genuinely even believe so.

I understand mindfulness is not easily attainable for everyone. Meditation might not be on everyone's top priority especially when they are worried about making ends meet. And yes, not everyone has the time in the day to sort time out for meditation all the time. But it is helpful! It is indeed true that meditation show long lasting results. Just take gene expression for example! As previously stated doing it regularly for 8 weeks is when the changes at neurological level start to occur by modifying gene transcription and changing emotional and social circuitry which in turn supplement the main treatment. Isn't that so cool though?! Like it isn't actually a scam and yes, anyone can achieve these results. Even if you are the type who finds it hard to be mindful (we will come to that in a bit)!

Now you may be wondering can meditation be personalised to target different gene expression? well...

- Yes, different types of meditation target different brain circuits.
- Mindfulness meditation is shown to increase thickness in the prefrontal cortex and parietal lobes, both linked to attention control
- Compassion-based meditation is shown to increase in the limbic system, which processes emotions, and the anterior insula, which helps bring emotions into conscious awareness.
- Perspective-taking training which encourages people to think about issues from different points of view in meditation is shown to boost regions responsible for social-cognitive skill.

Source - <https://www.science.org/doi/10.1126/sciadv.1700495>

Coming back to those who believe that mindfulness doesn't come by easily for them or that meditation just doesn't work for them, there are actually reasons for that! Research suggests that trauma can often interrupt or make it difficult for people to meditate. For people who've experienced trauma, mindfulness meditation can actually end up exacerbating symptoms of traumatic stress. When asked to pay focused, sustained attention to their internal experience, trauma survivors can find themselves overwhelmed by flashbacks and heightened emotional arousal. Mindfulness meditation can actually make symptoms of traumatic stress worse.

Let's talk about it with a little more context and understand **Trauma sensitive meditation**.

From Gut to Brain: Probiotics as a natural approach to Managing Depression

Depression is a major mental health issue that affects millions of individuals throughout the world. According to recent research, stress may have a substantial influence on the development and worsening of mood disorders, which may also have a severe influence on our gut health, resulting in an imbalance of helpful and dangerous bacteria, inflammation, and vitamin shortages.

As a result, symptoms of depression may develop. Fortunately, there is emerging evidence that probiotics may be a natural and effective strategy to treat depression. Probiotics are live cultures of helpful bacteria that can help restore equilibrium to the gut microbiome, which can reduce inflammation, increase nutrient absorption, and improve general health.



In accordance with Hippocrates, the Father of Medicine, noted "Let food be thy medicine, and medicine be thy food", new research published in *JAMA Psychiatry*, probiotics, which are frequently praised for their digestive advantages, may be a useful aid in bringing down the symptoms of Major Depressive Disorder (MDD). A recent study headed by King's College London's Viktoriya L. Nikolova investigated the efficacy of probiotics as a therapy for those who had incomplete responses to antidepressant medication. In other words, despite being treated with antidepressants, the research participants continued to suffer depressive symptoms. The study's findings were positive, with probiotics administered with antidepressants resulting in a substantial decrease in both depression and anxiety symptoms. A previous study has found that probiotics have a good effect on stress symptoms in animals and may help with manic symptoms in people with bipolar illness. Probiotics have also been linked to lower levels of anxiety and sadness in previous research.

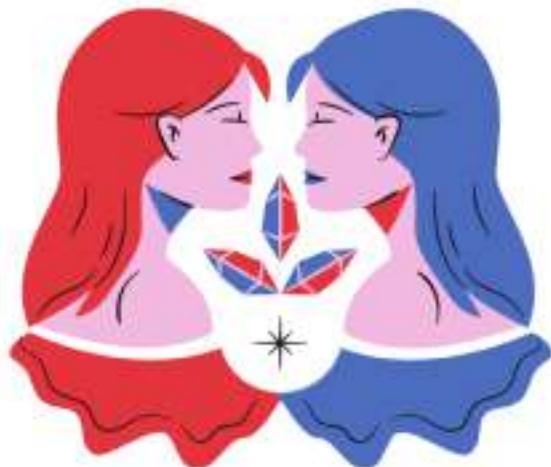
Until recently, probiotics were hotly discussed regarding their mode of action in fighting infections, treating various metabolic disorders, improving digestion, enhancing nutrient absorption, and modulating immunity, but research has proven that probiotics as conventional and functional foods confer both physical and mental health benefits to hosts. This suggests that probiotics may be a helpful adjunct therapy for individuals who are struggling with depression and anxiety, particularly those who are not seeing complete relief from traditional antidepressant medications.

