

Approaches to treating mental disorders



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Psychodynamic, biological and cognitive approaches are models used to explain psychological abnormality. These approaches attempt to explain the causes and cures for all psychological illnesses from different approaches. Evaluation of these approaches may be done in terms of appropriateness and effectiveness. Ethical implications are raised as the psychologist use human subjects for these therapies.

Psychodynamic therapies are based on the approach of Freud (1915), mental health illness and the treatments. This is based on the psychodynamic model which assumes that unresolved conflicts result in mental disorders and the orientation of treatments aim to identify conflict and solving it. Freud developed psychoanalysis which is a psychotherapy method aiming to bring the unconscious and repressed conflicts into consciousness. Various psychoanalytical techniques include, dream analysis, free association, transference, to help patient recover and gain insight into the repressed conflicts.

The appropriateness of psychoanalysis is that Freud introduced the notion that mental illness may result from a psychological cause and psychoanalysis may be the form of treatment. This point is supported by research which has been done over the years to show the effectiveness of this treatment. Freud (1914), used it successfully for his own patients but the evidence of the patients 'cure' is debatable as this theory was based on a small sample of neurotic, middle class Jewish women who were living in the patriarchal society of Vienna at the start of the 20th Century (Cox, p. 508) and disputes have emerged whether therapy works or not. Eysenck (1965) claimed that psychoanalysis was far less effective than eclectic (mixed)

therapies. In his research results, 40 per cent psychoanalytic patients improved following therapy and 64 per cent receiving eclectic therapy improved, but a spontaneous remission occurred as 66 per cent improved without being given any therapy.

However Bergin (1971) did same research as Eysenck and had different conclusion noting the success rate of 83 per cent of psychoanalysis, significantly greater than Eysenck's 44 per cent and 30 per cent remission rate was more realistic. Psychoanalysis is generally considered appropriate and effective to treat neurotic disorders, e. g. anxiety but less suitable for patients with psychotic disorders such as schizophrenia. However psychotherapy has adverse effects, e. g. Stone (1986) reported that among those who suffer from schizophrenia that has been treated by psychotherapy there was high suicidal rates. Roth and Fonagy (2005) concluded the effectiveness psychotherapy is negative as the emotional intensity may be too intrusive and intensive as an individual recalls their past. Psychoanalysis is expensive and costly as the therapy process takes years the patient attending two to three sessions a week and sometime regrettably there will be no cure Ethical issues raise with this treatment include, that the power lies with the analyst who might abuse power and the patient is confronted with distressing issues. There is also little evidence that assume a patient can recall early repressed memories but therapists are criticised for unwillingly planting ' false memories' of sexual abuse or alien abduction.

Biological model is based on the '... belief that mental illness have physiological causes it believes that cures emanate from rectifying these physical problems. (Gross 2010 p. 205). There are three types of medical

therapy which include, drug therapy, and psychotherapy, while electroconvulsive therapy, all based on the notion that people have free will and personal responsibility to change. Research has been done to show the effectiveness of these drugs, e. g. World Health Organisation (WHO) 2001 antipsychotic when effectively combined with psychotherapy play a vital role in treating schizophrenia. A more contemporary research to show effectiveness of anti- psychotic drugs in treating schizophrenia, Giddens et al (2008) shows that antipsychotic drugs introduced in 1950s allowed many schizophrenics to live normal lives as humans without being labelled remains controversial. ECT, drugs and surgery can have good results in restoring ‘ normality’ but consequences can be experienced whether biology is responsible or not. New York Times reported that APA medical director chief executive James Scully Jr. personally wrote to the FDA, claiming that ECT is effective 80 per cent of the time with no evidence of causing brain damage. But this is contrary to British Psychological Society, Bentall and Read reviewed studies for the 60 years comparing ECT for curing depression and schizophrenia concluded that the benefits of ECT are found in rare cases and is short lived. Drugs always have a chance of causing allergic reactions or addiction.

