Psychological Health

Key Points

- Mental health involves more than just stress-relief, various forms of mental challenges are ubiquitous to the human condition, including obsessions, compulsions, phobias, and depression. While some experience these things in greater measure than the average person, each of us struggles at times with fears, anxiety, and feelings of depression.

- Schizophrenia is something different, a form of mental illness that differs "in kind" rather than "in degree."

- Often mental health issues appear to have a genetic link, a predisposition to be either vulnerable or resistant, but mental health challenges also respond to medication and to behavior therapy.

- Treatment of depression, anxiety, and other mental issues is exploding in American health care. Perhaps this is due partly to under-treatment in the past, but it may also be due to current circumstances in our society.

Reading Comprehension

No textbook reading assigned.

Supplemental Knowledge

Despite recent advances in public understanding, the term "mental health" or "psychological health" still has a stigma attached to it. This is most unfair, since all of us face "mental health issues" that differ only in degree from the mildly to the severely afflicted. Each of us has certain fears that another person may not have, each of us experiences anxiety in certain situations, and each of us has experienced depression at one time or another. These things are normal – part of the human condition – and while some experience greater difficulty than others at different times of their lives,
it is something we should all be able to relate to, something we can all express empathy toward.

Whatever your religious tradition regarding the interplay between body, mind, and spirit, it is obvious to all of us that defining "reality" is a risky business at best. To the claustrophobic, there doesn't appear to be enough oxygen in an elevator for them to survive. To everyone else in the elevator, the availability of air is a complete non-issue. It is also obvious to each of us that our "reality" can be influenced by chemical substances (illegal drugs and alcohol) in negative ways, so it isn't much of a stretch to come to the realization that certain chemical substances (medicinal drugs) may be able to influence our "reality" in positive ways. There is also evidence to suggest that engaging in certain behaviors can alter neurochemical pathways (in either negative or positive ways), in fact changing the physiology of the brain itself, such that diligently applied behavior becomes a portion of our "reality."

In the end the brain is an organ – a highly complex organ, but an organ just the same. And, just like any other organ, the brain is susceptible to malfunction. There is nothing inappropriate about seeking help for a malfunctioning organ, be that a brain, a kidney, a heart, or a liver. But, perhaps because we have a closer "reality" tie to our brain than any other organ, we tend to view the "coughs and colds" of the mind with a certain prejudice: The friend with a broken arm gets chicken soup, the friend with anxiety or depression gets the cold shoulder. We also tend to view our own version of reality as if it were (or at least should be) everyone else's version, as well.

Only a small portion of the population suffers from schizophrenia. According to Steadman’s Concise Medical Dictionary for the Health Professions, Third Edition, (1997), schizophrenia is: “A common type of psychosis, characterized by a disorder in perception, content of thought, and thought processes (hallucinations and delusions), and extensive withdrawal of one’s interest from other people and the outside world, and the investment of it in one’s own.” In other words, patients suffering from schizophrenia lose contact with what is real, such that they experience hallucinations and delusions, withdrawing from the world around them and entering their own reality. Schizophrenia should be something that inspires compassion, rather than ridicule or ostracism. The disease usually has a heavy genetic component – a biological base – and while it is not something one can "cure" with a quick visit to the family doctor, there are medications that can alleviate symptoms, as well as behavioral interventions that can help the patient lead a more normal life.

All the other aspects of psychological health seem to me – someone untrained in psychology – to be highly interrelated. Say someone has a phobia (an irrational fear) of contracting cancer (carcinophobia). Since no one has a lifetime guarantee they will never experience cancer, this fear is likely to produce high levels of anxiety. To try and relieve this anxiety the person may engage in activities which seem obsessive-compulsive to an outside observer, such as refusing to eat in restaurants for fear of breathing second-hand smoke, or going to their doctor every three months for another round of (negative) cancer tests. If they engage in this behavior long enough, the sheer emotional and physical energy expended in trying to relieve this fear is exhausting, making them much more likely to experience depression.

But, for purposes of separation, Steadman's defines anxiety as: “Apprehension of danger and dread accompanied by restlessness, tension, tachycardia (fast heart rate), and
dyspnea (heavy breathing) unattached to a clearly identifiable stimulus.” If you need something to relate to, consider the last time you watched a horror-suspense movie on television. Logically, you know the movie is fictitious, you know the parts are portrayed by professional actors. Logically, you also know that you are secure in your own home – there is nothing in the basement that wasn't there before you started watching the movie. And yet, as the beautiful young girl wearing not a whole lot of nightgown walks down the dark hallway, the eerie music building to a climax, the evil monster lurking just out of sight at the end of the hall, what is happening to you? Any restlessness, tension, tachycardia, or dyspnea? And how many times do you check the lock on the front door before going to bed? Remember, there was no actual physical danger present. All the sensations you experienced – the whole stressful "fight or flight" response – was generated completely within your own mind.

