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MENTAL DISORDERS AND THEIR TREATMENT

You might have seen some persons displaying different kinds of behaviours at home, school or at public places, for example, checking school bag frequently, roaming on the road in a totally unhygienic condition, or having sweating, increased heart palpitation and upset stomach before an examination. Such kinds of behaviours seem unusual and undesirable to us. It makes us think as to why this person is displaying these kinds of behaviours. In psychology these behaviours are labeled as mental disorders. These develop gradually. There are many factors which lead to mental disorders, including heredity, personality weaknesses, low stress tolerance, childhood experiences, stressful situations and inability to cope.

The situations, which the individual perceives difficult to deal with or cope with, are called stressors. Stress imposes certain demands on the individual which he or she finds excessive and difficult to deal with. Consistent failure in meeting these demands of the stressors creates mental stress in the individual. Thus, in this lesson you will study the nature and sources of stress as a source of disturbed mental health, various kinds of conflicts and frustrations which result from ineffective coping with the stressors, different kinds of mental disorders and their treatment process.



OBJECTIVES

After studying this lesson, you will be able to:

- discuss the nature of stress as a source of disturbed mental health;
- describe the different types of conflicts and frustrations;
- list the main types of mental disorders;
- describe the therapeutic process; and
- explain the process of coping with stress.



18.1 STRESS AS A SOURCE OF DISTURBED MENTAL HEALTH

In today's world stress is a very common human experience characterized by a host of physiological and psychological responses. The traditional definition of stress focuses more on the physiological response of the body. Hans Selye coined the term 'stress' defined it as a non-specific response of the body to any demand on it. The definition of Hans Selye has a physiological basis and it gives more importance to the activities of hormones which are secreted by adrenal and other glands.

Selye conceptualized two categories of stress: a) Eustress, i.e. moderate and desirable stress such as when playing a competitive sport b) Distress which is bad, excessive, irrational or undesirable stress.

The recent approach to stress focuses on the role of appraisal or **interpretation of the situation** in relation to the coping resources available to the individual. The interdependent processes of appraisal and coping determine the relationship between a person's environment and his or her adaptation. **Adaptation** is the process through which people manage their environment to maintain an optimum level of physical, psychological and social wellbeing.

18.1.1 Stressors

Till now you have come to understand the meaning of stress. It is also important to know which objects or events create stress in the individual. Any event or object in the environment that has potential to induce stress in the individual is called a stressor e.g. too many assignments, disaster created by earth quake etc. Stressors can be broadly organized under the following categories:

- (i) **Major Life Events and Changes:** Under this category any event in one's life is considered which has significant and enduring impact on the individual e.g. marriage, retirement or divorce.
- (ii) **Daily Hassles:** Hassles are those irritating, frustrating and distressing demands that the individual encounters in everyday life e.g., misplacing or losing items, having deadlines, getting caught in traffic jams, waiting in lines.
- (iii) **Chronic Role Strain:** Such as in a difficult marriage, dealing with a disabled child or living in poverty.
- (iv) **Traumas:** These are unexpected, horrifying or deeply disturbing incidents which create a significant impact on life e.g. nuclear attack, bomb-blast or death of a loved one.

18.1.2 Common Responses to Stressors

Our responses to stressors can vary widely, ranging from minor sensation to severe behavioural changes. These responses are grouped under the following categories



(1) Behavioural Responses

- (i) Alcohol/ drug abuse
- (iii) Sleep disturbances
- (v) Restlessness
- (viii) Irritability
- (ix) Impaired speech/ voice tremor
- (xi) Compulsive behaviour
- (xiii) Withdrawal from relationship
- (xv) Frequent crying
- (ii) Fear/Phobia
- (iv) Increased nicotine/caffeine intake
- (vi) Loss of appetite/over-eating
- (viii) Aggression
- (x) Poor time management
- (xii) Low productivity
- (xiv) Increased absenteeism
- (xvi) Untidy appearance

(2) Emotional Responses

- (i) Anxiety
- (iii) Anger
- (v) Hurt
- (vii) Shame/embarrassment
- (ii) Depression
- (iv) Guilt
- (vi) Jealousy
- (viii) Suicidal feeling

(3) Cognitive Responses

- (i) Negative self-concept
- (iii) Low frustration statements
others
- (v) Cognitive distortion
- (ii) Self-assurance
- (iv) Pessimistic view about self and
others

