

CHAPTER SIX

PSYCHOLOGICAL DISORDERS AND TREATMENT TECHNIQUES

Chapter Overview

Mental illness, also called mental health disorders, refers to a wide range of mental health disorders that affect your mood, thinking and behavior. Examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviors. Many people have mental health concerns from time to time. But, a mental health concern becomes a mental illness when ongoing signs and symptoms cause frequent stress and affect your ability to function.

A mental illness can make you miserable and can cause problems in your daily life, such as at school or work or in relationships. In most cases, symptoms can be managed with a combination of medications and psychological treatments. The contents of this unit are presented in four parts. In the first section, you will explore the Nature of Psychological Disorders, and in the second you will focus on the causes of psychological disorders, thirdly about types of Psychological Disorders and finally about treatment techniques.

6.1 Nature of Psychological Disorders

We generally have three main criteria: abnormality, maladaptiveness, and personal distress.

1. Abnormality

Abnormal behavior is a behavior that deviates from the behavior of the typical person; the norm. A society's norm can be qualitative and quantitative. When someone behaves in culturally unacceptable ways and the behaviors he/she exhibit violates the norm, standards, rules and regulations of the society, this person is most likely to have a psychological problem. Only abnormal behavior cannot *be* sufficient for the diagnosis of psychological problem. Hence, we need to consider the context in which a

person's behavior happens. *The context in which „abnormal“ behavior occurs must be considered before deciding that it is symptomatic of psychological disorders.*

2. Maladaptiveness

Maladaptive behavior in one way or another creates a social, personal and occupational problem on those who exhibit the behaviors. These behaviors seriously disrupt the day-to-day activities of individuals that can increase the problem more.

3. Personal Distress

Our subjective feelings of anxiety, stress, tension and other unpleasant emotions determine whether we have a psychological disorder. These negative emotional states arise either by the problem itself or by events happen that on us. But, the criterion of personal distress, just like other criteria, is not sufficient for the presence of psychological disorder. This is because of some people like feeling distressed by their own behavior. Hence, behavior that is abnormal, maladaptive, or personally distressing might indicate that a person has a psychological disorder.

6.2. Causes of Psychological Disorders (Based on Perspectives)

6.2.1 The Biological Perspective

Current researchers believe that abnormalities in the working of chemicals in the brain, called neurotransmitters, may contribute to many psychological disorders. For example, over activity of the neurotransmitter dopamine, perhaps caused by an overabundance of certain dopamine

receptors in the brain, has been linked to the bizarre symptoms of schizophrenia.

6.2.2 Psychological Perspectives

In this part, we will examine three psychological perspectives: the psychoanalytic perspective, the learning, and the cognitive behavioral perspectives.

A. Psychoanalytic perspective

Sigmund Freud, the founder of the psychoanalytic approach, believed that 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).

Abnormal behavior, in Freud's view, is caused by the ego's inability to manage the conflict between the opposing demands of the id and the superego. Especially important is the individuals' failure to manage the conflicting of id's sexual impulses during childhood, and society's sexual morality to resolve the earlier childhood emotional conflicts that determine how to behave and think later.

B. Learning perspective

Most mental and emotional disorders, in contrast to the psychoanalytic perspective, arise from inadequate or inappropriate learning. People acquire abnormal behaviors through the various kinds of learning.

C. Cognitive perspective

Whether we accept it or not, the quality of our internal dialogue either builds ourselves up or tear ourselves down and has profound effect on our mental health. The main theme of this perspective is that self-defeating thoughts lead to the development of negative emotions and self-destructive behaviors. People's ways thinking about events in their life determines their emotional and behavioral patterns. Most of the time our thinking patterns in one way or another affects our emotional and behavioral wellbeing in either positive or negative ways. Hence, if there is a disturbance in on our

thinking, it may manifest in our display of emotions and behaviors. Our environmental and cultural experiences in our life play a major role in the formation of our thinking style.

6.3. Types of Psychological Disorders

A psychological disorder is a condition characterized by abnormal thoughts, feelings, and behaviors. Psychopathology is the study of psychological disorders, including their symptoms, etiology (i.e., their causes), and treatment. The term psychopathology can also refer to the manifestation of a psychological disorder. In this connection, there are many types of psychological disorders, but here in this section we will try to see only types of mood disorder, anxiety disorder and personality disorder.

1) Mood Disorders

Mood disorders are characterized by a serious change in mood from depressed to elevated feelings causing disruption to life activities. Depressive disorder is characterized by overall feelings of desperation and inactivity. Elevated moods are characterized by mania or hypomania. The cycling between both depressed and manic moods is characteristic of bipolar mood disorders. In addition to type and subtype of mood, these disorders also vary in intensity and severity. For example, dysthymic disorder is a lesser form of major depression and cyclothymic disorder is recognized as a similar, but less severe form of bipolar disorder.

If you have a mood disorder, your general emotional state or mood is distorted or inconsistent with your circumstances and interferes with your ability to function. You may be extremely sad, empty or irritable (depressed), or you may have periods of depression alternating with being excessively happy (mania).

The disorders in this category include those where the primary symptom is a disturbance in mood. The disorders include Major Depression, Dysthymic Disorder, Bipolar Disorder, and Cyclothymia.

- 1) Major Depression (also known as depression or clinical depression) is 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 is often considered a lesser, but more persistent form of depression. Many of the symptoms are similar except to a lesser degree. Also, dysthymia, as opposed to Major Depression is steadier rather than periods of normal feelings and extreme lows.
- 3) Bipolar Disorder (previously known as Manic-Depression) is characterized by periods of extreme highs (called mania) and extreme lows as in Major Depression. Bipolar Disorder is subtyped either I (extreme or hypermanic episodes) or II (moderate or hypomanic episodes).
- 4) Cyclothymia: Like Dysthymia and Major Depression, Cyclothymia is considered a lesser form of Bipolar Disorder.

2) Anxiety Disorders

Anxiety is a normal reaction to stress and can be beneficial in some situations. It can alert us to dangers and help us prepare and pay attention. Anxiety disorders differ from normal feelings of nervousness or anxiousness, and involve excessive fear or anxiety. Anxiety disorders are the most common of mental disorders and affect nearly 30 percent of adults at some point in their lives. However, anxiety disorders are treatable and a number of effective treatments are available. Treatment helps most people lead normal productive lives.

Anxiety disorders can cause people into trying to avoid situations that trigger or worsen their symptoms. Job performance, school work and personal relationships can be affected.

In general, for a person to be diagnosed with an anxiety disorder, the fear or anxiety must:

- Be out of proportion to the situation or age inappropriate

□ Hinder your ability to function normally

Anxiety Disorders categorize a large number of disorders where the primary feature is abnormal or inappropriate anxiety. The disorders in this category include Panic Disorder, Agoraphobia, Specific Phobias, Social Phobia, Obsessive-Compulsive Disorder, Posttraumatic Stress Disorder, and Generalized Anxiety Disorder.

a) Panic Disorder is characterized by a series of panic attacks. A panic attack is an inappropriate intense feeling of fear or discomfort including many of the following 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. In fact, many, if not most of the diagnoses of Panic Disorder are made by a physician in a hospital emergency room.

b) Agoraphobia literally means fear of the marketplace. It refers to a series of symptoms where 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. Agoraphobia is 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 or 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). Most people think of compulsive hand washers or people with an intense fear of dirt or of being infected. These obsessions and compulsions are disruptive to the person's everyday life, with

sometimes 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. The most common examples are war, natural disasters, major accidents, and severe child abuse. Once exposed to an incident such as this, the disorder develops into an intense fear of related situations, avoidance of these situations, reoccurring nightmares, flashbacks, and heightened anxiety to the point that it significantly disrupts their everyday life.

f) *Generalized Anxiety Disorder* is diagnosed when a person has extreme anxiety in nearly every part of their life. It is not associated with just open places (as in agoraphobia), specific situations (as in specific phobia), or a traumatic event (as in PTSD). The anxiety must be significant enough to disrupt the person's everyday life for a diagnosis to be made.

