

# Mental Health

A guide to understanding various diagnoses and mental health problems...In this guide we will inform you of the many types of disorders and mental illnesses that cause millions to suffer every day. We will also inform you of remedies that can help you find support, as well as support those suffering mental illnesses.

## **Auditory Processing Hyperactive Disorder ADHD**

Auditory Processing Hyperactive Disorder is known as Attention-Deficit Hyperactivity Disorder, better known as ADHD. Auditory Processing Hyperactive Disorder is a product of intricacy in processing and making sense of the *auditory stimuli* in the nonattendance of tangential hearing deficiency, coupled with Attention Deficit/Hypertension Disorder (ADHD). Auditory Processing Hyperactive Disorder is widespread with children and teenagers, rather than adults. However, the Auditory Processing Hyperactive Disorder has no narrow-mindedness and more adults are diagnosed at present. Warning signs of Auditory Processing Hyperactive Disorder comprises of incapacity to use common sense. Habitually the patient verbalizes without care of hurting other individuals, and constantly these people feel of great sense of boredom; however, thrilling tasks may be managed without further complications occurring. The many that suffer symptoms of Auditory Processing Hyperactive Disorder or else ADHD/ADD and auditory disorders also demonstrate behaviors, which include impulsive behaviors. The patients often act out before thinking, and often disregard the consequences of their actions and behaviors.

Auditory Processing Hyperactive Disorder, ADHD/ADD is a cranial nerve that connects the inner ear with the brain, and transfers impulses, which control the balance in hearing. When the Auditory Process is interrupted, the patient is often aggravated and hyperactive symptoms increase, which leads pointlessly to the Attention Deficit Hyperactivity. Hyperactivities are symptoms that include unyielding energies. Once these energies are interrupted, the patient often acts out inappropriately.

The interruptions in the hearing and the balancing often occur when the central nervous system is affected. Once the central nervous system is interrupted or else affect, other symptoms occur, forcing the patient to react.

Recent studies have proven that the central nervous system plays a key role in the functioning of health, learning and coping skills. Researchers also found that the Auditory Processing Hyperactive Disorder, ADHD/Add, and many other related disorders are associated to the neurotransmitter deficiency ailment. The neurotransmitter process is associated to the central nervous system therefore the problem is obvious. If the central nervous system is treated, effective treatment may be in order. In an effort to solve the many disorders that plagiarize our system daily, we need to take a closer look at the central nervous system. Diet is another issue that is associated with many disorders. Since, most people with diagnoses often lack sufficient dietary foods that help them stay healthy. If you suspect your child, friend, family member, or other loved one has symptoms laid out in this article, you are advised to contact a professional that deals with this type of diagnose. If you delay, the patient may suffer tremendously, as well as may even commit suicide when the patient does not see a way out.

Auditory Processing Hyperactive Disorder is common in many children, and often the children who suffer resort to alcohol and drugs as a source of relief. If your

child is suspected of suffering this disorder, it is important that he or she receive proper treatment and therapy. Alcohol and drugs is a leading cause to suicides, jail, crime, and so forth, so to protect your child you need to take the appropriate steps to healing. As the mother of two teenage boys, one that suffers Auditory Processing Hyperactive Disorder-ADHD, I can tell you delay in treatment is fatal. It is also important that you provide the necessary diet to the plan to avoid deficiencies. A good diet plan, education, therapy, and natural supplements, coupled with Chiropractic tactics can help your child. Since the Central Nervous System is affected, it is wise to receive treatment from sources that specialize in this area. Psychiatrist, psychologists, therapist and other professionals do not always have the answers. Therefore, it is important to know the expertise of the specialist treating your child. Medications are found to be the leading cause for psychosis break offs schizophrenic episodes, and so forth. Many of the Mental Health experts focus on distributing medications in the treatment of ADHD patients. Therefore, natural resources, Chiropractors, and other sources may be the solution for treating Auditory Processing Hyperactive Disorder, ADHD/ADD. It is important to learn all you can on the many types of disorders and mental illnesses that are affected our children, so that you can find a resolve if your child is suffering. Learning the case studies of Attention Deficit Disorder can guide us to help.

## **Case Study Attention Deficit Disorder**

Studies have shown that Attention Deficit Disorder (ADD) has exposed that fish oil may help slow down symptoms of ADHD/ADD. The symptoms of ADHD/ADD include coordination disabilities, learning perplexity, hypertension, emotional impairments, inability to focus, impulsive behaviors, short tension span, and more. ADHD/ADD is a common diagnose with many adults and children today, and the studies are showing that Attention Deficit Disorder patients that use fish oils provide more relief than Adderall, Ritalin, and other medications that are often giving to ADHD/ADD patients. Doctors have recently learned that Thyroids, lead poisoning, and other chemicals impairments are responsible for Attention Deficit Disorders in children. The high epidemic, leads researchers to uncover many possibilities to find answer to this ongoing scope of disorders. Doctors have included therapeutic tactics, combing the strategy with medicines and education. The treatment integration for ADHD/ADD patients have proved effective, however doctors are extending their search to find a solution for ADHD/ADD patients, approaching stimulants to resolve the variance. Recent studies have found that stimulants are the leading cause of other epidemic problems in both children and adults. Children today are treated for psychotic episodes, including traits, tendencies, and so forth, as a direct result of medications given to ADHD/ADD patients. Ritalin and Adderall, as well as other stimulating drugs are linked to psychosis, psychoses, bipolar, manic depression, and schizophrenia episodes. The soaring rate of children and adults diagnosed with ADHD/ADD are guinea pigs for the doctors that prescribe the healing medicines. Is it any wonder the world is increasing with problems? Natural resources are currently studied, as the researchers are now finding that natural resources are a better solution than what is offered in stimulants. Researchers have also found that the many that are diagnosed with ADHD/ADD often use alcohol and drugs to relieve their pains and sufferings, and sometimes the stimulants are a direct reason for the addictions. Case studies with Attention Deficit Disorders have shown that Docosahexaenoic Acid (DHA) is an essential element to the central processing of the brain tissues. Studies has shown that the loss of memory, depression, ADHD/ADD symptoms, as well as the many other related problems may very well be linked to low Docosahexaenoic (DHA). Researchers are constantly searching for solutions that are more effective to treating the epidemic of ADHD/ADD, and currently fish oil is the ultimate solution, coupled with therapy and education.

## **Off Track**

I am going to jump off track at this point, since I have done my own analytic studies, research, and observed my son that suffers with Attention Deficit Disorder. I have found in my studies that Chiropractic Solutions are a great resource for effective correction in ADHD/ADD. I have also found that Concentrated Omega3 coupled with Spectrient is also helpful to those that suffer with Attention Deficit Disorders. My son was on medications for more than four years, and all the issues addressed above are true. My son suffers psychosis, ADHD, anxiety, schizophrenia, as well as other symptoms. Since I stopped going to the doctor, and treating him with natural resources, my son is now improving with his behaviors, actions, and so on. There are days that are bad for him, but he is now able to admit when he is wrong. I found that doctors do not always have the answers, and believe that the doctors that study ADHD/ADD need to listen more to the patients and the parents since these people are constantly dealing with this type of situation daily, and sees more than any doctor could ever see. In my study, I also noticed that many counselors are lacking in the treatment for ADHD/ADD patients, by instantly sending them to a psychologist for medications. I am firm believer that education is the ultimate solution for many of those suffer with diagnosis, including schizophrenia, psychosis, psychotics, multiple personality disorder, ADHD/ADD and so on.

The only disorder or diagnose that I recommend to KEEP as far away from education in some areas is sociopath and psychopathic. I watched as these personality types use education to their advantage to hurt others. I have a second son with psychopathic tendencies, intermittent explosive disorder, oppositional defiance disorder, impulsive control disorder, and other disorders and as I watched him, he studied the legal structure in an effort to find a way to kill and get away with it. Depression and learning disabilities is another subject we need to address.

## **Depression and Learning Disabilities**

Depression and learning disabilities are often misunderstood. Learning disabilities and depression are common mental illnesses that affected millions everyday. Studies has shown that children suffering with learning disabilities have complexity learning to speak fluently, take care of their health and bodies, and often suffer with the inability to cope with stress and the common pressures of everyday living. Many of the patients that suffer depression and learning disabilities are claimed to be borderline retards. Depression is related to emotional scaring, childhood traumas, chemical imbalances, insufficient nutrition's, and other factors, so therefore it makes sense that it is believed a form of retard ness. Learning disabilities are often stemmed from lack of education, positive influences, and miscommunications. Often people that suffer from depression and learning disabilities are overwhelmed, and this too creates a problem for the patients. If you notice anyone around you that is suffering from symptoms of depression and learning disabilities, such as lack of enthusiasms while playing,

unhappiness, feelings of despair, suicidal tendencies, and negative thinking then you should immediately contact a professional to avoid risks. Depression is serious mental health disorder and it should not be taken lightly. Often people that suffer depression or learning disabilities use alcohol and/or drugs as a source for relief. This only creates a bigger problem, and help is needed immediately. Depression also causes fatigue, lack of interest, and behaviors that could lead to criminal prosecution. Many people that suffer depression are affected by common problems, such as debts, deaths in the family, and so on. They often have the inability to cope with stressors, and often need support as a result. Doctors often treat such patients with medications, including Prozac, however, recent studies has proven that the many medications used for treating depression and learning abilities have side affects that complicate the diagnose. It is recently been discovered that depression may be linked to propensity for perception after the fact, for *immersion* in the mind's eye, a normal accompanying friend to the *restraint*, if not antisocial, depressive irritation. I beg to differ with this philosophy, since most encounters I've come across with patients that suffer depression and learning abilities, they often strive for attention. This is a complete contradiction of antisocial, since antisocial is a diagnosis where the patient refuses to associate in society. Commonly depressive maniacs, or handicaps that include depression and learning abilities they often strive to find the answers to their suffering, yet neglect to see the answers when it is in front of them. The mind is a tricky thing, and when someone tells someone that his or her emotions are not real, it is only denying the true problem. It is important to recognize the problem, without promoting a label on the patient. Regardless of the many philosophies available to us, one being that when a person is labeled they are often sees as a label by counselors, and other individuals. The key to eliminating any problem is learning to accept your disability. Once you accept and recognize the problem, in my experience it has proven successful in treating the diagnosis. The problem then is not necessarily on the diagnose itself, rather it is on the many professionals, patients, and others that refuse to accept that the problem exists. Instead of examining the mind, it is also important to examine the diagnosis closely and pay thorough attention to the symptoms. Once you start dealing with each individual symptom separately, you can then work through the other problems gradually. The problem many times is professionals want to turn to medication verses treating the patients with effective therapy. Let's look at a medicine that is given to patients with schizophrenia, antipsychotic, and other related diagnosis. Ziprasidone (ZIH praise ih dohn) for example, has possible risks including Neuroleptic Malignant Syndrome, affect on glucose or sugar level, affects blood pressure levels, and promotes involuntary movement disorder. Now anyone that knows depression and learning disabilities should be wise to avoid risking or promoting such complications. The listed risks are often direct links to the central nervous system, and most people with depression and learning disabilities need to avoid any areas, including medicines that affect the nervous system. Schizophrenia is another issue that mental health experts face each day, searching for solutions to resolve the problems.

