

Psychopathology and
therapies,
depression,
schizophrenia and
eating disorders



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For this assignment I will be looking at three disorders and three therapies, these will be depression, schizophrenia and an eating disorder. The therapies I will be looking at are psychodynamic, behavioural and the cognitive approach.

Depression

Outline the clinical characteristics of depression.

There are two main categories of depression these are unipolar depression and bipolar depression (manic). Although the usual symptoms of depression are similar in these cases some are categorised. The main feeling a person with depression would have are as follows. An overwhelming feeling of sadness, low self-esteem, suicidal thoughts, pessimism, hopelessness, sleep disturbance, loss of appetite, low libido, tiredness, lack of interest, feelings of guilt, crying, social withdrawal, loss of motivation, feelings of inadequacy, helplessness, confusion, can't concentrate, indecisive, blaming themselves. Also there are a lot of physical symptoms like stomach pain, anorexia, backache, chest pain, constipation, dizziness, fatigue, headaches, impotence, indigestion, menstrual changes, nausea, weight changes, aggressiveness, agitated, abusing alcohol/drugs and low interest in hygiene. Unipolar depression, emotional symptoms could include overwhelming sense of sadness or guilt, no longer enjoys activities they used to enjoy. Cognitive symptoms could include negative thoughts, blaming themselves for things they can't control, low self-esteem and irrational hopelessness. Motivational symptoms could include not being able to make decisions. Somatic

symptoms could include lack of energy and disturbances in sleep, weight and appetite.

Bipolar depression, emotional symptoms could include an elevated or irritable mood or a higher enjoyment level of activities. Cognitive symptoms could include higher self-esteem, higher levels of thoughts and ideas and easily distracted. Motivational symptoms could include a higher interest in an activity that could turn out to be harmful. Somatic symptoms could include doesn't need as much sleep as usual, rapid speech and excessively talk able.

Give two or more psychological (psychodynamic/behavioural/cognitive) explanations of the causes of depression.

The cognitive approach

Aron Beck believes that depression is caused by negative thought processes and negative schemas. He believed that there are 3 components to depression and he called this the negative triad.

(Negative) view about the world

â†™TM â†™

(Negative) view of future â†™ (Negative) view of one's self

He says that when these 3 things interact with each other they conflict with our normal cognitive or positive processes. Therefore when this triad is set in motion the individual will then concentrate on processing the relevant information instead of the positive. Therefore the individual will reinforce the

negative thoughts and lead to depression. He believed that the schemas that we develop in childhood are where our reactions and beliefs whether they are real or dysfunctional come from. These schemas are developed and shaped in our early childhood. He believed that if someone had negative schemas generally then they may or may not become depressed but they are more likely to become depressed in later life if they have a similar experience as they did in their childhood. Becks also believed that a person's illogical and negative thoughts will make a person's depression worsen and lower their want to do anything to help themselves (get better).

Illogical thinking can include magnification & minimisation which means a person will make what they can't do a bigger deal than it actually is and when praised will act as if it's no big deal. Selective abstraction which means that someone will come to a conclusion on a single basis, instead of looking at the whole picture. Arbitrary inference which means someone will come to a negative conclusion about themselves when there is no need to.

Overgeneralisation which means, when someone makes a quick conclusion, over a trivial event. Beck also believed that the type of event that triggers depression will depend on the type of personality i. e. sociotropic personality will determine their self esteem on the basis of others approval. But autonomous personality will not react well if their sense of independence is being challenged.

This theory is one of the leading approaches to explaining negative thought processes. The problem with this approach is that it can go in circles i. e. does negative thought cause depression or does depression cause negative thoughts? Also when the participants are being tested they may or may not
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have used drugs to treat their depression so the results of the experiments may be affected. If someone is already having negative thoughts then there is no way you can say that they didn't have those thoughts before they were diagnosed with depression. So there are a lot of negative issues with this experiment but there is no doubt that it had seriously influenced the way negative thought processes have been explained.

The psychodynamic approach

This approach focuses on how our unconscious motives build our behaviour. Freud believes that the explanation of depression forms from early relationships with our parents. He said there are similar feelings when grieving for the LOSS of a loved one and the feelings you would get from depression. This LOSS could be real or imagined. If feelings of hostility towards a parent are, not resolved then these feelings can manifest themselves into guilt which could turn into the person feeling unworthy and suicidal thoughts.

