What You’ll Learn

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The Web site for this book offers many useful tools and is a great source for supplementary health information for both students and instructors. Visit at http://health.jbpub.com/healthyliving/5e for information on these topics:
- Adjustment and Growth
- Understanding Mental Illness
- Common Psychological Disorders
- Suicide

Chapter Overview

How your nervous system affects your psychological health
How biological, social, and cultural forces interact to mold your personality
How psychological adjustment leads to psychological growth
How to identify common psychological disorders
How to recognize suicidal behavior and prevent suicide

Diversity in Health

Native Americans and Psychological Health

Consumer Health

Locating and Selecting Mental Health Therapists

Managing Your Health

Resolving Interpersonal Conflicts Constructively

Student Workbook

Self-Assessment: The Self-Esteem Inventory
Changing Health Habits: Are You Ready to Improve Your Psychological Health?

Do You Know?

- If you are psychologically healthy?
- Why emotions are useful?
- How to resolve conflicts in a healthy manner?
Observing newborn infants in a hospital nursery is a fascinating experience. While some of the babies sleep peacefully, others are awake, calmly gazing around at their surroundings while gently sucking their pacifiers. A few of the newborns are restless. Although tightly wrapped in swaddling, one infant tries to stretch her hand into the air as though she were reaching for something hanging above the bassinet. Another fussy baby frowns and closes his eyes tightly before spitting out his pacifier, kicking his feet, and howling in pain. Moments later, several other babies begin to grow fussy. Soon a chorus of crying babies shatters the calmness of the nursery. The infants’ caregivers scurry to each bassinet, trying to determine which babies are truly in need of their attention and the reasons why. Why do some newborns respond differently when all of them are in the same situation?

Each newborn is a unique person. All infants, however, have basic physical needs that must be met if they are to survive. These needs include nutritious food and a safe environment. Additionally, children have psychological needs for belonging, love, social acceptance, and respect that must be met if they are to mature into healthy adults. What if there were a crystal ball in the nursery that would enable you to predict each baby’s future? Which of these infants will be psychologically healthy, achieving personal fulfillment and being satisfied with themselves and their lives? Which ones will be emotionally distressed and lead troubled lives?

Psychological (mental) health is dynamic, becoming more positive or negative as one responds to a constantly changing environment. Many individuals, however, manage to maintain high degrees of positive psychological functioning throughout their lives. People with positive mental health are able to deal effectively with the psychological challenges of life. Such people accept themselves, have realistic and optimistic
Understanding psychological health involves learning about physiology, the study of body functions; and psychology, the study of the mental (cognitive) processes that influence human behavior. Cognitive processes such as thinking, decision making, and remembering rely on the functioning of the nervous system. The nervous system is an elaborate biological communications network that contains billions of nerve cells, or neurons, which are designed to receive, send, and interpret messages in your body by means of electrical and chemical signals. As you can see in Figure 2-1, this network consists of two interrelated parts: the central nervous system (CNS), the brain and spinal cord; and the peripheral nervous system (PNS), nerves that relay information to and from the CNS.

Most nerves produce and release neurotransmitters, chemicals such as acetylcholine, dopamine, and serotonin that convey information between nerve cells. By altering the levels of various neurotransmitters, the nervous system transmits information and produces physical responses, thoughts, and emotions.

Emotions are a way of communicating our moods to others. Emotions are associated with typical behavioral and physical responses, including changes in speech patterns as well as facial expressions and other forms of body language. Happiness, sadness, anger, and fear are among the basic emotions that we often call feelings. A psychologically healthy person is able to express his or her emotions appropriately. Much of the disability that is associated with psychological illness results from abnormal or extreme emotional responses to situations.

Parts of the brain, collectively referred to as the mind, process various types of information received from the rest of the body and the environment. As a result, the mind thinks about what takes place, finds meaning in events, considers actions, makes decisions, directs responses, evaluates and remembers consequences, and plans for the future. These activities involve neurotransmitters in the brain. Certain conditions can negatively affect the mind by altering neurotransmitter levels and disrupting normal brain chemistry. As a result, inappropriate moods, unrealistic thoughts, and maladaptive behaviors occur. Maladaptive behaviors interfere with one’s ability to be productive, interact socially, and adjust to the demands of everyday living. In many instances, treating these conditions involves taking medication that corrects abnormal neurotransmitter levels as

Table 2-1 Characteristics of Psychologically Healthy People

<table>
<thead>
<tr>
<th>Psychologically healthy people</th>
<th>Display creative abilities</th>
<th>Have goals in life</th>
<th>Desire privacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accept themselves and others</td>
<td>Show appropriate emotional responses</td>
<td>Are concerned about the needs of others</td>
<td></td>
</tr>
<tr>
<td>Respond to changing situations with spontaneity</td>
<td>Are aware of reality</td>
<td>Have goals in life</td>
<td></td>
</tr>
<tr>
<td>Function independently</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enjoy interpersonal relationships</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

well as learning how to change distorted ways of thinking.

**Personality Development**

**Personality** is a set of distinct thoughts and behaviors, including emotional responses, that characterizes the way a person responds to situations. Many factors, including biological, cultural, social, and psychological forces, interact to mold personality.

**Biological Influences**  
Heredity is the transmission of biological information, coded within genes, from parents to offspring. This information determines, in part, an individual's physical, emotional, and intellectual characteristics. Much of a person's temperament, the predictable way an individual responds to the environment, is inherited. Soon after birth, parents can usually describe their children's temperamental styles, such as irritable, fearful, or pleasant. As children mature, social and cultural influences modify their temperaments.

**Social and Cultural Influences**  
From the moment of birth, the social environment, such as interactions with parents and other family members, influences the psychological development of an individual. Most people learn how to respond to situations in socially and culturally acceptable ways when they are children. The circumstances surrounding a situation influence the kind and extent of an emotional display. Consider, for example, emotions that are appropriate to express while attending the funeral of a child.

A person's cultural and ethnic background can influence his or her responses to situations and perceptions of mental health disturbances. Although psychological problems affect people from every culture, symptoms of these problems may differ among cultures. The Diversity in Health essay “Native Americans and Psychological Health” discusses a traditional Native American concept of health, the medicine wheel, and healing methods.

**Theories of Personality Development**

**Freud's Framework of Personality**  
More than one hundred years ago, physician Sigmund Freud pioneered modern approaches to the diagnosis and treatment of psychological disturbances. Freud observed that people have an element of the mind that lacks awareness of certain thoughts, feelings, and impulses. He proposed that this "unconscious" component of the mind influences much of one's behavior. The unconscious mind, for example, engages various defense mechanisms such as repression and avoidance to cope with anxiety and guilt.

**Defense mechanisms** are ways of thinking and behaving that reduce or eliminate anxiety and guilty feelings by altering the individual's perception of reality. Nearly everyone uses defense mechanisms to protect their minds against psychological conflicts and threats. A basic defense mechanism is **repression**, the unconscious forgetting of anxiety-producing feelings, thoughts, or impulses. For example, adults who were sexually or physically abused as children may repress the memories of the abuse. Students who blame teachers for their lack of academic success, instead of themselves for skipping classes or not studying, may be using **rationalization** as a defense mechanism. Table 2.2 lists repression, projection, and some other common defense mechanisms and describes instances in which they occur.
Native Americans and Psychological Health

The Diversity in Health essay in Chapter 1 discussed major health concerns affecting Native Americans, including problems associated with poor psychological health such as alcoholism, suicide, and accidents. According to the results of a major survey conducted from 2000 to 2004, Native American adults were more likely to have experienced serious psychological distress—feeling sad, restless, hopeless, nervous, or worthless—during the past 30 days than adults of other racial or ethnic groups. A study of over 3,000 Northern Plains and Southwest tribal members indicated that alcoholism and major depression were common among subjects. Factors that may contribute to Native Americans’ generally poor mental health status include poverty, low educational level, exposure to violence, and discrimination. Native Americans can obtain professional help for mental health problems through the Indian Health Service (IHS). However, many Native Americans have more confidence in traditional healing practices than therapies provided by conventional medical practitioners.

The traditional Native American concept of health involves the medicine wheel, a circle divided into four equal parts representing the major aspects of health: context (natural environment and social setting), mind, body, and spirit. When the four components of the medicine wheel are balanced with each other, people enjoy wellness or “harmony.” When people are not in harmony with nature, their community, or themselves, they suffer from physical and psychological illnesses. According to some traditional Native American beliefs, an emotionally disturbed individual is in a state of disharmony with the rest of nature or in a hopeless state of health. In other Native American traditions, the symptoms of mental illnesses result from supernatural forces exerting control over the person.

