Baptist Women's Department
Reload Conference 17-20 May 2018



Session on Psychological Disorders

18 May 2018

Topics spoken about today: Eating Disorders, Anxiety Disorders (Panic, Agoraphobia, OCD, PTSD and General Anxiety) and Mood Disorders (Depression and Bipolar).

NB! Remember the importance of not self-diagnosing yourself, friends or family. Leave that to the professionals.

We define disorders as having an illness or a problem that deviates from the usual, typically in a way that is undesirable or worrying.

We begin by looking at **Eating Disorders**:

1. Anorexia, Bulimia and Obesity are clinically diagnosed
2. Eating Disorders are characterized by either undercompensating or overcompensating eating behaviours, and needs to last for a substantial period of time in order to be diagnosed
3. Look out for the occurrence of eating habits (often or not at all?)
4. Be careful not to label people with a disorder when you don't have all the facts
5. What do you do to help someone with an eating disorder?
   5.1 Food is sometimes used as a reward system/ something we worship. As Christian women, we know the tools to overcome them, and help others to overcome them.
   5.2 If you feel it is serious and needs professional help, refer to a lay/ professional counsellor. Food is just the presenting problem, and not the real 'root' of the problem. Pay careful attention to what is going on in your child's life if they are suffering from one of the above eating irregularities
   5.3 Accountability partner, and that includes overseeing the food a child eats, in plain sight and hidden

Anxiety Disorders:

The difference between fear and anxiety:

Anxiety: Alerting signal of impending DANGER. It is the response to unknown, vague and conflictual settings (first appointment with a Dr., etc.).

Fear: Similar alerting signal, but it is a response to a known threat (fear of a dog biting you because you've been bitten before).

Disorders Defined:

Panic: attacks of panic characterized by 4 or more: palpitations, sweating, trembling, shortness of breath, chest pain, nausea, feelings of dizziness, fear of losing control, depersonalization/ derealization, numbness and chills.
Agoraphobia: Fear of being in places or situations from which escape may be difficult, embarassing, or in which help may be unavailable in the event of having a panic attack. It often involves avoiding places and situations like crowds, stores, bridges, tunnels, traveling in a bus etc.
OCD – Obsessions or compulsions. Obsessions: recurrent thoughts that are intrusive and inappropriate: contamination, repeated doubts, order, impulses. Compulsions: repetative behaviours meant to reduce anxiety. These include Hand washing, checking, counting, repeating words. Children have similar behaviour. Majority of OCD begins in childhood. The only difference, is that children do not think that their thought patterns are wrong.
PTSD and ASD – PTSD: exposure to traumas, some develop full-blown PTSD, others not. PTSD is characterised by recurrent memories, avoidance/ numbing and hyperarousal (startles easily and hypervigilance). In children, traumatic experiences are observed through play, recurrent nightmares without recalling traumatic events, behaviour that re-enacts the traumatic situations, along with agitation, fear or disorganisation.
Generalized Anxiety: – Excessive anxiety and worry about a number of events or activities. Most commonly faced disorder in youth. 3 main: separation anxiety, social phobia and general anxiety disorder. There is an increased rate in children facing these anxieties. If one is present, it is likely that another one is present as well.

Mood Disorders:

Depression: loss of a sense of control, loss of energy, appetite, feelings of death or suicide, guilt, difficulty concentrating, difficulty sleeping, loss of interest in things you used to find enjoyable.

Manic behaviour: elevated, irritable, inflated self-esteem, decreased need for sleep, distractibility, great physical and mental activity, over involvement in pleasurable activity.

Treatment:

DO NOT self-diagnose. If you are feeling uncontrollably down or 'up', rather see a clinician to sort it out.

Notes: