CHAPTER Seven

PSYCHOLOGICAL DISORDERS AND TREATMENT TECHNIQUES

- Mood, thinking and behavior get affected.

Mental illness

- Depression,
- anxiety disorders,
- schizophrenia,
- eating disorders and
- addictive behaviors
- Becomes a concern when ongoing signs and symptoms cause **frequent stress and affect ability to functioning.**

7.1. Nature of Psychological Disorders

1. Abnormality

Social norm criteria

- Behavior deviates from the norm of the society
- Violates the norm, standards, rules and regulations of the society
- Considering the context in which a person‘s behavior happens.

Maladaptiveness

- Creates a social, personal and occupational problems.
- Disrupt the day-to-day activities of individuals

Personal Distress

- Our **subjective feelings** of anxiety, stress, tension and other unpleasant emotions determine whether we have a psychological disorder.
- The negative information arise either by the problem itself or by events happen that on us.
- Behavior that is abnormal, maladaptive, or personally distressing might indicate that a person has a psychological disorder.
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2. Causes of Psychological Disorders

7.2.1 The Biological Perspective

- Abnormalities in the working of chemicals in the brain, called neurotransmitters.
- Over activity of the neurotransmitter dopamine, perhaps caused by an overabundance of certain dopamine receptors in the brain (bizarre symptoms of schizophrenia).

7.2.2 Psychological Perspectives

A. Psychoanalytic perspective

- The human mind consists of three interacting forces: the id (a pool of biological urges), the ego (which mediates between the id and reality), and the superego (which represent society‘s moral standards).
- **The ego‟s inability to manage the conflict between the opposing demands of the id and the superego.**

B. Learning perspective

- Inadequate or inappropriate learning.
- People acquire abnormal behaviors through the various kinds of learning.

C. Cognitive perspective

- The quality of our internal dialogue.
- Self-defeating thoughts lead to the development of negative emotions and self-destructive behaviors.
- A disturbance in on our thinking, it may manifest in our display of emotions and behaviors.
- Environmental and cultural experiences play a major role in the formation of thinking style.

7.3. Types of Psychological Disorders

- Characterized by **abnormal thoughts, feelings,** and **behaviors.**
- Psychopathology is the study of psychological disorders, including their symptoms, etiology (i.e., their causes), and treatment.
- It can also refer to the manifestation of a psychological disorder.

Mood Disorder

- Characterized by a serious change in mood from **depressed (major depression) to elevated feelings** (**mania or hypomania**).
- Cycling between both depressed and manic moods (**bipolar mood disorders)**

Types

- Major Depression,
- Dysthymic Disorder,
- Bipolar Disorder, and
- Cyclothymia.

1) Major Depression

- Characterized by depressed mood.
- Diminished interest in activities previously enjoyed,
- weight disturbance,
- sleep disturbance,
- loss of energy,
- difficulty concentrating, and
- often includes feelings of hopelessness and thoughts of suicide.

2) Dysthymia

- A lesser, but more **persistent form of depression**.
- Symptoms are similar to major depression.

3) Bipolar Disorder (previously known as Manic-Depression)

- Characterized by periods of **extreme highs** (mania) and **extreme lows** (Major Depression).

Subtyped

- Either I (extreme or hypermanic episodes) or II (moderate or hypomanic episodes).

4) Cyclothymia

- A lesser form of Bipolar Disorder.

2) Anxiety Disorders

- Involve excessive fear or anxiety.
- Can cause people into trying to avoid situations that trigger or worsen their symptoms.
- To be diagnosed with an anxiety disorder, the fear or anxiety must:
- Be out of proportion to the situation or age inappropriate
- Hinder ability to function normally

Types

- Panic Disorder,
- Agoraphobia,
- Specific Phobias,
- Social Phobia,
- Obsessive-Compulsive Disorder,
- Posttraumatic Stress Disorder, and
- Generalized Anxiety Disorder.

a) **Panic Disorder**

- It is an inappropriate **intense feeling of fear or discomfort.**

Symptoms

- Heart palpitations, trembling, shortness of breath, chest pain, dizziness.
- These symptoms are so **severe** that the person may actually believe he or she is having a heart attack

b) Agoraphobia (fear of market places)

- The person fears, and often avoids, situations where **escape or help might not be available**, such as shopping centers, grocery stores, or other public place.
- Often a part of panic disorder if the panic attacks are severe enough to result in an avoidance of these types of places.

