

UNDERSTANDING EMOTIONAL & PSYCHOLOGICAL STATES

PSYCHOLOGICAL & CLINICAL SYMPTOMS

M. Mala Cunningham, Ph.D.

1. **Dysthymia:** symptoms include poor appetite or overeating, insomnia or hypersomnia, low energy or fatigue, low self esteem, poor concentration or difficulty making decision, feelings of hopelessness.
2. **Depression:** chronic depressed mood, diminished interest in pleasure or other activities, weight loss or gain, insomnia or hypersomnia, psychomotor agitation, fatigue or loss of energy, feelings of worthlessness, diminished ability to think or concentrate, suicidal ideation.
3. **Generalized Anxiety:** keyed up or on edge, exaggerated startle response, difficulty concentrating or mind going blank, trouble falling asleep, irritability, muscle tension; autonomic hyperactivity - sweating, dry mouth, flushes, trouble swallowing, dizziness.
4. **Overanxious Disorder:** excessive or unrealistic worry about future, worries about appropriateness of behavior and competence; marked self-consciousness, excessive need for reassurance, inability to relax, somatic complaints: headaches, stomachaches, etc.
5. **Dissociated States:** essential feature is a disturbance or alteration in the normally integrative functions of identity, memory, or consciousness. An experience of feeling detached from and an observer to one's mental processes or body; feels like automaton, as if in dream.
6. **Anorexia Nervosa:** Refusal to maintain body weight to minimal for age / height; intense fear of gaining weight or becoming fat; absence of 3 consecutive menstrual cycles.
7. **Bulimia Nervosa:** Recurrent episodes of binge eating - rapid consumption of food in short time; lack of control during binges; regularly engages in self-induced vomiting, uses laxatives or diuretics; strict dieting or fasting; vigorous exercise in order to prevent weight gain; persistent over concern with body shape and weight.
8. **Obsessive-Compulsive Disorder:** Recurrent obsessions or compulsions severe enough to cause distress; these usually are time consuming and can interfere with normal routine. Obsessions are persistent ideas, thoughts, impulses or images which are experienced as intrusive. Compulsions are repetitive, purposeful and intentional behaviors performed in response to an obsession to neutralize or prevent discomfort.
9. **Post-traumatic Stress:** the result of a traumatic experience that is outside the range of usual human experience; can experience recurrent and intrusive dreams, avoids exposure to events that symbolize the trauma; avoids recollections of the event; concerted efforts to avoid thoughts and feelings associated with trauma, feelings of detachment or estrangement from others, restricted range of affect, unable to have loving feelings, sense of foreshortened future, i.e., does not expect to have a career, marriage, children etc.; difficulty falling asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance, exaggerated startle response.

BASIS FOR PSYCHOLOGICAL REFERRAL

1. Immediate referral if suicide is alluded to
2. Evidence of depression or withdrawing behaviors
3. Sudden loss or transition in client's life
4. Psychosomatic or stress reactions
5. Excessive worrying or anxiety
6. Nightmares, frequent crying, loss of appetite, insomnia
7. Evidence of angry or hostile behaviors and attitude
8. Explosive personality or aggressive reactions
9. Alcohol or drug abuse
10. Phobic reactions
11. Anti-social behaviors
12. Obsessive or compulsive behaviors
13. Paranoid or dissociative behaviors
14. Eating Disorders
15. Relationship difficulties
16. Sexual difficulties
17. Overly concerned with health or somatic complaints

Warning signs or danger signals for suicide: 1) previous attempts, 2) threats, 3) extreme depression - sad, anxious, disinterested, 4) changes in personality / behavior, such as sleeplessness, weight loss, appetite and/or withdrawal, 5) preparation for death making a will, giving away personal possessions, acquiring means to commit suicide, 6) a sudden lift in spirit.

Recommendations for how to make a referral:

1. Have a list of mental health therapists that you feel comfortable referring people to.
2. Establish a rapport with local therapists - either directly or over the phone,
3. Have their business cards available to give to people.
4. Call the therapist and let them know you are making a referral to them. Tell them who the person is and a brief description of why the referral is being made. Leave your phone number so that the therapist can call you back.
5. Monitor the student in class (if they are in a yoga class); periodically check in with the student on how they are doing.
6. Discuss with the therapist continuation of yoga classes or whether this would be contraindicated. Also discuss meditation and whether this is contraindicated based on what is happening with the individual. Individuals who are psychotic should not practice meditation; individuals who are dissociative on a mild level shouldn't have a problem with meditation, but moderate or severe dissociative problems are contraindicated. Individuals with full blown OCD might not do well

in a yoga class. Milder - moderate form of cyclothymia should be okay for yoga - especially the breathing practices.

7. If a student approaches you to discuss a problem or issue before or after class, be aware of confidentiality and talk where others won't approach or hear your conversation. Don't discuss the issues with others in a random fashion; use your mental health support system for advice and guidance on how to proceed if you are uncertain what to do.