

Case study: psychological disorders



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A psychological disorder can occur at any stage in one's life and to anyone. Much like a physical disease such as cancer, they do not discriminate. In our society, there seems to be certain stigmas and stereotypes attached to psychological disorders (although there is more understanding in recent years) and counseling for them, even though many may be overcome, or at least managed in this way, and this is needed for not just your mind or emotional health, but also for your whole self, as your physical wellness is directly related to your mind and emotions.

Sometimes referred to as the Bible of Psychiatry, the Diagnostic and Statistical Manual of Mental Disorders is a manual that contains all the mental health disorders, the cause, prognosis, and treatment methods for each disorder. It is used to better understand the patient's illness and needs, as well as treatment options. It is published by the American Psychiatric Association and uses a multidimensional approach to reach a diagnosis. The five dimensions are clinical syndromes, developmental disorders and personality disorders, physical condition, severity of psychological stressors, and highest level of functioning. The previous classification system, which is not current but still relevant to some classes, were two main categories: neurosis and psychosis. Neurosis is characterized by anxiety, often resulting from inner conflict. Psychosis is characterized by loss of contact with reality, delusional, irrational thoughts, and/or hallucinations. These have been replaced with specific classifications.

The Anxiety Disorders, with the main feature in this category being abnormal or inappropriate anxiety which occurs when one's heart races, breathing

increases, and muscles tense without any reason for them to do so, include the following:

1) Acute Stress Disorder- results from traumatic event in which the person responded with intense fear and helplessness. Symptoms include detachment, re-experiencing event, and significant anxiety. The disorder may resolve itself, or medication and therapy may be useful in preventing development of more serious disorder. Prognosis is very good.

2) Agoraphobia- generalized fear of being in places difficult to escape or embarrassing and without help is panic attack occurs. Prognosis is good when there is insight to development and with realization the fears are irrational.

3) Generalized Anxiety Disorder- overwhelming anxiety not related to specific event. Medication and therapy helpful to regain control over symptoms. Prognosis is good, however, underlying issues are more difficult to treat.

4) Obsessive-Compulsive Disorder- biological and psychological causes. Prognosis depends on response to medication and how deeply rooted the underlying issues are.

5) Panic Disorder- sudden attacks of intense fear. Treatment includes relaxation exercises and working through underlying issues. Prognosis is good if not left untreated to worsen and develop into Agoraphobia.

6) Phobias- extreme anxiety and fear associated with the object, situation, or avoidance that is disruptive to everyday functions. With behavioral therapy, prognosis is good.

7) Posttraumatic Stress Disorder- re-experiencing the traumatic event through nightmares, obsessive thoughts, and flashbacks, along with avoidance to anything that reminds the person of that event. Prognosis is moderate to good. Some can be treated with anxiety medication, but primarily psychological treatment.

The category of Adjustment Disorders include Unspecified, with Anxiety, with Depressed Mood, with Disturbance of Conduct, with Mixed Anxiety and Depressed Mood, and with Mixed Disturbance of Emotions and Conduct. All of these disorders relate to a more difficult adjustment to a life situation than would normally be expected.

Another category is called Dissociative Disorders, including Amnesia-loss of memory due to psychological factors, Dissociative Fugue- person disappears, forgets identity and past and begins a new life, Identity (known formerly as Multiple Personality Disorder), and Depersonalization Disorder. These include a disruption in consciousness, memory, identity, or perception.

Eating Disorders is another category of psychological disorders. They include Anorexia Nervosa, known for failure to maintain body weight of at least 85% of what is expected, fear of losing control over weight, and typically a distorted body image. Bulimia Nervosa includes bingeing and purging.

Impulse Control Disorders include the failure or extreme difficulty in controlling impulses despite the negative consequences. Included in these disorders is Intermittent Explosive Disorder, Kleptomania (stealing), Pathological Gambling, Pyromania (fire setting), Trichotillomania (recurrent pulling out of one's own hair).

