

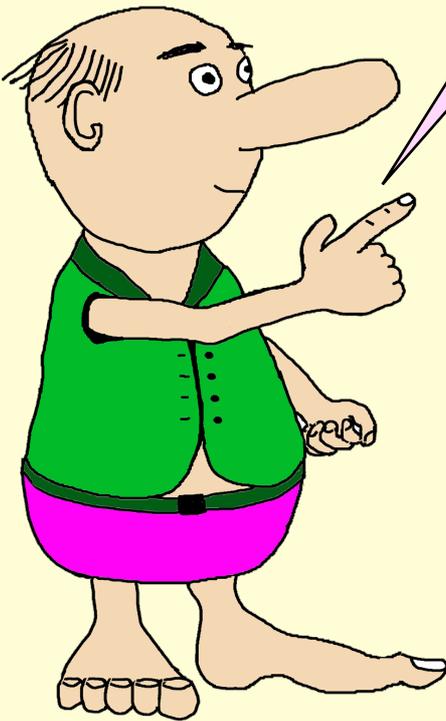
“DEAR DICK” - PSYCHOLOGICAL DISTURBANCE

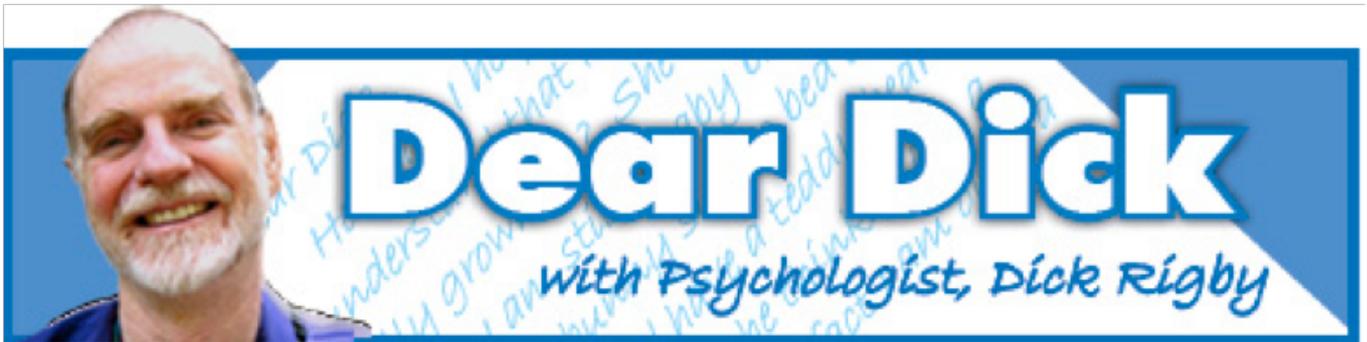
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Chapter 1. Mental illness





**“A beautiful mind”
May 2002**

I really enjoyed the film “A beautiful mind”. A very sensitive film. It portrayed that struggle that a schizophrenic has in distinguishing between delusion and reality. The hero in the film had auditory and visual delusions. He believed that certain people were instructing him about what to do in his life. He was able to manage these delusions and bring them under control with a combination of medication and reasoning.

Many people can suffer from delusions at some stage in their life, and it can be a very disturbing experience. I remember the distress that my father felt in the early stages of his dementia. He was admitted to hospital and he believed that the nurses were trying to poison him. At one level he knew that it was not true, yet the overwhelming fear would take over and he became quite paranoid.

Modern medicines are really good for stabilizing delusions, but they don't work perfectly. I have been treating Jim (not his real name) for several years now. Jim suffers from schizophrenia. He has not had any serious psychotic episode for about three and a half years now with the help of his medication.

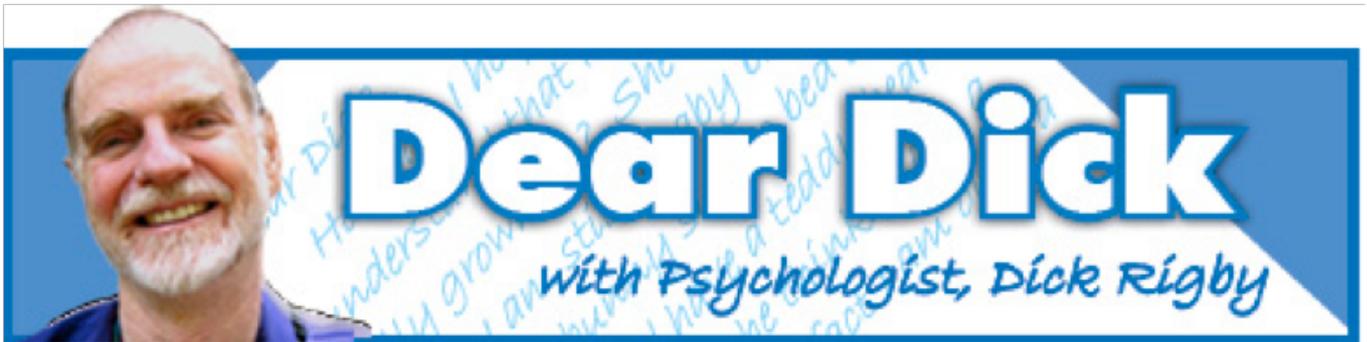
But he still hears voices.

These voices seem real to him. He believes that people from an alternative community are talking to him. The voices tell him what to do and how to feel about himself. Believing in these voices is a form of psychosis. Psychosis is where a person loses touch with reality and suffers from delusions of some sort.

Sometimes people can suffer from delusions and lead a normal life. They never share with anyone about the voices they hear. They carry this burden throughout their life.

These voices were very confusing to Jim. Because they appear to come from outside him, he feels that he has no control over what they say or when they say it. The therapy has been helping Jim to accept that his voices are a part of his illness and therefore delusional. Therefore his voices must be coming from inside. Once a sufferer knows that the voices are generated from inside, they are better able to gain control over their voices.

I think that there is too much reliance on medication and not enough done with reasoning for people suffering from delusions. If a person can be reasoned with, then they can be shown how to manage their delusions. There is a lot that can be done.



**“Mental illness – the challenge”
April 2004**

“One in five Australians currently suffer from some type of mental illness”. I read this fact in last month’s Local Bulletin. The Rotary Clubs of Kenmore and Brisbane have been doing something to dispel the myths associated with mental illness. I think that’s wonderful. The more information the better, to remove the cloak of shame and secrecy that still surrounds mental illness.

Most people with mental illnesses will respond well to a combination of medication and psychological treatment. Most sufferers also want to understand what is going on. They want practical advice on how to cope with the situation. Family members also want to know what they can do to help. Psychotherapists can help with support, understanding and guidance. There is much that can be done. In the case of depression, we should go in search of the causes of the depression. We should look at what life changes need to be made to remove the causes. Some people believe that depression is caused simply by a chemical imbalance in the brain. In most cases depression is far more complex than this. The cause of the chemical imbalance in the brain is usually the result of the interaction between a person’s beliefs and the environment.

In the case of Anorexia Nervosa, the underlying issue is poor self esteem. We need to work on improving the client’s belief in their own self worth.

When I have treated a client with Bipolar Disorder (Manic-Depressive illness), I help them to understand the triggers that might lead to an extreme high or low and how to manage these events. I also help them with gaining better control over their thinking at the time they are going through an unstable period.

Bringing mental illness into the open and talking about it can be a very healing process. Many alcoholics will openly admit that they are alcoholics and this admission helps in their recovery process.