Psychologists have criticised psychiatrists on focusing on treatment of symptoms, assuming that relieving symptoms with drugs is cure but not concerned about the root cause or underlying factors e. g. Stevenson and Backer (1996) revealed that monoamine oxidase inhibitors (MAOIs) have links to cardiac problems, dry mouth and blurred vision and water retention. 2004, p. 238) but the once the procedure goes wrong it is. ECT can cause

unnecessary stress and psychosurgery can dull the personality as area of the brain responsible for emotions (Hypothalamus) is often altered or completely removed and procedure is irreversible, impairing mental functioning. . ECT has proved to be successful short term treatment for depressive symptoms of bipolar disorders and related illness but reasons of success is almost completely unknown and has physical side effects such as impaired memory and psychological effects such as fear and anxiety. Ethical issues include, the issue of consent to treatment as majority on ECT patients are under Mental Health Act and has been used historically as a means of controlling or punishing people in mental health institutions. Patients have a right to refuse treatment or be given a choice of which therapy but this might be restricted by availability and expense, and also weighed against rights of others, e. g. act of violence by schizophrenics to ensure public safety.

Cognitive therapies suggest that psychological disorders reduce faulty thinking. It aims at challenging cognitions developing more adaptive way of thinking, encouraging patient to control their thoughts. . Cognitive Behavioural Therapy (CBT) has two best known therapies, rational emotive behaviour therapy (REBT) founded by Ellis (1955) aims at changing negative to illogical thoughts and patterns allowing development so more positive emotions and behaviours. Ellis claimed its appropriateness for psychological problems, e. g. anxiety disorders, depression and sexual problem. To concur with this Haaga and Davison (1989) found it effective to depression, aggression, anger and antisocial behaviour and treatment of negative automatic thoughts. The second treatment is Beck et al (1985) cognitive therapy which encourage replacement of distorted thoughts with positive

thoughts e. g. through stress inoculation training. The treatment is inexpensive in comparison with others and high successes when combined with behavioural therapies (cognitive- behavioural therapy). Cognitive therapies have proven success in treating compulsive disorders and phobias but neglect the direct cause. Spence et al (2000) made an assessment of the values of CBT in children with social phobias and found out that child- based CBT and parental involvement was effective in reducing social and general anxiety levels, with improvement noticeable even after a one year follow up, showing that CBT has long-term effectiveness with phobic children (Gross, 2010 p. 218). They procedures are quick compared to psychoanalysis and the issue of informed consent is not a problem as patients are empowered by enabling them to help themselves. The ethical issues connect to this approach is that moral conflicts may be created e. g. REBT is considered as one of the most aggressive and judgemental form of therapy in relation to the degree of manipulation by the therapists. This might affect people with strong religious background and convictions.

Other views on ethical implications include the fact that therapy involves changing people's behaviour and making them behave in ways they have not chosen leads to social control, but no one has rights to exert control over people's lives. Advocates argue that other therapies like drug suppress symptoms but not tackle the root cause of the problem. Violation of human rights can also cause concern in psychological researches, e. g. Haney, Banks and Zimbardo (1973), their research in the prison simulation experiment, formal consent was accessed leading participants loss some civil rights and an invasion of privacy. However it was withdrawn within six days

as participants experienced extreme reactions. This shows how a person's ethical values can be highlighted even when informed consent is gained.

The overall effectiveness of these approaches and their therapies lies in the comparison of the therapies in a single study, through with implications. One of the major research studies have been done, Elkin et al (1989) involving 240 patients with depression who were treated with CBT, psychotherapy or antidepressants (Bailey et al, 2008 p. 264).

In conclusion, different therapies and their results are not really comparable as treating methods vary but some therapies are more effective with certain disorders than others. Many therapists adapt an eclectic approach that is selecting the best aspects of various therapies and using them together to help clients. On the issues of ethics, British Psychological Society, the British Association of Counselling and other organisations like MIND (National Association for Mental Health, are professional bodies which produce ethical guidelines and protect the rights of mental patients.

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