

# NCM 334

## HISTORY

### A. PRIMITIVE PEOPLE

- believed spirits possessed the body and had to be driven out to effect a cure.
- Trephining (also referred to as trepanning) a hole, or trephine, was chipped into the skull using crude stone instruments.

### B. ANCIENT PEOPLE (2600-600 BC)

- Those with mental disorders were viewed as being either divine or demonic
- Divine was worshipped and adored. Demonic were punished and sometimes burned.
- Healers were asked to extract these unseen spirits through rituals and by using herbs, ointments, and precious stones.

### Aristotle (382–322 BC)

- Attempted to relate mental
- Disorders to physical disorders and developed his theory that the amounts of blood, water, and yellow and black bile in the body controlled the emotions.
- Bloodletting-Starving-Purging

### C. PRE-CHRISTIAN DEVELOPMENT

- Pythagoras (sixth century B.C.) believed in **reincarnation** ('metempsychosis').
- He was the founder of the encephalo-centric doctrine which considered the brain as the set of human consciousness, sensation, and knowledge.

### Hippocrates

- He proposed that mental illness was a disturbance of four body fluids body—blood, phlegm, bile, and black bile.
- Treatment: patients were given emetics, and laxatives, and were bled using leeches.

### Plato

- Who argued that immorality is to the soul what disease is to the body.

- Morality and mental health, though not identical, are nonetheless linked.
- In early Christian times, primitive beliefs and superstitions were strong.
- Priests performed exorcisms to rid evil spirits when that failed, they use more severe and brutal measures, such as incarceration in underground prison, flogging, and starving.

### D. MIDDLE AGES

- Mentally ill were confined in asylums or institutions.
- Superstition, mysticism, magic, and witchcraft prevailed as patients were locked in asylums, flogged, starved, tortured, or subjected to bloodletting. Beheading, hanging, and burning at the stake were common occurrences.

### E. THE RENAISSANCE PERIOD

- During the Renaissance, people with mental illness were distinguished from criminals.
- The hospital of St. Mary of Bethlehem was officially declared a hospital for insane, the first of its kind.
- The visitors at the institution were charged a fee for the privilege of viewing and ridiculing the inmates, who were seen as animals, less than human.

### F. THE REFORMATION

#### 1. PERIOD OF ENLIGHTENMENT

#### Phillipe Pinel - William Tuke

- Formulated the concept of ASYLUM as the safe refuge or haven offering protection at institutions.
- Talk therapy was introduced.

#### Dorothea Dix

- Advocated adequate shelter, nutritious food and warm clothing.
- She believed that society was obligated to those who were mentally ill.

#### Short lived

1. Attendants were accused of abusing the residents.

**Nurse: “But how can you be President of the Philippines?”**

**5. DEFENDING** - Attempting to protect someone or something from verbal attack

**“This hospital has a fine reputation.”**

**6. DISAGREEING** - Opposing the client’s ideas

**“That’s wrong”**

**7. DISAPPROVING** - denouncing the client’s behavior or ideas.

**“That’s bad”**

**“I’d rather you don’t cry!**

**8. GIVING APPROVAL** - sanctioning the client’s behavior or ideas

**“ That’s good.”**

**“I’m glad that..”**

**9. GIVING LITERAL RESPONSES** - responding to a figurative comment as though it were a statement of fact.

**Client: “They’re looking in my head with television camera.”**

**Nurse: “Try not to watch television.”**

**10. INDICATING THE EXISTENCE OF AN EXTERNAL SOURCE.**

**“What makes you say that?”**

**11. INTERPRETING** - Asking to make conscious that which is unconscious.

**“Unconsciously you’re saying...”**

**12. INTRODUCING UNRELATED TOPIC** - Changing the subject

**Client: “I’d like to die.” Nurse: “did you have visitors last night?”**

**13. MAKING STEREOTYPED COMMENTS** - offering meaningless cliches or trite comments.

**“Keep your chin up.”**

**“Just have a positive outlook.”**

**14. PROBING** - persistent questioning of the client

**“Now tell me about this problem. I need to know.”**

**15. REASSURING** - Indicating there is no reason for anxiety.

**“Everything will be alright.”**

**16. REJECTING** - Refusing to consider or showing contempt for the client’s behavior, ideas.

**“Let’s not discuss..”**

**17. REQUESTING AN EXPLANATION** - Asking the client to provide reasons for thoughts, feelings, behaviors, events.

**“Why do you think that?”**

**18. TESTING** - appraising the client’s degree of insight

**“Do you know what kind of hospital this**

**19. USING OF DENIAL** - Refusing to admit that a problem exists.

**20. INCONGRUENCE** – sending verbal and nonverbal messages that contradict one another.

The Five **W’s** Of LIFE

Who you are is what makes you special. Do not change for anyone.

What lies ahead will always be a mystery. Do not be afraid to explore.

When life pushes you over, you push back harder.

Where there are choices to make, make the one you wont regret.

Why things happen will never be certain. Take it in stride and move forward.

adolescence, although diagnosis mostly during early adulthood (25 years old)

- Conversion occurs between 10 and 35 years of age.

## BODY-RELATED MENTAL DISORDERS

### 1. MALINGERING

- intentional production of FALSE / GROSSLY EXAGGERATED physical & physiological symptoms for some purpose
- Motivated by external incentives.
- Can stop the symptoms whenever they like it.

### 2. FACTITIOUS DISORDER / MUNCHAUSEN'S SYNDROME

- occurs when physical or psychological symptoms are intentionally produced to gain attention
- inflict injury to themselves to receive attention, examination, treatment, sympathy and or comfort.
- Are highly knowledgeable about the practice of medicine.

### 3. MUNCHAUSEN'S SYNDROME BY PROXY

- **Occurs when a person's inflicts illness or injury to someone else to gain attention of emergency personnel or to be a "hero" for saving the victim**
- Mostly affects people on medical field
- Ex. Nurse injects KCL to client; saves through CPR

## THEORIES

### PSYCHOSOCIAL THEORIES

- Keeps stress, anxiety or frustration inside themselves rather than expressing it outward. INTERNALIZATION.
- Physical symptoms meet psychological needs for security, attention and affection through primary and secondary gain.
- Primary gains – direct external benefits that being sick provides such as relief of anxiety, conflict or distress.

- Secondary gains– internal or personal benefits received from others because one is sick such as attention from the family (receiving back rub).

## BIOLOGICAL THEORIES

- Somatization disorder is found in 10% to 20% of female first-degree relatives of people with this disorder.
- Conversion symptoms are found more often in relatives of people with conversion disorder.
- First-degree relatives of those with pain disorder are more likely to have depressive disorders, alcohol dependence, and chronic pain (APA, 2000).

### Nursing Diagnosis for Somatoform Disorders

- Ineffective individual coping
- Altered role performance

### Treatment

- Managing symptoms and improving quality of life
- Health care provider must show empathy and sensitivity to clients complaints
- Trusting relationship
- Depression occurs Antidepressant (SSRIs) is given

Ex. Fluoxetine (Prozac), sertraline (Zoloft), and paroxetine (Paxil)

### Interventions:

1. Assisting client in expressing emotions

2. Teaching coping strategies

A. Emotion-focused coping strategies (progressive relaxation, deep breathing, guided imagery, and distractions)

B. Problem-focused coping strategies (learning problem-solving methods, applying the process to identified problems, and role-playing interactions with

others)