Sometimes people experience a sudden wave of anxiety, termed a "panic attack," which often promotes a vicious anxiety cycle. The physical sensations associated with panic causes more panic, usually ending only when the person is physically and emotionally exhausted. Someone else may experience near-chronic anxiety, seldom finding relief from the physiologic symptoms of constant agitation.

Other people experience fear in connection with a particular stimulus, what is termed a phobia, or as Steadman defines it: “Any objectively unfounded morbid dread or fear that arouses a state of panic.” There are literally dozens of different phobias described in the medical literature, some of the most common being fear of leaving familiar settings or venturing out into the open (agoraphobia, from the Greek "agora," meaning marketplace), fear of confinement (claustrophobia), fear of flying (aviophobia), fear of the dark (lygophobia), fear of contamination (misophobia), and fear of death (thanatophobia). Other, more exotic phobias include fear of becoming bald (phalacrophobia), fear of crossing bridges (gephyrophobia), fear of beautiful women (venustraphobia), fear of the number thirteen (triskaidekaphobia), and, ironically, fear of developing a phobia (phobophobia).

And yet, these fears are not humorous little bits of trivia, at least not to the person afflicted. Each of us has things we are afraid of, and each of these phobias has some rational basis behind it. People die in flying accidents, contaminating agents can cause sickness and death, and, hey, what guy hasn't occasionally felt nervous – fear – in meeting a beautiful woman for the first time. Again, the person experiencing a phobia is experiencing something that varies from normal only in the degree of fear they experience, something the average person would not agree is worthy of such a high level of anxiety.

Another category of anxiety-related difficulties is obsession, or obsessive-compulsive behavior. According to Steadman's, an obsession is "a recurrent and persistent idea, thought, or impulse...that is experienced as senseless or repugnant.” An obsessive-compulsive behavior is “having a tendency to perform certain repetitive acts or ritualistic behavior to relieve anxiety,” again, according to Steadman's medical dictionary. Lady MacBeth is the classic illustration of an obsessive-compulsive behavior, washing her hands again and again in an effort to rid herself of the evidence of her crimes. According to Jeffrey Schwartz (1997) in his book, Brain Lock, a person suffering from Obsessive-Compulsive Disorder (OCD) knows in part of their mind that the action they are engaging in is unreasonable, yet they still feel the compulsion to continue.
While some people suffer through repetitive acts (such as checking the house a dozen times before leaving to be sure all the lights are off), others suffer from unwanted thoughts that continually intrude (a violent, blasphemous, or otherwise unpleasant image which shocks the sufferer, yet they are unable to drive the thought away).

Not to belabor the point, but obsessions can also be viewed as just another variation from normal. It is normal for a woman (or a man) to be concerned about her (his) figure, but taken to an extreme that can become an obsessive eating disorder. It is normal for a man to pursue a woman he is attracted to (or the reverse), but when she tells him to buzz off, it is not normal to continue the pursuit (an obsession commonly known as "stalking").

Finally, according to Steadman's, depression is "a temporary mental state or chronic mental disorder characterized by feelings of sadness, loneliness, despair, low self-esteem, and self-reproach. Accompanying signs include psychomotor retardation (lethargy) or, less frequently, agitation (fidgets), withdrawal from social contact, and vegetative states such as loss of appetite and insomnia." Just as an unaffected person cannot appreciate the depth of fear caused by a phobia, an unaffected person cannot appreciate the depth of sadness that can be associated with severe depression.

A comparison might be drawn to a trip one of my graduate school roommates talked me into where we went spelunking, or cave exploring. I'm generally an outdoor adventure kind of guy, much more so in my younger days, and so I was game to try this new experience. I found I didn't care for it at all, crawling on my stomach along a cold mud floor, darkness extending as far as I could remember behind me, and darkness continuing as far as I could imagine before me. I felt the weight of hundreds of tons of rock between me and the light of day, and I was ever so glad when we retreated from that environment back into the sunlit wilderness I knew and appreciated. By contrast, people suffering from severe depression do not often seem to be able to bring themselves back into the sunlight by just reversing their mental direction. Apparently, the neurotransmitter "cocktail" associated with depression tends to be self-perpetuating. In other words, the most insidious, terrible aspect of severe depression is not only the depth of pain it produces, but the fact that the sufferer cannot imagine the pain ever going away.

Obviously, with this kind of condition, thoughts of suicide can intrude, and professional help should be sought immediately. Indeed, if someone you know is severely depressed, you owe it to them to coax, cajole, command – whatever you have to do – but get them to a medical or psychological professional. Here at Truman State we have the University Counseling Services, located on Patterson across from the grand science construction project, and the Student Health Center, located in McKinney Center. Both of these services are free to the students.