<https://www.madinamerica.com/2023/06/probiotics-show-promise-as-depression-treatment/>

Nikolova, V. L., Cleare, A. J., Young, A. H., & Stone, J. M. (2023). Acceptability, tolerability, and estimates of putative treatment effects of probiotics as adjunctive treatment in patients with depression. *JAMA Psychiatry*.
<https://doi.org/10.1001/jamapsychiatry.2023.1817>

Trending modality alert: Metacognitive therapy

Meta-cognitive therapy, an offshoot of the popular CBT, based on an information processing model is a psychotherapy focused on modifying metacognitive beliefs that perpetuate states of worry, rumination, and attention fixation and attempts to address some of the deficiencies of CBT and has found an increasing adoption in practice since garnering significant research support in 2021.



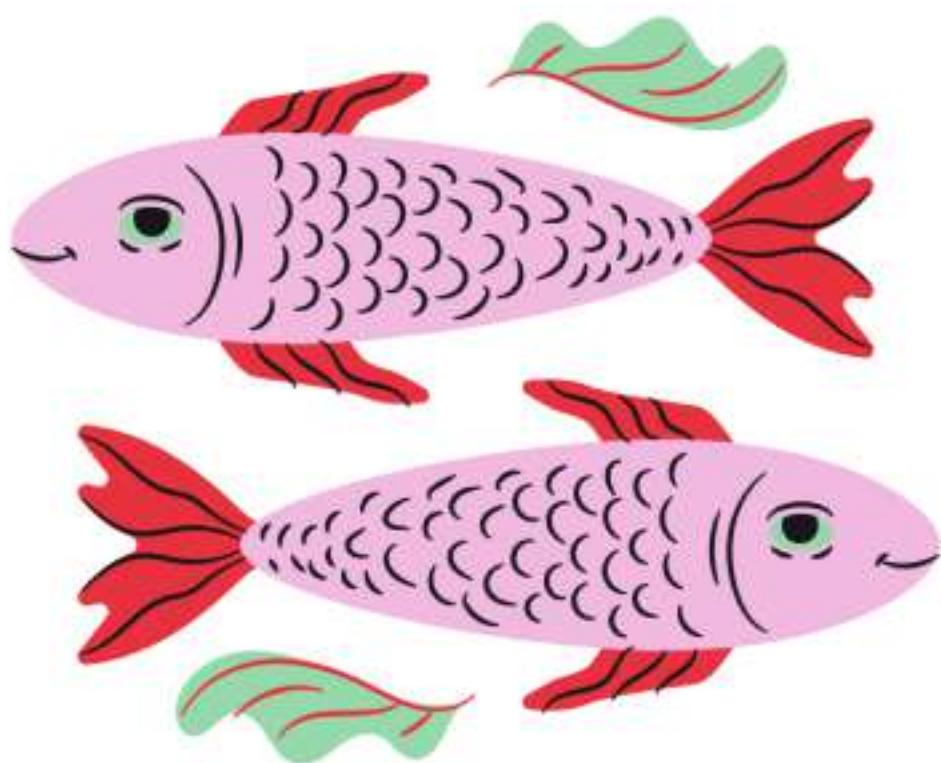
It's a form of integrative treatment which looks at mental health issues as dysfunctional coping strategies and uses attention training and detached mindfulness as some of its techniques to combat meta-worry. In clinical practice, MCT is most commonly used for treating anxiety disorders and post-traumatic stress disorder (PTSD) as well as depression – though the model was designed to be transdiagnostic (meaning it focuses on common psychological factors thought to maintain all psychological disorders). It also helps with fears since they have an existential element to them i.e. they are ubiquitous and always there. Towards the end of therapy the client is still having thoughts and emotions, they're simply not engaging with them, rather accepting their right to exist.

The initial goal is to learn to regulate emotional expression before an individual explores how their mind and the minds of others work.

The stance of the therapist involves curiosity and patience; they explore different perspectives with the client. In these instances, the therapist accepts that different perspectives exist and questions the individual about their personal experience while maintaining awareness of their own mentalization process.