Traditionally, Native Americans view alcohol abuse and other mental health problems as imbalances in the spiritual component of the medicine wheel. Since spiritual health is linked closely with psychological health, treatments are spiritual in nature and may involve prayer, sweat lodges, or purification ceremonies led by natural healers. Efforts to restore spiritual balance may also include participation in activities that increase cultural identity and self-esteem, such as crafts, storytelling, and making drums and baskets.

In addition to relying on traditional healing methods, many Native Americans accept conventional forms of treatment, especially for serious psychological disturbances. In the United States, conventional mental health practitioners have been taught to identify normal and abnormal behaviors and diagnose mental illness by using an established set of standards. Often these health care providers do not consider the importance of culture when treating patients who are members of minority groups, particularly Native Americans. Medical practitioners need to recognize the importance of cultural traditions when treating a Native American or any individual. Furthermore, mental health care providers can often gain the trust and respect of clients from various cultural backgrounds by learning about traditional healing methods. As a result, patients are more likely to accept the health care provider’s advice and suggestions for conventional treatment.


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**Psychological Health**

the unconscious mind employs them. Although these strategies may protect the mind and reduce anxiety in the short run, defense mechanisms usually do not provide long-term solutions to problems.

Freud believed that unconscious desires or drives, particularly the libido, or sex drive, control human behavior by creating psychological tension. Relieving this tension produces pleasurable sensations. However, members of society establish moral values, rules for good and bad behavior, that often prevent individuals from satisfying all of their desires. If a person who accepts the moral values of society acts or thinks in ways that conflict with these rules, he or she usually feels anxious and guilty. Many people use moral values as guidelines to judge their behavior, themselves, and others.

**Erikson’s Psychosocial Stages of Development**

Erik Erikson modified Freud’s ideas by proposing that social influences play a greater role in shaping personalities than do sexual drives. According to Erikson, individuals progress through eight psychosocial stages during their lifetimes (Table 2-3). Each stage has major social crises or conflicts that people must manage or resolve to achieve a sense of emotional well-being.
Infants require a considerable amount of care and nurturing from adults to survive and to develop normally. Erikson thought that babies learn to trust other individuals if their parents or other caregivers meet their basic physical and emotional needs. Establishing trusting relationships with caring and loving adults enables infants to begin the process of developing high degrees of psychological well-being later in life.

Erikson viewed adolescence as a critical period in which youth develop a sense of identity. During this stage, adolescents become increasingly responsible for making their own decisions. They begin to function separately from their families and define who they are as well as what their future roles will be. According to Erikson, the three major areas of concern that adolescents must clarify relate to their sexuality, future occupation, and social conduct. Adolescents begin to establish their identities when they begin to clarify their feelings and positions about their roles in life. Identity confusion results when they are unable to develop sound self-concepts and function independently of their families.

As adolescents mature into young adulthood, they face the challenge of intimacy, forming close and loving relationships with others. Adults who did not develop a sense of trust earlier in their lives or have not clarified their identities may be unable to establish intimate relationships and thus feel isolated. During middle age, individuals who have mastered previous developmental tasks focus on meeting the needs of others through activities such as raising families and performing community service. Erikson coined the term generativity to refer to these psychosocial tasks. In the final stage of life, people seek integrity, a feeling that their lives have been fulfilling and complete.

Maslow’s Hierarchy of Human Needs According to Abraham Maslow, individuals behave in response to their values rather than to their unconscious drives. Maslow thought that healthy people value the freedom to achieve personal fulfillment by developing their talents and competencies. This freedom becomes a psychological need that drives personality development. Maslow created a hierarchy of five human needs, from the most basic biological requirements that contribute to human survival to the one that is most essential for psychological fulfillment, self-actualization (Figure 2-2). To achieve self-actualization, each level of needs from the base to the top of the hierarchy must be met, in order.

Self-actualized persons are psychologically healthy and mature. They feel free to pursue their creative and intellectual capabilities. The possibility of self-actualization exists in all people, but unless the prerequisite needs are met, individuals can never fully realize their potentials. According to Maslow and others, only about one person in a hundred will reach the top of the human needs hierarchy. Nevertheless, Maslow admitted that many people are satisfied with their lives even if they have not achieved self-actualization.
consider how your life will change after you graduate. What do you think your life will be like 10, 20, or 30 years after graduation? What kinds of adaptations do you expect to make over your lifetime?

Adapting to change, which is called adjustment, involves the responses people make to cope with the demands of life. Psychological adjustment occurs when an individual learns that certain responses meet these demands more effectively than others. For example, one way a new student might psychologically adjust to college life is by scheduling time each week for various tasks, such as studying, attending classes, and going to work. Maintaining the new schedule may be challenging, particularly if the student followed a less structured lifestyle in the past.

Psychological growth occurs when a person discovers that certain adjustment strategies, such as studying more or planning for the future, enhance one’s sense of freedom and control over oneself and the environment. To adjust in beneficial ways and to experience psychological growth, an individual needs to obtain reliable information, set realistic goals, plan effective ways to achieve those goals, take actions that are based on reasonable judgments and decisions, and evaluate the consequences of his or her choices.

If not managed effectively, interpersonal conflicts can hinder psychological adjustment and growth. Such conflicts often arise when people do not share opinions, values, needs, or beliefs. In these situations, many individuals respond by expressing anger or aggression. Aggressive reactions often injure other people physically or psychologically; therefore, these responses do not facilitate social interactions.

Assertiveness is a way of reacting to social situations by maintaining one’s rights without interfering with the rights of other people and without harming them. Consider how students respond to an instructor who failed to consider certain possible answers to an essay question. An aggressive student might take class time to argue a point, verbally lashing out at the teacher. An assertive student might arrange to meet with the instructor after class, using the time to discuss his or her case in a more thoughtful and rational manner.

Another way healthy people constructively resolve interpersonal conflicts is by using compromise. An individual who disagrees with a friend over an issue, for example, may decide that preserving the friendship is more valuable in the long run than “winning” the argument. This person is willing to compromise by modifying his or her attitudes. The Managing Your Health feature in this chapter provides additional suggestions for resolving conflicts constructively.

Psychological growth fosters the development of autonomy, or self-control. People with a high degree of autonomy function independently. Autonomy is

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**Managing Your Health**

**Resolving Interpersonal Conflicts Constructively**

1. Focus on one issue; state your perception of the problem as clearly as possible.
2. Consider the feelings of others; avoid criticizing, name-calling, threats, or sarcasm.
3. Use “I feel” statements. “You” statements make others defensive. For example, say “I feel angry when you . . .” instead of “You make me angry.”
4. Do not assume how other people feel, what they believe, or how they will react.
5. Discuss the current concern; avoid dredging up past arguments.
6. Think before you speak; choose your words carefully to avoid confusion.
7. Listen carefully to others; avoid interrupting them while they talk.
8. Accept responsibility for your actions. Apologize for making mistakes.
10. Give others time to consider, accept, or reject your ideas.
11. Be patient; keep the door open for future communication.
associated with self-esteem, the extent to which a person feels worthy and useful.

**Self-Esteem**

Self-esteem is a key component of personality that influences one's thoughts, actions, and feelings. Positive self-esteem is a characteristic of psychologically healthy people. Individuals who have positive or high self-esteem:

- Have a high degree of autonomy
- Are self-confident and have self-respect
- Are satisfied with themselves
- Accept challenges and work well with others
- Seek supportive and loving relationships
- Adjust easily to change
- Accept responsibility for actions when they make mistakes

People with low self-esteem:

- Have difficulty making decisions
- Resist changing their behavior
- Resent any form of criticism, even if it is constructive
- Put down others to make themselves look or feel better

The “Self-Esteem Inventory” in the workbook that accompanies this textbook can help you assess your self-esteem.

People begin developing self-esteem early in childhood. Parents and other caregivers play a crucial role in determining their children's level of self-esteem. By interacting with parents and other family members, for example, young children learn that certain behaviors are good or bad. Children use this information to begin forming their self-image, the way they view themselves. Positive relationships between children and their caregivers are essential for the youngsters to become psychologically well-adjusted adults. Children with positive self-images have high self-esteem because they see themselves as being good, lovable, and possessing many worthwhile and valuable characteristics such as honesty and sensitivity.