## **Mental Health and Schizophrenia**

Schizophrenia has plagued our systems for many years. Today, mental health experts are finding more cases of schizophrenia than they counted in the past. Schizophrenia is nothing to play with, and anyone ignoring this diagnose is only throwing fuel to the fire. Schizophrenia has several levels of diagnostic symptoms, yet anyone with schizophrenia should be treated IMMEDIATELY. If you know anyone with symptoms including Paranoid, Paranoia, Hallucinations, Voices, and so on, contact a professional RIGHT NOW! Do not wait, since the more schizophrenia develops the more others, including the patient are at risk of dangers. I am a survival of a father that suffered Paranoid Schizophrenia, and anyone around these people are subject to danger, pain, suffering, misery, and more. Not only does this type of patient suffer, anyone around them will

undergo tremendous pain and suffering. Common words that schizophrenia's relate to others is, "they are coming to get me," or they tell you that the CIA/KGB is out to get them. Hallucinations affect the sensory in the sense it conveys messages or else nerve impulses to the sense organs, and singles the message to the nerve centers, thus creating a suspicious force. Therefore, the patient is often suspicious of everything that is near him, including objects, people, places, things and so forth. Once the suspicion sets in, (if they do not drive you crazy by this time) they may act out violently believing they are defending. Next to a psychopathic or sociopath, schizophrenias are nothing to take lightly. Since the TWIN area of the brain is affected, and the mind is broke off from reality most times, it is important to treat these patients immediately. Medication in this case is needed to prevent episodes of schizophrenia. Schizophrenias often hallucinate when they observe things around them, perceive sounds that affect or trigger their symptoms, smell orders, taste, and even sense or feel things around them. Researchers for years have been astounded by this diagnosis, and are struggling constantly to find answers to the many questions regarding schizophrenia. I won't go into great detail, but in some cases when schizophrenias are saying they are coming to get me, we might need to step back and evaluate this common saying more closely. Hallucinations are similar to or the same as psychotic breaks, since the patient often loses contact with reality. The voices often tell them (dangers alert), which is often untrue. One example of a Paranoid Schizophrenia episode can be seen with the Oklahoma Bomber. If you notice anyone around you that laughs for no apparent reason, shout at the air, constant muttering during periodicals, covers ears, and so on, this person may be a victim of schizophrenia. Most patients with schizophrenia are often suffering by the age of 13 and up, and most times a patient is not treated until later in life, simply because professionals play around with debate. This is because certain symptoms of schizophrenia are found in other types of disorders as well. The downside is when a schizophrenia is not treated early they often break off into paranoid mode and this is when the diagnosis is at its most dangerous stage. Schizophrenias often reason with the voices. If they begin hearing the voices in their head, (Schizophrenias have voices within the mind) the patient may claim the voices are from God, Satan, or even an alien. The visual perspective of schizophrenia breaks is slightly similar to the voices. Often schizophrenias believe that are sensing or seeing others around them talking when they are not. They may tell you that the KGB or the CIA came to the door, when it the deliveryman dropping off a package. Many professionals today are claiming that mania or depression has symptoms similar to schizophrenia. Voices are an example that professionals are claiming affects depressed or bipolar patients. I second-guess them since I've been around schizophrenias, depressed individuals as well as bipolar patients, and from experience, I believe that the latter are suffering thought processing patterns that are misunderstood as voices. Anyone with depression, bipolar or mania often suffers suicidal tendencies, which is not common in schizophrenia. Schizophrenias would much rather kill than die, although there has been few cases reported of suicidal behaviors. Mental illnesses and the many diagnoses is an ongoing battle.

## **Mental Illnesses and Diagnosis**

What is diagnosis? Many people dispute mental illnesses claiming the mental illnesses do not exist. Counselors are often diagnosing individuals every single day, and to understand the symptoms and diagnosis you must understand the underlying and overlying controversies that fall in between. Mental health is essential for everyday life. There are many signs that illustrate mental illness and often people disregard these symptoms as a misconstrued level of understanding on the patients part. The fact is, when a person has a common denominator he or she often thinks clearly without interruptions, but when a person is in constant interruption there is probably a problem existing. Medical and mental go hand in hand and this is where doctors, psychiatrists,

psychologists, counselors, and many others are often confused. The underlying problems lay somewhere between belief, tradition, miscommunication and so forth. If you are treating a person believed to have a mental illness, you need to pay close attention to understand where I am coming from. Many professionals, individuals, political leaders, and others are ready to change the way we all believe, think, feel, et cetera, changing us to conform to another individual's way of thinking and so forth. Read between the lines and you will see a part of the problem already. When people are trying to change what another person believes it is stepping on toes. When you step on toes, there are obviously consequences and often people failed to see why they are a part of that consequence. Let's take a look a few diagnosis and symptoms and where we play a large part in the interruptions. Starting with the little doses and working our way up, we can see that bipolar is a common disorder in society today. Do not tell me you don't know someone with bipolar, unless you have been isolated for thousands of years, I don't believe you! Bipolar is a common disorder today, and many people fail to understand what it really means. Bipolar is a mere chemical imbalance. This means that the brain is denied of nutrients that are valuable for reproducing good results. The problem is most people diagnosed with bipolar are disregarded in the sense that childhood experiences are ignored. Many of us deal with traumas, dramas, and other stressors in different way. No ONE person is the same and none of us should be expected to deal with stressors the same as another person. To do this is instigating more problems. First, we all have TRIGGERS, and when triggered we all respond differently. Some of us respond negatively, while others of us decide to ignore the issues. The ones that ignore the many issues are often not hearing the messages in between, and this is what separates mental illness from the so-called normal mind. First hand experience, I am willing to put my money on the mental ill since they are more apt to listen/hear verses the so-called normal that only hear what they want to hear and rarely listen to what is said to them. There are many that will dispute mental illness, but these people are only adding fuel to a fire that has already been started since Jesus and before walked the earth. I will not walk with Cain and Able, since you probably do not want to go there, but the fact is jealousy, hate, and other related issues raised enough hate in Cain that he killed his own brother. The fact is mental illness has been around for decades and the links are jealousy, hate, fornication, lies, and so forth, and while these are the underlying issues that revolve around mental illnesses, the overlying problems are left to be addressed. BREAKING it down, what part, do you play in the diagnosis of mental illnesses? I think if you read between the lines, you will soon find out. Mental illnesses is not only a diagnose, but a belief, a thought, and process of understanding what is taught to another. Finally, I study human behaviors and criminal justice, and I will be the first to tell you that we all play a role in mental illness and mental health, and we all are responsible for the problems that we face everyday. Knowing the mental health symptoms is important to learning how to fix the many problems we all face today. We should examine cognitive disorders to get a better understanding of mental illnesses.

## **Cognitive Mental Health Disorders**

Therapists around the globe are constantly searching for answers that help them understand mental illnesses. Cognitive disorders including, dementia, delirium, alcohol-induced disorders, and other related disorders are under constant studies. Most cognitive disorders listed in this article have classic denominators, including loss of memory. Most of the diagnoses are linked to disease of the brain or biological disease, or else alcoholism and related chemicals. Often people with cognitive disorders have difficulty with speech, including relating with others, and reasoning. Their judgment is often affected, and their ability to recognize is often comprehended differently than the normal mind. Often the patients suffer depression, irritation, paranoia, and other related symptoms that could

easily be misdiagnosed, since bipolar has similar characteristic symptoms. Delirium includes symptoms that target the awareness, signals confusion, affects speech, loss of memory, imposes fear, stems depression, and many other symptoms that affect the patient. Physical symptoms also insult the patient. Increased heart rate, disturbance in sleep, nausea, and many other physical symptoms make it difficult for the patient to find comfort. Recent studies have shown however that medications can increase symptoms in the disorder, including strokes, heart attacks, imbalances and so forth. Dementia is a type of Alzheimer disease that causes the patient to lose memory, learning inabilities, language impairments, and so forth. AIDS strokes, heart failures, and other chronic problems may cause a person to suffer dementia. People that suffer dementia may personal hygiene incapacities, poor judgment, avoidance, personality altering, and so forth. The diagnoses can be misconstrued for several disorders, including major depressive. It is important to avoid alcohol if you are suffering with any symptoms of mental illness. Alcohol only increases the symptoms interruptions and causes more harm to the patient. Many mental ill patients will resort to alcohol and/or drugs to find a source of relief from their suffering. This is not the solution and should be avoided at all cost. Alcohol-induced disorders are classified in cognitive disorders simply because the symptoms are related, and many of the diagnoses are a direct result of substances in many cases. This is not true of all mentally ill patients. Therapists have treated many patients that have never touched alcohol or drugs. Although many counselors will try to find this as an excuse to eliminate the worst-case scenario. Alcohol induced disorders are also known as 'Korsakoff's Syndrome,' which affects the memory directly. Symptoms often include memory loss, denial, indifferences, sometimes-violent behaviors, and so forth. Most alcoholic or drug patients are direct link nutritional deficiencies, which often include B-Complex. It is often difficult to treat alcoholism, however it is possible. It takes the person to will their self free of the substances, acceptance is the beginning of recovery. Many patients that are alcoholics or addicts sometimes treated with medications for physical impairments. I have acknowledged obsessive medicinal deliveries, and often the medicines that are provided to the patient with trigger the alcoholism symptoms. High dosage of B-Complex is often given to patients in extensive outpatient/inpatient therapy where alcohol and drugs are the problem. If the patient is at an early stage then it is possible to treat the patient affectively. Nowadays alcoholism is affecting children, and it is time that we take a step to stop the increase of alcoholism and drug addictions, before it is too late. Therapists are constantly searching for a way to resolve the many mental illnesses today. As they study, they are finding that more problems are out there and it only slows them down, since when they find new discoveries they focus on this problem, pushing the other diagnoses to the back shortly or else linking them together. Mental illness whether it be alcoholism or other diagnoses is not a game. There are millions of people around the globe suffering everyday and are rarely receiving the care they deserve. We all people and all of us deserve care, including (if not more so) those with mental illnesses. In the next article, we are going to discuss more severe disorders, including antisocial behaviors, obsessive-compulsive behaviors, schizoid, schizotypal, and so forth. I think it is important that we all have a basic knowledge of the many diagnoses in the world. Having a basic knowledge can help us to cope or help someone that is suffering mental illnesses. Understanding mental health issues helps us to find a way out of the darkness.

## **Mental Health Issues**

For year's professionals, researchers, philosophers and many others have examined mental health searching for answers of existing disabilities. First, there are many types of mental illnesses. The types include adjustment disorders, bipolar, sexual disorders, dementia and delirium, as well as many other disorders that affect people every day. Looking at adjustment disorders, which is a common diagnosis where the person has

difficulties adapting to stress. Bipolar is a very common disorder, and often I believed the diagnosis are misconstrued. Bipolar or manic-depression affects people by bringing forth symptoms such as, hyperactivity, excessive worrying, and mood swings and so on. After dealing with an individual for more than a year with Bipolar, I can tell you upfront that the individuals can drive you crazy if a solution for treatment is not ministered to immediately. The persons often suffer suicidal tendencies, which I have witnessed first hand that in most cases the patient is seeking attention. Few actually threaten suicide and actually carry it out. Most people believe that Bipolar is a mental illness, however the truth is Bipolar is directly linked to Chemical Imbalances, which means it is more neurological than psychological. In other words, the brain has chemicals that were not nourished. Therefore, when the nervous system is affected so is the mind and this is why it is labeled under mental health. The fact is recent studies has directly linked Bipolar to ancestry or genetics. Studies have shown that most patients diagnosed with Bipolar often have a family history of mood swings in the family. The problem then is treating the diagnosis affectively without over medicating or putting the patient on medications that influence psychotic breaks. I found that the root of the chemical disorders that promote mood swings is often linked to childhood development and trauma that was never dealt with. If the mind has trauma in the back and it is not brought to the front for learning, accepting, and handling, then the bipolar symptoms will often increase as a result. Yet, bipolar is not the only mental health issue we are facing today. Sexual disorders are another type of disorder that separates itself entirely from bipolar, adjustment disorders, and other types of diagnosis. Sexual deviation is more often than not linked to pornography, abuse, (not always), and other types of negative behaviors. However, recent studies have proven that Serial Killers or else psychopath or sociopath behaviors are hereditary. Some studies have attempted to prove that the symptoms are a direct link to child abuse; however, I stand to correct them. This may be true in some cases, but not all cases. I won't go directly into this subject, since I will be writing a book specifically discussing serial killers later, however I wanted to point this issue out since sexual disorders are in fact psychological. There has been evidence that link impairments in the brain that are causing the interruptions. The mind is a tricky thing, and until humankind is able to understand the mind completely and start accepting some realities, we are going to continue dealing with mental health and mental illnesses with little results. Again, I will be addressing these issues in later copies, but for now, we need a briefing to see where mental health is heading. Dementia and delirium are mind disorders in the sense the disability causes memory loss, confusion, and is very common in the older generation of people. The diagnosis can confuse professionals if the patient is younger, since other diagnosis has similar disadvantages. Diagnosis such as alcoholism and drug disorders often causes mental blackouts, as well as other symptoms. Although this is listed under mental health, I stand to correct them when they call the impairment a disorder. Alcoholism and drugs is often linked to hereditary and is considered a disease. Alcohol and drugs automatically affect the mind to a degree, but it entirely depends on the status of the mind before drugs or alcohol became an issue. Often alcoholism and drug addictions are directly linked to mental illnesses. This means that there is an issue under the surface, and the patient often uses alcohol or drugs to cover the ailment. There are many questions we should ask mental health experts to understand our diagnoses.