Freud believed that there are 3 structures of personality these are...

ID - the innate part of our personality, the pleasure principle. It demands immediate gratification; this is the ' I must have' part of our personality that is driven by sexual and aggressive instincts.

EGO - this develops to meet the needs of the ID. This is the reality part of our personality. This acts as a balance between the ID and the SUPEREGO, when the SUPEREGO is developed.

SUPEREGO - develops with society morals, codes and expected behaviour.

Morality principle.

This approach is idiographic and therefore focuses on the individual and their own problems which are extremely good as the person's feelings are taken into account and they are not diagnosed on the basis of others. The bad thing about this study is there is not much supportive evidence. It is said that his studies are subjective as they are biased to fit his own theories. His studies were also mainly aimed at middle-aged, upper class women so his findings can't be generalised.

Evaluate psychodynamic theory in the treatment of depression in terms of its strengths and weaknesses (use the research data to back up your arguments)

Strengths

Therapists use psychoanalysis to treat depression they do this to try and make the unconscious conscious. Here are the strengths of using this therapy.

Freud's ideas are still used in today's psychology, explanations and have made a huge impact on society today.

Psychodynamic therapies outlined and got people's attention towards psychological causes of depression and mental disorders.

Most people will agree that talking can help you feel better, like the good old saying goes 'A problem shared is a problem halved'.

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Psychologists such as Guntrip (1968) say that psychoanalysis can relieve the symptoms of depression.

This therapy outlines that it's OK to talk about problems and especially sexual issues. It says that sex is an underlying start to many issues.

However there are also a lot of limitations in this study that need to be looked at and maybe need changing. The following are the limitations of this therapy.

There is a lack of reliability in the way that different therapists will have different diagnosis.

It can be very expensive and time consuming to go to therapy once a week.

There is a lot of gender bias i. e. very sexist.

Eysenck did a large study that found some people are better off without therapy. 44% improved with therapy and 66% improved on their own.

This therapy is part of the psychodynamic approach and is therefore said to be not scientific enough as they look into very vague topics.' The topics are hard to study appropriately; the concepts may be explained with more scientific approaches like cognitive therapy.

Although there are a lot of good and bad points to this Fisher and Greenburg carried out a number of validation studies and they found that psychoanalysis can't be accepted or rejected as a whole package.

Discuss the ethics of psychodynamic therapy

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The patient should be able to trust the psychologist. But the unconscious cause of psychological problems needs to be interpreted by the psychologists and the patient has to trust those judgments. The patient may find it incredibly hard not to resist what the psychologist is saying this is called directive therapy. This kind of therapy may reveal some disturbing repressed feelings and events but these may or may not be true i. e. sexual abuse. This treatment can also be said to be very expensive as the patient may need several sessions per week over a number of months. It is also said that there is low success rates for many disorders.

SCHIZOPHRENIA

Outline the clinical characteristics of schizophrenia.

To diagnose schizophrenia the patient must have at least two of the following hallucinations, delusions, disorganised speech, disorganised or catatonic behaviour. Some of the social and occupational symptoms are talking to themselves, stop or gradually reduce conversation, gesture to themselves, over dress, fail to maintain hygiene, suddenly gain an odd interest in ordinary things such as religion and may believe they are god, seeing things, feel everyone is out to get them, believe in conspiracies, look lazy, unmotivated and lose interest, may look like they have signs of dementia, lose friends easily and can be very tense.

Give two or more psychological (psychodynamic/behavioural/cognitive) explanations of schizophrenia.

Behavioural Approach

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The behavioural module believes that explaining Schizophrenia comes down to conditioning and observational learning. Ulman & Krasner (1969) say that “ people show schizophrenic behaviour when it is more likely than normal to be reinforced”. I. e. In a psychiatric institution staff may be unconsciously reinforces schizophrenic behaviour as they may pay more attention to the people displaying this behaviour. Therefore, some patients could copy the behaviour of a schizophrenic patient in order to get that attention.

