

Health: The Basics

Fifth Edition

Chapter 2

Psychosocial Health: Being Mentally, Emotionally, Socially, and Spiritually Well

Part A

PowerPoint® Lecture Slide Presentation CD-ROM

Psychosocial Health

- **Being Mentally, Emotionally, Socially, and Spiritually Well**

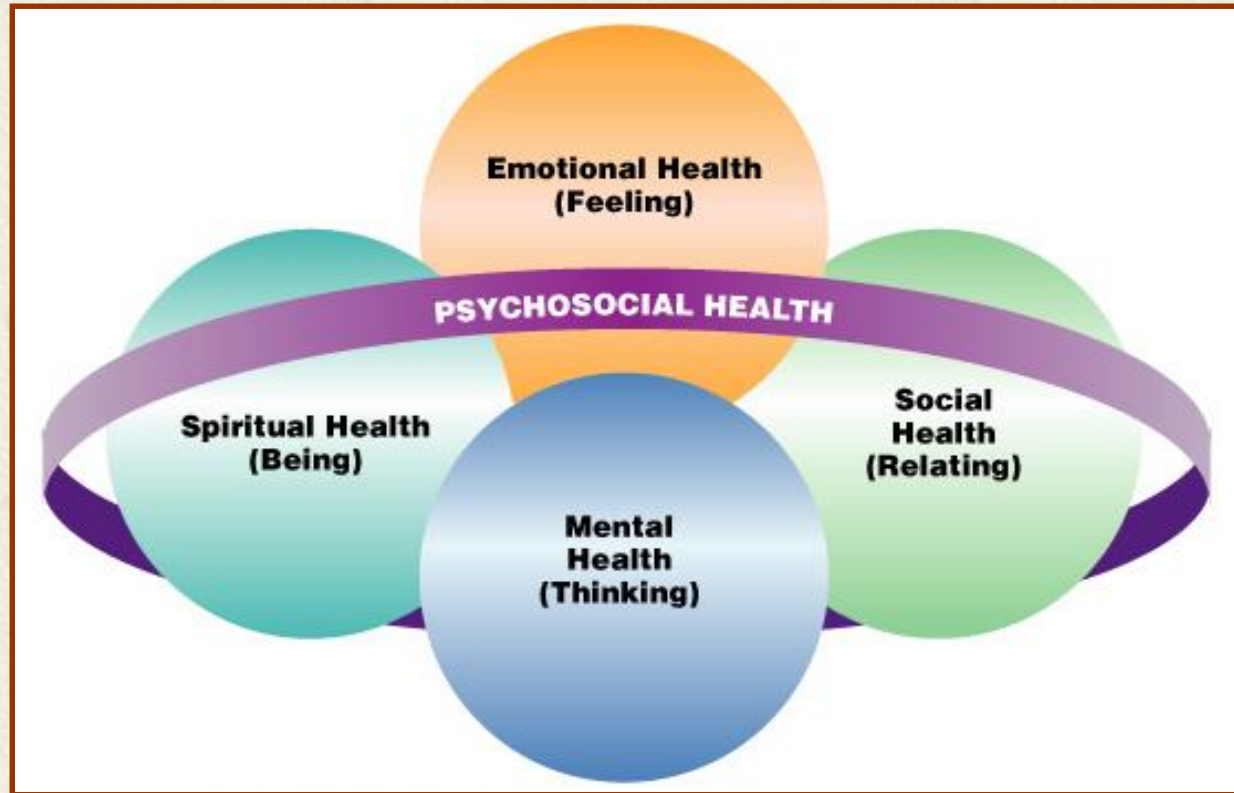


Figure 2.1: Psychosocial Health. Psychosocial health is a complex interaction of mental, emotional, social, and spiritual health.

Elements Shared by Psychosocially Healthy People:

- They feel good about themselves
- They feel comfortable with other people
- They control tension and anxiety
- They are able to meet the demands of life
- They curb hate and guilt
- They maintain a positive outlook
- They enrich the lives of others

Elements Shared by Psychosocially Healthy People:

- They cherish the things that make them smile
- They value diversity
- They appreciate and respect nature

Defining Psychosocial Health

- **Mental Health**

- The “thinking you”
- Mentally healthy people tend to respond in positive ways
- Irrational thinking may indicate poor mental health

Defining Psychosocial Health

- **Emotional Health**

- The “feeling you”
- Emotions are complex feelings
- Examples include: love, hate, frustration
- Richard Lazarus notes 4 types:
 - 1) Emotions from harm, loss, threat
 - 2) Emotions from benefits
 - 3) Borderline emotions (hope/compassion)
 - 4) Complex emotion (grief/disappointment)

Defining Psychosocial Health

- ***Can you think of some examples of emotional health?***

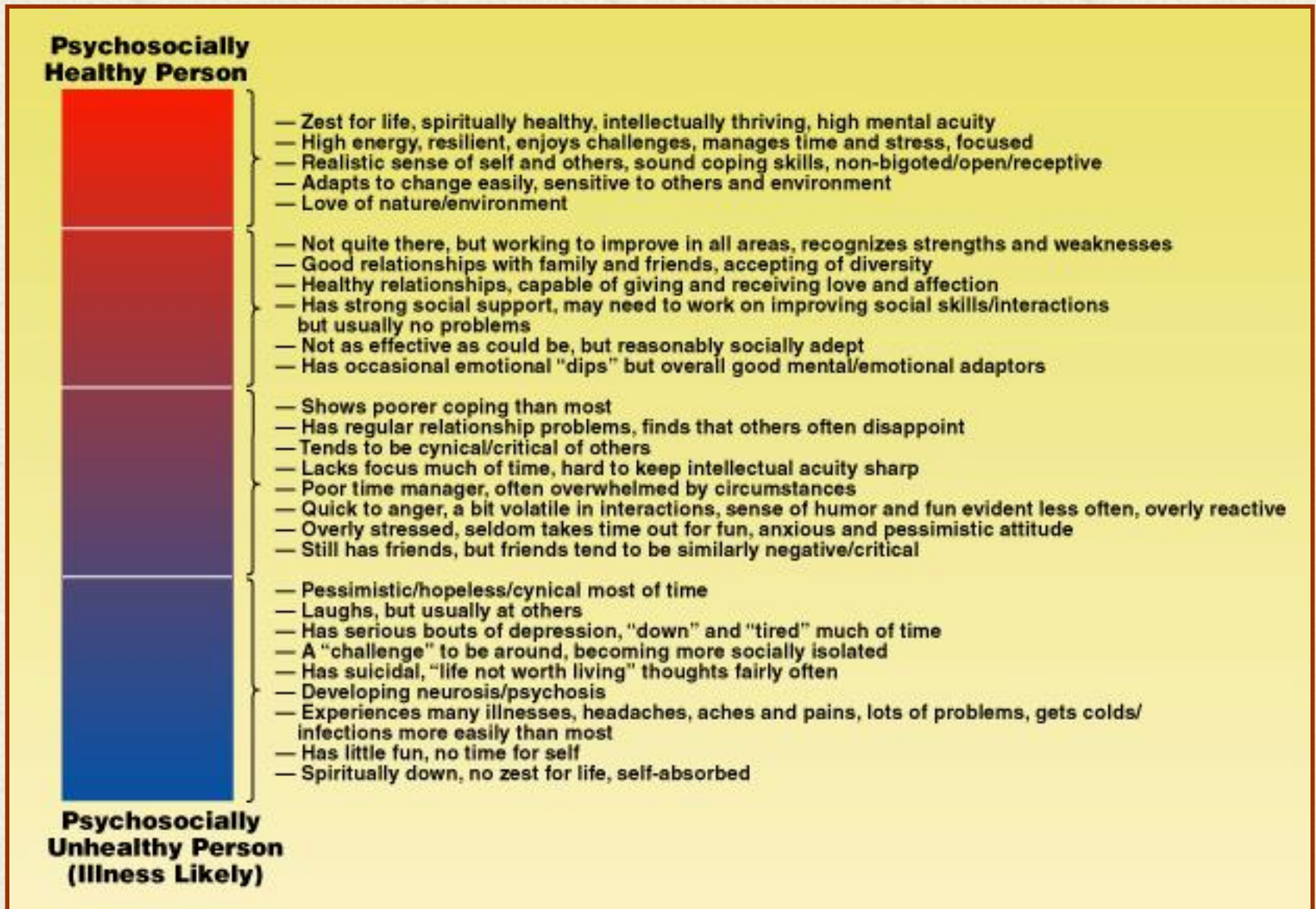


Figure 2.2: Psychosocially Healthy Individuals Versus Psychosocially Unhealthy Individuals.

Defining Psychosocial Health

- **Social Health**

- Importance of social interactions
- Social bonds
- Social supports
- Prejudices may indicate poor social health

Defining Psychosocial Health

- **Spiritual Health**

- A belief in a unifying force that gives purpose or meaning to life
- Four main themes of spirituality:
 1. A feeling of interconnectedness
 2. Mindfulness
 3. Spirituality as a part of daily life
 4. Living in harmony with the community

Factors Influencing Psychosocial Health

- **External Factors That Influence Psychosocial Health**
 - Family
- **Internal Factors That Influence Psychosocial Health**
 - Heredity
 - Hormonal function
 - Physical fitness

Factors Influencing Psychosocial Health

- **Self-efficacy, Self-esteem**
 - Belief in one's ability
 - Sense of self-respect
- **Learned Helplessness vs. Optimism**
 - Learned helplessness (Seligman)
 - Learned optimism

Factors Influencing Psychosocial Health

- **Personality**

- Unique mix of characteristics
- Influences: heredity, culture, environment
- Healthy Personality traits:
 - Extroversion
 - Agreeableness
 - Openness to experience
 - Emotional stability
 - Conscientiousness

Enhancing Psychosocial Health

- **Developing and Maintaining Self-esteem and Self-efficacy**
 - Building self-esteem
 - Controlling emotions
 - Solving problems
 - Making decisions
 - Seeking help
 - Maintain physical health

Enhancing Psychosocial Health

- **Sleep: The Great Restorer**
 - Conservation of energy
 - Restoration

Spirituality: A Key to Health and Wellness

- **Spirituality may be achieved when the following needs are met:**
 - The need for having
 - The need for relating
 - The need for being
 - The need for transcendence, or the sense of well-being that is experienced when a person finds purpose and meaning in life

Spirituality: A Key to Health and Wellness

- **A Spiritual Resurgence**

- 9 in 10 Americans consider spirituality as important

Mind-Body Connection

- Research has shown that physical health is enhanced when a person is mentally well.
- **Subjective well-being** is a term used to define wellness
- ***Do you ever feel physically ill when upset?***

Mind-Body Connection

- **Three components of Subjective Well-being**
 - Satisfaction with present life
 - Relative presence of positive emotions
 - Relative absence of negative emotions

Mind-Body Connection

- **Several Myths about Happiness**
 - Only people in their fifties are happy
 - Happiness belongs only to women
 - Only white Americans are happy
 - Money can buy happiness

Mind-Body Connection

- **Does Laughter Enhance Health?**
 - Studies have shown the following results:
 - Stressed people become less depressed with humor
 - Students who use humor as a coping mechanism experience positive mood
 - Senior citizens with a sense of humor often recover from depression
 - Jokes, especially shared, increase social cohesion

When Psychosocial Health Deteriorates

- **Depression**

- “common cold of psychological disturbances”
- 15 million Americans experience depression

When Psychosocial Health Deteriorates

- **Depression (continued)**
 - People with *major depressive disorders* experience the following:
 - Chronic mood disorder
 - Extreme and persistent sadness
 - Feelings of despair
 - They feel discouraged by life
 - 15% attempt and or succeed in suicide
 - 8-11% of men experience
 - 19-23% of women experience

When Psychosocial Health Deteriorates

- **Risks for Depression**

- Interaction of biology, learned behaviors, and cognitive factors.
- Chemical and genetic processes may be predisposing factors

- **Facts**

- True depression is not a natural response to crisis and loss

When Psychosocial Health Deteriorates

- **Facts (continued)**

- People will not snap out of depression by using a little willpower
- Frequent crying is not a hallmark of depression
- Depression is not all in the mind but is chemical in nature