Mood Disorders include Bipolar Disorder (Manic Depressive)- mania at one extreme to major depression at the other, cycling between two extremes for days, weeks, or months, Cyclothymic Disorder, Dysthymic Disorder, Major Depressive Disorder. The primary symptom in this category is a disturbance of mood which is inappropriate, and exaggerated or a limited range of feelings. Feelings are to the extreme, having excess energy where sleep is not needed for days at a time, and during this time the decision making process is hindered.

Paraphilias and Sexual disorders involve distressing and repetitive sexual fantasies, urges and behaviors that negatively impact one's life as they feel they are unable to control them. These include Exhibitionism, Fetishism, Frotteurism, Pedophilia, Sexual Masochism, Sexual Sadism, Transvestic Fetishism, and Voyeurism.

Sexual Dysfunctions is the impairment in normal sexual functioning. This includes Dyspareunia, Female Orgasmic Disorder, Female Sexual Arousal Disorder, Gender Identity Disorder, Hypoactive Sexual Desire Disorder, Male Erectile Disorder, Male Orgasmic Disorder, Premature Ejaculation, Sexual Aversion Disorder, and Vaginismus.

Primary Sleep Disorders are divided into Dyssomnias (related to amount, quality, and timing of sleep) and Parasomnias (abnormal behavior or psychological events that occur during sleep or sleep-wake transitions).

Dyssomnias include Primary Insomnia, Primary Hypersomnia, and Narcolepsy. Parasomnias include Nightmare Disorder, Sleep Terror Disorder, and Sleepwalking Disorder.

The major symptom of another category called Psychotic Disorders is psychosis, or delusions and hallucinations. Included in this category is Brief Psychotic Disorder, Delusional Disorder, Schizoaffective Disorder, Schizophriform, Shared Psychotic Disorder, and Schizophrenia (“ split mind”)- not all symptoms are present at once, including hearing voices, hallucinating, disordered thought, attentional difficulties, delusions, and catatonia (person “ freezes” and appears to be in a trance). Prognosis is dependent on the age of onset and ranging from good to poor.

Somatoform Disorders are those where symptoms suggest a medical condition but where no medical condition can be found by a physician. Included in this is Body Dysmorphic Disorder, Conversion Disorder (hysteria), Hypochondriasis Disorder (hypochondriac), Pain Disorder, and Somatization Disorder.

There are two disorders in this category: Substance Abuse and Substance Dependence. A substance can be anything that is ingested in order to produce a high, alter one’s senses, or otherwise affect functioning. The most common substance thought of in this category is alcohol although other drugs, such as cocaine, marijuana, heroin, ecstasy, special-K, and crack, are

also included. Probably the most abused substances, caffeine and nicotine, are also included although rarely thought of in this manner.

Personality Disorders are mental illnesses that share several unique qualities. They contain symptoms that are enduring and play a major role in most, sometimes all, aspects of the person's life. While many disorders vary in terms of symptom presence and intensity, personality disorders usually remain constant. To be diagnosed with a disorder in this category, a psychologist will look for the following criteria: Symptoms have been present for an extended period of time, are inflexible and pervasive, and are not a result of alcohol or drugs or another psychiatric disorder. The history of symptoms can be traced back to adolescence or early adulthood. The symptoms have caused and continue to cause significant distress or negative consequences in different aspects of the person's life. Symptoms are seen in at least two of the following areas: Thoughts (ways of looking at the world, thinking about self or others, and interacting), Emotions (appropriateness, intensity, and range of emotional functioning), Interpersonal Functioning (relationships and interpersonal skills), and Impulse Control. Disorders in this category are Antisocial Personality Disorder, Borderline Personality Disorder, and Narcissistic Personality Disorder.

Through the biological perspective that is adopted from a medical approach and typically regards a malfunctioning brain as the cause of abnormal behavior. Many factors are considered to be potential causes of biological dysfunction, ranging from head injury to poor nutrition. Genetics, evolution, and viral infection are areas that have received a great deal of attention.

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Treatments by biological practitioners utilize psychotropic medications, electroconvulsive therapy (ECT), and neurosurgery.