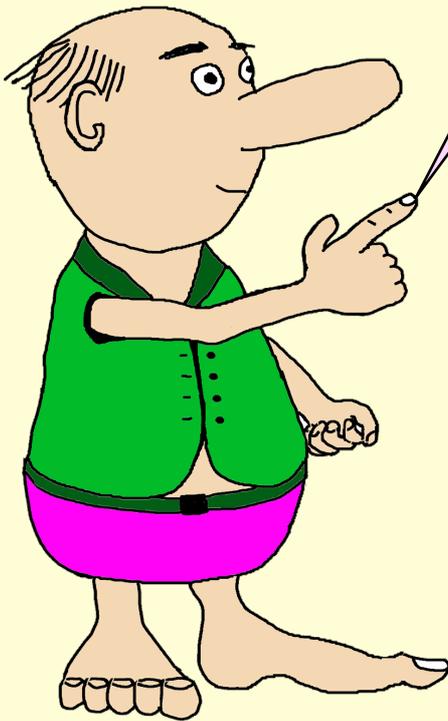
The biggest social stigma is usually reserved for people suffering from schizophrenia. Openness and understanding is most important here. Contrary to myth, the vast majority of schizophrenics pose no threat to anyone. But when they have a psychotic episode, they lose touch with reality and can be difficult to manage. There are ways to help a person having a psychotic episode.

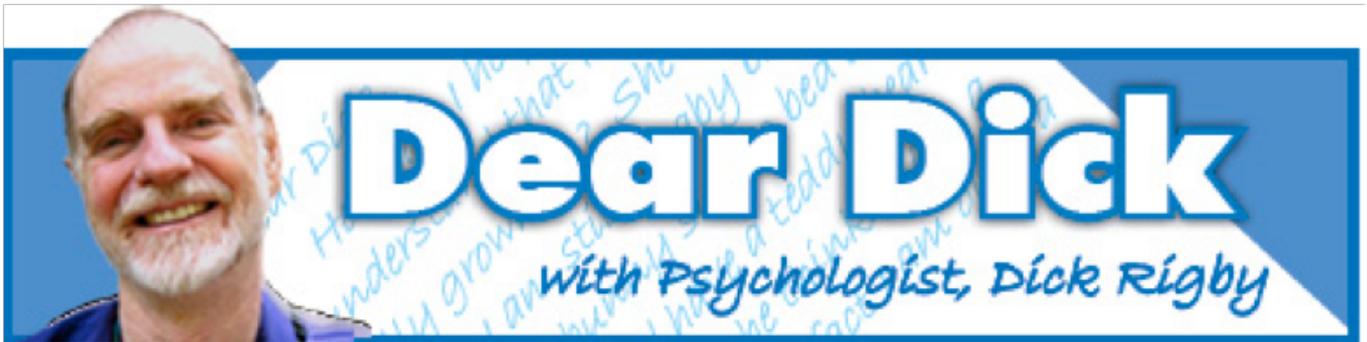
It’s a bit like cardiovascular resuscitation. If you know what to do, it makes things better. You can reduce fear and suffering and can even save lives.

Chapter 2. Psychosomatic illness



Chapter 3. Various conditions





**“Autism the puzzle”
February 2006**

Recently I read an article by Prof Margot Prior (“InPsych” Oct 2005) about Autism Spectrum Disorders (ASD). Some of the points she made about this very important topic are well worth repeating. There are about 6 in every 1000 children suffering from this disorder in Australia. This means that it is one of the most prevalent developmental disorders. ASD occurs four times more commonly in males than females.

Despite it being such a common disorder, there is very little know about it. In Australia there is a chronic shortage of skilled carers for these disadvantaged children. The causes of the condition are still unknown. There has been a lot of research directed at finding the root causes, but as yet clear cut genetic or environmental factors have not been identified. Children suffering from ASD have problems with social interactions, understanding, and communication. They also tend to have fewer interests than normal children.

One form of ASD is Asperger Syndrome (AS). This was first described as recently as 1944. Children with AS are at the high level of functioning of Autism Spectrum Disorders. Most of these AS children attend normal schools, but they have very special needs.

