The Psychology Couch Monthly Newsletter

The Couch

Heal. Learn. Grow

Psychology • Psychiatry • Wellness

THE COUCH BIDS FAREWELL TO CAITHLEEN NGWENYA

The Couch would like to say farewell and send warm wishes to our Accounts Manager and Administrative Assistant, Caithleen Ngwenya. She has been a part of The Couch team since 2016 and has decided to embark on a new venture in Dubai.

We have seen Caithleen flourish alongside our growing practice and she has participated in impactfully creating a collaborative, supportive and phenomenal team. We are so sad to see her go but extremely excited to see her succeed in this new journey of growth.

IN THIS ISSUE

PSYCHIATRIST DR ALICIA PORTER ON eNCA

Psychiatrist Dr Alicia Porter joined eNCA's Masego Rahlaga during Child Protection Week to add to the discussion on the shortage of child and adolescent mental health specialists as stated by The South African Society of Psychiatrists. More specifically, state-funded child specialists are only available in Gauteng, KwaZulu-Natal and the Western Cape, while most practitioners are in private practice. Subsequently, only 10% of South African children have access to specialised mental health care. The statistics are alarming given that further studies indicate 1 in 7, and even 1 in 5 children presenting with a mental health concern.

The budget allocated to mental health care in South Africa is lacking, especially in the public sector which is the most in demand due to accessibility. Only around 5% of the budget is allocated to mental health. Of this budget, a majority of the funds are allocated to hospital care to accommodate the treatment of severe mental health conditions. In this way, mental health care for children and adolescents are focused on crisis intervention, rather than preventive out-patient measures.

The long term implications of not taking care of child mental health problems, if we don't pay attention or read the urgency of child and adolescent mental health, we will find a population of adults who have mental health problems, which will for example impact our livelihoods, our economy, increases in pathology, and even increase in substance usage problems.

For more on this discussion, you can watch the full interview here: https://youtu.be/n98we9cIERQ