## **Questions to Ask Mental Health Experts**

If you or someone you love visits a therapist, there are questions you need to ask to avoid problems. Some therapists are more advanced than others are, and after 24 of walking in and out the door of mental health offices, I can tell you that some are not qualified to diagnose anything that is not common. If you suspect you have a disorder, the best thing you can do is get accuracy on those symptoms, research your behaviors, and write them down. If you go to the therapist you will be ahead of the game, and by learning more about your own behaviors, symptoms, and so forth can save you from a

diagnose you may or may not have. Therapists as a general rule base their on the thought patterns, which includes hearing and talking. If the patient shows a disturbance in their thinking patterns, the therapist will consider psychosis, since this is a symptom related to the diagnosis. Therapists will search for signs that the patient may demonstrate, including vague thoughts, fleeting ideas, peripheral thought patterns, blocking thoughts, disassociation and so forth. Counselors often search for evidence of schizophrenia or psychosis when there is a break in reality, paranoia and so forth. Paranoid and Paranoia are separate from the other, and must not be misconstrued. Professionals could make a mistake in diagnosis if they are not aware of the difference of paranoia and paranoid. Schizophrenias are often paranoid, while patients that suffer posttraumatic stress in the early stages may illustrate paranoia. When a patient answers out of context, or else the ideas delivered are unrelated to the conversation then there is a potential mental illness. For example, we are discussing society, and the patient says, "I never go there. After I get back from Canada next week we can do that." And so on. Another area of concern is when the patient is talking fragments, rather than delivering a complete sentence. Usually the patient will start with one idea and jump repeatedly to several other ideas. This pattern is known as fleeting thought processing. When the patient is illustrating thoughts that are sidetracked, the therapist may show a degree of concern. Stop here. Language is important when evaluating a patient, since some patients may not have sufficient skills in communication it could very well mean a lack of education rather than a diagnosis. If you are visiting a therapist, or have taking another individual to a therapist, and this is the only symptom, make sure that the patient is not inappropriately diagnosed and placed on medications he or she may not need. It is important to pay attention to symptoms and signs that link mental health. Be sure to ask the therapist questions any time there is a diagnosis. Never accept the diagnose without learning more about it, what the symptoms include, and what medicines can do to treat the disorder. When a person is suddenly, loose a train of thought during a session this may be a possible diagnosis. For example, if a person is telling you about a dream related to his or her parent, and all of a sudden claims they cannot remember what they were talking about, this is an evident sign of disorder. Most likely, this patient has suffered trauma. The symptoms are in front of you and it is important to continue treatment to find which diagnosis the patient may have. Unfortunately, most therapists are not trained to treat patients with Multiple Personality Disorders, and often these people pay a steep price for negligence and ignorance. The sign or symptom is known as disassociation or blocking memories and this is a definite sign or Multiple Personality Disorder. It is important to examine the patient however closely, since dementia and other types of disorders may cause slight disassociation. Multiple Personality Disorder is often exclusive in blocking memories to avoid pain.

Therapists are constantly studying the mind and often use the guinea pig method until they figure out what the problem is. It is always wise to ask questions when you are visiting any therapists since many make mistakes and your mental health or someone else's mental health is important and should not be taken lightly. Having a healthy mind is important to survival. Mental health symptoms are serious and should never be taken lightly.

## **Mental Health Symptoms**

There are different levels of symptoms in all diagnosis, and while some symptoms may appear similar to other prognosis, the symptoms should not be confused. It is important to examine a patient closely before diagnosing the patient. Let's examine depression, since it is one of the most common diagnose today. There are many levels of depression, including major depressive episodes, dysthymic, and bipolar manic depression, cyclothymic and premenstrual dysthymic. Diagnosis related to depression often has symptoms such as mood swings. Since, most of the diagnosis is related it is important to examine the patient carefully to properly diagnose the patient. Normal mood

swings are common for the most of us, but when a patient illustrates lifted moods, this is known as mania. Major Depressive Episodes often feel a sense of entrapment. Major depressive episodes are also known as unipolar and are often treated with antidepressants. Major depressive episodes are linked to biologic imbalances, negative outlooks, genetics, inability to handle stressors, chemical imbalances, personality flaws, and so on. There is no single cause available that helps us to understand the diagnosis, and to date the prognosis is still under investigation. Since the patients are often treated with antidepressants the patient rarely finds complete recovery, since researchers has proven these medicines are causing harm. Related to many other depressions, major depressive episodes often suffer symptoms including sadness, negative thinking, suicidal tendencies, lack of interest, feelings of despair, and so forth. Often the patients are affected biologically, which includes fatigue, exhaustion, nausea, headaches, and so forth. If the symptoms are severe the patient may even hallucinate, or even illustrate delusional behaviors. NOTE: Schizophrenia and Psychosis as well as other diagnosis have similar or same symptoms; therefore, it is important to examine the patient thoroughly before treating the patient. Anyone with schizophrenia will hallucinate or illustrate delusional behaviors, while those that suffer depression are less extreme and often rare. When a person is illustrating depression, it is important to take the patient to a doctor for thorough examination. In most cases, these people are suffering medical issues that create the depressive behaviors. If you treat the patient medically, it might be possible to avoid psychological treatment. Covering your grounds before becoming a long-term medicine addict can save you additional despair. Bipolar or manic depression has symptoms including mania, effected speech patterns, fatigue or else inability to sleep, overzealous, or under zealous frequently, and so forth. Therapists claim that at least 75% of the patients that suffer bipolar hallucinate or are delusional. Many of the patients with bipolar often treating or act on suicidal thoughts. They also threatening or assault other people around them regularly. Studies has shown that people with bipolar is linked to genetics. Therapists should carefully examine the patient to rule out other disorders, including schizophrenia and psychosis, as well as cyclothymic.

Cyclothymic is a common disorder and is deemed a form of bipolar, less severe. Cyclothymic patients often have mood swings known as ‘hypomania.’ The symptoms are different from what bipolar displays since the diagnosis is less severe. Premenstrual Dysphoric Disorder (PMDD) is associated with the hormones. This is a common stress or depression period when women are menstruating. There were previous arguments regarding this diagnose, however in the early parts of the 90s the diagnosis was added to the DSMIII-R. Symptoms include, diet change, feelings of overwhelmed, anger, irrational thinking, headaches, cramping, bloating and so forth. This diagnosis can easily be misconstrued since abused patients suffer similar symptoms. Doctors often treat patients with PMDD, giving them hormonal therapy. These medicines has proven unhealthy and often do not resolve the problems. Currently researchers are finding that medicines giving to mental ill patients is causing harms, and creating more problems. Not all medicines are bad, but if a patient is taking medications then the professionals are obligated to monitor the patient carefully, examining symptoms and signs closely. If the patient illustrates any signs of side affects, the medicine should be changed, or altered in dosage. Again, there are different levels of symptoms, as well as similar symptoms in few of the diagnosis, therefore anyone treated for mental illness should be carefully examined before diagnosing the patients future. Having a healthy mind keeps us on track. Mental health can start with hallucinations and delusions to common symptoms, including stress and anxiety.

## **From Hallucinations to Delusions Mental Health**

Mental health is tricky since there are many types of diagnosis, including personality disorders, cognitive disorder, mental diseases and so forth. To understand mental health fully is nearly impossible, but there are many answers to questions that many have since all of us directly or indirectly are affected by mental illnesses. Some disorders, diseases, or cognitive impairments may cause a person to hallucinate or become delusional. Other diagnosis may include less severe symptoms. Anxiety disorders for example cause the patients to worry obsessively, sleep disorders, inability to focus, tension attacks, distress, headaches, and so forth. The most severe symptoms in this disorder include obsessive-compulsive behaviors, anorexia, phobias of socializing, hypochondrias and so forth. Patients that suffer anxiety disorders may result to alcohol, which creates another problem to find relief. Anxiety disorders are often linked to other types of disorders including, adjustment disorders, depersonalization disorder, and so forth. Some researchers believe that anxiety disorder is a direct link to hereditary, while other philosophers will dispute this notion. As a rule, anxiety is brought on by a series of failures, losses, and so on, if this patient is incapable of handling common stressors it can affect the nervous system and cause frequent anxiety attacks. Once the person is affected with anxiety, other symptoms often following simply because the person is somewhat disconnected from realism. Panic disorder is similar in that it shares common symptoms as anxiety disorder. Patients with panic disorders often suffer intense panic attacks, sometimes agoraphobia, depression, and other related problems. The most severe symptoms of this disorder are feelings or tendencies of suicide, obsessive and compulsive behaviors, substance abuse, heart, and other related issues. Anyone that suffers either or panic/anxiety disorders is subject to physical disabilities. Social Phobias are also common amongst many men in the world, but has also affected children and women. These types often fear embarrassment and will often avoid public encounters since their fears bring forth anxiety attacks. Social Phobias prevent success for most patients since they have difficulty working in society or complications with shopping, and so on. Each of the disorders listed in this article affect the patients both mentally and physically and in some case patients have died from heart attacks since there level of coping was over surpassing. Often people that worry excessive subjects the heart to dangers. It is vital to manage these types of illnesses to prevent further complications. Posttraumatic Stress Disorder (PTSD), as a survivor I can tell you from first-hand experience that this disorder is complicated and extremely stressful. Posttraumatic stress is a result from trauma, rape, combat, terrorist attacks, and other types of disasters. In this case, the patient often relives the trauma through repeated flashbacks. The disorder before experts began evaluating it was known as 'war shock.' The patient often suffers from re-occurring nightmares, night sweats, and often avoids noises, such as popping sounds since it often sounds like cannons going off. Most posttraumatic patients detach them self from society, since many in the world regularly show concern about the disorders, and will often trigger the patient. Often their thoughts, emotions, feelings, sense, are all desensitized, and often the patients suffer lapse of concentration. They often suffer sleeping difficulties, and are extremely vigilant to the surroundings. Some patients with posttraumatic stress demonstrate serious outbursts when triggered, therefore it is important that you treat such patients as a dedicate flower, handling them with care. They often suffer episodes of depression, acute stress, panic, disassociation, and other types of symptoms. Each person is different, but some patients with posttraumatic stress may even illustrate suicidal behaviors or even explosive behaviors. Since posttraumatic symptoms are related to many other types of disorders, it is important to evaluate the individual carefully. Posttraumatic patients often have difficulty interpreting others when they are speaking also. Many of the patients that suffer posttraumatic stress disorder often result to alcohol to relieve their misery. This only intensifies the diagnosis, and the patient is stepping backwards in recovery. Posttraumatic stress disorders have various levels, with some cases more severe than others do. Persons of all ages, genders, nationalities, class, and so on are subject to posttraumatic stress disorder since it is often developed from traumatic experiences, whether the person witnesses a violent crime, is assaulted, or what have you. Next we should determine if the patient has psychogenic or Dissociative Amnesia.