3) Personality Disorders

A personality disorder is a type of mental disorder in which you have a rigid and unhealthy pattern of thinking, functioning and behaving. A person with a personality disorder has trouble perceiving and relating to situations and people. Thus, Personality Disorders are characterized by an enduring 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.

There are around nine types of personality disorders, all of which result in significant distress and/or negative consequences within the individual:

- 1) *Paranoid* (includes a pattern of distrust and suspiciousness).
- 2) *Schizoid* (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).
- 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).

6.4 Treatment Techniques

Treatment of mental illnesses can take various forms. They can include medication, talk-therapy, a combination of both, and can last only one session or take many years to complete. Many different types of treatment are available, but most agree that the core components of psychotherapy remain the same. Psychotherapy consists of the following:

- 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

With these commonalities in mind, this chapter will summarize the different types of psychotherapy, including treatment approaches and modalities and will describe the different professionals who perform psychotherapy.

Treatment Approaches

Providing psychological treatment to individuals with some kind of psychological problems is psychotherapy. When providing psychotherapy, there are several issues to be considered. First and foremost is empathy. It is a requirement for a successful practitioner to be able to understand his or her client's feelings, thoughts, and behaviors. Second, being non-judgmental is vital if the relationship and treatment are going to work. Everybody makes mistakes, everybody does stuff they aren't proud of. If your therapist judges you, then you don't feel safe talking about similar issues again. The therapist must have experience with issues similar to yours, be abreast of the research, and be adequately trained.

Aside from these commonalities, therapists approach clients from slightly different angles, although the ultimate goal remains the same: to help the client reduce negative symptoms, gain insight into why these symptoms occurred and work through those issues, and reduce the emergence of the symptoms in the future. The three main branches include Cognitive, Behavioral, and Dynamic.

Therapists who lean toward the cognitive branch will look at dysfunctions and difficulties as arising from irrational or faulty thinking. In other words, we perceive the world in a certain way (which may or may not be accurate) and this result in acting and feeling a certain way. Those who follow more behavioral models look at problems as arising from our behaviors which we have learned to perform over years of reinforcement. The dynamic or psychodynamic camp stem more from the teaching of Sigmund Freud and look more at 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. Other than these two, no differences in terms of outcome have been found to exist. Most mental health professionals nowadays are more eclectic in that they study how to treat people using different approaches. These professionals are sometimes referred to as integrationists.

Treatment Modalities

Therapy is most often thought of as a one-on-one relationship between a client or patient and a therapist. This is probably the most common example, but therapy can also take different forms. Often time's group therapy is utilized, where 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, but the goals remain the same. The power of group is due to the need in all of us to belong, feel understood, and know that there is hope. All of these things make group as powerful as it is. Imagine feeling alone, scared, misunderstood, unsupported, and unsure of the future; then imagine entering a group of people with similar issues who have demonstrated success, who can understand the feelings you have, who support and encourage you, and who accept you as an important part of the group. It can be overwhelming in a very positive way and continues to be the second most utilized treatment after individual therapy.

Therapy can also take place in smaller groups consisting of a couple or a family. In this type of treatment, the issues to be worked on are centered around the relationship. There is often an educational component, like other forms of therapy, such as communication training, and couples and families are encouraged to work together as a team rather than against each other. The therapist's job is to facilitate healthy interaction, encourage the couple or family to gain insight into their own behaviors, and to teach the members to listen to and respect each other.

Sometimes therapy can include more than one treatment modality. A good example of this is the individual who suffers from depression, social anxiety, and low self-esteem. For this person, 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 setting where he or she can

practice social skills, feel a part of a supportive group, therefore improving self-esteem and further reducing depression.

The treatment approach and modality are always considered, along with many other factors, in order to provide the best possible treatment for any particular person. Sometimes more than one is used, sometimes a combination of many of them, but together the goal remains to improve the life of the client.