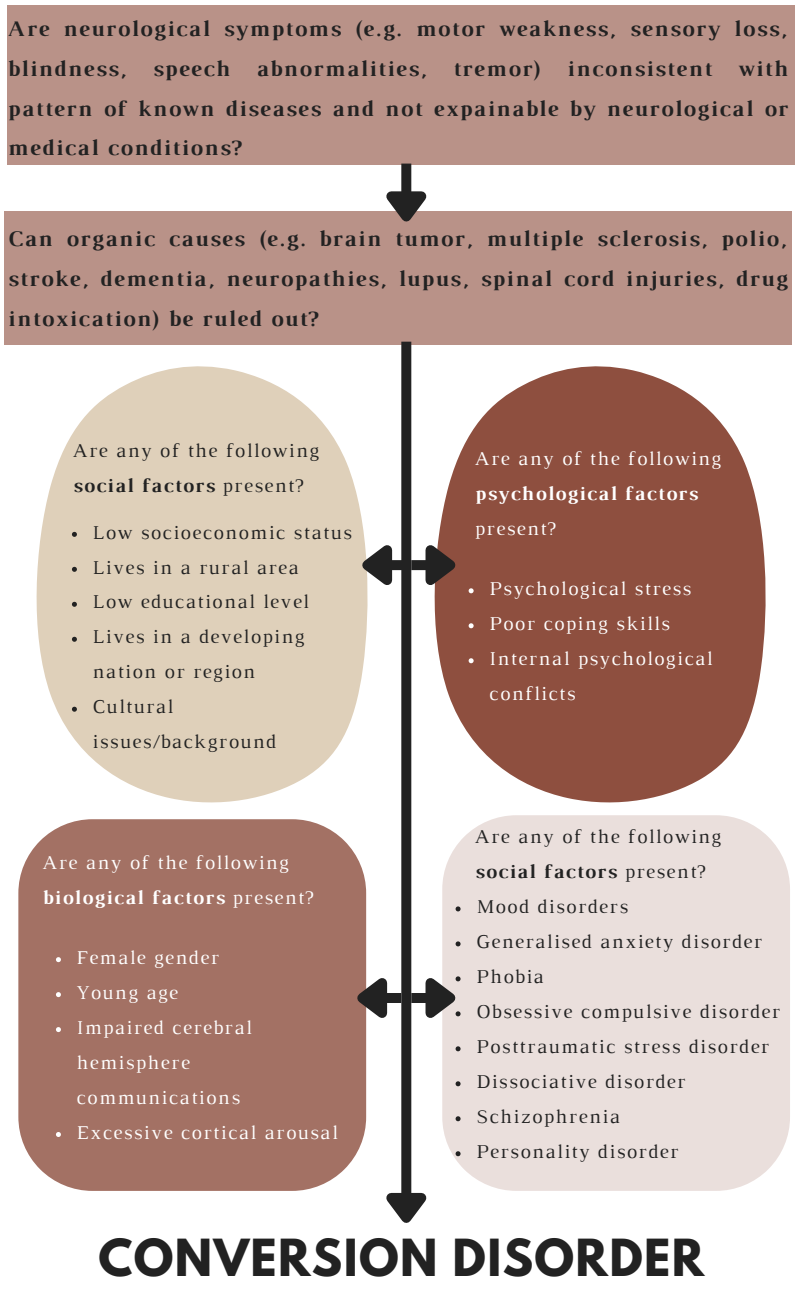
Exploring Conversion Disorder

By Clinical Psychologist, Nisha Rodgerson

Conversion disorder, also known as functional neurological symptom disorder, is a psychiatric condition where an individual has physical symptoms and signs that cannot be explained by a neurological or general medical condition. Instead, these symptoms and deficits arise from psychological factors, such as internal conflict, stress, or trauma. Physical symptoms are therefore masking emotional distress. These symptoms are not under voluntary control and a key feature of conversion disorder is the incompatibility between an individual's symptoms and recognized medical or neurological conditions. The term conversion was introduced by Sigmund Freud who hypothesized that the symptoms of this disorder are a bodily manifestation of unresolved unconscious conflict.

DIAGNOSIS

Conversion disorder is a psychosomatic illness and is complex in nature, both in terms of diagnosis and treatment. A full history of the presenting problem is very important in the process of diagnosing conversion disorder. To accurately diagnose conversion disorder all other medical and neurological explanations must first be ruled out by a healthcare professional. Often is it the presentation and the treatment of the symptoms that reveal the accuracy of the diagnosis. For instance, if the symptom occurs spontaneously and is resolved or diminished by insight-oriented psychotherapy then it is likely that the presenting symptomatology can better be explained by a conversion disorder. According to the DSM-5 genetics, neurological disorders (such as epilepsy), early childhood abuse and neglect and stressful events are associated with the condition.



SYMPTOMS

The most common conversion disorder symptoms are paralysis, mutism, and blindness; however, conversion disorder can have many different symptoms and presentations. Symptoms can usually occur suddenly and in some cases are associated with stress or a traumatic event. Stressful life events are deemed to be common in people who develop conversion symptoms, however this is not always the case. Symptoms can manifest due to an unconscious conflict between a forbidden wish of the person and their conscience. Therefore, the conversion symptoms can sometimes represent a partial wish fulfillment of the subconscious unacceptable desire. Some typical signs and symptoms of conversion disorder include:

Signs

- A debilitating illness that begins suddenly
- History of psychological problems that improve when symptoms of physical illness appear
- Lack of concern that usually appears with a severe physical symptom

Symptoms

- Blindness
- Paralysis
- Swallowing difficulties
- Inability to speak
- Unresponsiveness

> **Trauma is stored in the body. We can't talk our way out of it. We can't think our way out of it. We must become fully aware of it and move through it to process it.**

TREATMENT

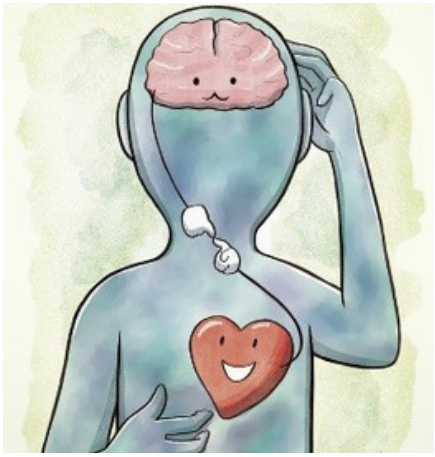
Treatment for conversion disorder typically consists of psychotherapy, physical therapy, and/or medication. The focus of psychotherapy is to help the individual understand the emotional conflict behind their physical symptoms, and to resolve this underlying psychological distress.

A SENSITIVE APPROACH

Symptoms of conversion disorder can cause significant distress and impairment in everyday functioning even though these symptoms do not have a physiological origin. Dismissing an individual's symptoms as "not real" is something that healthcare professionals and family members should avoid. A sensitive approach to treatment and history taking is most helpful, as the patient is not in control of their symptoms, nor are they faking the symptoms (known as malingering). In the South- African context where crime, fear and continuous exposure to traumatic stress is prevalent, it is particularly important to pay attention to the connection between psychological stress and how this could be expressed physically. A large portion of our population is disadvantaged from a socio-economic perspective and according to Kaplan & Saddock (2015) this is an added risk factor for developing conversion disorder.

INTERESTING FACTS

- Conversion disorder is more common amongst women than men.
- Symptoms are more common on the left than on the right side of the body in women.
- Onset is generally from late childhood to early adulthood and is rare before 10 years of age or after 35 years of age.
- The onset of symptoms is usually spontaneous.
- Anxiety disorders, depressive disorders and somatization disorders are often associated with conversion disorder.