The psychodynamic theory regards human behavior to be determined by underlying psychological influences that usually are unconscious. These influences (also called forces) are dynamic -the relationship between them gives rise to behavior. Abnormal symptoms are created when conflicts arise in this relationship. This theory states that all behavior is determined by childhood events and past experience. Treatment then consists of psychoanalysis, which involves bringing into conscious awareness the traumatic childhood conflicts that have been repressed, and resulting in resolution.

The behavioral model of psychopathology suggests that abnormal responses, particularly phobias, were formed through a conditioning process, and also can be treated through new learning- a process known as behavior therapy.

Abnormal functioning, according to cognitive theorists, is explained by realizing that everyone creates their view of the world that comprises their reality. If the view of an individual is flawed then unhealthy thoughts create dysfunctional behavior. Treatment with this approach involves therapy sessions which work to change a client's self-defeating beliefs and behaviors by showing their irrationality. It is believed that through rational analysis, people can understand their errors in light of the irrational beliefs and then construct a more rational way of seeing themselves, their world, and the events in their lives.

The sociocultural approach holds that abnormal behavior is caused by the role that society and culture play in an individual's life. It considers societal norms, roles in the social environment, cultural background, family, and views of others. Sociocultural theorists focus on labels and rules of society, social networks, family structure, communication, cultural influences, and religious beliefs.

These are the signs of mental illness are arranged into six categories: thinking, feeling, socializing, functioning, problems at home and poor self-care. These are symptoms of psychological disorders – and none by themselves mean necessarily there is mental illness, such as bipolar disorder or depression. However, two or three of these signs of mental illness may indicate a type of psychological disorder. Psychotherapy and psychiatric medication are the two major treatment options as are social interventions, peer support and self-help. In some cases there may be involuntary detention and involuntary treatment. Stigma and discrimination add to the suffering associated with the disorders, and have led to social movements for change. The field of Global Mental Health has recently emerged and has been defined as the area of study, research and practice that places a priority on improving mental health and achieving equity in mental health for all people worldwide. Diagnostic practice in mental health services typically involves an interview where judgments are made of the appearance and behavior, self-reported symptoms, mental health history, and current life circumstances. The views of relatives or other third parties may be taken into account. A physical exam to check for ill health or the effects of medications or other drugs may be conducted. Psychological testing is

sometimes used via paper-and-pen or computerized questionnaires, and in rare specialist cases neuroimaging tests may be requested, but these methods are more commonly found in research studies than routine clinical practice. Extreme mental illness, insanity, or psychotic disorders are defined by actions that fall out of the realm of normal human behavior. Standards of acceptability for behaviors vary with culture. When trying to determine if an eccentricity is a psychological disorder or simply immature or odd behavior, it is compared to the four factors commonly used to establish psychological disorders. They are as follows:

1. Atypical behavior -that is psychologically disordered is outside the range of “ normal” human behavior, which is defined by the culture or community. Just being different isn’t enough to consider insanity or a psychological disorder.
2. Disturbing others. People are usually disturbed by insanity or psychological disorders, whether it’s excessively worrying about your son or being directly affected by harmful behavior. Whether a behavior is disturbing or abnormal may be subject to the culture, situation, and even the decade or century.
3. Maladaptive thoughts or behavior-often behaviors that don’t allow people to adapt to life successfully. For example, hearing voices or being unable to leave the house because of an extreme fear.
4. Unjustifiable behavior-Certain abnormal behaviors aren’t seen as possible, believable, or supportable – which means a mental health problem may be

present. If an abnormal behavior is unjustifiable, it's more likely to be a psychological disorder.

After proper diagnosis, prognosis depends on the disorder, the individual and a number of other factors. Some disorders are for a short while and others may last a lifetime. Some disorders may be limited in their functional effects, while others may involve substantial disability and support needs. The degree of ability or disability may vary across different life domains.

Continued disability has been linked to institutionalization, discrimination and social exclusion as well as to the properties of disorders. Some disorders are linked to increased rates of attempted and/or completed suicide or self-harm especially if intervention does not take place.

Even though often characterized in negative terms, some mental states labeled as disorders can also involve above-average creativity, non-conformity, goal-striving, meticulousness, or empathy. Also the way the public sees and responds to disorders can change.