(4) Interpersonal Responses

- (i) Passive/aggressive relationship
- (iii) Competitiveness
- (v) Withdrawn
- (vii) Manipulative tendencies
- (ii) Lying
- (iv) Flattering behaviour
- (vi) Suspiciousness
- (viii) Gossiping

(5) Biological Responses

- (i) Use of drugs
- (iii) Frequent urination
- (v) High blood pressure
- (vii) Dry skin
- (ix) Diabetes
- (xi) Frequent Flu/common cold
- (xiii) Poor appetite
- (ii) Diarrhea/constipation
- (iv) Allergies/ skin rash
- (vi) Chronic fatigue/exhaustion
- (viii) Cancer
- (x) Asthma
- (xii) Lowered immune system

(6) Imagery: Images of

- (i) Helplessness
- (iii) Losing control
- (ii) Isolation/ being alone
- (iv) Accidents/injury



- (v) Failure
- (vi) Humiliation/Embarrassment
- (vii) Dying/suicide
- (viii) Physical/ Sexual abuse
- (ix) Poor self-image



INTEXT QUESTIONS 18.1

1. What do you understand by the term stress?

2. What are the broad categories of stressors?

3. What are the common behavioural responses to stressors?

18.2 TYPES OF CONFLICTS AND FRUSTRATIONS

You should know that an individual becomes stressed when he or she faces obstacles in reaching the goals. This often creates **conflict** and **frustration** in the individual. A conflict becomes more stressful because of the intensity of frustration it involves. The individual generally lands in conflict when he or she faces a mutually incompatible situation. There are three types of conflict which the individual faces depending on the nature of goals and situation. These are

- a. Approach-approach conflict
 - b. Avoidance-avoidance conflict
 - c. Approach-Avoidance conflict
- a. Approach-approach conflict:** This type of conflict occurs when the individual has to choose between two or more desirable goals. In this kind of conflict both the goals are desirable, for example choosing between two marriage invitations on the same evening.
 - b. Avoidance-avoidance conflict:** This kind of conflict occurs when an individual has to choose between two or more undesirable goals. This kind of conflict is often called “caught between the devil and the deep blue sea”. For example a youth with little educational qualification has to choose either unemployment or a low paid disagreeable job. This kind of conflict can create serious adjustment problems because even the resolution of the conflict may bring frustration rather than relief.
 - c. Approach-avoidance conflict:** In this kind of conflict the individual has a strong tendency to both approach and to avoid the same goal. For example a young man may want to marry because of social and security reasons, while at the same

time he fears the responsibilities and loss of personal freedom he feels getting married will involve. This kind of conflict is generally resolved by accepting some negative and positive features of the goal.

Approach-avoidance conflict is sometimes referred to as “mixed-blessing” conflicts because of the involvement of multiple alternatives.

Frustration: Frustration as an experiential state which may result from either a) blocking of needs and motives by some external forces which create hindrance and prevent the attainment of needs or b) by the absence of a desired goal.

Hindrances or obstacles can be both physical and social and create frustration in the individual. These include accidents, unhealthy interpersonal relationships, and death of loved ones. Personal characteristics such as physical handicaps, inadequate competencies, and lack of self-discipline can also be sources of frustration. Some of the common frustrations which often cause special difficulty include delay in getting the desired outcome, lack of resources, failure, losses, and loneliness and mindlessness.



INTEXT QUESTIONS 18.2

1. Explain the term conflict. Discuss various types of conflicts.

2. Explain the term frustration.

18.3 TYPES OF MENTAL DISORDERS

While coping with the demands of stressors the individual generally follows problem-focused or emotion-focused coping strategies. In problem-focused coping the individual uses his/her intellectual resources to deal with stressful situation and often reach an effective solution. In the case of emotion-focused coping the individual displays emotional behaviour in dealing with the stressful situation e.g. crying. However, if the individual fails to deal with stressors he/she may turn to defense oriented coping strategies which if repeated very frequently can create various kinds of mental disorders. Defense-oriented behaviour does not deal with the situation, but uses methods to justify own actions.