THE MIND BODY CONNECTION

Physical symptoms, as seen in conversion disorder, is often the body's way of coping with an otherwise impossible psychological situation. These symptoms are often adaptions - ways that our body and nervous system have learned to cope with psychological distress. Trauma is stored in the body. We can't talk our way out of it. We can't think our way out of it. We must become fully aware of it and move through it to process it. Optimum health requires the mind, physical body, and spirit to be in balance. Healing the emotional body is therefore just as important as healing the physical body. Sometimes we are not even aware of the trauma or conflict that we carry within, and it is important to listen to the messages that our body is sending us.

References

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DBT AT THE COUCH: FACILITATED BY EDUCATIONAL PSYCHOLOGIST MELINA GEORGIOU

Dialectical behaviour therapy (DBT) treatment is a cognitive-behavioural approach that emphasises the psychosocial aspects of treatment. The theory behind the approach is that some people are prone to react in a more intense manner toward certain emotional situations, primarily those found in romantic, family and friend relationships. DBT theory suggests that some people's arousal levels in such situations can increase far more quickly than the average person's, attain a higher level of emotional stimulation, and take a significant amount of time to return to baseline arousal levels.

People may sometimes experience extreme swings in their emotions, see the world in black-and-white shades, and seem to always be jumping from one crisis to another.

Because few people understand such reactions — most of all their own family and a childhood that emphasised invalidation — they don't have any methods for coping with these sudden, intense surges of emotion.

DBT focuses on teaching skills within four main modules: Core Mindfulness, Distress Tolerance, Interpersonal Effectiveness, and Emotional Regulation. Core Mindfulness is considered the foundation upon which all other skills taught in DBT are based as it helps individuals accept and tolerate powerful emotions they may experience when faced with challenging or upsetting experiences or situations.

Divided into 'What' and 'How' skills, this core module helps clients control the focus of attention by fully participating in the moment rather than moving distractedly through life. This is performed through the practice of non-judgementally observing and describing their inner and outer environments and focusing the mind on one process, task or experience at a time.

At The Couch, we use DBT as a method for teaching skills that will help in this task. We offer DBT in both psychotherapeutic form and through our Groups and Out-Patient Support Programs.

Two Out-Patient DBT groups facilitated by Melina Georgiou are currently running at The Couch practice in Rivonia. For more information, to book a session, or to inquire about our next DBT groups, you can contact our admin team via email on admin@thepsychologycouch.com or call us on 011 234 0741.

INTERNATIONAL DAY OF FRIENDSHIP

The International Day of Friendship on the 30th of July stemmed from the idea that friendship between countries, cultures and individuals can inspire peace efforts and build bridges between communities. The origin of this day is to encourage us to carry a set of values, attitudes and behaviours that reject violence and endeavour to prevent conflicts by addressing their root causes with problem-solving approaches.

Friendships can enrich our lives, and provide us with emotional and practical support when we need it. It is such an important piece of our daily lives and we may tend to forget the value and important role our friends can play in our lives.

Days like these provide us with the opportunity to reflect on the connections in our own lives.

Let's take a minute to reflect on how our friends have impacted us - good or bad. What significant role your friends have played in your life ?

COMMUNITY CORNER

The past two years have highlighted many challenges, not least of all our ability to remain positive under extreme circumstances. Our responses and our ability to cope are observed by silent onlookers - our children. Children learn about the world through observing, listening and exploring.

Lesley Potgieter, a qualified teacher and stroke survivor, identified a need for some support, encouragement and compassion in children's lives. To meet this need, Lesley created a positivity journal to encourage children to express their feelings and develop a habit of journaling with the use of prompts and activities that are suitable for children from Grade 3 onwards. She believes that positivity is a skill that needs to be encouraged. The earlier a child is able to find and recognise that something positive is occurring in their lives despite situations or circumstances beyond their control, the better.

It forms the building blocks that aid in promoting a positive mindset in the future. This takes time and reflection. Journaling allows children the opportunity to acknowledge their feelings, reflect on their actions, their response to it and help create and develop their own solutions. Journaling does not always mean detailed descriptions. Initially, it could be an expression of a few words, clippings or drawings. Journaling is a tool that creates a safe and private space for introspection.

In addition, she writes letters, through her start-up Aware Bears, for children in pre-primary and primary school who need some compassion and kindness if they are struggling with challenges such as fitting in, peer pressure and studying, among other difficulties. These letters validate the child's experiences, alongside providing them with much-needed comfort. For more on Lesley's work, head over to her website: www.awarebears.co.za

Thank you for being a part of our Couch Community. Stay tuned for next month as we share the August edition of The Psychology Couch Newsletter.

Until next time, our wish for you is to heal, learn and grow.

Get involved and stay in touch via our social media platforms:

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