

You need new skills to deal with your problem.



#### Cognitive behavioral therapy

- focuses on current thought patterns and behaviors
- develops new skills
- tends to be short-term

You need to look inside yourself to find the source of your problem.



#### Psychodynamic therapy

- oriented toward past events; assumes patient is stuck in a previous developmental phase
- seeks embedded patterns and hidden attitudes
- tends to be long-term

We'll start with 25 mg Zoloft and see how you do.



#### Psychiatry

- medical/scientific intervention
- necessary for biologically based mental disorders, such as schizophrenia
- may be deployed with psychological interventions

Talking cure

Medicinal cure

Three methods of mental health intervention

## **Psychiatry leans toward nature. Psychology leans toward nurture.**

**Psychiatry** generally holds mental illness to be the result of physical factors, such as faulty genetics or neurology, and favors a medical model for treatment. Psychiatrists, as medical doctors, typically prefer physical interventions, such as medication or electroconvulsive therapy.

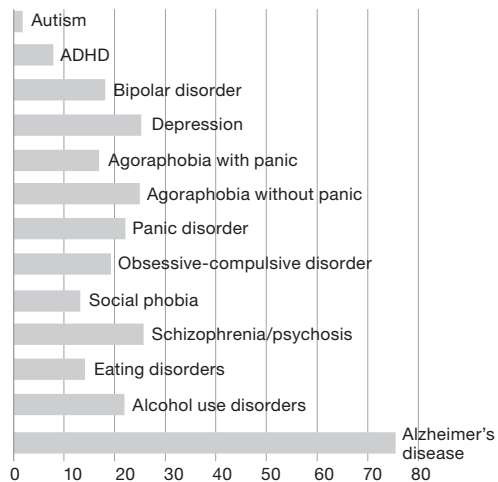
**Psychology** tends to view mental illness as the product of environmental and biological factors. It most often seeks a “talking cure.” Psychologists respect medicinal cures but realize they can be invalidating for some patients. Psychology believes people can really change. It is optimistic.

Gland	Hormone secreted	Function
pineal	melatonin	biological (sleep) clock
pituitary	growth hormones oxytocin prolactin	"master" gland menstrual cycle water and electrolyte regulation growth and division birth contractions, milk production
thyroid	thyroxin	metabolic rate
adrenal	adrenaline cortisol	fight or flight stress modulation
pancreas	insulin glucagon	blood sugar
ovaries/ testes	estrogen, progesterone/ testosterone	menstrual cycle/ male characteristics

## Neurotransmitters are text messages. Hormones are snail mail.

**Neurotransmitters** and **hormones** are natural chemical messengers that affect our emotions, thoughts, and behaviors. The primary difference between them is how quickly they travel and, in turn, how long-lasting their effects are. Neurotransmitters travel very quickly (within nanoseconds) from one neuron to another, such as when they cause us to retract our hand quickly from a hot stove.

Hormones travel via the circulatory system; they take much longer to have an effect (from seconds to hours) and can be long-lasting. If you have an argument with someone in the morning and it is still affecting you late in the day, it is probably because the hormone cortisol was released and is continuing to circulate long after you thought you were over it.



Approximate average age of onset

## If you make it through your twenties, you are probably in the clear.

Most people who suffer from mental illness experience symptoms in their twenties, although a few disorders don't become evident or debilitating until much later. Compulsive hoarders, for example, usually do not seek help until at least their mid-thirties, despite often self-identifying the onset before thirty. Many report an onset before age ten; some as early as age four.

Psychologists are ethically limited in diagnosing patients under age eighteen. This is because a young person's psychology is in flux, and there is great danger in saddling a developing individual with a misdiagnosis.

**Age**

0–1½  
1½–3  
3–5  
5–12  
12–18  
18–40  
40–65  
65+

**Core dilemma/crisis**

trust vs. mistrust  
autonomy vs. shame  
initiative vs. guilt  
industry vs. inferiority  
identity vs. role confusion  
intimacy vs. isolation  
generativity vs. stagnation  
ego integrity vs. despair

**Ideal virtue**

hope  
will  
purpose  
competency  
fidelity  
love  
care  
wisdom



Erik Erikson's life stages

## The central task of adulthood is integrity.

In early adulthood, the main challenge we face is differentiating ourselves from our family of origin. As we proceed farther, decisions about lifestyle, career, and family become part of the permanent scheme of adulthood: we work, attend to our loved ones, and contribute to our community.

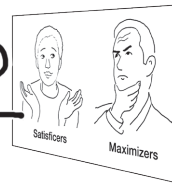
In late adulthood, the primary struggle comes from reflection on one's life choices. Psychologist Erik Erikson defined this struggle as integrity versus despair. Those who fear that their choices were poor (for example, pursuing material success over family and social connectedness) are likely to feel despair. Those who believe their lives have been spent well are likely to experience old age with a sense of well-being and satisfaction.



Dude, you gotta  
lose the model!  
Reality isn't binary;  
it's shades of gray!



Isn't it binary to say  
that a model has to  
be perfect, or you  
can't use it at all?

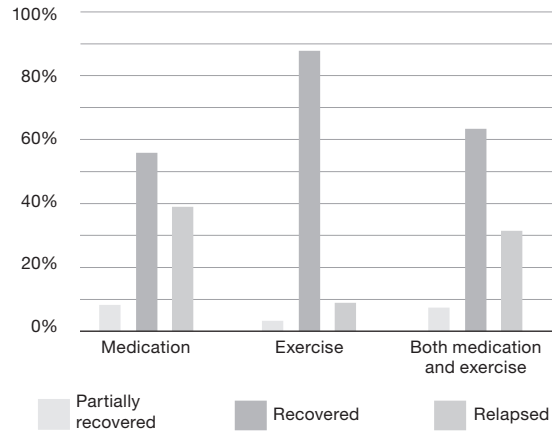


## We understand reality better when we leave parts of it out.

An ordinary road map isn't reality; it's a *model* of reality. It is useful because it is selective and imperfect: if a map accurately represented every aspect of a landscape, it would be of little value in helping one traverse it.

Language is likewise a model; it captures reality imperfectly. "Blue" does not perfectly convey the color of a given blue object, which will unavoidably be lighter or darker or have more green or red in it than the blue in one's mind. But this does not diminish the value of "blue" as a model; without such imperfect descriptors, how would we describe anything?

When know-it-alls dismiss a model for its shortcomings, it may be because they misunderstand the point of a model. They may think that the person advancing the model is arguing that the model is reality, when it is merely a lens for viewing it. And they might not understand that acceptance of a model does not require one to devalue or negate all other models. A blue object can also be long, heavy, smooth, and slightly greenish. Each imperfect model brings us closer to understanding the whole in ways that we could not attain if we sought only models that are perfect and complete.



Clinical status 10 months after initiation of treatment for depression  
Source: *Psychosomatic Medicine: Journal of Biobehavioral Medicine*

## Exercise beats Zoloft.

In 2000, Duke physician Michael Babyak enrolled clinically depressed patients in a study. Some were prescribed Zoloft, an anti-depressant; a second group was prescribed exercise; and a third group received both prescriptions. Within four months, those who only exercised were as likely to have recovered from their depression as those who had taken the psychiatric drug. Six months later, the exercisers were doing even better than the Zoloft takers.

The groups developed markedly different perspectives on their treatment. Although all were following a prescription, those who improved through the drug regimen tended to view their improvement, and presumably their depression, to have been caused by factors outside their control. But the exercisers were inclined to view their improvement as resulting from an internal source—themselves. Zoloft helped the patients; exercise empowered them.