Schizophrenic behaviour can be modified from conditioning but there is not enough evidence to say that these techniques make any difference to thought disorders. There is not enough opportunity for people to observe schizophrenic behaviour and patterns due to this it is said that the behavioural module has very little insight to schizophrenia (frude 1998).

Psychodynamic Approach

One explanation for schizophrenia is that the ego which makes it difficult for a person to distinguish the difference between themselves and the real world. Another viewpoint is regression of an infantile stage of functioning.

Freud says that schizophrenia is caused by the ego being over powered by the id or was taken over by guilt from the super ego.

Freud believes that in this situation the ego will return to its oral stage of psychosexual development where the person has not learned that them and the world are separate. Which will then lead to regression symptoms like delusions and self importance, where fantasy and reality become intertwined which cause hallucinations.

The psychodynamic theory is said to have very little credibility due to being unable to predict schizophrenic outcomes with this theory Freud's theories are also very sexist and hard to study.

Cognitive Approach

The cognitive module believes those disturbances in perception, attention and languages one cause of schizophrenia and not the consequences.

Maher (1968) believes that faulty information processing is the cause of bizarre language. When vulnerable words are used i. e. words that have two meanings to the individual, this may cause the person to act in irrelevant or inappropriate ways but to them this may be completely relevant.

This module believes that catatonic schizophrenia may be caused by a breakdown in auditory selective attention. During our thought processes and selecting relevant information we have to select the information that we had in order to process it. But if this selective attention ability is impaired somehow, it would possible feel like you are being overtaken by too much information.

Cognitive Behavioural Therapy

The cognitive approach uses the cognitive behavioural therapy to treat schizophrenia. Here are the strengths and limitations to this therapy. The following are the strengths of this study...

Cognitive psychology is said to be one if the most dominant approaches today.

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It has helped towards the understanding of cognitive process i. e. memory.

It has come up with interesting innovative ways of investigating mental processes.

The cognitive approach's explanations are at a functional psychological level instead of using reductionalism to explain behaviour.

However there are quite few limitations to this study which are...

It is said that this theory is too simple and doesn't take into account the complexity of human functioning.

Unrealistic, as it ignores the biological influences.

Too cold, it ignores the emotional aspects of people's lives. Bradsmor (1978) says that this theory is good for perfectionists, but not schizophrenics.

Schizophrenics and any other vulnerable people could get angry and defensive which means they wouldn't want to go back, therefore could do more harm than good.

Discuss the ethics of cognitive behavioural therapy.

Due to the patients problem controlling their thought processes the therapist has to be able to deliver external aid for the patient. The therapist will have to use very persuasive techniques and techniques have to be extremely forceful in order to help the patient. Although most cognitive therapy is extremely humane some areas can be very stressful for the patient and could cause quite a lot of stress that could be avoided.

EATING DISORDERS

Outline the clinical characteristics of a eating disorder.

ANOREXIA

Characteristics of anorexia nervosa include calorie counting, meal skipping, playing with food instead of eating it, hiding food i. e. in a napkin, under a plate, lying about having already eaten when they haven't, avoiding situations that involve food i. e. going for lunch with friends, weddings, only eating certain foods, excessive exercise, rapid weight loss, low energy levels, sleeps a lot, sick a lot i. e. gets lots of colds. Outcomes of anorexia include dehydration, kidney stones, kidney failure, low body temperature, low blood pressure, amenorrhea, low heart rate, swelling, hair loss, cardiac arrest, congestive heart failure, circulatory collapse, osteoporosis due to lack of calcium, constipation, muscle wastage and dry cracked rough skin.

Give two or more psychological (psychodynamic/behavioural/cognitive) explanations of eating disorders.

Psychodynamic approach

There are many theories within the psychodynamic approach that focus on the development of psychological disorders and the sources and origins of eating disorders. The work of Hilde Bruch has shown that treating an eating disorder with behaviour modification techniques can help someone with an eating disorder to gain weight in the short term but not so efficient in the long run. Burch and other psychologists that have a psychodynamic view

believe in order to treat an eating disorder you have to treat the underlying
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cause of the eating disorder. This could mean that human development needs are not met and adaptive functions arise. These adaptive needs can never be replaced with what was once needed which could lead to long-term health issues. Therefore if someone has never learned to self-soothe themselves they may use food as a comfort i. e. binge eating. Unfortunately this binge eating will not give the person the soothing that they need and could end up with them gaining or losing weight and social withdrawal. Psychodynamic theories say that the symptoms a person with eating disorders display are a way saying they are struggling with an underlying issue. They say that once the underlying issue is expressed and resolved there is no longer a need to control their eating.