c) Specific (Simple Phobia) and Social Phobia

- Represent an intense fear and often an avoidance of a specific situation, person, place, or thing.
- To be diagnosed with a phobia, the person must have suffered significant negative consequences because of this fear and it must be disruptive to their everyday life.

d) Obsessive-Compulsive Disorder (OCD)

- Is characterized by obsessions (thoughts which seem uncontrollable) and compulsions (behaviors which act to reduce the obsession).
- Disruptive to the person's everyday life,
- Hours being spent each day repeating things, which were completed successfully already such as checking, counting, cleaning, or bathing.

e) Posttraumatic Stress Disorder (PTSD)

- Occurs only after a person is exposed to a traumatic event where their life or someone else's life is threatened.
- E.g., war, natural disasters, major accidents, and severe child abuse.
- The disorder develops into an intense fear of related situations, avoidance of these situations, reoccurring nightmares, flashbacks, and heightened anxiety.

***f)* Generalized Anxiety Disorder**

- When a person has **extreme anxiety in nearly every part of their life**.

3) Personality Disorders

- An enduring rigid pattern of thinking, feeling, and behaving which is significantly different from the person's culture and results in negative consequences.
- This pattern must be **longstanding** and **inflexible** for a diagnosis to be made.

Types

1. **Paranoid:** a pattern of **distrust** and **suspiciousness**.
2. **Schizoid:** a pattern of detachment from social norms and a restriction of emotions.
3. **Schizotypal:** pattern of discomfort in close relationships and eccentric thoughts and behaviors.
4: **Antisocial:** pattern of disregard for the rights of others, including violation of these rights and the failure to feel empathy).
5. **Borderline:** pattern of instability in personal relationships, including frequent bouts of clinginess and affection and anger and resentment, often cycling between these two extremes rapidly.

Types…

6. **Histrionic***:* pattern of excessive emotional behavior and attention seeking.
7. **Narcissistic:** pattern of grandiosity, exaggerated self-worth, and need for admiration.
8. **Avoidant:** pattern of feelings of social inadequacies, low self-esteem, and hypersensitivity to criticism.
9. **Obsessive-Compulsive:** pattern of obsessive cleanliness, perfection, and control.

7.4 Treatment Techniques

- Communalities in the treatment modalities

1. A positive, healthy relationship between a client or patient and a trained psychotherapist
2. Recognizable mental health issues, whether diagnosable or not
3. Agreement on the basic goals of treatment
4. Working together as a team to achieve these goals

Psychotherapy

- Providing psychological treatment to individuals with some kind of psychological problems.

Issues

Empathy

- Understand client's feelings, thoughts, and behaviors.

Being non-judgmental

- If therapist judges the client’s, then he don't feel safe talking about similar issues again.
- Therapist must have experience with issues similar to yours, be abreast of the research, and be adequately trained.

Cognitive Approach

- Dysfunctions and difficulties as arising from irrational or faulty thinking.

Behavioral models

- Look at problems as arising from behaviors which we have learned to perform over years of reinforcement.

Dynamic or psychodynamic camp

- Issues beginning in early childhood which then motivate us as adults at an unconscious level.
- Cognitive approaches appear to work better with most types of depression, and behavioral treatments tend to work better with phobias.

Eclectic (integrationists)

- Treating people **integrating different approaches**.

Treatment Modalities

Individual Therapy

- A one-on-one relationship between a client or patient and a therapist.

Group therapy

- Individuals suffering from **similar illnesses or having similar issues meet together** with one or two therapists.
- Group sizes differ, **ranging from three or four to upwards of 15 or 20**.
- Group is needed to foster feeling of belonging, understanding, and hope.
- **The group comes to the therapy with different feelings.**

Couple or family therapy

- Centered around the relationship.

Educational component of family therapy

- Communication training
- Couples and families are encouraged to work together as a team.

Therapist's role

- Facilitate healthy interaction,
- Encourage the couple or family to gain insight into their own behaviors, and
- Teach the members to listen to and respect each other

Two treatment modality

- Used for individual who suffers from depression, social anxiety, and low self-esteem.
- Individual therapy may be used to reduce depressive symptoms, work some on self-esteem and therefore reduce fears about social situations.
- Once successfully completed, this person may be transferred to a group therapy
- In the setting he or she can practice social skills, feel a part of a supportive group, therefore improving self-esteem and further reducing depression.
- Despite the different modalities, the goal is improving the life of the client.