## **Psychogenic and Dissociative Amnesia Mental Health**

Now what in the world is this, you might ask? Psychogenic and Dissociative Amnesia are patients with the inability to recall information from their past. Most patients that suffer from psychogenic or Dissociative amnesia has suffered a history of trauma, including rape, disasters, overwhelming circumstances, and so forth. Most patients suffer psychosocial stress. With this disorder, it has no surrounding symptoms other than amnesia and the patient often struggles to recall or remember past events, and sometimes-current events. This disorder can be easily detected, and not confused with multiple personality disorders. Multiple Personality Disorder has far more complicated symptoms than psychogenic or Dissociative Amnesia. Many patients that suffer from psychogenic or Dissociative Amnesia may suffer depression since the feeling of memory loss is often overwhelming. Other diagnoses such as psychogenic or dissociate fugue is another form of amnesiac disorder. Sometimes these patients will vanish for a short time and often forget where they were or why they left. Most of the patients suffering this diagnose has suffered traumatic experiences. Depersonalization Disorders generally involved dissociation; however, the person breaks off from reality running to an unreality state. They may illustrate behaviors including dream state of mind, and distortion from time. They may also suffer depression, dizzy spells, anxiety attacks, and other related symptoms. Some of the most complicated disorders in mental health are in constant overview, while the listed disorders are often easier to treat than the more complex diagnoses. Like many patients, however the diagnoses must be treated, since amnesia can cause additional problems. For example, if the person has difficulty remembering then other people may take advantage of them. This subjects them to pain and suffering from external sources. If the patient wanders away, they are subject to harm by other individuals, so it is important to protect them by getting help. Most patients with these types of disorder are easy to treat and the symptoms are so minimized that any therapist should be able to determine what the disorder is right away. Unlike Multiple Personality Disorder where the patient switches personalities, psychogenic or Dissociative fugue or amnesia has distinct characteristics. The only difficulty that therapists would have with detecting the diagnose is that these patients are rare. Amnesia disorders are often resulting from epilepsy, head injuries, strokes, medical ailments, and so forth. Alcohol and drugs use has also been said to bring forth symptoms of psychogenic or Dissociative symptoms. No two people are the same, so the symptoms may vary in one patient while slightly different in other patients. If these patients has additional diagnosis, the therapist will probably have difficulty detected the symptoms of amnesia disorder. With any disorder, cognitive disorder, disease of the mind, and so forth it is difficult, but some diagnoses are far more difficult than others. Therefore, if you notice anyone that is illustrating symptoms or signs of mental illnesses it is important to not only take immediate notice, but also find a professional that can help the patient get well. Professionals that treat standard diagnosis will see upfront in many cases the direction they are headed, and may begin treatment immediately, which will help the person cover from his or her distress. Fatigue is another diagnose that is affected people everyday. Fatigue is a sleep issue rather than a mental ill handicap; however, it must be treated before sleep robs them of their life. Most patients suffering from fatigue often experience depression, exhaustion, drained of energy, headaches, joint and muscle aches and so forth. Scientists have studied for years this particular mental health issue and have come up with nothing as the cause for the interruption. From what I have noticed about fatigue syndrome is that the patients often have underlying diagnoses, may have suffered medical illnesses, or else is severely depressed. Patients vary, but for the most part the patient has difficulty coping since fatigue syndrome sucks their vital energy. If you feel that you have fatigue syndrome it is best to consult with your physician to eliminate any physical ailments. You may have some type of illness that a medical doctor can treat right away

and your fatigue syndrome just might disappear. But, what about Sexual Disorders and Mental Health?

## **Sexual Disorders and Mental Health**

There are several types of sexual disorders, including pedophilia, sexual masochism, sadism, frotteurism, and so on. Many therapists find treating patients with sexual disorder complex since many factors are involved. Experts have linked sexual disorders to biology, stress, emotional, physiology and so forth. While examining the conflicting disorders they determined that sexual disorders should be broken into separate categories, and are often called 'sexual deviations.' Taking a look at sexual masochism the patient often enjoys pain, indulges in sexual fantasy, enjoys humiliation, ropes, rape, abuse both emotional and physically, mutilation, and so forth. These types of patients are at serious risk of harming those selves or others, and are often enduring symptoms of depression, substance abuse, guilt, and so forth. Any patient with sexual deviations is subject to causing pain on others, and frequently they progress to more severe status in the diagnoses. Hypoactive sexual desire disorder is opposite of sexual masochism. Instead of indulging in excessive sexual activities frequently, the hypoactive will shun sexual contact. Patients suffering from Hypoactive Sexual Desire Disorder are often difficult to understand, and symptoms including depression, stress, and anxiousness often prevent the patient from healing quickly. Sexual Sadism is another form of sexual deviation where the patient indulges in sexual fantasies. Like the masochism types, the sadism will often indulge in pornographic materials. Sadism also enjoying inflicting pain, including burning, mutilation, torturing, beating and so forth. Again, this is a sexual deviation disorder, and if not treated it can become very dangerous. From previous studies and observations, I have noticed that these people when they are not released from their sexual desires will stalk, hunt, and attempt to reel someone into their web. If they are unable to find a partner willing to engage in this behavior, they often go off into a delusional state of mind, and can and have become highly dangerous in society. Many are ashamed of their way of thinking, but rarely address the issue. Often the patients are hostage to several fears and in my experiences; I have seen that helping them to find their fears is the source for healing. When I consider sexual deviants, I think of Jeffery Dohmer and several other known predators that tortured, killed, mutilated, and ate the body parts. What a sick individuals, yet there are thousands of people around the world with sexual deviations that has not gone to the level Jeffery has, and may or may not, but it is important to treat them in case. Exhibitionism is more of the show your penis types in public. Exhibitionism patients are often satisfied with the shock expression of their victims, and my illustrate symptoms including low self-esteem, they may not socialize, and often show immaturity patterns. Pedophilia is another sexual deviation that the patient indulges in fantasy, and the action of the patient is usually released on children. Pedophilia patients often suffer insecurities and the need to dominate, they also suffer other related issues, but this type must be evaluated and treated to stop from harming others. Most pedophilia types rarely stop their sexual deviant behaviors. Frotteurism often need to touch. Often in public, they will locate their selves in an area where they can get away after making contact with the victim. Symptoms often include, inability to socialize, fear, shame, inability to assert self, and so forth. Most Frotteurism patients are often caught in action before they will seek out professional help. Anyone that suffers a sexual deviant will often resort to more severe criminal activities if they are not caught. The many rapists, including serial rapists often have a sexual deviant under the surface. Paraphilias are another patient that needs immediate psychological treatment. The patient often suffers urges, and is often stemmed from fantasy, illusion, and pornographic material, as well as fear. Often the patient will inflict pain, humiliation, and other harmful tactics toward the partner or victim. They often are excited by spanking, bondage, restraints, and whipping. There are many types of people in the world with different types

of mental illnesses, but when a person has, a sexual deviant underlying then there is always a potential risk. NOT all sexual deviants has killed, raped or abducted, but it does not mean that they will not. There are many personality disorders than require an explanation.

## **Dangerous Personality Disorders Explained**

There are several types of personality disorders, and to understand each diagnosis you must have an explanation as well as a basic understanding of each disorder. Starting with Antisocial Personality Disorder, which illustrates symptoms that are related to many other disorders, yet separated since it has its own traits. Antisocial personality types often disregard others, and ignore laws set for the communities. Antisocial personality types are often manipulative, conniving, and may coerce others into sharing bad behaviors. Often these types of individuals are late for work, appointments, and rarely feel remorse for their behaviors and actions. They enjoy cheating when the opportune presents it, as well as charming others into believing their way of thinking. Antisocial behaviors may include rage, avoidance, impulsive behaviors, and so forth. Often antisocial behaviors start at a youthful age and progress into adulthood. If you notice someone is a compulsive liar, steals, disregards others, destroys other peoples property, starts fires, brings harms to animals and/or people, then you better find some help now. Psychopathic tendencies, traits and personalities are similar to these particular diagnoses; therefore, you can see how dangerous this personality disorder is to others and to the patient. Antisocial Personality Disorders are often linked to abuse, alcoholism, drugs, crime, sexual deviations, and so forth. The disorder is found to be hereditary, and may be linked to emotional disadvantages and parental guidance. However, this is not true in all cases, since there are more children today with antisocial behaviors, which is current labeled under Conduct Control Disorder, and there are many parents fighting to save their child's life. Antisocial Personalities are often said to suffer a history of brain injure, and may be hereditary to family that suffers Attention Deficit Hyperactivity Disorder. It is important that the individuals seek treatment as soon as you notice any signs or behaviors that pose a treat to others. For the past eighteen years, I dealt first hand with this disorder and several other dangerous disorders, and I can tell (even if you have to call the police on your child) do it! Another dangerous personality disorder is Borderline Personality Disorder (BPD), which consists of symptoms including, impulsive behaviors, mood swings that are often unpredictable (making the individual an extreme dangerous potential), terrified of abandonment, promiscuous behaviors, manipulative, self-destructive, sometimes violent, and so forth. It is possible to treat these individuals; however, it can be dangerous to live with such a personality type. Borderline Personalities often cut themselves to seek attention, and often threaten suicide. They offer a love/hate relationship, and often seek similar characteristics in other individuals. Other symptoms include short-term psychotic breaks, illicit behaviors, denial, depression, demanding, and so forth. Borderline Personality Disorder is linked to incest, emotional breakdowns within families, alcoholism/drugs, and so forth, but not always. Histrionic Personality Disorder symptoms often include vanity, narcissism, and anger, seductive, flirty, and so forth. Histrionic types often act, since they will play the role of a victim in most circumstances. Histrionic personality types may have other diagnoses, except the symptoms may not be extreme. There have been cases reported of histrionic personality disorders becoming extremely violent, to the point of murder. Obsessive-compulsive disorders are known by their symptoms, which include disregard for rules and regulations, perfectionists, inability to complete most tasks, controlling with one type of person such as lesser authority figures, and acts out self-control around authority figures to shield their identity, views people as objects, and so forth. The personality type is common, and these types of personality assault most Domestic Violence victims. This is not always true, since other personality types are also violent. Often the Obsessive-

Compulsive types (OCD) have difficulty completing tasks due to their inability to flex, and are often out to alienate anyone around them. These types are also very stingy and disregard others feelings and emotions often. In fact, OCD patients may abuse anyone around them that shows emotions. It is important to know these symptoms of the various types of personality disorders, not only to protect your self, but also to get help for those that are suffering. It is NOT wise to try to treat these types of personality disorders on your own if you do not have expertise. Most times OCD patients, Antisocial Patients, and sometimes Borderline Personality Patients have a serious look on their face at all times. They often force themselves to laugh in the presence of others. Since all the listed personality types disregard rules, regulations, and peoples feelings and emotions, it puts anyone around them in extreme danger. The majority of homicides reported are results from individuals with Antisocial Personality Disorder, Borderline Personality Disorder, Histrionic Personality Disorder, OCD, (although the reported OCD patients kill slowly), Psychopathic, Sociopath, Schizophrenia, and other related disorders. Most all the diagnoses laid out in this article are VERY difficult to treat and in some cases, impossible if the person refuses help. Moving on we can discuss Multiple Personality Disorders and Posttraumatic Stress.

## **Multiple Personality Disorder and Posttraumatic Stress**

Multiple Personality Disorder and Posttraumatic Stress Disorders are often linked, since patients with MPD are severely abused survivors in all cases as a rule. Multiple Personality Disorders often have symptoms, including distinct personalities, including different genders, or ages, multiple signatures, different IQs, personality types, amnesia, voices within the head, frequent nightmares, the us of we when referring to self, outer body experiences and so forth. The patients are often left alone in the world since rarely does the researchers, experts, philosophers and so on have enough information put together to understand this diagnoses. As a survivor of both Multiple Personality and Posttraumatic Stress Disorder, I can tell you in most cases do you ever hear the truth in full about multiple personality disorders. The distance between Multiple Personality Disorders and other common disorders is that MPD patients will fight against lying, strive for accuracy, and enforce precision. As a rule most female patients are rarely violent, however there has been known cases of male patients that were sent to prison for rape, robbery, and other crimes. The fact is the patient was merely acting on a "Projection" and "Interjection" that was sent to him by another alter. In other words, the patient is reliving a horrific moment that probably including rape, robbery or other crimes, and acted out on his visual actions. This means that the patient was thinking that he was fighting, or retaliating or reenacting what the perpetrator did to him. I am not writing many details about Multiple Personality Disorder since I have an upcoming book going on the market. Any information about Multiple Personality Disorder will be provided in great details in my book, *I am afraid to close my eyes, when I open them, I might not be me...the Black Demon*. Multiple Personality Disorder is a REAL disorder without fictional characters, as many believe. The personalities, including child alters, adult, teen, elderly, are all sub parts of an actually human being that was traumatized beyond a persons ability to cope with trauma. Multiple Personality patients often suffer anorexia and bulimia; they may also suffer from sleeping disorders and discomforts. Some of the personalities are stronger than others, and most all multiple personality survivors are artistic and highly creative. Multiple Personality patients are also extremely intelligent. This diagnosis takes years to relieve, and most therapists will avoid diagnosing a patient even if he or she has two or all of the symptoms of multiple personality disorder. Multiple personality patients also have difficulty with medical treatment, since the blood rates raise and lower, MRI can find seizures one day and nothing the next, respiratory rates often flounder, and some alters may even be blind. The person often goes through life with this disorder, and when they reach a certain age, shattering beyond coping begins. This is when Integration needs to take place. Integration

is the processing of sending the alters to an area of the mind for permanent stay. Once the Integration process is completed, most MPD patients are lost in the world. After living an entire life with 'families' within, and then all of sudden coming into a corrupted system all alone with little support, is it any wonder they often hate life after Integration. The people often feel a sense of loss when Integrated, since the only family they knew and loved is now sitting comfortable in the chambers of their mind, while they have to deal with all the lying, stealing, controversies, work, and other life stressors alone. The personalities once Integrated can still communicate with the patient, however it is never the same. Most MPD patients also have posttraumatic stress disorders, since trauma from early childhood and throughout their lives is the ONLY reason MPD develops in the first place. There has been many arguments on this controversial disorder, but the fact is, it is real and we must face the truth of its diagnose. The many controversies that has swept the market is often linked to criminals that used this diagnose as an excuse to get away with crime. Had the system been informed and accepted MPD as a real disorder, they wouldn't have been so naïve as to believe just anyone claiming to have Multiple Personality Disorder, and would have stopped the defendant at the front door. In the next heading we will discuss impulsive behaviors in mental health to help you see the links between all disorders.