- **Fallacy**

- Only in-depth psychotherapy can cure long-term clinical depression

When Psychosocial Health Deteriorates

- **Depression and Gender**
 - 2/3 of sufferers are women
 - May be hormonally related
- **In College, Males and Females suffer equally**
 - More egalitarian roles
 - College women experience fewer negative events than in high school
 - College women report smaller, more supportive social networks

When Psychosocial Health Deteriorates

- **Treatment**

- Cognitive therapy
- Interpersonal therapy
- Drug therapy
- Electroconvulsive therapy (ECT)

When Psychosocial Health Deteriorates

- **Treating Depression (Table 2.2)**

ANTIDEPRESSANT CLASS

INDICATIONS/CONTRAINDICATIONS

SIDE EFFECTS

TRICYCLICS (TCAs)

Desipramine (Norpramin)
Nortriptyline (Pamelor)
Imipramine (Tofranil)
Amitriptyline (Elavil)
Protriptyline (Vivactil)
Doxepin (Sinequan)

Due to their sedating effects, TCAs are useful for patients with insomnia. They may pose a risk for individuals with cardiovascular disease, such as arrhythmias.

Most common: dry mouth, constipation. Others: weight gain, dizziness caused by a drop in blood pressure on sitting or standing up (orthostatic hypotension), changes in sexual desire, difficulty urinating, increased sweating, and sedation. TCAs can be lethal in overdose.

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

Fluoxetine (Prozac)
Sertraline (Zoloft)
Paroxetine (Paxil)
Fluvoxamine (Luvox)
Serzone

SSRIs are generally the first-line choice because they have fewer side effects than other antidepressants, do not require blood monitoring, and are safe in overdose. Newer versions have fewer side effects.

Insomnia, agitation, sexual dysfunction, occasional nausea or heartburn, headache, occasional drowsiness, dizziness, tremor, diarrhea/constipation, and dry mouth (rare).

MONOAMINE OXIDASE INHIBITORS (MAOIs)

Isocarboxazid (Marplan)
Tranylcypromine (Parnate)
Phenelzine (Nardil)

MAOIs can cause severe and sudden rise in blood pressure if ingested with certain drugs (e.g., over-the-counter cold preparations, diet pills, and amphetamines) or foods containing tyramine (e.g., red wines, aged cheeses). They interact with epinephrine in some topical anesthetics and are not advised with other antidepressants.

Agitation, insomnia, sexual dysfunction, disturbed appetite, faintness (like orthostatic hypotension). Weight gain is most prominent with MAOIs.

Source: Table of antidepressant drugs in "Antidepressants" excerpted by permission from the December 1995 issue of Harvard Women's Health Watch, Vol. 3, No. 4, p. 3. © 1995, President and Fellows of Harvard College. Nichols, Mark. "The Quest for a New Cure: New Drugs and Therapies Join the Battle against Depression." *Madean's*, December 1, 1997, V. 110, No. 48, pp. 60-63.

Table 2.2: Drug Treatment for Depression.

ANTIDEPRESSANT CLASS	INDICATIONS/CONTRAINDICATIONS	SIDE EFFECTS
BUPROPION (WELLBUTRIN)	This drug doesn't interact significantly with other drugs. At high doses it can cause seizures in some people, most commonly those who have seizure disorders, anorexia, or bulimia. It has been used experimentally to counteract sexual side effects of SSRIs.	Agitation, insomnia, sedation, blurred vision, dizziness, headache/migraine, dry mouth, tremor, appetite loss, weight loss, excessive sweating, rapid heartbeat, constipation, rashes.
TRAZODONE (DESYREL)	Trazodone is often used with another antidepressant to alleviate insomnia induced by the initial drug.	Drowsiness, faintness, nausea, and vomiting.
MAPROTILINE (LUDIOMIL)	This drug is used to treat agitation and anxiety associated with depression but is not advised for people with seizure disorders. It is somewhat risky for patients with cardiovascular disease.	Similar to those of TCAs.
SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs) Venlafaxine (Effexor)	SNRIs work something like a combination of an SSRI and a TCA and are useful for patients who don't respond to other antidepressants.	Similar to those of SSRIs.
NEFAZODONE (SERZONE)	This drug shouldn't be taken with the nonsedating antihistamines terfenadine (Seldane) and astemizone (Hismanal).	Headache, dry mouth, nausea, drowsiness, faintness, constipation.