When children enter school, their social environment enlarges to include more children, teachers, and other members of the community. These individuals provide new learning experiences that can have positive or negative impacts on the personality, self-image, and self-esteem of children. If a child who has a negative self-image enters school and has experiences that reinforce this perception, emotional disturbances can develop that persist into adulthood. With the help of others, children can develop positive self-concepts that establish the foundation for a lifetime of wellness. Parents and other adults help children feel good about themselves by spending time with them, listening to their concerns, and treating them with respect.

During adulthood, experiences at school, work, and home and a variety of social factors, including relationships, influence self-esteem. Relationships and experiences that are rewarding, enriching, and satisfying support positive self-esteem. In addition to having self-respect, people with a high degree of self-esteem gain the respect and approval of colleagues and others.

Self-esteem is a deep-rooted aspect of an individual. Although self-esteem may rise or fall over the course of a day, its basic nature remains fairly stable over longer periods. Individuals with persistent low self-esteem can improve their negative thoughts and feelings about themselves. By analyzing their situations, these people can determine factors that contribute to their poor self-concepts. For example, working in a dull job or remaining in an abusive relationship can affect self-esteem negatively. In these instances, people may improve their situations and feelings of self-worth by finding new jobs or ending the self-destructive relationships.

To feel better about themselves, persons with low self-esteem can learn to identify and appreciate their positive traits and abilities, instead of focusing on their negative characteristics and shortcomings. It can also help if the individual recognizes that not all criticism is destructive and insensitive. Accepting constructive criticism can support personal growth. Making a few lifestyle changes, such as developing new interests, changing some bad habits, or taking an assertiveness training class, can improve one's psychological outlook. To overcome low self-esteem, psychological counseling may be necessary to help individuals develop the ability to evaluate themselves realistically and form accurate self-perceptions.

**Improving Your Psychological Health**

What can you do to improve your psychological health? You can enhance the quality of your mental health primarily by improving the other dimensions of your health. Exercising regularly can boost your mood. Getting enough sleep, eating a nutritious diet, and maintaining a healthy weight for your height also enhance psychological health by improving physical health. In addition to taking good care of your physical needs, fostering positive social contacts, whether with family, friends, or colleagues, is very important. Everyone needs to communicate with other people on a regular basis. For example, one goal to improve your psychological health could be to make and maintain at least one new social contact each year. You can improve your intellectual health by reading challenging
books, playing stimulating games such as crossword puzzles or chess, or serving as a tutor. Some people find that keeping a journal or diary in which they record their most private feelings helps them cope with daily life. Attending to your spiritual needs can provide personal fulfillment also. For example, you can volunteer to serve as a mentor for troubled children or become involved in your religious organization. Finally, taking an active role in ensuring and protecting the quality of your environment will support all dimensions of your health.

Healthy Living Practices

- To experience psychological adjustment and growth, set realistic goals, plan effective ways to achieve those goals, take actions that are based on reasonable judgments and decisions, and evaluate the consequences of your choices.
- To facilitate your psychological adjustment, learn ways to manage interpersonal conflicts constructively, without being aggressive. When such conflicts arise, decide when it is best to compromise or assert your position.
- To improve your self-esteem, avoid making negative statements about yourself. Identify and be realistic about your strengths and weaknesses; focus on your accomplishments and positive characteristics.
- To improve your psychological health, take steps to improve the quality of the other dimensions of health.

Understanding Psychological (Mental) Illness

Having “the blues,” feeling “scared to death,” or being “worried sick”—perhaps you can recall situations in which you experienced these strong emotions or uncomfortable sensations. Occasionally, healthy people have disturbing thoughts, experience unpleasant feelings, or display inappropriate behaviors. In most instances, these are normal responses and adaptive reactions to unpleasant or threatening situations. For example, it is normal to be sad after learning about the death of a friend or to be afraid when a snake crosses your path. Given a reasonable amount of time, however, the strong emotional responses or unpleasant thoughts and feelings resolve, and you regain your sense of well-being.

The observable physical and behavioral changes that signal an emotional state are referred to as affect, or mood. Expressing emotions appropriately is a characteristic of a psychologically healthy individual; extreme or improper emotional responses can indicate a serious psychological disturbance. The key features that distinguish a normal emotional response from an abnormal one are the intensity and duration of the feelings. Mentally ill individuals experience abnormal feelings, thoughts, and behaviors that persist, interfere with daily life, and hinder psychological adjustment and growth.

A psychosis is a severe type of mental illness characterized by disorganized thoughts and unreal perceptions that result in strange behavior, isolation, delusions, and hallucinations. Delusions are inaccurate and unreasonable beliefs that often result in decision-making errors. For example, a person suffering from a delusion might think that he or she can fly, so this individual jumps off a tall building. Hallucinations are false sensory perceptions that have no apparent external cause, but they are real to the psychotic individual. Examples of hallucinations include hearing instructions from pictures, seeing ghostly images, or feeling insects crawling underneath skin. Psychotic conditions (psychoses) can be acute or chronic, and they can result from brain damage, chemical imbalances in the brain, or substance abuse.

Situations and cultures provide the context in which behaviors are judged as normal or abnormal. If a person who is living in a country torn apart by civil war bombs a crowded marketplace, people may view this individual as a terrorist or a hero, but not necessarily mentally ill. However, if this bombing occurs in an American shopping mall, and the bomber says in a dog gave the order to perform the deed, you might suspect that this person is psychotic.

The Impact of Psychological Illness

Why is it important to learn about psychological illness? Most Americans have one or more family members who suffer from a psychological illness. About one in five Americans experiences some form of mental illness annually. According to data from the National Comorbidity Survey Replication, depression and alcohol dependence are the most common psychological disturbances that affect Americans (Table 2-4). Throughout the world, mental illnesses are prevalent and often not treated adequately. The emotional and economic costs of mental illness are high not only for affected individuals and their fam-
Table 2-4  Lifetime Prevalence of Mental Health Disorders

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Percentage of Americans Affected*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any mental health disorder</td>
<td>46.4</td>
</tr>
<tr>
<td>Any anxiety disorder</td>
<td>28.8</td>
</tr>
<tr>
<td>Panic disorder</td>
<td>4.7</td>
</tr>
<tr>
<td>Specific phobia</td>
<td>12.5</td>
</tr>
<tr>
<td>Social phobia</td>
<td>12.1</td>
</tr>
<tr>
<td>Generalized anxiety disorder</td>
<td>5.1</td>
</tr>
<tr>
<td>Obsessive-compulsive disorder</td>
<td>1.6</td>
</tr>
<tr>
<td>Impulse control disorders</td>
<td>24.8</td>
</tr>
<tr>
<td>Attention-deficit hyperactivity disorder</td>
<td>8.1</td>
</tr>
<tr>
<td>Any substance abuse/dependence</td>
<td>14.6</td>
</tr>
<tr>
<td>Alcohol abuse</td>
<td>13.2</td>
</tr>
<tr>
<td>Alcoholism</td>
<td>5.4</td>
</tr>
<tr>
<td>Drug dependence other than alcoholism</td>
<td>3.0</td>
</tr>
<tr>
<td>Any mood disorder</td>
<td>20.8</td>
</tr>
<tr>
<td>Major depressive episode</td>
<td>16.6</td>
</tr>
<tr>
<td>Bipolar disorders</td>
<td>3.9</td>
</tr>
</tbody>
</table>

*The sum of these percentages is more than 100 because many individuals suffer from more than one disorder.


Understanding Psychological (Mental) Illness

Many people with psychological disorders respond well to treatment. Treating these conditions involves the cooperation of the affected individuals and their families and, in many instances, the assistance of mental health therapists who have specialized training.

Table 2-5 lists the major types of mental health therapists and some information concerning their qualifications.
Many people learn to cope with various psychological problems, such as drug addictions or the loss of loved ones, by joining support groups. The support group is an informal approach to treatment. Support group participants have regular meetings in which they can discuss personal adjustment problems. Group members usually conduct these meetings rather than mental health therapists. In addition to attending regular meetings, some group members may need to obtain professional counseling.

Mental health therapists can offer a variety of effective psychotherapies (treatments) that enable many individuals with psychological disorders to lead normal, productive lives. Psychotherapy often includes counseling, including cognitive behavioral therapy; group therapy; and medications. Cognitive behavioral therapy can help anxious, angry, or depressed people identify and change negative or inaccurate ways in which they think about themselves and their situations. As mentioned earlier, medication can correct neurotransmitter imbalances in the brain. Table 2-6 lists some medications that are commonly prescribed to treat various psychological disorders.