## **Impulsive Behaviors in Mental Health**

Impulse Control Disorders are common in children today. There is not a person in the world that hasn't acted out impulsively, but when symptoms are reoccurring and consistent, you had better get help. Judgment plays a role in impulses and if the judgment is ignored in dangerous situations, someone could get hurt. Most patients with impulse control behaviors often act out against their better judgment and in many cases these behaviors has caused harm to others. The person often does not have the ability to regard the law, society, him or her self, as well as others since once the impulse hits the person often acts before thinking. Often the patient will feel an intense feeling or stimulated force before acting out on impulse, and in most cases the patient is unable to disregard the natural instincts that tell them NO. In this article, we are going to peer into the minds of those that suffer impulse control disorders, by examining various diagnoses that include this interruption. Starting with Intermittent Explosive Disorder, which if untreated is a DEADLY diagnose, simply because the person illustrates explosive behaviors. Patients with this type of disorder often have neurological and brain aberrations, which often include mental illnesses. Most patients with Intermittent Explosive Behaviors are highly dangerous and often have linking disorders and mental illnesses under the surface. For example, after dealing with a child for 18 years, diagnosed with Intermittent Explosive Disorders, Impulsive Control Disorder, Antisocial Disorder (Conduct Control Disorder), Impulsive Control Disorder, Oppositional Defiance, (possible OCD/Schizophrenia) and finally Psychopathic Tendencies, I can tell you that you may not have help available. Many people will not deal with this type of individual, including professional therapists, psychologists, psychiatrists, and so forth. In my case, I was told it was hereditary and there was no help available. It was true. Coming from the mouth of babes, the patient himself said, "No counselor can help." However, I found by illustrating persistence, NO Fear of the patient, useful tactics, reverse psychology, and other strategies proved valuable. This type of patient will abuse others almost to the point of death in some instances, bash your walls, bust up your windows, terrorize your home, hurt your animals, start fires and make explosives, engage in pornographic materials obsessively, laugh for no apparent reason, and walk around most times with a deranged look on their face. This is only the beginning of what happens when you deal with this type of diagnose. Most of the patients will explode in a rage of anger, destroy your material, and show no remorse for their actions. The patient may tell you those he blackouts during these episodes, which may be true in some instances. From

experience, the patient related to me that he had a good side and an evil side and said this repeatedly, and after looking into one set of the most devilish eyes imaginable, I am still investigating his words. The patient is often triggered by another source, so if you are dealing with this watch what you say, do and so forth. Learn the patient's triggers and avoid them at all cost. I've seen this person get upset for no apparent reason, so it does happen, still avoid hitting his or her triggers is wise. Impulse Control Disorders also include Pathological Gambling Obsessions. This type of activity is often uncontrollable since the person cannot control his or her impulses once addiction sets in. In most cases, these types have underlying disorders, including Antisocial Personalities, mood swings, alcohol/drug addictions, depression, possible OCD and other disorders. They often resort to crime because of their disorders. Kleptomaniac often has impulsive behaviors, and cannot control their actions. Pyromaniacs are another type of individuals that have difficulty controlling their impulses. These types take pride in setting fires and watching them burn, and will sometimes develop a severe case and extend their fire setting practices beyond the comforts of their homes. Most Pyromaniacs have issues with substance abuse, self-esteem, inability to adhere to authority, and other related symptoms. If you notice someone sitting around the house, watching a lighter burn and laughing you might want to pay closer attention to this person. Some pyromaniacs show slight symptoms while others are more severe. Most mentally ill patients often suffer sleep disorders, which few have separate diagnosis titled Somatoform.

## **Somatoform Mental Disorders**

What are Somatoform Mental Disorders you may ask? Somatoform Disorders are ailments of the mind where the symptoms primarily target the patients' fear of disease, medical problems, body, and so forth. Most Somatoform patients share similar traits including physical warning signs without explanation and mental symptoms that insinuate that the physical elements of the disorder are related to the psychological patterns of the mind. Somatoform patients are often difficult to diagnose since there are other related symptoms in both physical and mental areas that need explored also. Multiple Sclerosis is one example that is closely related to Somatoform Disorders, yet the symptoms alter in various areas. Most patients before they have been diagnosed or believed to have Somatoform must subject his or her self to a series of Medicinal tests completed before the diagnose Somatoform is issued. Some symptoms of this type of disorder may include medical problems that may or may not exist, (long-term), history of not being able to function emotionally, sociably, and so forth. Symptoms may also include inconsistencies and/or unclear complaints of psychical illnesses, as well as physical symptoms that include nausea, diarrhea, joint aches, and so forth. Often the Somatoform patients are attention getters, and often abuse substances, while they manipulate others, and depend on others commonly. Somatoform may or may not have additional disorders including histrionic and/or antisocial disorders. One example of a Somatoform Disorder is the Hypochondriasis. Often Hypochondriasis suffers from fear that may include health. For example, a Hypochondriasis may constantly complain about symptoms that may or may not exist, as well as worry about illnesses that may or may not occur. This type of patient may worry about contact with diseases also. (Note: This is why it is difficult to determine the diagnose of Somatoform without doing extensive study. OCD or Obsessive-Compulsive disorder patients will also worry about diseases or contacting diseases and will repeatedly wash their hands, and often avoid taking out the trash. The obsession comes into play when the patient refuses, or illustrates an extreme fear against some action and if forced to so the patient may become aggressive, or even violent to avoid the task. Compulsive is the same as obsessive almost since the patient will often compel against actions that may cause disease.)

One example of Somatoform can be seen as follow: The patient goes to the doctor and argues regardless of what the doctor says that no disease is existing. The patient may argue that the diseases are underdeveloped or tests have not been conducted

to detect the disease. Obviously, the doctor has done every test available and found nothing, but the patient refuses to believe that a disease does not exist. Another type of Somatoform is the Body Dysmorphic Disorder (BDD), which consists of anxiety and depression, as well as OCD traits, and assumed medical conditions that often do not exist. The patient often will argue that the body is malformed, and will often disregard reassurance. This type you could argue for hours with and never get anywhere. The most of these types of disorders are new discoveries and not a lot of information is available to help us understand the patients and the symptoms of the diagnoses. Scientist for years has found new disorders that are stumping them everyday. The best solution for helping these types of people is to get immediate treatment since most of these people have dangerous traits included in Somatoform. Antisocial, OCD and Histrionic, and each of these diagnoses may include violent behaviors. Histrionics, Antisocial and gradually over a course of time OCD will kill if triggered. Therefore, the diagnosis may be limited with information regarding the symptoms, but if Antisocial, OCD and Histrionic are included, series studies and help are needed in treating these patients. Note: Scientist claim ending Antisocial Behaviors before they start can provide a healthy and stable environment for the patient and family. However, Antisocial Disorders (Known as Conduct Disorders before the age of 18) are said to be hereditary, which I believe an over the first theory and Antisocial Disorders only escalate to deadly circumstances. Regardless of the symptoms whether dangerous or not a person should always get an evaluation to determine the cause. Yet we must how does alcohol and drug abuse key into mental health, since most patients diagnosed are said to be substance abusers.

## **Alcohol and Drug Abuse in Mental Health**

Alcohol abuse is overrated, while drug abuse is underrated. The DSM manual suggests that substance abuse there are differences in the definition of drug and alcohol use. To confuse matters worse the law has its own version of who is an alcoholic or drug addict. Some of the symptoms that help professionals determine if alcohol and drugs are a problem include, excessive drinking/drugging, problems with the law, withdrawal symptoms, shaking of the hands, and so forth. If a person drinks everyday of the week and relies on alcohol, then you are probably dealing with an alcoholic. There are philosophers who claim if a person needs a drink at breakfast, that he or she is an alcohol. Some philosophers claim that if you drink more than six-pack weeks then you are an alcoholic. The fact is, most of the people nagging or evaluating alcohol and drugs has a problem them self or has gotten help someone in their lifetime to treat their own problems. Therefore, as you can see addictions, dependant alcoholics, and other types of alcoholics and drug addicts may alter. First all, any chemical that causes harm is a potential danger to your being. In other words if you start out drinking when you are fourteen and continue through your lifetime without alcohol causing you trouble, or else landing you a spot in jail, then you are probably not an alcoholic according to few. The fact is the ones that are drinking and driving and getting caught are alcoholics according to the system although the level of alcohol in the blood plays a role in the determination. The truth is the law sometimes over dramatizes and the system is out to make all the money they can, so we all might be alcoholics by the time they are done with us. Alcoholism and drug addictions are complex, in the sense there are too many misconstrued inputs and often the label is placed on individuals according to culture and history. If you parents drank alcohol then the system sometimes will claim you as an alcoholic. The fact is, Jesus drink wine in moderation, so drinking in moderation is not a bad thing. The problem becomes a problem when the person has difficulty putting down the bottle and/or increases their intake as well as combining drugs with the alcohol to get an affect they was had. If someone will steal or lie to get alcohol or drugs then you know they have a real problem. However, most alcoholics and drug addicts have bigger problems than addictions and this is often ignored. For example, people with mental illnesses often resort to alcohol and/or drugs to find relief of their symptoms. Now if a

professional is treating this person for his or her diagnose and progress is moving along the person often feels healthy and the alcohol and drugs are out the door. In my studies and opinions, I disagree with alcoholism and drug addictions if the person is able to stop once the mental illness is treated. This means that the person was suffering and the substances was a mechanism to help them cope. On the other hand, if the person is treated for mental illnesses and his or her drug and alcohol habits continue, then I think you had better get out the chair and start talking 'one day at a time.' Alcohol was once known as the "Devils Drink." The White men are the originator of the source, and since its beginning it has caused serious complications, including death, abuse, and other related crimes. Drugs are optional since the system often makes them available by teaching individuals what the drugs contain. The root of all-evil is money, and if a person sees that he or she can gain, they may take advantage, but fall into a snare in between. The system is overwrought, since they put alcoholics and drugs addicts in jail and not seeking help for them. The solution to humankind's problem is helping and not hurting or promoting. If we can't get along now, what makes you think you are going to heaven? Behind the walls of the mind lies a fountain of physical illnesses.

## **Behind the Walls of the Mind**

Behind the walls of the mind stands a very complex issue that is in constant study. We have people of all sorts, including mentally ill, so-called normal minds, geniuses and so forth. The mind has been known to play tricks on us, let us down, skip to another level and so forth. It seems with the battle between the brain and self there is never a winning ticket. The truth is the mind holds the key to all areas of your body, but the central nervous system is the channel to the brain. In most instances if the brain is affected is a direct result of the central nervous system and spinal column. If the spinal column is out of line or injured then it will affect the nervous system, which works its way toward the brain. Once the brain is hit, the troubles begin and often do not quite until someone finds out the source of the problem. There are many people today suffering from head injuries, disorders, cognitive disorders, diseases of the mind, and so on. The problems increase as the years go by. In my research, studies, case studies, and so forth I found that people that visited Chiropractors were often healthier than those that did not. When a doctor focuses on the spine, which is a direct link to the brain, results often occur.