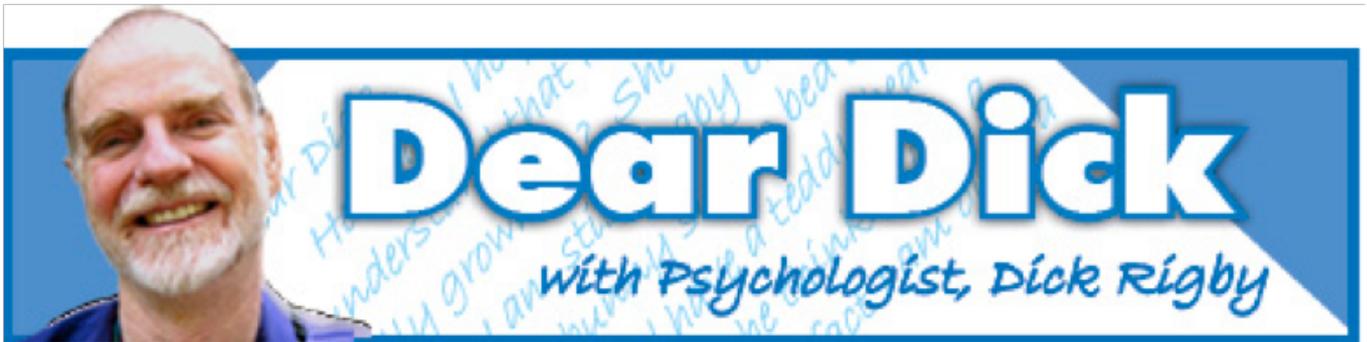
The challenges facing these children at school include:

- Vulnerability to learning difficulties, particularly problems with planning, organization and attention
- Behavioural problems such as obsessions, high anxiety, problems relating to teachers, acceptance by peers, vulnerability to bullying and unacceptable behaviours
- Difficulties in coping with stress

There is a need for much greater resources to be allocated to helping these children cope at school. If we do not help these children when they most need it, they will not reach their potential. If we do address these problems at an early age, they can be minimized or even fixed. There are critical time periods in the brain’s development. Professional intervention during these critical periods is much more effective than trying to fix the problem years later.

It is a myth that children just grow out of AS. There are many in our community who carry the legacy of childhood AS into their adult life. Some of these people struggle. In 1992, Donna Williams told her story of surviving as an adult autistic in the book “Nobody Nowhere”.

If we do not provide sufficient remedial resources for the AS children, not only do they suffer, but society suffers as well. When their needs are not addressed, we may be condemning the Asperger child to an unhappy school life and, in some cases subsequent antisocial behaviour.



**“Tourette Syndrome”
August 2009**

There is a popular myth about Tourette Syndrome (TS). Many people think it is an extreme and bizarre condition involving swearing and other outlandish symptoms. The truth is much less dramatic.

The average case of TS is usually mild. It might involve making just one sound tic or a twitch. With TS, the vocals sound are sudden and recurrent. Also a sound would be rapid, nonrhythmic and stereotyped. The same is true for motor tics or twitches. These movements tend to be sudden, rapid, recurrent, nonrhythmic and stereotyped. People with only motor tics or only sound tics would be diagnosed with Chronic Tic Disorder (CTD).

Tourette Syndrome usually starts when a child is about 6 years old and can continue into adult life. The more severe cases involve complex movements or sounds that might be misinterpreted as purposeful. Sufferers can swear out loud (Coprolalia). This can be very disturbing for everyone. Coprolalia is extremely rare form, accounting for only 7% of TS sufferers.