More than one form of treatment may be necessary to alleviate or control the disorder. In severe cases, psychologically disturbed people may require hospi-

### Table 2-5 Major Types of Mental Health Therapists

<table>
<thead>
<tr>
<th>Therapist</th>
<th>Training and Degrees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling and clinical psychologists</td>
<td>M.A., Ph.D., or Psy.D. in psychology; 5 or more years in psychotherapy methods, research, and assessment</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>Medical (M.D. or O.D.) degree and at least 3 years of specialized training in psychiatry</td>
</tr>
<tr>
<td>Psychoanalysts</td>
<td>Have undergone personal psychoanalysis and completed 7 to 10 years of part-time psychoanalytic training (most are psychiatrists)</td>
</tr>
<tr>
<td>Psychiatric social workers</td>
<td>MSW; most states require certification by the Academy of Certified Social Workers</td>
</tr>
<tr>
<td>Clinical mental health counselors</td>
<td>Master’s degree (or equivalent) and 2 years of counseling experience; certified by National Academy of Certified Clinical Mental Health Counselors</td>
</tr>
<tr>
<td>Psychiatric nurse practitioners</td>
<td>Registered nurses with additional education and experience working in psychiatric settings</td>
</tr>
<tr>
<td>Marital and family therapists</td>
<td>Master’s degree. Licensed or certified in about one-half of the states; member of the American Association for Marriage and Family Therapy</td>
</tr>
<tr>
<td>Sexual therapists</td>
<td>Minimum of a master’s degree, a license in related field, specialized sex education and sex-therapist training, extensive supervised individual and group therapy experience; the American Association of Sex Educators, Counselors and Therapists provides certification</td>
</tr>
<tr>
<td>Abuse counselors</td>
<td>Substance abuse training; often counselors are recovering substance abusers</td>
</tr>
<tr>
<td>Clergy</td>
<td>Religious training; may have spiritual and family counseling training</td>
</tr>
</tbody>
</table>


### Table 2-6 Medications Frequently Prescribed for Psychological Disorders

<table>
<thead>
<tr>
<th>Type of Medication</th>
<th>Medications (brand names)</th>
<th>Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antianxiety</td>
<td>Xanax, Librium, Paxil, Buspar, Ativan, Serax, Valium</td>
<td>Anxiety, obsessive-compulsive, psychosomatic disorder</td>
</tr>
<tr>
<td>Antidepressants</td>
<td>Elavil, Prozac, Zoloft, Luvox, Wellbutrin, Effexor, Celexa, Lexapro</td>
<td>Depression, eating disorders, obsessive-compulsive disorder</td>
</tr>
<tr>
<td>Mood stabilizers</td>
<td>Eskalith, Lithane, Trileptal</td>
<td>Certain types of depression, especially bipolar disorder</td>
</tr>
<tr>
<td>Antipsychotics</td>
<td>Thorazine, Haldol, Prolinix, Zyprexa, Seroquel</td>
<td>Schizophrenia</td>
</tr>
<tr>
<td>Nonamphetamine stimulants</td>
<td>Ritalin, Adderal, Concerta, Straterra</td>
<td>Attention-deficit disorders</td>
</tr>
</tbody>
</table>
Common Psychological Disorders

Anxiety Disorders

Do you feel uneasy when you ride in an elevator, enter a classroom to take a test, or give a speech? Nearly everyone experiences anxiety, the uncomfortable feeling of apprehension or uneasiness that results while expecting a vague threat. The physical changes associated with anxiety states include increased heart rate, rapid breathing, and elevated blood pressure. Anxious people may report feeling tense, distressed, or worried; and they may be emotionally upset, sweating, and trembling. Anxiety disorders are common; according to the results of the National Comorbidity Survey Replication, nearly 30% of Americans suffer from these conditions at some time in their lives.6

**Generalized Anxiety Disorder**

When you perceive a threat, it is normal to feel mildly anxious as your body physically prepares to deal with the danger. However, if the anxiety interferes with your ability to perform daily activities, the condition is abnormal. During their lifetimes, about 5% of the population suffer from generalized anxiety disorder, a condition characterized by uncontrollable chronic worrying, anxiousness, and nervousness. People with this disorder have unrealistic and excessive concerns about their jobs, children, health, or minor situations such as making home repairs. They are tense, irritable, and restless, and they often experience sleeping problems. Treatment usually includes anti-anxiety and antidepressant medications as well as cognitive behavioral therapy.

**Phobias**

A phobia is an intense and irrational fear of a situation or object. Agoraphobia is the fear of open places or public areas. Social phobias are fears of performing in situations that involve people, such as giving speeches or taking tests. Specific phobias (formerly called simple phobias) are fears of certain objects or situations, such as snakes or flying. According to the results of the National Comorbidity Survey Replication, phobias are among the most common psychological disturbances in the United States.6 About 12% of Americans report having social phobias, and about 12.5% of Americans report experiencing specific phobias. It is not uncommon for a person to be affected by more of these associations can give you information about local support groups and mental health services. Contact your state’s social welfare department or the social services department of a local hospital to identify qualified therapists. 

- Interview therapists before making any agreements for services.
- Ask therapists about treatment philosophies, methods, insurance coverage, and payment expectations before agreeing to use their services.

### Healthy Living Practices

- Many psychological problems respond well to treatment. If you think you may have a mental health disorder, ask your personal physician or the medical staff at your campus health center for help.
than one phobia. Although people who suffer from phobias know that their behavior is irrational, they still become anxious in the situations that arouse their fears.

Most cases of phobia are mild; affected individuals often learn to live with this condition by avoiding situations that arouse the anxiety. Severe phobias can interfere with normal social functioning. For example, people with agoraphobia may refuse to leave their homes. Individuals who are severely affected by phobias can seek professional treatment that includes behavioral therapy and medications to control irrational feelings and reduce anxiety.

**Panic Disorder** An estimated 3 million Americans suffer from panic disorders that feature panic attacks, unpredictable episodes of extreme anxiety and loss of emotional control. During a panic attack, people usually experience shortness of breath, shakiness, faintness, nausea, and a rapid, pounding heartbeat. Affected individuals often feel terrified because they think they are becoming insane or having a heart attack. Severe phobias, certain drugs, or frightening experiences may trigger panic attacks, but they can occur spontaneously.

Therapists often combine cognitive behavioral therapy and medications to treat panic disorders. People who have frequent panic attacks should seek medical help because studies indicate that they are at risk of committing suicide.

**Post-Traumatic Stress Disorder** Individuals who survive extraordinary life events such as a sexual assault, military combat, or natural disaster may develop post-traumatic stress disorder (PTSD). Nevertheless, some people suffer from PTSD even after being in an auto accident or abusive relationship. About 7% of Americans experience PTSD during their lifetime.

Symptoms of PTSD may take months to develop fully and include having disturbing recollections or nightmares of the event as well as being emotionally “numb.” Affected people often avoid thinking about or discussing the traumatic experiences, and they may smoke heavily, overeat, or abuse drugs as a way of coping. Treatment of PTSD includes antianxiety medication and counseling that encourages survivors to talk about the traumatic events with others.

**Obsessive-Compulsive Disorder** Although the experts disagree, obsessive-compulsive disorder (OCD) is generally classified as an anxiety disorder. An obsession is a persistent, inappropriate, and repetitive thought or impulse that produces anxious feelings. Obsessions are often related to self-doubt or fears. A compulsion is the behavior that usually follows the obsessive thoughts or impulses. Compulsive behaviors reduce the obsessed individual’s anxiety. A young person, for example, might have recurring thoughts of injuring a family member. This individual may wash his or her hands hundreds of times a day and take numerous long showers to reduce anxious feelings. Other typical compulsive behaviors include hoarding cats and dogs or useless items like plastic containers or making repetitive actions such as checking the oven frequently to see if it is turned off. Affected individuals often think that their obsessions and compulsions are repulsive or troublesome, but efforts to stop create more anxiety. Treatment includes medication and psychological counseling. In most cases, the longer the obsessive-compulsive behavior pattern has been in place, the more difficult the disorder is to treat.
Impulse Control Disorders

Impulse control disorders are behaviors that interfere with a person's relationships, school or job performance, and well-being. The affected person typically acts without thinking about the negative consequences of his or her behavior. **Attention-deficit hyperactivity disorder (ADHD)** is one of the more common impulse control disorders. Although the condition is generally diagnosed and treated during childhood, the behavior can persist into adulthood.