Scientists are often searching for solutions to understand the different mental illnesses, diseases and physical impairments. They often run in every direction and sometimes the answer is lying in front of them. The problem is everyone has opinions, theories, and guesses and many of them are ignoring the voices that call out with expertise and experience. Recently there were major controversial issues regarding Medicaid and Chiropractor services. For a short time, the Chiropractors were not qualified to take Medicaid Patients, yet many doctors has treated some of the same people and found no answer to fix the many problems. While most people believe that Chiropractors work only with the physical portion of the body, they fail to see that these experts also work with the minds everyday. Let's examine ADHD/ADD patients. In most instances, a part of the nervous system, spine and brain is the leading cause of the symptoms of this diagnose. Most mental health experts will offer the patients drugs, which only covers the symptoms and is often causing other problems including, psychosis, and schizophrenia symptoms. The MIND...Now if these people were treating the mind without drugs, and using natural herbs and spinal practices, what would happen? First, there would be no schizophrenia and psychosis induced patients or at least it would be minimal. Let's look at Bipolar. The patient is often suffering as a direct result of Chemical Imbalances and most mental health experts will place the patient on antidepressants, which leads to strokes, heart problems, early-induced changes of life and so forth. If a specialist that knows the spine, nervous system and the brain treated the patients, what would happen? I personally know a woman diagnosed with Bipolar and

she has sought out Chiropractic support and is doing great overall, with the exception of her bad habits that she has illustrated for more than 20 years. On the other hand, I know another bipolar patient that had no Chiropractic services and she is a woman you want to stay clear of. She called me 18 times per day, threatened to commit suicide, and drove me absolutely nuts. I am still in recovery. Personally, I went to psychologist, psychiatrists, therapists and doctors complaining of symptoms that they thought were linked to mental illness. After visiting a Chiropractor, the symptoms decreased and I was able to cope. Now, I am not promoting anything here, but to understand the mind you must consider the spine, central nervous system, brain and many other factors before coming to any conclusions. Some counselors will diagnose you as soon as you walk in the door; this is a bad deal since many often play against a life in order to find an answer. Once the professional sees that their diagnosis is off balance, they often move onto another diagnosis and unfortunately this goes on and on, and too many times patients suffer at great lengths as a result. Many people with mental illnesses often face sleepless nights.

## **Disorders in the Night**

There are a few different types of Sleep Disorders that affect millions around the globe. Sleepwalking, Nightmares, Insomnia, and Sleep-Wake disorders can bring forth misery if not treated. All of us have endured nightmares or sleepless nights, but when the symptoms are continuing it is most likely the person has a disorder. The symptoms that come along with most sleep disorders include stress since inability to sleep, or sleeping too much, as well as nightmares cause grievance. Most sleeping disorders are linked to physical ailments, psychological stressors, other diagnosis, alcohol, drugs, as well as a few other factors. Insomnia includes unhealthy symptoms that make a person have difficulty while trying to sleep, and often the person may wake up during sleep hours. This often leads to complications during the waking hours since the person is irritated. The patients often suffer with the inability to focus, depression, anxiety attacks, and no energy. Some patients may even suffer from bipolar, anxiety disorders, or other types of disorders. I endured Insomnia for the most part of my life because of other disorders, but first hand, I can tell you medicines may work for some people, but for others it may not. The solution I found that works best for me, is eating healthy, force the mind out of thought process when you lay down to sleep, and keep in mind "One day at a time." Insomnia patients often suffer apprehension, a sense of loss, and trauma as well as a few other symptoms. Most Insomnia Disorders means that somewhere down the line the REM (Rapid Eye Movement) sleep mode was confused. The trick then is getting the REM scheduler back on track. During the REM sleep hours, the mind often dreams, and the body functions often shift. For example, your heart rate may increase or decrease in REM sleep mode. Since REM is often affected by sleeping hour schedules, it is sometimes possible to endure a sleeping disorder. For example, if you have a night shift job and later switched to day shift, it is obvious the REM mode is imbalanced. Once you find a way to get the mind on track again, it is possible to reinstate your mental health. However, if you have underlying disorders, including posttraumatic stress, bipolar, multiple personality disorder, and other disorders, these diagnoses must be dealt with first before resolve comes for the sleeping disorder. Sleep-Wake Disorders or Circadian Rhythm disorder often create sleeping inefficiencies, including sleepless nights, stress, anxiety, jet lag and so forth. This disorder is often caused by changes in the schedule. If the person does not see the sun when he or she wakes simply because they sleep all day from working all night, this could cause Sleep-Wake disorders to develop. Sleep Walking Disorders can become deadly. Recent studies have shown that sleepwalkers are capable of murder and will never know they killed. In my experiences, I do recall brief details of my sleep walking nights, only because others that witnessed the action gave me vivid details. In one instant, I sat in a chair rocking back and forth and humming, and in another incident, I walked to the front of the house and peered out the door, and turned and went back to bed while walking past members of the household and never

acknowledging them. I believe sleeping disorders is related to high levels of stress, diagnosis such as Posttraumatic Stress, Multiple Personality Disorder, and other disorders were trauma exists. At the time I underwent sleepwalking, I was under a high-level of stress, and suffered both Multiple Personality and Posttraumatic Stress. Most people that sleepwalk appear as though they are in a Zombie land. For example if you notice a person walking past you at bedtime, and his or her face seems to have a blank stare or else a look of unemotional status, then the person is probably walking in his or her sleep. Finally, nightmare disorders are often linked to Posttraumatic Stress Disorders, as well as other disorders, while there is not enough evidence available to support the claims. Trauma patients are often the people that suffer with nightmares throughout the night. The person will see a real-life scene that depicts horror, fright, and so forth and sometimes will wake up screaming, and most all the time endure night sweats. Sometimes the dreams are reoccurring and sometimes the dreams change during the night. Studies has recently shown that sleep disorder patients may have physical disabilities that are linked to the sleeping problems, however almost all patients diagnosed with sleeping disorders have additional disorders, suffered trauma, drugs or drinks excessively, and so forth. Regardless of the problems, you must find the source before you can treat individuals with sleeping disorders. Regardless of the disability it is always best to have a situational management solution for each patient separately.

## **Situational Management Disabilities**

Situational management in mental health is relating to patients appropriately to find the source of the problem, as well as finding a solution to fix the problem. Disabilities come in all forms, including schizophrenia, posttraumatic stress, bipolar, depression, and multiple personality and so on. When a person has a mental disability we must always seek out the problems that lay beneath the surface of the diagnose. Each disability has its own unique symptoms, yet may include symptoms of other diagnosis. For example, Posttraumatic Stress Disorder has symptoms including flashbacks and nightmares; likewise, Multiple Personality Disorder (MPD) (Currently Known as Dissociate Identities) patients often suffer flashbacks and nightmares as well. Therefore, you must look at all symptoms of each diagnose before concluding or deducing what we are dealing with. Schizophrenia is another complicated disability. Psychotics, Schizophrenia and several other types of diagnoses including different types of schizophrenia often have similar symptoms. For example, schizophrenias often hallucinate, and so will a patient with psychosis. The difference in the diagnose is that schizophrenias often have its own symptoms, and are often more extensive than those with psychosis. We can see from this information then that we need a situational management solution in order to deal with each problem in the various diagnoses.

Looking at Schizophrenia the situational management should be as follow: Schizophrenias should automatically receive medications to prevent further complications, including harming self and others. Schizophrenias often need long-term therapeutic treatment, and management of their life. Often these people cannot find a resolve since Schizophrenia is often permanent due to the lack of knowledge on the complicated purpose of the disability. Psychotics are often difficult to treat as well, since little information is available regarding the problem. Psychotics are another type of disability that needs long-term treatment and medications to avoid further complications. When the two go unnoticed, the result could prove disastrous, since the symptoms are often a potential danger. Posttraumatic Stress Disorder is also complicated, since at one time the diagnose was only issued to war survivors. Now studies are proving that Posttraumatic Stress Disorder is extended further than war, and found that many persons today suffer from Posttraumatic Stress. Although the diagnose has its own complications the therapist often has to take another route to treat these patients. They often include

medications, but sometimes have to take a different approach in therapy to treat the patients. Since posttraumatic stress has different levels, the situational management solution has to conform to the level of posttraumatic stress. Multiple Personality Disorder (MPD) is a diagnosis in itself and is not related to strict mental illness; rather it is more a neurological issue. Multiple Personality patients are often brilliant, and very observant, simply because amnesia will carry them to a distant part of the brain. Multiple Personality Disorder is complicated in the sense very few understand the complexity of the disorder. To treat this type of diagnose you will need a direct management with extensive skills. The person that is suffering with this disability is often easier to treat those common disabilities, simply because the patient will often submit to the therapeutic treatment, and the only time it becomes extremely dangerous is through the Integration process. This is because the patient will relive extreme trauma through Projections and can become dangerous since the person might harm his or her self. The Projections are an actual event that took place that included trauma, and the pictures are often real-based making it difficult for the patient to decipher. Often at this level, the person will alter and another personality will take the spot. This diagnose is another long-term treatment, and medications will often cause more harm than good. Bipolar is another widespread disability that is affecting millions everyday. This particular disability can be treated with medicines that reconstruct a particular chemical that is absent from the brain. Regardless of what the disability is the patient must be treated distinctly from other patients. Even if a person has bipolar, the symptoms are not always the same in ever case. For example, one person may have suffered childhood abuse, while another has suffered the loss of a family member, obviously the first person will also need situational management that includes trauma reduction remedies. Understanding mental illness calls for understanding the undeveloped child within.

## **Mental Illness in Underdeveloped Child Separation**

TO understand the many emotional breakdowns in our society we must understand how a person with a mental health has not separated from his or her inner person at childhood. Many mental illnesses and other problems in society are complicated simply because we do not always see the problem, which lies beneath the mental and physical disabilities. Our child within will exist throughout our lifetime, and if we do not recognize this 'inner child' we often suffer emotional breakdowns. As a result, most professionals struggle to find a way to treat patients with mental disabilities, yet often fail to see that the problem is buried deep within the individual's mind structure. The child that was ignored, emotionally neglected, possibly abused physically, or witnessed many bad disturbances, is buried beneath a shattering mind disorder and until the main problem is dealt with, the problem will continue to grow. To contact the inner self one has to have a basic knowledge of his or her problems. Once a basic knowledge is situated, the person can move to the next step. Having a basic understanding of you, disability can bring forth rewards by helping the patient to accept his or her handicap. Emotional interruptions often stem from a lifelong childhood that has been ignored. Once the person comes to his or her agreement with that child of the past it is often easier to help the person move forward in recovery. After seeing, what lead to the mental illness the person can find a way to deal with his or her symptoms better? Some diagnoses however a stemmed from brain injuries, chemical and physical imbalances and so forth. While the underlying problem exist, effective treatment is not possible until someone deals with the biological aspect of the problem. For example, Schizophrenia was recently found to be a disease of the mind because the Twin Holes have a larger side to the cavity of the brain organ. Other factors key into the understanding of schizophrenia, including genetics. Many patients that suffer with schizophrenia also had a disruptive childhood and often will deny any such happenings whether it is proved or not. The key then on the therapeutic level is to get the patient to get in touch with his childhood and attempt to remove denial. As long as a patient is in denial it is more complicated to treat him or her. Another example can be seen with patients that are diagnosed with posttraumatic stress

disorder. Often these patients were subjected to trauma as a child and the disorder escalated during a traumatic experience. The solution then is to addressing the child buried beneath the disorder and moving forward to the traumatic trigger that put the disorder in severe state of mind. Once you dig deep into the childhood and help the patient to become acquainted with the child within then it is possible to treat the patient more effectively.

The problem with many counselors is that they fail to listen to the patient. Often a few believe I am the one holding the degree so I know more than you do. However, this is far from the truth. If more people listened to the patient mental health would not be as extreme as it is today. No one can know more about a condition than the one suffering. The best solution is to following a set of steps, starting with listening and hearing what the patient is telling you. If the patient does not understand his or her problem then you have to reach down deep inside the patient's child and ask this person questions. After you reach the child within then you can learn more about the patient. This can help you find a strategy that might work best for the patient. Remember all people are different and each person should have his or her own set of strategies. If you found that a therapeutic strategy works for one person and not another, then you know that there are differences that need immediate attention. Taking it one-step and 'one day at a time' is also useful and this strategy has worked wonders for many regardless of what they are suffering.