As mentioned previously, current projections are that mental conditions, such as depression, are likely to become our number two health concern within the next twenty years, second only to cardiovascular disease. The great tragedy is that many people are needlessly suffering when help is so readily available. Remember, to a certain extent these conditions are normal, the mental "coughs and colds" of everyday life. Everyone has fears, everyone has anxiety, and everyone gets depressed. The primary problem seems to be not the experience, but that normally our mind has a self-righting mechanism, and this mechanism is either overwhelmed or non-functional.
Normally, after being depressed for a little while, we take a long nap or have a good cry or spend some time with our friends and we feel better again. Normally our mind plays over a fearful scenario – causing a mild anxiety reaction – but then we dismiss the fear from our minds. Normally a violent, lewd, or blasphemous thought enters our minds, but we immediately reject it. By contrast, the person suffering from severe depression does not "snap out of it," and the person with chronic anxiety keeps replaying that fearful scenario over and over in their minds. The obsessive person takes their random, unpleasant thought and sub-consciously invites it back for pie and ice cream – they continually entertain the thought, even though they hate it.

What causes this failure of the self-righting mechanism? I don't know if anyone can really say for sure. As in most things, there may be a genetic component. Some people seem to be more sensitive than others. At times this emotional sensitivity may be a great benefit, and at times it makes one more vulnerable.

There are definite neurological (biochemical) differences in the brain of someone suffering from depression, OCD, and the like, and these biochemical differences can often be alleviated through some pretty low-risk medications. Sometimes people are loath to take a medication, but given the biochemical background of these conditions, that may be an unreasonable attitude. Would we tell a diabetic that their need to take insulin reflects a lack of character on their part? Of course not. Why then would we assume that someone suffering from the deficiency of a vital neurotransmitter should be able to alleviate severe depression by taking a walk along the beach and eating a sno-cone?

From what I have read, depression, anxiety, phobias, and compulsions tend not only to be self-perpetuating, but self-aggravating. In other words, the longer one is depressed, the greater that depression is likely to become. The more one exercises an obsessive-compulsive behavior, the stronger that obsession grows. I compare this to the mental process of learning a new skill – but again, remember that I am not a psychologist. To my out-of-the-profession mind it seems similar to a dancer learning a complex maneuver. Some people are more genetically gifted towards movement, just as some people seem to be more genetically sensitive to depression, anxiety, phobias, or compulsions. But within that genetic predisposition, as the dancer continues to practice her routine, she becomes better and better at it, the maneuver becomes easier and easier for her to execute. In a similar manner, the anxious person finds more things to become anxious about, the depressed person become more and more depressed, the obsessive person engages in more and more compulsive behavior, and the person afflicted with a phobia becomes more and more fearful. In other words, practice makes perfect, even in our minds. You start out afraid of spiders, and then you become fearful of flies.

As another analogy, suppose this mental condition exists as a troll living under a bridge in our mind, and each day we pack up a lunch and head for the meadow on the other side of the river. As we get to the bridge the troll jumps out, howling and salivating and gnashing great fangs. Panic-stricken, we drop our lunch and run back the way we came. Each day the troll eats our lunch we become weaker and the troll becomes stronger. Each day we push past the troll, preserve our lunch, and carry on with our lives, we become stronger and the troll becomes weaker. A stupid little fable, I know, but even if you don't have a troll of your own or don't have the same troll as a friend of yours, you must understand that while the troll isn't real, the fear is. It takes courage to stand up to a
troll – pure, raw, unadulterated guts – the kind of "true grit" that John Wayne or anyone else should admire.

There are numerous avenues available to help us deal with our trolls. I cannot mention too many times the availability of professional help. Seek out those trained and compassionate individuals who can help you. Secondly, under a physician's direction, you may consider medication. Medication to alleviate a neurotransmitter imbalance is every bit as legitimate as any other classification of medication I can think of. There are also numerous avenues of behavior therapy available, kind of like infantry training for troll warfare. Sometimes all it takes is someone to talk to, a knowledgeable professional who can get the troll to come out into the light of day – and trolls hate sunshine. What is NOT helpful is any attempt to "self-medicate" – to start abusing alcohol, marijuana, and other drugs in an attempt to deaden the pain. This is, regrettably, an extremely common reaction – there are an awful lot of people who pumping down tequila with single-minded determination, unable to face the sharp edges of life without an alcoholic cushion.

Jimmy Buffett has a song about "mental floss," and the analogy is humorous to me. Regular dental care can't guarantee perfect teeth, but it certainly helps. In a similar manner, while regular applications of mental floss can't guarantee a life free from depression or anxiety, it may be steps in the right direction. The analogy goes further in that mental floss is something we have to do regularly, even daily. It does little good, as Curly observed in the movie "City Slickers," to spend 50 weeks a year getting knots in your rope and then expect a two-week vacation to straighten them all out.

The activities we do for mental floss tend to be the same things we do to manage stress. Vigorous exercise has been shown to alleviate depression and reduce anxiety. The companionship of good friends and close family helps to keep us mentally healthy. Regular doses of humor are highly beneficial, as is any form of pleasant distraction.

Really, we need to do two things: Decrease the things that tear us down, and increase the things that build us up. The majority of research has focused upon the things that tear us down, ways to avoid stress, depression, and anxiety. Not enough research has been done to examine the things that build us up, but from my understanding we get a boost from participating in challenging, enjoyable activities. Do things you enjoy doing, and pursue them long enough and hard enough that you lose yourself in that joy.