**Attention-Deficit Hyperactivity Disorder**

ADHD is characterized by short attention span and/or hyperactivity-impulsivity that results in serious social impairment. An estimated 4.4% of American adults have ADHD; men are more likely to be diagnosed with ADHD than women. The causes of ADHD are unclear, but genetics plays a role in the development of the condition.

People with ADHD have difficulty focusing and maintaining their attention on tasks, such as performing work-related responsibilities, studying, or completing assignments. Unemployment, sleep disturbances, accident proneness, and cigarette smoking are associated with adult ADHD.

There is no generally accepted test for diagnosing adult ADHD, and the condition is often more difficult to recognize in adults than in children, because the signs are less obvious. Adults with ADHD frequently suffer from anxiety, mood, and drug abuse disorders. Treatment includes stimulants such as Ritalin (see Table 2-6) and psychological counseling. According to the results of one survey, only about 10% of adults with ADHD reported receiving treatment for the condition during the past 12 months. More consumer and physician awareness programs are needed to alert the public about adult ADHD and its treatments. If you would like more information about ADHD, visit the Web sites of the National Resource Center on ADHD (www.help4adhd.org) or the Centers for Disease Control and Prevention (www.cdc.gov/ncbddd/adhd/).

**Problem Gambling**

Nearly every state permits some form of gambling, such as lotteries, track racing, or casinos. For most people who place bets, the activity is entertaining, occasional, and controllable. However, an estimated 1% to 4% of adult Americans are problem gamblers who gamble compulsively, excessively, and at the expense of their families, jobs, and relationships. Men are more likely to be compulsive gamblers than women. Psychological disorders, including depression, anxiety disorders, and alcohol and other drug abuse, often accompany problem gambling behavior, but it is not known if gambling losses caused the disorders or the disorders led to the compulsive gambling.

Table 2-7 lists typical features of problem gamblers.

In college students, problem gambling often accompanies other risky behaviors, such as binge drinking and illegal drug use. At one time, the rate of...
problem gambling among college students was thought to be increasing, but results of a more recent survey indicate that the percentage of college students who gamble compulsively is about the same as the rest of the adult population.12

Gamblers Anonymous is a self-help group that can enable problem gamblers to control their troublesome behavior (www.gamblersanonymous.org). Many problem gamblers, however, do not remain in treatment. Some counselors have certification to treat compulsive gambling, but health insurance providers may not cover their services. More research is needed to determine effective ways to prevent as well as treat this condition.

Mood Disorders

Until a few years ago, the two words that best described my life were fear and loneliness. As a child, I experienced physical, emotional, and verbal abuse from my parents. There were some instances when the beatings were so severe, I just forgot about them. I married a man who also physically abused me. Having no savings or college degree, I lacked the self-confidence to walk out of the marriage. I felt trapped. Deep depression set in; I cried a lot of the time and felt guilty because I was unable to carry out the normal daily responsibilities of cooking and cleaning the house. I began to think suicidal thoughts.

Finally, I entered a hospital that had a stress unit. Between the group sessions and private therapy, I learned a lot about those who abuse others and how to handle stress. However, spending three weeks in the hospital did not cure my depression. I realized that the only thing that would do that would be to remove myself from its cause. I separated from my husband and started college.

It has been a struggle financially, but I am determined to make it. I am preparing to graduate this semester with a Bachelor of Arts degree, and I plan to continue on to get a Master of Arts degree. The best change is my new self-confidence gained from overcoming the obstacles and becoming independent.

This middle-aged college student's case not only illustrates the harsh origins of her depression, but also how an emotionally resilient person can recover from depression, resolve problems, and regain self-esteem. How can you distinguish a normal period of sadness from one that signals a major depressive disorder?

It is normal for people to feel “down” after a loss or disappointment. After a significant loss, such as the death of a close friend or relative, one normally feels grief, an intense sadness that may persist up to a year after the loss. Most grieving individuals soon recover their emotional balance and resume their usual activities. Grieving people are probably severely depressed if they become so profoundly sad that they withdraw and isolate themselves for several months and harbor feelings of guilt, low self-worth, and suicide. Enduring other stressful experiences can trigger the first episode of depression in susceptible persons.

People suffering from major depressive disorder generally experience:

• Persistent sad, “empty,” or hopeless feelings
• Feelings of guilt, worthlessness, or helplessness
• Loss of interest or pleasure in activities that used to be enjoyed
• Unexplainable fatigue
• Difficulty concentrating, remembering, or making decisions
• Frequent insomnia, early-morning waking, or oversleeping
• Changes in appetite resulting in weight loss or gain
• Restlessness
• Physical complaints that do not respond to treatment, such as chronic headaches, intestinal tract disturbances, and pain
• Thoughts about death, suicide, or attempting suicide

These symptoms last for 2 weeks or more and interfere with relationships and responsibilities related to school, work, and home.

Depressed people may be anxious and irritable, and they often use alcohol or illegal drugs to alter their emotional state. Self-mutilation (for example, “cutting”) can also be a sign of depression. An estimated 2% to 9% of people diagnosed with depression commit suicide.13

According to a recent survey, about 16% of U.S. adults reported experiencing major depression during their lifetimes.14 Physicians, however, often fail to diagnose the condition in their patients. As a result, more than half of the individuals who suffer from depression do not obtain treatment.15 Although a small percentage of these untreated persons recover spontaneously and never experience another bout with the disorder, the remaining untreated individuals suffer from chronic depression or recurrent episodes of depression.16

Researchers have detected abnormal blood flow and chemical responses in the emotional centers of depressed people’s brains.17 Moreover, the parts of a person’s brain that manage emotions shrink considerably during depressive episodes, which may explain why the individual has difficulty “snapping out of it.” These changes often persist, and as a result, a person who recovers from one episode of depression has a high risk of experiencing future bouts of the condition.

Like diabetes and high blood pressure, depression is a chronic but treatable disease. Many severely and
chronically depressed individuals can obtain dramatic relief from their disabling symptoms by receiving therapies that include prescribed antidepressant medications. Compared to the late 1980s, significantly more depressed Americans are receiving conventional treatments, particularly antidepressant medications. To treat chronic severe depression, however, physicians usually combine cognitive behavioral therapy with antidepressant medication.

Alternative remedies for depression are becoming popular in the United States. The herb St. John’s wort may be helpful as a treatment for mild to moderate depression. St. John’s wort has been reported to interact with certain prescription drugs and cause side effects, so one should not take this substance without consulting a physician.

Depressed individuals often feel better by engaging in regular physical activity. According to the Surgeon General’s Report on Physical Activity and Health, a moderate amount of physical activity each day may reduce symptoms of anxiety and depression and improve mood and a sense of well-being.

If you experience mild depression, you can help yourself by:

- Setting priorities at work, home, or school and avoiding excess responsibilities
- Maintaining social contacts and confiding in someone you can trust
- Participating in a few enjoyable activities, especially if they are social and improve your mood
- Exercising regularly
- Relaxing
- Focusing on positive rather than negative thoughts
- Volunteering to help others in need

Your mood should gradually improve. If you still feel depressed after a couple of weeks, or your mood worsens, seek professional help. For more information about depression, visit the National Institute of Mental Health’s Web site: www.nimh.nih.gov/publicat/depression.cfm#ptdep3.

Bipolar disorder, formerly called manic depression, is characterized by periods of depression followed by episodes of extremely elevated mood called mania. Individuals with mania typically brag about themselves and their accomplishments, engage in excessive physical activity and rapid talking, and sleep very little. Another characteristic of mania is excessive participation in pleasurable and risky activities that can lead to unwelcome consequences, such as careless sexual encounters or costly shopping sprees. During each phase of the bipolar illness, the mood of the affected person gradually reaches an extreme level, which is maintained sometimes for weeks before it swings gradually to the opposite mood. These cyclic mood shifts may recur several times during one’s life. Medications, such as lithium carbonate, and hospitalization are often used to treat persons with severe mania.

Besides bipolar disorder, other mood disorders occur in cycles. People with seasonal affective disorder (SAD) become depressed around mid- to late fall, and their depression ends in late winter or early spring. Besides feeling depressed and tired, people with SAD also report craving sweets and gaining weight. Since these symptoms resolve when the daylight period lengthens or when people with the condition spend time in sunnier climates, medical experts think SAD may be related to a lack of exposure to bright light. Light therapy is an effective form of treatment for this disorder.