## **Trauma and Mental Health**

Trauma is a result of battering, witnesses a horrible attacks, enduring an accident/incident, terrorist, and so on. Anytime a person is subject to violence, it brings forth trauma, whether it is in small doses or extreme doses. Posttraumatic Stress Disorders (war shock) was only linked to combat, but recently mental health experts are finding that more individuals are subject to Posttraumatic Stress Disorder (PTSD). Generally, people that suffer Multiple Personality Disorder often have Posttraumatic Stress Disorder underneath. It is often difficult to detect this since people with Multiple Personality Disorder alters or changes personalities. Some of the personality types may not illustrate any symptoms of mental illness, while others may illustrate extreme symptoms. Most patients with Multiple Personality Disorder (MPD) were subject to extreme abuse as a child, which means these people suffered severe trauma from the get-go. Now, the people that do not have Multiple Personality would have to undergo traumatic experiences, or witness traumatic attacks. It depends on the mind but some people can witness an accident and it won't faze them, while others can witness a similar accident and it could lead them into PTSD symptoms. This type of mind is often suffering with other problems, and the problem has not been detected, while the person that was not affected probably had excellent coping skills. Most likely, the person affected survived traumas long before this accident took place. Trauma affects us all differently and some more than others. When a person endures trauma it is essential to get help immediately, since trauma often plays with the mind. A person will often endure sleepless nights, nightmares, anxiety and panic attacks and so forth. The issues bring forth more complications since the nerves are tortured and the person might resort to alcohol or drugs to relieve the symptoms. Flashbacks are common with trauma patients, and flashbacks can be dangerous since the person loses contact with the here and now. Rather the patient will go back in time to the event or one of the series of events that caused the trauma and they often stay stuck there for a few minutes or longer. If someone is around them and that person does not have understanding other complications can occur. Patients with Posttraumatic Stress Disorders (PTSD) are often treated with various medications, including Trazadone. Trazadone is often great for relieving stress, reducing night sweats, and nightmares, as well as other symptoms of posttraumatic stress. Another great solution for trauma patients is to take Natural Herbs, including Mental Alert remedies, Multiple Vitamins, especially saturated with B-Complex, and so on. The

natural herbs are great, and if you are seated on a healthy diet this too is helpful to reduce posttraumatic stress symptoms. The more you take care of you, the more your symptoms will run the other way. Posttraumatic Stress Disorder is nothing to play around with, since the symptoms are 'combat.' In other words, when you endure an attack, the person often feels like he or she is on a battlefield and everyone around them is the enemy. The symptoms leave no room for concentration, understanding, and even affect the person's ability to hear what is said to him or her. Posttraumatic Stress Disorder starts out with smaller symptoms and gradually works up to deeper symptoms if not treated. The sleepless nights alone leave the patient open for triggers. Triggers are sound, smell, voices, taste, and so forth. There are many elements in society that can trigger an episode of Posttraumatic Stress. It is also important to minimize your entertainment habits. If possible, avoid movies that will startle, fright, or trigger your symptoms. Movies that are animated or comedies are great sources of entertainment that will spare you a posttraumatic stress attack. You want to remember that when the nervous system is affected then so is the body and mind. In other words, the more attacks you have from posttraumatic stress put your heart and body at risk of physical illnesses. Finally, it is important to seek help, take care of yourself, and avoid any element in society that will trigger your symptoms, including people if necessary. Isolation in one form is not as bad as suffering posttraumatic stress symptoms. Postpartum Depression is another issue many suffer, however women are the target of this diagnose.

## **Postpartum Depression**

Women around the globe are resenting the day that their bodies will go through a transformation. When postpartum depression kicks in women often feel sluggish, unconnected to reality, and often undergo several other symptoms that include depression. Women that undergo postpartum depression (PPD) often go through bouts of crying uncontrollable and very seldom do they understand the cause. Their thinking is often irrational and their emotions are often tangled. One minute they are struggling to go to sleep and the next minute they can't seem to wake up. Once a baby is born the family, friends, mother and so forth suppose to join in a joyful expedition. Sometimes mothers go through postpartum depression however, and the birth seems more like a curse than a joyous moment. Instead of sharing a happy moment mothers often feel a sense of guilt because they simply because they may resent the birth of their baby. All of a sudden, you begin feeling sadness, despair, worthlessness, and insomnia kicks in. Then you go through panic attacks while feeling a sense of shame. In addition, it doesn't stop there. Next you begin feeling fear of losing control of your actions, you start feeling like your mind is tumbling, and your concentration has vanished. Still, you feel nausea, agitated, your heart races, and your breathing is complicated. The symptoms are increasing as you feel an imbalance level of worry toward your child, hopelessness since you have no control, exhausted from all the mental changes, and suicidal because you see no way out. The battle is just beginning. Mothers that suffer from postpartum depression often have an underlying psychological impairment, possible biological imbalances, including Posttraumatic Stress if the mother undergoes a horrible birthing. Most professionals will treat postpartum depression with antidepressants combining it with therapy. It is important for mothers with postpartum depression to seek help immediately, since the diagnose does not only affect the patient, it affects everyone around you, including your baby. Babies need their mother, and when the mother is unable to provide emotional nourishment and loving care, and then a baby will suffer as it grows into adulthood. Just like any diagnose there are triggers that may interrupt the mother, including difficult births, isolating one self, death, changes in living arrangements, hereditary, financial difficulties and so forth. Unfortunately, some of these triggers are going to happen. Most therapists have found treating women with postpartum depression, treating them with antidepressants and therapy has worked wonders. Recently studies are finding that depression may also be treated with Electromagnetic therapy. Scientists are constantly

searching for a solution to treat depression so the end of the world hasn't arrived. There is hope. Studies have also shown that writing down your episodes, feelings and so forth is a great therapeutic relief. Talking is also a great source for eliminating stress, which is often linked to depression. It is important to get regular checkups after your baby is born to eliminate biological reasoning for the postpartum depression. In most cases, doctors may prescribe Valiums, Prozac, or Zoloft. It depends on the person, but for some mothers one or the other medications work, while others have no results. If you are suffering postpartum depression, it is also important for the family to offer support and understanding. Since, you may have suicidal thoughts the last thing anyone needs to do is push you over the edge. It is also important that the resentment you feel is not necessary toward your baby. It could be that you resent an area of your life, or an occurrence and the baby seems to be the target. You might want to try listening to easy music when you feel a sense of loss, or episodes of the diagnose erupt. Music has proven to heal the soul. In addition, you might want to start exercising since this too has proven to do wonders with people that suffer mental or physical illnesses. Exercise relieves the mind often because you are doing something to better yourself and improve your health. Therefore, if you are in postpartum depression, there are answers and you should never give up hope!

It is important to learn how to relate to patients with disabilities to help them cope.

## **Relating to Others with Disabilities**

Relating to others with disabilities is often difficult. If you have a mental illness the only sources that understand you most times in the mental health experts, and sometimes they fail. I cannot count on 90 peoples' finger and toes how many patients told me that mental health experts were not helping them. The patients were complaining about the medications and treatment they were receiving. The problem may have lain between the patient and therapist, since sometimes patients do not do their best to listen and follow instructions. Other times therapist does not do their best to listen and hear, what the patient is telling them. Regardless, something is not working, so we need to learn effective strategies that help us to relate to disabilities. Often when a patient is complaining there is a source that lead to that complaint. In some cases were the diagnose is affected by pretense (certain disorders cause patients to complain even if there are not a problem), while most disabilities there is a source and reason for the complaint. Here is part of the problem. When the person has a source of complaint, they are often ignored simply because they have a mental illness. You are exaggerating is often the sentence used when a mental ill patient complains. In most cases this is not true, since mental ill patients are often more aware of their surroundings than the so-called normal minds. Schizophrenias, psychotics, drug-induced disorders, and a few other types of mental illnesses include symptoms of hallucination, voices, delusions and illusions. The patients will complain that their voices are telling them to do something, and although this is a degree of pretense or misunderstanding, it is important to listen since the patient is subject to harm him or her self as well as others around. When a person has an illusional state of mind and voices outside the head, then there is no room for disregarding the patient. However, when a patient does not have symptoms listed above they often are vigilant, and can explain what is happening to them. One other problem is the therapist or others around the patient will often attempt to disconnect the patient from his or her complaint. In other words, they will tell the patient what the problem is, and avoid hearing what the patient is telling them. Reading between the lines is the best solution for communication and understanding, however most people read between their own lines when communicating. I cannot stress the disadvantages this action causes, since communication is vital for humans to get along and understand one another. Dialect often plays a role in failure of communication, since we are all different and few of us can understand dialect. Therefore, one effective method of communicating and relating to

disabilities is to grasp hold of dialect and learn how to read between the lines of the patients. It is important to continue consistent understanding strategies to help the patient cope with his or her symptoms. Another great strategy is "Role-Play." Role Play is great since the patient can look inside his or her self through a separate pair of eyes while examining the cause and action of the problem. Stepping outside of your own mind helps you to see between the lines, and helps the patient to grasp hold of the solution in front of them. For example, the patient may be living a harmful lifestyle that triggers their symptoms and is unaware of their actions and behaviors. If the patient includes all elements of the problem in the picture and views it with an open mind or another eye, then the patient will most likely see the cause of their problem. This method is also effective for helping the patient see who was a part of their symptoms, such as the person may have been abused which caused the persons symptoms to a degree. If that person comes to accept the problem then that patient can move forward in life successfully. Acceptance then is the other issue we must address to learn, and relate to disabilities, as well as relate to everyone around us. Understanding mental illness can help us to find the answers to the many problems around us.

## **Understanding Mental Illness**

Understanding mental illness can help us help loved ones recover from their suffering. Although it is not possible to completely understand since even scientist is often baffled, it is possible to have a basic understanding. Understanding mental health and trauma can also help us to learn more about mental illnesses. The problem starts at the door with the mental health experts. They often start out diagnosing the patient upfront, and lay out a series of diagnosis that will cover medical cost on insurance. The next step is finding the diagnosis that insurance will cover if long-term treatment is needed. As you can see upfront that, the patient is already headed for additional problems, since money is the primary issue when it comes to mental health. The patient is the last to know in many cases that he or she just stepped into a web of financial issues and entrapment treatment. In other words the patient could be diagnosed with Axis I: Depression: Axis II: Bipolar: Axis III: Physical problems: Axis IV: Psychotic Episodes: Axis V: suicidal with serious interrupted symptoms surrounding the cause. This is obviously a serious complaint and insurance will often consider coverage since the patient is a hazard. After they are interview by an intake therapist, they are often shifted to the next level, therapy. After the therapist evaluates the patient sorting through the intakes information and watching the patient for signs or traces of symptoms related, the next level the therapist uses is diagnosing the patient with a mental disorder that complies with coverage. Most patients are diagnosed properly however, few are incorrectly diagnosed. The next level is visiting the psychiatrist who will then administer medications to treat the patient, since more money is involved they must understand what Medicaid or other insurance polices will cover. The patient is then subject to a therapist and a psychiatrist that believes they know more than the patient does. In regards to psychological disadvantages this is true, however if the patient was willing to do some research he or she might have more an advantage over the professionals since they are informed. Once they understand what symptoms are in the different diagnosis, they can then help the counselor and doctor understand more about their suffering. The best solution then is to research the diagnose that the therapist placed on you to see if this is what you are going through. Study the symptoms carefully weeding out any elements of the diagnose that may not involve you. After you have weeded through the rumble, the next step is sitting down with your therapist and letting them know that you took steps in your own recovery. You have evaluated the many diagnoses, including the diagnoses the therapist issued, and found that there are elements missing or there are elements of the diagnose that was overwrought. After you discuss with your therapist the potentials or the elements of the diagnose that was misunderstood you both can then work toward

reaching an overall view of what is really going on in your life. It is important that you take notes if you have difficulty staying focused, or if you lack education, you might want to get a loved one to help you with the research, notes and discussing the problem with your therapist. When we know what is going on, and what we are dealing with inside... This is a part of understanding the problem and how it connects to the people around you if you understand what is going on within your mind, and then you can explain this to your friends and loved ones, helping them to understand. After we see where the problem lies we can then move onto the next step and start accepting that there is a problem. Dealing with the problems is your next step, which takes understanding. If you do not have understanding then the problem will only regress. Tell your loved ones and friends that you are working toward treatment and it would be helpful if they too work with you to help you find a recovery in your mental health problems. If there is no recovery, then they can work with you, understanding that you will have symptoms erupt from time to time and they will know which step to take to helping you cope. Yet, we must look at entertainment and how it plays a role in mental health issues.