Source: Table of antidepressant drugs in "Antidepressants" excerpted by permission from the December 1995 issue of Harvard Women's Health Watch, Vol. 3, No. 4, p. 3. © 1995, President and Fellows of Harvard College. Nichols, Mark. "The Quest for a New Cure: New Drugs and Therapies Join the Battle against Depression." *Madecan's*, December 1, 1997, V. 110, No. 48, pp. 60-63.

Table 2.2: Drug Treatment for Depression. (continued)

Other Psychosocial Disorders

- **Anxiety Disorders**

- Generalized anxiety disorder
- Panic disorders
- Phobias (object, activity, or situation)
- Social phobia

- **Seasonal Affective Disorder**

- 6% of Americans suffer from S.A.D.
- 14% of Americans report mild winter blues

Other Psychosocial Disorders

- **Schizophrenia**

- 1% of U.S. population suffers from Schizophrenia
- People with Schizophrenia experience alterations of the senses including auditory and visual hallucinations
- They experience an inability to sort out incoming stimuli and make appropriate responses

Other Psychosocial Disorders

- **Schizophrenia (continued)**
 - They have an altered sense of self
 - They experience radical changes in emotions, movements, and behaviors

Gender Issues in Psychosocial Health

- **Gender Bias**

- Practitioners diagnosed differently based on gender alone
- Women thought to have more “hysterical personality”
- Men thought to have more “antisocial personality”
- **PMS** – premenstrual syndrome warrants further study into hormonal connection

Suicide: Giving Up on Life

- **Facts**

- 35,000 suicides are reported in the U.S. each year
- Experts estimate 100,000 may be a more accurate number
- College students are more likely to attempt suicide than the general population
- Suicide is the 3rd leading cause of death in 15-24 year olds

Suicide: Giving Up on Life

- **Warning Signs of Suicide**

- Recent loss and inability to let go of grief
- Change in personality
- Change in behavior
- Diminished sexual drive
- Change in sleep
- Expressions of self-hatred

- ***What are some other signs that you have heard of or experienced?***

Suicide: Giving Up on Life

- **Taking Action to Prevent Suicide**

- Monitor the warning signs
- Take any threats seriously
- Let the person know you care
- Listen
- Ask directly, “Are you thinking of hurting yourself?”
- Don’t belittle the person’s feelings
- Help think of alternatives
- Tell the persons friends, family, and counselor

Seeking Professional Help

- **Fact**
 - 1 in 5 people seek help
- **An exam should include three parts**
 - Physical checkup
 - Psychiatric history
 - Mental status exam

TYPE OF THERAPY**BASIC ASSUMPTIONS****GOALS AND METHODS**

Psychoanalysis

Behavior is motivated by intrapsychic conflict and biological urges.

Discover the sources of conflict and resolve them through insight.

Psychodynamic therapy

Behavior is motivated by both unconscious forces and interpersonal experiences.

Understand and improve interpersonal skills by modifying the client's inappropriate schemas about interpersonal relationships.

Humanistic and Gestalt therapy

People are good and have innate worth.

Use techniques to enhance personal awareness and feelings of self-worth to promote personal growth and self-actualization and to enhance clients' awareness of bodily sensations and feelings.

Behavior and cognitive-behavior therapy

Behavior is largely controlled by environmental contingencies, people's perception of them, or a combination.

Change maladaptive behavior and thinking patterns by manipulating environmental variables, restructuring thinking patterns, and correcting faulty thinking or irrational beliefs.

Family/couples therapy

Problems in relationships entail everybody involved in them.

Analyze relationship patterns and others' roles in order to discover how interactions influence problems in individual functioning.

Source: Adapted from Neil R. Carson and William Buskist, *Psychology: The Science of Behavior, 5th ed.*, p. 629. Copyright © 1997 Allyn & Bacon. Reprinted by permission.

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Table 2.3: Traditional Forms of Psychotherapy: Assumptions, Goals, and Methods.

Seeking Professional Help

- **What to expect from therapy**
 - Expect a mental and verbal sizing
 - If the therapist is not right for you, do not hesitate to find another