Disordered Eating and Eating Disorders

A female college athlete habitually skips breakfast. For lunch, she typically drinks an 8-ounce canned milkshake that is marketed as a weight loss supplement. By the time dinner is served in her dormitory, she describes herself as “starving.” A male college student whose height is 5’9” and weight only 125 pounds also skips breakfast. Nearly every day, he eats cheeseburgers and french fries from a fast-food restaurant that’s within walking distance of his campus. He rarely eats fruits or green vegetables. A young man who describes himself as a vegetarian eats only brown rice, fruit, and tea. Are these behaviors examples of disordered eating or signs of eating disorders?

Occasionally, most people engage in unusual eating practices, such as skipping meals, fasting, or avoiding sweets in an effort to lose a few pounds. Disordered eating practices are mild and often temporary changes in one’s otherwise normal food-related behaviors. In many instances, a person uses these behaviors to improve health or appearance. Disordered eating practices, however, can become eating disorders. Eating disorders are persistent, abnormal eating patterns that can threaten a person’s health and well-being. The three major eating disorders—bulimia nervosa, anorexia nervosa, and binge eating disorder—affect an estimated 5 million Americans each year. These conditions often develop in adolescence or young adulthood, and they are more likely to affect females than males. An estimated 85% to 95% of the people with anorexia nervosa and 63% of those suffering from bulimia nervosa are female.

Hormonal, genetic, psychological, and sociocultural factors influence the development of eating disorders. Risk factors include family history, childhood...
abuse, depression and anxiety, low self-esteem, and family conflict. Additionally, homosexual males have a higher risk of eating disorders than heterosexual males.

Although it is true that excess body fat is not healthy, a society that emphasizes thinness as a sign of physical attractiveness makes many young people overly concerned about and dissatisfied with their body size and shape, even when it is normal. As a result of societal influences, many American females admire the bodies of fashion models, actresses, and ballet dancers who look as though they are starving. Young males, on the other hand, may equate optimal health and attractiveness with the massive, well-defined muscles of action heroes that are typically portrayed in comic books and movies. Such efforts to achieve an ideal body shape can evolve into a disastrous and obsessive preoccupation with body weight and composition, food intake, and physical activity level. It is interesting to note that eating disorders are uncommon in regions of the world where the food supply is limited and starvation is an everyday occurrence.

Although usually considered nutritional problems, eating disorders are often associated with psychological disturbances, including obsessive-compulsive and mood disorders as well as substance abuse. Goals of counseling include encouraging patients to cooperate in their recovery and change their unhealthy attitudes toward food and their bodies. Treating underlying psychological and family-related problems may help resolve the eating disorder or reduce the frequency of the abnormal eating behavior, but many people with severe eating disorders do not respond to treatment.

**Anorexia Nervosa** Occasionally nearly everyone has anorexia, appetite loss that can occur under various circumstances, such as excitement or fever. Anorexia nervosa, however, is a severe psychological disturbance in which an individual refuses to eat enough food to maintain a healthy body weight. People with anorexia nervosa have an irrational fear of becoming fat, usually maintain strict control over their food intake, and are preoccupied with calorie counting and food preparation. As mentioned earlier, females are more likely to suffer from anorexia nervosa than males. During their lifetime, an estimated 0.5% to 3.7% of American females suffer from this condition.

People with anorexia nervosa have a distorted image of their bodies. They deny that they are severely underweight even though they weigh 15% or more below normal for their height. Typically, females with this condition do not have normal menstrual cycles and feminine body contours. Without an adequate supply of fat to insulate their bodies against heat loss, anorexics feel cold easily and often wear layers of clothing to provide extra warmth.

Some people suffering from anorexia nervosa occasionally lose control over their food intake and eat excessive amounts of food (bingeing). To avoid gaining weight, these individuals induce vomiting, give themselves frequent enemas, or abuse laxatives (purging). Additionally, people with anorexia nervosa often exercise excessively to “burn up” calories. Table 2-8 lists these and other typical signs of anorexia nervosa.

Treatment for anorexia nervosa includes individual and family counseling; patients must reach about 85% of their normal body weight before antidepressant therapy is useful. In severe cases, people with anorexia nervosa can die unless they are given special feedings and monitored closely in hospitals. Earlier estimates of the percentage of deaths that resulted from anorexia nervosa may have been too high. According to a review of studies in which the long-term outcomes of nearly 5,600 patients with anorexia nervosa were analyzed, about 5% of the patients died, in most instances from suicide, and less than 50% recovered. The remaining individuals with anorexia nervosa were improved or remained chronically ill with the disorder.
Table 2-8  Typical Signs of Anorexia Nervosa

In addition to refusing to gain weight despite weighing 15% or more below that which is healthy, a person who has anorexia nervosa typically:

- Has an intense drive to achieve a thin body
- Seeks unaware that body size has changed
- Denies malnourished appearance
- Derives little satisfaction from his or her body shape
- Fears losing control over appetite
- Becomes full after eating small amounts of food
- Is a "picky" eater; avoids foods that contain fat, starch, or sugar
- Exercises excessively
- Lacks menstrual periods (females)
- Is depressed
- Has low self-esteem
- Has perfectionist tendencies


Table 2-9  Typical Signs of Bulimia Nervosa

Evidence of consuming excessive amounts of food in short periods, such as empty food containers, without gaining weight

Evidence of efforts to avoid digesting large amounts of food:

- spending time in the bathroom during meals or immediately after eating
- odor of vomit in bathroom
- presence of empty laxative or diuretic packages

Sores or scars on knuckles that result from self-induced vomiting

Dental decay from frequent contact with acidic stomach contents

Preoccupation with obtaining food and exercising

Social withdrawal

Bulimia Nervosa  While people with anorexia nervosa are so thin they are easy to identify, those with bulimia nervosa may be more difficult to recognize because their weights are often normal. Bulimia nervosa is a craving for food that is difficult to satisfy; bulimic people typically eat excessive amounts of food at one time because they are depressed or anxious rather than hungry (Table 2-8). Some bulimic persons are able to maintain normal body weights because after binging, they purge by fasting, practicing self-induced vomiting, taking laxatives and diuretics, or exercising. Vomiting prevents the body from absorbing and using the nutrients in food and beverages. Laxatives speed up the movement of the intestinal tract and can lead to watery diarrhea; diuretics increase urine production and elimination. Vomiting and abusing laxatives and diuretics can seriously disrupt the body's normal fluid and chemical balance, which can be life threatening.

Occasional episodes of bulimic behavior are common among young women who are trying to control their weight. It is estimated that about 1% to 4% of females suffer from bulimia nervosa during their lifetimes.26

Many young women, especially on college campuses, accept and openly practice binging and purging. Other bulimic individuals are disgusted with their disordered eating behavior, hiding it from roommates, friends, and family members. Some people practice binging and purging twice a week; in severe cases, affected individuals engage in these behaviors several times a day. Severely bulimic people can become so preoccupied with eating that they shoplift food to supply their binges and experience legal problems as a consequence. College students with bulimia frequently encounter academic problems after they neglect to attend their classes. An estimated 40% of binge eaters are boys or men.22

Men, for example, may be affected by bulimia nervosa if they regularly consume too much food or excessive amounts of alcohol and then vomit afterwards. Furthermore, some young men who participate in sports that require maintaining low weight, such as wrestling and gymnastics, practice the behaviors associated with bulimia nervosa to remain competitive.

Typically, bulimic individuals are more socially outgoing than people with anorexia nervosa, yet they experience low self-esteem, anxiety, and depression. Eating temporarily relieves the bulimic person's anxiety. Although antidepressant medications and psychotherapy are useful treatments, people with bulimia nervosa often do not seek help for their behavior. Affected women tend to improve over time, but 10 years following diagnosis, about 30% still suffer from the condition.28

Binge Eating Disorder  About one-third of overweight people engage in regular episodes of binge eating that are rarely followed up with purging or heavy exercise.29 This behavior is called binge eating disorder. Some binge eaters report blackouts, periods of time that they cannot recall when they had overeating episodes, but empty food containers provide them with evidence of the incidents. Like persons with bulimia nervosa, binge eaters have poor self-esteem, and they often feel disgusted, depressed, and guilty about their eating behavior and physical appearance. These feelings may trigger additional episodes of overeating. Night eating syndrome, which is more common among obese than normal-weight persons, may be a variation of binge eating disorder.
People with night eating syndrome are not hungry during the day, but have difficulty staying asleep at night; they awake often and frequently get out of bed to eat large amounts of food.

If you or someone you know suffers from an eating disorder such as bulimia nervosa or binge eating, ask the staff at your campus health center or your personal physician to recommend conventional mental health practitioners, such as psychiatrists, who specialize in treating these conditions. Additionally, check hospitals in your area, because many have self-help groups for people with eating disorders.