Mentalization-based therapy

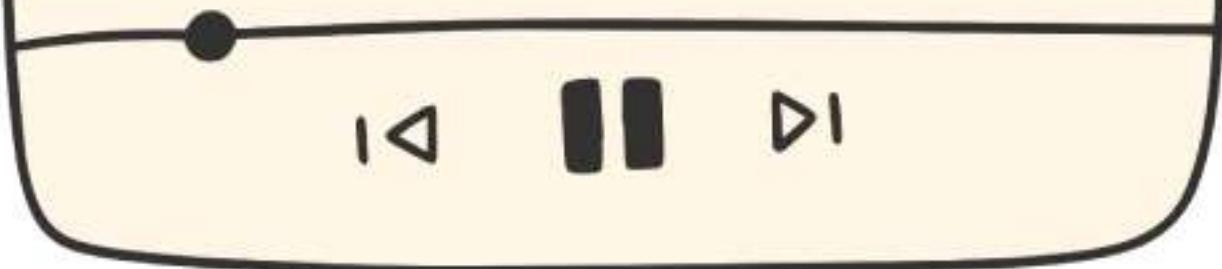
Mentalization-Based Therapy (MBT) is a type of psychodynamic therapy designed to treat borderline personality disorder. The process of mentalizing, or the capacity to understand how actions are influenced by mental states which are dependent on our attachment style, is the focus of MBT.



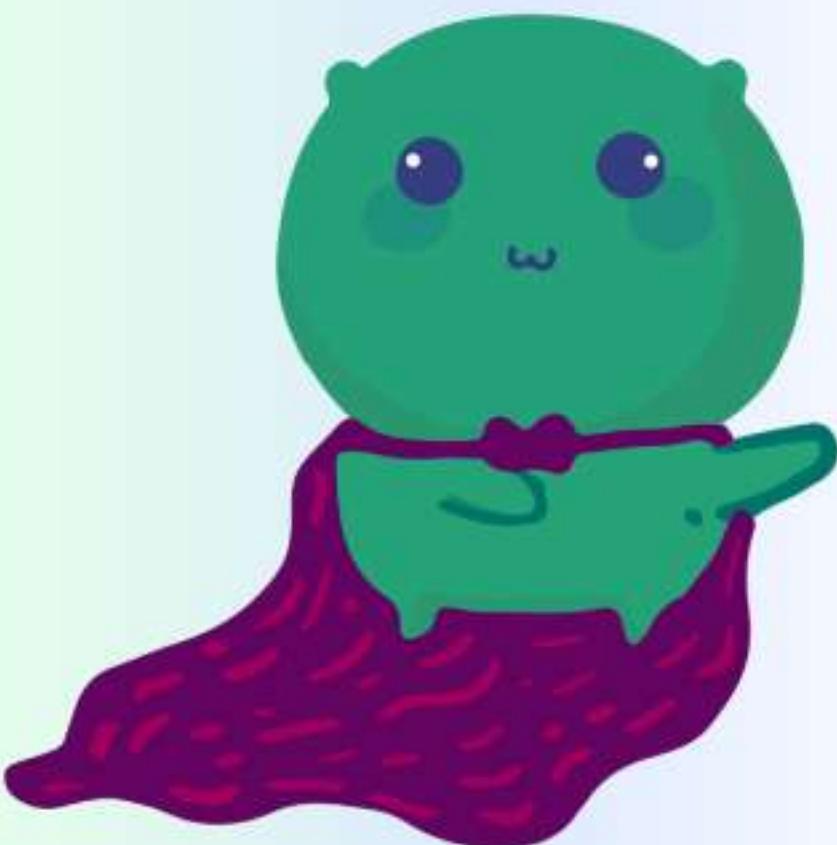


MS CLOUDY'S

MUSIC
RECOMMENDATIONS



Credits



Editorial

Pragati Dikshit

Nidhi Sehwag

Article & Research

Nidhi Sehwag

Hiya Gaywala

Pragati Dikshit

PsychEd puzzles

Mahi Ajmera

Pragati Dikshit

Spotify playlist

Spriha Mittal

Special Thanks

Our Infiheal team

Our beloved Community

Our CEO

Graphics & Design

Pragati Dikshit

Mohammad Sajjad