Like physical ailments there are various types of mental disorders. The list of these disorders ranges from minor anxiety to severe kinds of disorders such as schizophrenia. Diagnostic and Statistical Manual (DSM) of mental disorders published by American Psychiatric Association mentions various types of mental disorders. The branch of psychology which deals with these disorders is called abnormal psychology.





A. Disorders of Childhood

It may be quite surprising to you that children can also develop some psychological disorders. DSM-IV-TR deals with various kinds of childhood disorders usually first diagnosed during infancy, childhood, or adolescence. Some of them are Attention-deficit hyperactive disorder (ADHD) where the child has problems in paying attention or is extremely over-active and Autistic disorder are where the child is withdrawn, does not smile and has delayed language development.

B. Anxiety Disorders

You might have experienced fear and apprehension in your life. However, if somebody persistently becomes fearful, apprehensive, and anxious without any appropriate reason you may call this person as having anxiety disorders. There are different kinds of anxiety disorders in which the feeling of anxiety manifest in different forms. Some of these disorders are phobia or extreme and irrational fear of something and obsessive-compulsive disorder where the person has repetitive thoughts or has to do actions repeatedly

C. Mood Disorders

The person who suffers from a mood disorder experiences these emotions for a long period of time in a restricted way, remains fixed at one emotion or fluctuates on the ranges of these emotions. For example a person can be sad for days together or he/she can be sad one day and happy the other day regardless of the situation. Thus depending on the behavioural symptoms of the person mood disorders are of two types- (i) depression and (ii) bipolar disorder. We will now try to understand the meaning and symptoms of these two disorders.

Depression is a mental state characterized by sadness, loss of interest and pleasure in routine activities, disturbances in sleep or loss of sleep, poor appetite (weight loss) or increased appetite (weight gain), being lethargic, feeling of guilt, worthlessness, helplessness, and hopelessness, difficulty in concentration, and negative thinking about self and others. If a person has these feeling for at least two weeks he or she may be called a depressive person and for his/her treatment immediate clinical intervention is required. Bipolar disorder is characterized by alternating phases of depression and excitement or mania.

D. Psychosomatic and Somatoform Disorders

Diseases which are very common nowadays such as high or low blood pressure, diabetes, hypertension are physical illnesses but these are due to psychological causes like stress and anxiety. Hence *psychosomatic disorders* are those psychological problems which have physical symptoms but psychological causes. In the term psychosomatic the meaning of psyche is mind and of somatic is body. Contrary to this *somatoform disorders* are those disorders which are characterized by physical



symptoms that do not have any known, identifiable biological causes. For example a person may complain for stomach pain but for this stomach pain there is no problem with the particular organ (stomach) of the body.

E. Dissociative Disorders

You must have seen many movies in which the hero of the movie, after a traumatic event, is unable to recall his previous identity, the past events and the people around him. In clinical psychology such kind of problems are called dissociative disorders in which the personality of the individual becomes dissociated or separated from the rest of the world.

One of the categories of dissociative disorder is *dissociative amnesia* in which the person is unable to recall important personal information usually after some stressful episode. The other category is *dissociative fugue* in which apart from the memory loss the person also assumes a new identity. Another is *depersonalization disorder* in which the person suddenly feels changed or different in a strange way. The person feels that he has left his body or his movements have suddenly become mechanical or dreamlike. However, the most serious dissociative disorder is *multiple personality disorder* or *dissociative identity disorder* in which several distinct personalities emerge in the same individual at different time.

F. Schizophrenia and Other Psychotic Disorders

You may have seen some individuals on roadside in very dirty clothes, eating the unhygienic food spillover around the garbage and talking and behaving strangely. They have very poor orientation about person, place and time. We often call them mad, insane or so on. However, in the language of clinical psychology they are called schizophrenics. Schizophrenia is a psychological disorder characterized by disturbances in thought, emotion, and behaviour. Schizophrenics have incoherent thinking; faulty perception, disturbances in motor activity, and flat or inappropriate emotions. They withdraw from people and reality; often into a fantasy world of delusions and hallucinations.

Hallucination is characterized by false sensory perceptions in the form of seeing something which is physically not there, hearing some voices that are actually not there. Delusions are false beliefs about reality. Such beliefs distort their relationship with others. Schizophrenia is of many types, such as catatonic schizophrenia.