**Other Disordered Eating Conditions** Athletes involved in sports that often emphasize leanness and low body weight, such as gymnastics, wrestling, lightweight rowing, horse racing, figure skating, body building, and distance running, have an increased risk of developing eating disorders. An estimated 15% to 62% of female college athletes suffer from the female athlete triad, a condition characterized by disordered eating, absence of menstruation, and premature osteoporosis. Osteoporosis weakens bones and may result in serious spinal and hip fractures. Osteoporosis is generally associated with postmenopausal women, not young women.

Although most females with the female athlete triad do not show every sign of illness associated with anorexia nervosa or bulimia nervosa, their food-related practices, such as bingeing and self-induced vomiting, are similar. To prevent this condition, it is important to teach young athletes about healthy eating practices and body weights. Furthermore, parents need to be aware of factors that contribute to the triad, such as having low self-esteem and few friends, identifying thin physiques with ideal body shapes, being preoccupied with weight-loss, and having overly demanding coaches who criticize the young athlete for being “fat” and insist on weight loss.

In the United States, many men experience social pressure to attain larger, more muscular body builds. *Muscle dysmorphia* is a newly recognized condition that affects weightlifters, including female body builders. Despite their very muscular body builds, people suffering from this condition are not satisfied with the size of their bodies, and as a result, they spend hours working out each day, particularly lifting weights. Moreover, they are ashamed of their bodies and reluctant to expose themselves in public places such as beaches. Individuals with muscle dysmorphia are obsessed with the need to gain muscle without adding body fat; they have a high risk of eating disorders and abuse of *anabolic steroids* drugs that can increase muscle size. At this point, little is known about the prevalence of muscle dysmorphia or effective ways to treat the condition.

**Schizophrenia**

An estimated 2 million Americans suffer from *schizophrenia*, a type of psychosis. Laypeople often believe *schizophrenia* means split or multiple personalities, but actually, people with schizophrenia experience extremely disorganized thought processes, including hallucinations and delusions. These individuals often display strange behavior and inappropriate emotions. Communicating with some affected individuals is difficult because their speech often consists of words strung together into meaningless sentences. The causes of schizophrenia are unknown, but the brains of people with the disorder tend to have biochemical or structural defects that many medical experts think are inherited.

Schizophrenia usually develops during adolescence and young adulthood; the disorder affects about 1% of the population. Some affected persons have one schizophrenic episode and recover, but others experience recurrent episodes and require long-term treatment. By taking special medications, many people with this form of dementia experience relief from their symptoms and live as productive members of society. Some people with severe forms of schizophrenia must live in mental health care facilities because their behavior is unmanageable or dangerous to themselves or others.

**Healthy Living Practices**

- If you or someone you know has an eating or other psychological disorder, seek help from the medical staff at the campus health center or from your personal physician.

**Suicide**

Suicide, the deliberate ending of one’s own life, is not a mental illness. However, such extreme violence against oneself is often the behavioral consequence of a severe psychological disorder. Most people who choose to end their lives feel overwhelmed by the demands of life; they are unable to solve their problems or adapt to their situations.

Overall, suicide accounts for only a small percentage of deaths in the United States. In 2004 about 1% of deaths were attributed to suicide; males were over four times more likely to kill themselves than females.
Suicide was the second leading cause of death for whites, Asian Americans, and Native Americans between 18 and 24 years of age and the third leading cause of death for their black or Hispanic counterparts.35

In spite of what many people believe, the Christmas holiday season is not the time that suicide rates peak; intentional deaths are generally low in winter, and high in late spring.36 Although women are more likely to attempt suicide, men are more likely to complete the act of killing themselves. Most people use a firearm to end their lives; however, taking drug overdoses and crashing motor vehicles are also frequent suicide methods. Thus, it is difficult to determine the actual number of suicides that occurs each year.

Preventing Suicide
Most suicide victims suffered from a psychological disturbance, particularly a major depressive condition that included alcohol abuse.37 Other characteristics associated with a high risk of committing suicide are previous suicide attempts; a family history of suicide; excessive grieving over the death of a loved one; marital or financial problems; and schizophrenia, an eating disorder, or a terminal illness. Some persons with severe or terminal health problems seek the “right to die” and physician-assisted suicide. (Chapter 15 discusses the “right to die” and physician-assisted suicide.) People who know or treat individuals with these characteristics or conditions should be aware of their suicide risk and initiate intervention methods to prevent them from ending their lives.

Suicidal persons usually feel intense emotional strain, are preoccupied with thoughts of death, and often communicate their intentions to others. These individuals might say “everyone would be better off if I were dead” or “I am going to kill myself,” discuss the pros and cons of various suicide methods, and make unsuccessful suicide attempts. After deciding to kill themselves, suicidal individuals often seem cheerful and relaxed. When survivors recall the positive emotional state of the victims, they may report that these persons showed no signs of distress prior to dying. (Table 2-10) lists these and other behavioral warning signs of suicidal persons.

It is always important to take suicidal conversations or gestures seriously and obtain suicide prevention counseling for these individuals immediately. Most major metropolitan areas have mental health centers with trained counselors who provide 24-hour crisis intervention services. The Yellow Pages of local telephone books usually list these facilities under “suicide prevention centers.” For more information, call the National Suicide Prevention Lifeline at 1-800-273-TALK.

**Behavioral Warning Signs of Suicide**

<table>
<thead>
<tr>
<th>Behavior and examples</th>
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<tbody>
<tr>
<td>Discussing, joking, or writing about suicide or death</td>
</tr>
<tr>
<td>Giving away prized possessions</td>
</tr>
<tr>
<td>Making final arrangements: planning a will or making funeral plans</td>
</tr>
<tr>
<td>Displaying severe depressive symptoms</td>
</tr>
<tr>
<td>Reporting feelings of hopelessness and helplessness</td>
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<tr>
<td>Performing risky behaviors: playing with guns, driving while drunk, or performing daredevil stunts</td>
</tr>
<tr>
<td>Injuring oneself by cutting, burning, or hitting</td>
</tr>
<tr>
<td>Behaving in a manner that is different from usual: showing no interest in usual activities or becoming socially withdrawn</td>
</tr>
<tr>
<td>Planning the suicide: buying a gun or hoarding a supply of barbiturates</td>
</tr>
<tr>
<td>Expressing anxiety over an impending action: worrying about a divorce, dropping out of school, or losing a job</td>
</tr>
<tr>
<td>Showing physical signs of a previous suicide attempt: cut or scarred wrists, neck bruises</td>
</tr>
</tbody>
</table>

Healthy Living Practices

- If you are or someone you know is suicidal, immediately contact a suicide prevention center to obtain specific instructions concerning ways to prevent yourself or another from committing this act.

**Psychological Health**
Children and adolescents establish the foundation for a lifetime of good mental health by developing positive self-concepts. Parents can help their children feel good about themselves by spending time with them, listening to their concerns, and helping them learn to adjust to a changing world (Figure 2.7).

School-age children who live in dysfunctional families are vulnerable to developing emotional disorders such as depression and school anxiety. However, childhood depression can occur in any child who experiences a traumatic event, such as the loss of a parent through death or divorce. Children who are anxious about going to school often complain of morning headaches and stomach upsets before leaving for school, and they return home in a distressed state. Parents and teachers need to
Chapter 2

Psychological Health

recognize the symptoms of childhood depression and anxiety. By receiving individual and family counseling, many distressed children and their families can learn positive ways of handling crisis situations.

Attention-deficit hyperactivity disorder (ADHD) is a common childhood behavioral disorder; about 8% of American school-age children, mostly boys, meet strict criteria for ADHD. This condition is characterized by an inability to focus and maintain attention on tasks, such as doing homework or following simple instructions. Children with ADHD also display excessive levels of physical activity and restlessness. They cannot sit still; they rush through meals, dash away from their caregivers, and resist efforts to relax or fall asleep. Their attention spans are so short, they are often unable to follow instructions or complete tasks. Additionally, children with this condition demonstrate impulsive behaviors such as interrupting conversations, talking when inappropriate, and acting before thinking. Some children with ADHD are aggressive, argumentative, and defiant. Not surprisingly, children with ADHD frequently have low self-esteem and conflicts with their family members, peers, and teachers.