Psychodynamic therapy consists of psycho-therapy and the sessions must be frequent. The aim of this treatment is to help the patient understand any connections from their past, personalities and personal relationships and if any of them are connected to the eating disorder.

The limitations to this therapy are that if the patient is already in a state of starvation and depression then psycho-therapy can't take place until these issues have been resolved therefore it can take such a long time to treat them that long-term health issues may have already taken place. Also psych-therapy can take a long time so while the therapy is taking place the symptoms may escalate and get worse. Although this therapy does have a lot to offer to someone with an eating disorder, but this treatment alone is not effective as there is not so much talking about the issues in hand i. e. eating. Dealing with the direct problem (eating) is very important.

Cognitive behavioural approach

There are quite a few assumptions and distortions that the cognitive view have recognised are that people with eating disorders have a distorted view of body image and are paranoid about food being fattening, they may also blame binges on the fact that one bit of chocolate has already ruined the whole day of dieting. These cognitive distortions are sacred to the patient as guidelines of behaviour, and to gain a feeling of safety and control. Patients will need to understand that these behaviours are their own choice but they are acting on incorrect information and faulty thinking.

Cognitive behavioural therapy has been around since 1970's and was originally developed by Aaron Beck for treating depression. Cognitive distortions can include over generalizing, assuming, magnifying, magical thinking and personalising. These cognitive distortions have been recognised by being expressed by someone with an eating disorder. Negative eating behaviours like weighing all the time, using laxatives, not eating sugar and binge eating all come from the beliefs, attitudes and assumptions about eating and body weight. The psychologists will have to challenge these negative thoughts about eating; if this is not done these thoughts will continue and get worse.

Cognitive behavioural therapy will help provide the patient with the feelings of safety and control that they need i. e. if someone doesn't know how much sugar they can eat in order not to gain weight they may just make a radical decision not to eat any sugar at all, so the therapist can help to let them know what they can and can't eat and putting a eating plan in place. They will

try to replace reality with a system that support their behaviours i. e. someone with an eating disorder will use their own rules and beliefs instead of reality to guide them. They will also be able to try and help to provide an explanation of the behaviours to other people.

Evaluate behavioural therapy in the treatment of eating disorders in terms of its strengths and weakness

Behavioural therapy is part of the behavioural approach to try and help people get over certain disorders such as anorexia or depression. There are certain strengths and limitations to this study and the following are the strengths...

This therapy is said to be one of the most effective long-term treatments for anxiety, phobia (of gaining weight) and depression.

Behavioural therapy and cognitive therapy together can be extremely useful for someone with an eating disorder.

The therapists have no intention to refer to the patients previous history or medical history as this could stress and upset some patients.

Behaviourists say that all they need to do to cure someone is to change their maladaptive behaviour to adaptive.

There are also some limitations to this approach which are...

The thoughts and feelings of a patient aren't taken into account the therapist tends to concentrate on the patients behaviour instead of the whole picture.

That could lead to the therapy changing the behaviour of a patient but not solving the underlying issues which means the patient is susceptible to relapse.

This approach tends to ignore the medical possibilities to an eating disorder such as you can see a part of obsessive compulsive disorder in an anorexic.

It is also said that the behavioural model has a narrow focus about what constitutes human psychology.

Discuss the ethics of behavioural therapies.

Due to the patients having very deterministic behaviours they will have to be taught how to adapt to a adaptive behaviour which could be a long and testing process for the patient. This kind of therapy can be very stressful and disturbing for the individual so they will need to have support to deal issues brought up in therapy. For the therapy to work successfully the patient may have to be institutionalised or taken to an area that is equipped to care for the persons needs. Although this will give the therapist and patient the environmental control that they need i. e. selective reinforcement for anorexia.