G. Personality Disorders

Personality disorders have their roots in early childhood when some children develop inflexible and maladaptive patterns of thinking and behaving. This takes the form of different kinds of personality disorders ranging from harmless avoidant ones to coldblooded serial killers. The range of personality disorders has been classified in three clusters. The first cluster is characterized by odd or eccentric behaviour; anxiety



and apprehension is the characteristic feature of second cluster; and the third cluster is characterized by dramatic, emotional, or erratic behaviour. Under the first cluster paranoid, schizoid, and schizotypal personality disorders are included. In the second cluster dependent, avoidant, and obsessive personality disorders are described. Antisocial, borderline, histrionic, and narcissistic personality disorders constitute the third cluster.



INTEXT QUESTIONS 18.3

1. Identify and explain the two types of anxiety disorders.

2. What do you understand by depression?

3. What is the difference between psychosomatic and somatoform disorders?

4. Discuss the major symptoms of Schizophrenia.

5. What do you understand by the term ‘personality disorders’?

18.4 PSYCHOTHERAPEUTIC PROCESS

In order to deal with any kind of mental disorders there is a certain **psychotherapeutic** process used to help the individual. The person who designs psychotherapeutic program is a trained individual and is known as **clinical psychologist** or **psychotherapist**. The person who requires treatment is known as client. Psychotherapy is often called “the talking cure” as help is provided through interpersonal contact. medicines can only be given by a psychiatrist who is a medical doctor with further specialization in mental disorders.

There are various kinds of psychotherapeutic approaches which are based on theories about the causes and development of abnormal behaviours. These are psychoanalysis, behaviour therapy, cognitive-behaviour therapy, client centered therapy etc. Psychotherapy is a plan of intervention designed keeping in mind the nature and severity of mental disorders.

The steps in psychotherapy include:

- (i) *Rapport formation*: The psychotherapist builds a good and working relation with the client so as to ensure cooperation.



- (ii) *Preparation of case history*: The history of the particular disorder is prepared targeting the adjustment pattern of the client with family, friends, social and occupational set up.
- (iii) *Determination of the problem*: After preparing case history the psychotherapist identifies certain key problems which require urgent attention. This is achieved through administration of clinical tests and interview.
- (iv) *Therapeutic Session*: Depending on the nature and severity of the problem the psychotherapist conducts session with the client with a focused treatment plan. Progress after each session is monitored and assessed, and further interventions are modified if necessary.
- (v) *Termination of Therapeutic Intervention*: Once it is confirmed that the sessions have yielded the desired outcome set by the psychotherapist then it is terminated. The client and the family members are asked to follow the suggestions at home and if required the client is asked to visit the psychotherapist again.



INTEXT QUESTIONS 18.4

1. What is psychotherapy?

2. Explain the main steps in the process of psychotherapy.

18.5 PROCESS OF COPING WITH STRESS

As already explained in the previous section, the individual while coping with stressors generally follows two mechanisms namely **Task-oriented coping** and **defense-oriented** or emotion-focused coping.

Task-oriented coping are aimed at realistically coping with the adjustive demands posed by the particular stressor. These are based on an objective appraisal of the stressful situation on a conscious and rational level and taking a constructive course of action. This kind of coping can fall into any of the three categories such as **attack**, **withdrawal**, and **compromise**.

- (i) In case of **attack** the individual directly confronts with the situation. He/she assesses the feasibility of the coping resources available to him/her. He/she chooses the most promising course of action to deal with the stressor and in the course of dealing with it maintains flexibility and shifts approach if it does not seem to be



Notes

working. He/she also develops new coping resources as per the situational requirement by searching out new information, developing new competencies or improving existing ones. An example of attack reaction would be when a student plans revision much before a difficult exam.

(ii) In the case of **withdrawal** reactions the individual admits defeat at the first instance if the situation is too difficult to handle or he/she has used inappropriate strategy. He/she may physically or psychologically leave the stressful situation. He/she may also redirect his/her effort toward a more appropriate goal. An example of withdrawal is when one friend rejects you repeatedly, you withdraw and try to make friends with another person.

(iii) During **compromise** the individual may accept a substitute goal if he/she feels that the original goal cannot be obtained. This kind of reaction generally occur when the individual reassess his/her abilities and accordingly lowers his/her level of aspiration. It also reflects the accommodative nature of the individual while coping with the adjustive demands of the stressful situation. For example a child who does not do well in a particular subject, but gets very high marks in other subjects, tries to accept the fact.