In addition to prescribing stimulants and other medications, many physicians recommend behavioral and family counseling to treat the disorder. Recently, some people expressed concerns that ADHD is overdiagnosed and that too many children are being treated with stimulants in the United States. Additionally, questions were raised about the negative effects of stimulants on children’s growth and the potential for substance abuse among children treated with these medications. Although some studies indicate stimulants can mildly suppress the growth rates of children with ADHD, more long-term research is needed. On the other hand, children with ADHD who are treated with stimulants have a lower risk of smoking cigarettes and substance abuse than those who did not receive medication for the disorder.

During the maturation process, an adolescent undergoes numerous hormonal, physical, social, and other changes necessary to become an independent adult. Many youth make this transition smoothly with a minimum of problems, but for some, the teenage years are filled with emotional turmoil and family conflict. Certain forms of mental illness, including major depression and eating disorders, are likely to develop during this period. As mentioned earlier, suicide is a major cause of death for adolescents. By the time people reach late adulthood, they may have raised a family, retired from working outside of the home, and maintained a network of friends and family. Elderly people who approach the end of their lives with a sense of satisfaction with their accomplishments are more likely to feel emotionally fulfilled. Many elderly people, however, suffer from sleep disturbances and depression after the death of a spouse and friends, family separation or disintegration, financial instability, or a disabling physical illness. Suicide rates tend to increase with age and are very high among Americans 65 years of age and older. It is important for elderly persons and their families to recognize the symptoms of depression and obtain professional help. Chapter 15 discusses the health concerns of elderly individuals in detail.
The following ad promotes a series of compact discs designed to improve mood and reduce anxiety. Read the advertisement and evaluate it using the model for analyzing health-related information. The main points of the model are noted below; the model is fully explained on pages 14–16.

1. Which statements are verifiable facts, and which are unverified statements or value claims?
2. What are the credentials of the person who wrote the ad? Does the author appear to have appropriate background and education in the topic area? If it is difficult to tell if the author has specific health expertise, what can you do to check his or her credentials?
3. What might be the motives and biases of the author?
4. What is the main point of the ad? Which information in the ad is relevant to the product? Which information is irrelevant?
5. Is the source reliable? Does it have a reputation for publishing misinformation? Does the ad present both the pros and cons of this product?
6. Does the ad attack the credibility of conventional scientists or medical authorities?

Based on your analysis, do you think that this ad is a reliable source of health-related information? Explain why you would or would not buy the CDs. Summarize your reasons for coming to this conclusion.

**Feeling sad? Hopeless? Anxious? Have you lost interest in usual activities?**

If you answered “yes” to one or more of these questions. You may be depressed.

"How can I ever thank you? I’ve tried three other neurotechnology products, but BRAINFIT was the only one that worked.”

B. J., London, England

"Please send another copy of the miraculous BRAINFIT CD—my sister took mine and won’t return it!"

S. A., New Delhi, India

Fortunately, you can learn how to prevent depression and anxiety from ruining your life. Now you can benefit from the latest discovery in subliminal microtechnology that produces phenomenal advances in brain functioning. Scientists from around the world are predicting that this incredible breakthrough will be the greatest medical discovery of the 21st century!

Our amazing new BRAINFIT CD can improve your mood without the need for potentially harmful drugs. Listening to the CD has been scientifically proven to decrease anxiety by up to 35%, enhance positive feelings by up to 28%, and boost enthusiasm for living by up to 55%. Millions of people in 60 countries report that BRAINFIT really works!

For the first time, BRAINFIT is available in the United States. Order your copy now. We guarantee that BRAINFIT will improve your mental health. BRAINFIT is easy to use at home, work, or even as you drive your car!

**For your personalized copy of BRAINFIT, send a money order for $39.95 to: BRAINFIT**
CHAPTER REVIEW

Summary

A person’s psychological health affects and is affected by other wellness components such as one’s physical and social health. Psychological health is dynamic, becoming healthier or unhealthier as one responds to a constantly changing environment. Psychologically healthy people accept themselves, are assertive, have realistic and optimistic outlooks on life, function independently, form satisfying interpersonal relationships, cope with change, and find effective solutions to their problems.

Understanding mental health involves the study of physiology and psychology. Biochemical changes in the brain elicit myriad human responses, including thoughts, emotions, and behaviors. Conditions that alter normal brain chemistry can disrupt the mind, producing negative moods or abnormal behaviors.

Personality is a set of distinct thoughts and behaviors, including emotional responses, that characterize the way one responds to situations. Biological, cultural, social, and psychological forces interact to mold one’s personality.

Over the past 100 years, numerous psychologists, including Freud, Erikson, and Maslow, provided valuable insights into human behavior, laying the foundation for our present understanding of personality development. Freud thought unconscious drives control human behavior. Erikson identified eight stages of the life span in which different social forces influence personality. Maslow believed that the freedom to achieve personal fulfillment is a psychological need that motivates human behavior.

Psychological adjustment and growth occur when one adapts effectively to the demands of life by altering one’s thoughts, attitudes, and responses. Self-esteem, a feeling of self-worth, is a key component of personality. Positive self-esteem is a characteristic of psychologically healthy people.

Intensity and duration are the key features that distinguish a normal emotional response from an abnormal one. Mentally ill individuals experience abnormal feelings, thoughts, and behaviors that persist, interfere with daily life, and hinder psychological adjustment and growth.

There are numerous psychological disorders; each may have multiple causes. Alterations in the normal chemical and physical environment of the brain often produce mental illness. These alterations may be the result of genetic defects, injuries, tumors, infections, or exposure to certain drugs or pollutants. Additionally, social interactions, including those with one’s family, contribute to the quality of an individual’s psychological health.

In many cases, medications and/or behavioral therapies are effective treatments for mental health problems. People can learn to cope with various problems by seeking the help of conventional mental health therapists or by joining self-help groups.

It is common for individuals to experience phobias, anxiety, panic attacks, or mood disorders at some time in their lives. In many cases, these disorders are mild and do not interfere with the affected person’s ability to function in society. In other instances, psychological illnesses such as schizophrenia, generalized anxiety, or major depression impair functioning to the extent that affected individuals require professional treatment.

Eating disorders are often symptoms of underlying mental illnesses, particularly depression and obsessive-compulsive disorders. Self-imposed starvation and denial of thinness characterize anorexia nervosa. Bulimic individuals and some people with anorexia nervosa engage in food bingeing and purging practices. Binge eaters overeat but rarely follow up with purging.

Suicide is not a mental illness, but in many instances, suicide is the behavioral consequence of a major depressive illness that included substance abuse. Individuals who are contemplating suicide often discuss their feelings and intentions with others. Thus, people should take someone’s suicidal conversations or gestures seriously and assist the individual by obtaining immediate intervention.
Parents can help their children feel good about themselves by spending time with them, listening to their concerns, and helping them learn to adjust to a changing world. Some children develop psychological disturbances, particularly anxiety and depression. Attention-deficit hyperactivity disorder is a common childhood behavioral disorder. Most adolescents experience relatively few emotional problems as they mature into adults, but for some, the teenage years are filled with turmoil. Certain forms of mental illness, including major depression and eating disorders, are likely to develop during this period of life. Elderly persons who approach the end of their lives with a sense of satisfaction with their accomplishments are likely to feel emotionally fulfilled.

**Applying What You Have Learned**

1. Develop at least three recommendations for parents to follow that would build their children's self-esteem. **Evaluation**
2. Analyze your present situation to determine your position on Maslow's human needs hierarchy. Explain how you determined your position. **Analysis**
3. Many persons have negative feelings about people with mental illness. Explain how the media contribute to these feelings. **Synthesis**
4. Consider your current state of psychological health. Rate your psychological health as excellent, good, fair, or poor. Explain how you determined this rating. **Evaluation**

**Reflecting on Your Health**

1. As described in this chapter, self-esteem develops during childhood. When you were a child, how did your interactions with family members, peers, and teachers influence the development of your self-esteem? **Application**
2. Using Table 2-1, “Characteristics of Psychologically Healthy People,” identify the characteristics that describe you best. Why did you choose those traits? **Analysis**
3. What have you done to boost your psychological health by improving your physical, social, intellectual, spiritual, and environmental health? How did your actions help? **Synthesis**
4. As mentioned in this chapter, people often have negative feelings toward psychologically disturbed persons. How would you feel if you, a close friend, or a family member were diagnosed with a psychological disorder? If you, a close friend, or a family member has a serious psychological disorder, how does it affect you? **Evaluation**
5. People over 65 years of age have a high risk of depression. What could you do or have you done to enhance the psychological health of an elderly person whom you know, such as a grandparent? **Application**