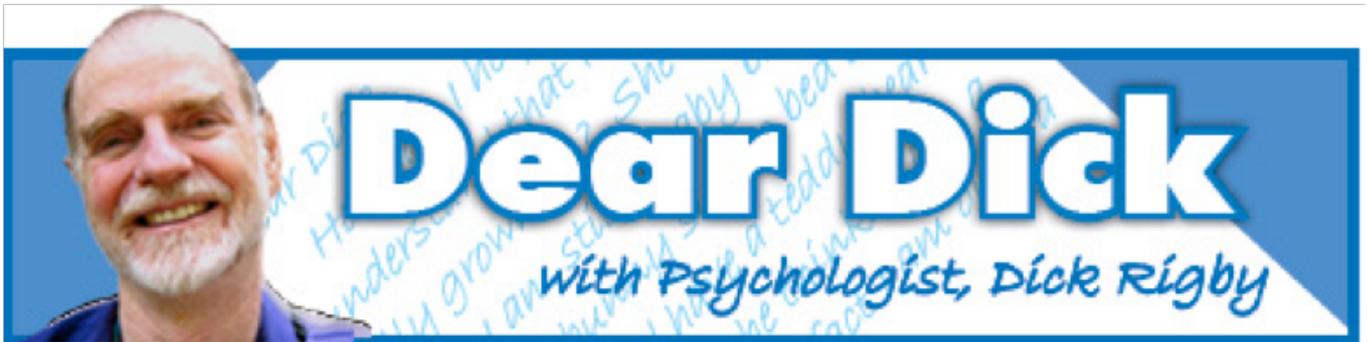
One of the most distressing aspects of this condition is for children. They can be ridiculed, stigmatized, and socially rejected. Stress and distress can lead to the symptoms getting worse. Sufferers can suppress their symptoms on occasions, but this does not mean the condition has gone away. Tics can also change over time and can even disappear altogether for up to three months.

Symptoms do not all have to occur at the same time. Also, sufferers may repeat words or actions, or sometimes they might imitate the actions and words of others. Even though TS is thought to be a neuro-chemical disorder, psychological treatment can help.

One treatment that is used is Competing Response Training. The client is taught a specific response pattern that would be incompatible with the tic. For example, if the tic was a vocal pattern, the competing response (CR) might be slow rhythmic deep breathing through the nose with the mouth closed. Another example would be a sudden jerking back of the head. The CR might be contraction of the neck flexors with chin slightly down.

The CR is performed for 3 minutes after each tic and after each warning sensation that a tic is about to occur. One study showed that a competing response need not be truly competing; e.g. for a head-turning tic, a CR of pressing the foot into the floor works just as well as a head-turning CR.

Also relaxation and self awareness training have proven to be effective in reducing the severity of tics.



“Irritable Bowel Syndrome” July 2009

I thought that I would give you some information about “Irritable Bowel Syndrome” (IBS). I have sourced some of this from an article by Dr Lesley Graff from the Canadian Psychological Society (January 2009).

IBS usually involves pain or discomfort in the lower abdomen and changes in bowel habit that involve frequent, urgent diarrhea or constipation. Bloating is another common symptom. It can be very debilitating and contributes to many days off work for the sufferers. Canadian statistics show that IBS is the second most common reason for missing work and is one of the most common reasons that people visit their doctor.

For some people IBS developed in childhood, and for others, it may follow a bowel infection. The causes are not fully understood, but the research evidence indicates that stress is a major trigger for IBS flaring up. Once the bowel has become over-reactive, it can be triggered by a variety of factors including diet, stress, emotional state, and even hormone fluctuations.

If you are a sufferer, it would help to consult experts about improving your diet, eating regularly, and eating a healthy, appropriate diet. Sleep and exercise are also shown to be important in recovery from IBS.

Psychology has an important role in the treatment. There are many techniques that have proven to be effective in relieving symptoms. Relaxation techniques and meditation are great ways to relieve stress. However, IBS is not the only beneficiary. Your general state of health can improve through regular use of these techniques.

Cognitive Behavioural Therapy also has a good track record. This involves changing a person’s thinking pattern so they deal better with stressful situations. There are many other therapies that can help a sufferer learn to let go of the stress that results from conflict.

Anger is a major contributor to stress. Anger can be a very self damaging emotion in certain people. Anger management is an very important aspect of reducing stress in many people. For a person who is too quick to anger, they can learn about alternatives to getting angry. I am not saying that anger management is easy, but it’s worth the effort. I have treated many couples who came to me locked in a “dance of anger”.

One of the consequence of anger is a “churning gut”. I have worked with clients who have been able to significantly reduce their stress and anger. Some of these clients have reported quite amazing results, including the reduction of the symptoms of IBS.