Emotion-focused or defense-oriented coping is not helpful because the person is not moving towards any solution, but only using methods to make himself/herself feel comfortable. An example of defensive methods is rationalization, such as reasoning that all the students have failed as the paper was very difficult. Another example is displacement, when you 'displace' the anger you are feeling for a strict teacher by scolding or hitting your younger brother.

It is important to understand that in order to deal and cope effectively with stress, one should adopt a healthy life-style. By using positive thinking, emotions and actions, not only can we deal with stress in a better way, we will be far happier, leathier and more productive in our lives. You have already studied about health in lesson 17, and you will read more details in lesson 19 and 24.



WHAT YOU HAVE LEARNT

- The behaviours which are uncommon or unusual are labeled as abnormal behaviour. The individual develops these behaviours gradually in particular situations which he finds difficult to deal with.
- The situations which the individual perceives difficult to deal with or cope with, are called stressors. They impose certain demands on the individual which he or she has to fulfill. Failure in meeting those demands of the stressors may lead to mental disorders in the individual. Genetic and biological factors are also very important.



- Stress is defined as a non-specific response of the body to any demand on it. There are two categories of stress, namely good or desirable stress (eu-stress) and bad or undesirable stress (distress).
- The recent approach to stress focuses on the role of appraisal of the situation in relation to the coping resources available to the individual.
- Behavioural, Emotional, Cognitive, Interpersonal, Biological, and Imagery reactions are common responses to stressors.
- There are three types of conflict which the individual faces depending on the nature of goals and situation. These are Approach-approach conflict, Avoidance-avoidance conflict, Approach-Avoidance conflict
- Frustration as an experiential state often results from either blocking of needs and motives by some external forces which create hindrance and prevent the attainment of needs or by the absence of a desired goal.
- There are various categories of mental disorders. The list of these disorders ranges from minor anxiety to severe kinds of disorders such as schizophrenia.
- In order to deal with any kind of mental disorders there is certain psychotherapeutic process which are used to cure the individual suffering from mental disorders. The person who gives psychotherapy is a trained individual and is known as clinical psychologist or psychotherapist. The person who requires treatment is known as client.
- There are various kinds of psychotherapeutic techniques which have been developed following sound theoretical frameworks which describe the causes and development of abnormal behaviours. These are psychoanalysis, behaviour therapy, cognitive-behaviour therapy and client centered therapy.
- The individual, while coping with stressors, generally follows two mechanisms namely task-oriented coping or defense-oriented coping.
- Adopting a healthy life-style with positive thoughts, feelings and actions is the best way of coping with stress.



TERMINAL QUESTIONS

1. Define stress. Identify the major stressors in the life of a student, and the usual responses to them.
2. Explain how conflicts and frustration lead to stress.
3. Identify any 5 mental disorders and describe their main symptoms.
4. Discuss desirable ways of coping with stress.

**ANSWERS TO INTEXT QUESTIONS****18.1**

1. Nonspecific response of the body to any demand on it.
2. Major life events and changes, daily hassles, chronic role strain, traumas.
3. Alcohol/drug abuse, restlessness, irritability, aggression etc.

18.2

1. Conflict refers to the difficulty in choosing between two or more goals:
 1. Approach - approach
 2. Avoidance - approach
 3. Avoidance - avoidance
2. Experiential state which may result from (a) blocking of goals or (b) absence of desired goal.

18.3

1. Phobia, obsessive - compulsive disorder
2. Mental state characterised by sadness, loss of interest and pleasure, loss of sleep etc.
3. Psychosomatic disorders are psychological disorders having physical symptoms but psychological causes.
Somatoform disorders are characterised by physical symptoms without identifiable biological causes
4. Incoherent thinking, faulty perception, disturbance in motor activity, flat or inappropriate emotions.
5. Inflexible or maladaptive patterns of thinking and behaving are developed.

18.4

1. Therapy provided through interpersonal contact. Also called "Talking cure"
2. Rapport formation, preparation of case history, determination of the problem, therapeutic session, termination of therapeutic intervention.

Hints for Terminal Questions

1. Refer to section 18.1
2. Refer to section 18.2
3. Refer to section 18.3
4. Refer to section 18.5