## **Entertainment and Mental Health**

Ironically, studies have shown that certain types of movies, music and reading materials are linked to mental illnesses. For example, pornographic material has been proven to affect individuals dramatically to the point of murder, rape and other violent crimes. Such materials affect even an individual without mental illnesses simply because someone falls victim to a predator along the path. Violent movies and music has also proven to affect the mind. More and more children today are violent, and studies have shown that video games, movies and music play a large role in the children's behaviors. Studies have also shown that children are committing murder, rape, taking drugs, alcohol, and interrupting others' lives as a result from obsessive entertainment behaviors. Although few argue that this is ludicrous, they have no idea what they are talking about, since the ones arguing are the sources that are producing such interrupting noises. Not so long ago a young man claimed after hearing the song "Kill your Mother" countless of times, the lyrics went to his head and he acted out accordingly to the song. This is only one account linked to entertainment and mental health. Mental health is nothing to toy with and the rules were laid out from the beginning. Even God acknowledged and made it aware to everyone that such behaviors would cause disaster. Proven faithful to His words, the world is going mad because of polluted behaviors created by entertainment. Do not get me wrong, not all entertainment is bad. However, the truth is if you are associating with bad, then bad will come to you and everyone around you because of the action. However, if you are associating with good, then rewards are sure to follow. Not everyone with mental illnesses however engage in wrongful behaviors, actions, or self-exposing themselves to entertainment that harms. At least not directly, but somewhere in their lifetime they were exposed indirectly to this type of behavior. I am promising you that everyone in their lifetime has been exposed to this behavior, everyone with the exceptions of newborns. It is time we look at what goes on around us to improve mental health. We will be pounding our heads against the walls for a lifetime if we do not admit that harmful entertainment is part of the problem. Children learn what they hear, see, and are taught. Likewise, adults learn what they see, hear and are taught. No one is an exception to the rule, and all of us are subjects to influences. Life is too short to be playing around with dangers. Either we are in this together or we are all working toward a disastrous future. Satisfaction guaranteed since it is showing in all areas of life. Take the terrorist attack in New York recently. What do you think linked this mental ailment to reality? While there are many explanations and reasons, the main reason is the culprits were exposed to violence during their lifetime and this is what they knew according to what they saw, worked. In addition, it did to a degree. Somewhere down the line people were communicating, however very few were listening, otherwise this would not have happened in the first place. Somebody in this picture was complaining and trying to express

their emotions and thoughts, yet somebody on the other side was ignoring the cries. What it boils down to is how a person believes. If a person believes after being taught that violence is the answer to resolve a problem, then violence is what you are going to see and everyone will be affected as a result. You do not play around with faith, either you are in the race to win, or else you are on the road to death. Finally, we can see that entertainment is today more graphic, and depicts inexplicit pictures on nearly every channel, radio station, and so on today. It seems the morals and values are going down the tube, while the world is going deeper and deeper into chaos and war. No one can fix a problem as quickly as the problem occurred, but somewhere someone has to get started to resolving what has already been done. How does ill minds think alike?

### **Ill Minds think Alike**

Some people believe that mental illnesses are all the same. If you are diagnosed with a mental illness then not to worry because everyone else diagnosed is just like you. This is far removed from reality and the truth. What is so ironic is the same people that are saying this (is often ill them self) will often say something to the affect when a murder takes place. 'He is a psychopathic or sociopath. Yet the neighbor down the road who visits every day has a mental illness and when this person visits, or the therapist is overwrought. You do not have a mental illness you have problems like the rest of us. This is easier to accept than believing that a person has a mental illness. This is nuts, since it is only contributing to the problem. The problem with the world is all the people seeking help are doing their job and the people that are making excuses or in denial of mental health, illness existence is in serious need of help. For example if Johnny visits a counselor knowing that something is not right, he is asking for help. On the other hand if that person sitting at the table telling the neighbor nothing is wrong, and claims that seeing a counselor is only spending money, then guess who is in real need of help. The person that does not go to a counselor or ask someone in the world for help is the person that mentally ill more so than the common mental ill. Mental is nothing to play around with, and since we are all different it can be complicated to determine who is ill. I have watched as countless of patients went to mental health experts and watched them continue to suffer although they worked hard with the counselor to find a resolve. The problem is that mental healths experts are more concerned about money than the patients are most time, and believe they know it all and the patient knows nothing most all the time. Many therapists are in this field of expertise and if you did a background check on the professional, you are probably going to see this person is a mental health potential or skip out as well. It does not take a genius to understand mental health, but it takes many idiots to tangle the webs of darkness. In most instances, mentally ill patients are brilliant individuals that have difficulty managing their lives due to frequent interruptions. Most all the patients that go to mental health experts can talk about their problems freely searching for answers to survive. The problem is (between the lines of communication) lies a fountain of information that can help both the patient and the counselor, but too many times the counselors are entangled in their own webs, they miss out on the benefits of helping another person out. Personally, I spent 25 years in counselor with no results up until the last three years and then I was working harder than the counselor to resolve my own problems was. She was doing a portion of her job, but my strategies were succeeding hers, and I left her behind. Now, if you see what I am saying then you will know that anyone with a mental illness has more of an answer than over half of the professionals in the world. If you have, experience and they have a piece of paper without experience, who knows more? I often have more compassion for mentally ill patients, than I have for the so-called normal and professionals of the world. I have watched many suffering after begging practically for help, and very little result came from it all. I watched as many counselors blamed the patient for the failure, but in all truths, they had a responsibility in this as well. Most counselors are in denial which is a mental health issue, and many people in many professions are in denial, and this my friend is a major cause

for mental health issues around the world. Ill minds think alike because someone is influenced while the other source is influencing. A great source for learning and understanding is group therapy.

## Group Therapy

Group therapy has proven to be effective in mental health. While some counselor will start out with one on one therapy, they may finally refer the patient to group sessions. Many services and support groups available offer help to those with mental health problems. Group therapy allows the patients to freely discuss their issues, problems, and even find social influences that share the same symptoms or similar symptoms. When two or more people are together and can relate to each other, this is often more effective than one on one sessions...Group therapy sessions allows the patients to meet once or twice each week, meeting many others that share common illnesses, thus promoting association. If a person is suffering and has difficult to meet in public places, or even go grocery shopping this is a great source for healing. Some people with mental illnesses often avoid socializing simply because they feel that other people do not understand and it is embarrassing for them to go in public when they are at risk of erupting from their diagnose. Triggers are often what cause a mental ill individual to suffer interruptions, and many times people care less about what may trigger another individual. It is important to get help when you have a mental illness, yet it is also important to work through the problems on your own if possible. If you use self-talk strategies, it can help with your mental health issues. Another great form of therapy is writing your problems on paper. This is great since if you put all the details of your interruptions on paper your counselor can help you find out the cause and work toward a resolve. Other great strategy for dealing with mental health is to avoid isolation. This is where group therapy comes in to play. Since you are around others, you will be able to communicate. Communication is an excellent source for healing. Another great source for healing is education. If you are in a group therapy session, you are teaching more about you disability as well as learning about how others suffer similar symptoms as yourself. This prevents you from feeling alone. Group therapy is also great since it gives you the ability to get out of the house. Think of it as an activity or a social entertaining experience. The entertainment will be seen once you sit down, relax and start sharing your problems with others. Most people when you tell them I am suffering from my diagnose, symptoms including the inability to concentrate; most people will say, 'oh, I understand this. I too have difficulties concentrating.' Well, what do you do to make matters better? You may ask. The other person may tell you what he or she does to work toward concentrating, and you may see somewhere in the conversation a strategy that can work for you. It becomes entertainment since you found a source of happiness within. Group therapy is great for many individuals, but there are some disorders where group therapy should be avoided at all costs. Although counselors have set up group meetings for such disabilities, it often proves troublesome rather than helpful. One example is MPD patients, or Multiple Personality Disorder. These patients are very distinct and have triggers that interrupt the diagnose more so than other types of mental illnesses. Mental illness is tricky and often difficult to understand, but in most all cases, there is a solution to dealing with the diagnoses. It is important to pay close attention if you are joining a group session. When you pay attention, you receive the benefits of hearing all about others and how they suffer too. You also get the benefit of possible learning something about yourself. When you learn who you are, you are growing to development, which is the element required for better mental health. Finally, many that suffer mental illnesses often lack development. There was something in their lifetime that was not provided to them to help them grow. If a person is now growing in accordance to human standards, then that person often jumps track somewhere along the way. Mental health and group sessions then, is a great

solution for growing. Education in mental health is another great source for understanding mental health.

## **Education and Mental Health**

When a person is suffering from mental health issues, then the best source of support and help is found in the educational system. Many people that suffer from mental illness are often in the stone ages and do not realize what is available to them. They were often misinformed while growing up, and since education is always advancing and changing, it is helpful to know what is going on. Of course, if you have a mental illness you will need to see a therapist. However if you are learning this increases your chances of finding hope and avoid being misinformed by someone that is not qualified, or under qualified. Professionals around the world are constantly searching for answers to the many problems we face today in mental health. The problem is everyone has an answer and most times no one agrees. They may find an answer to the problem, turn around, and slaughter by analyzing the source to death. Then we have another problem, simply because we have dozens of diagnosis, including schizophrenia, bipolar, depression, trauma, a variety of disorders and so forth. The different diagnoses are diseases of the mind, disorders of the mind, and or chemical and biological interruptions. To get help we must know what we are dealing with, rather than trusting in others to tell us what is wrong. If we seek out information regarding mental health we might even find an answer to our own problem. We can then inform the professional and assist them with finding a solution to the many problems we face. Mental health is complicated simply because we are dealing with the mind. The mind is tricky and leaves us know room for playing around with illness. Counseling is nothing more than a common sense strategy laced with education. The professionals are learning constantly new understandings while applying them to the older versions. Somewhere in the middle is an answer and it is often overlooked when a professional will treat several patients during a week and sometimes try to treat each person the same if they have the same diagnose. This is a problem area since are all different in our way, including people with mental illnesses. For example, a counselor may treat two individuals both with schizophrenia. The counselor may use the same tactics with both patients and medications for treating the patient. One patient may find results and the other patient may complain that the treatment is not working. Why is this happening? Well, it is obvious that one patient may have a different level of schizophrenia, and a different background. Some medications work well with one patient while it may not work at all or work minimal with other patients. The solution then is reevaluating the problem and going over the steps taking to treat the patient and modifying them according to the patients needs. It is important to recognize a problem to find a method suitable for treating the problem. It is also important to reconcile with the source within. Meaning if a patient has guilt it is probably because he or she did something that may or may have not been wrong. For example, if a parent taught the child that visiting their friends is wrong (Schizophrenias will often discourage a child from going to other people's home due to the paranoid) and the patient (behind the parents back) went to visit a friend. The patient obviously needs to recognize that he or she did nothing wrong, rather he or she needs to reconcile with self. In this case, the patient will also need to be re-taught to learn right and wrong. The patient needs to find a resolve. After you have helped the patient overcome this option, it is best to re-teach with material rather than words. Simply put, if the patient has a varied of resources to choose from he or she has the ability to come to their own understanding of what is right or what is wrong. Education is essential for reproving, reforming and instructing a person to the right course in life. Words are also important, since if you do not understand what is said, it is often because of lack of education. Yet we still need to look at the practices in mental health to understand what works best.

## **Practices in Mental Health**

What are the practices in mental health? Most people believe that mental health experts merely sit and discuss problems with patients. The fact is these experts have more to contend with than merely discussing problems. The experts are responsible to keep notes, evaluate the patient's problems carefully, and find a solution for what is causing the problem. Mental health is never easy since counselors' everyday evaluate patients with all types of disorders, diseases and so forth. Experts commonly study diagnosis such as schizophrenia, posttraumatic stress disorder, histrionic, antisocial, psychopathic, and so forth every day. Since mental health has many areas of study, it is often difficult to find a solution. The many disorders, diseases of the mind, and other related mental health issues are in constant search of developing strategies that work toward a better future. Looking at a few of the diagnoses can help us to understand the practices in mental health. Let us start out light and work our way through a series of complex mental illnesses. While there are many suffering with eating disorders and disconnections the problem seem simple to repair, however it is more complex than many realize. If a person has an eating disorder it is probably linked to a childhood where negligence came into play. For example, the patient may have grown up in a home where money was tight. The parents may have struggled to keep food on the table, and often the child ate one meal per day. Later the child was able to eat two meals per day however, this amount decreased again. The problem starts with nutrition. The patient was malnutrition meaning that a normal eating habit was never developed. Now we have established a root of the problem, we can see that mental will follow since the patient probably feels a sense of resentment toward the lifestyle he or she lived and some of that resentment is on the parents. Regardless of the effort they may or may have not made to feed the children, it was their responsibility to find a solution to maintain a healthy living environment. Probably because this patient was suffering malnutrition the patient was also suffer insufficient emotional support. This is all grounds for eating disorders and disconnection to come into focus. Now what if the patient is anorexia or bulimic? What if the patient has a deeper problem than eating disorders? What if the patient is putting his or her finger down her throat to throw up? Then we are looking at medical, mental, and eating disorders combined. As you can see what seems a simple problem turns into a rollercoaster ride for both the patient and therapist. What about anxiety disorders? So the person gets upset now and then. What is the problem we all do this. First, we must understand that anxiety disorder is not only stress or shaking of the hands when upset. Anxiety disorders include symptoms such as phobia of public, feelings of despair, sadness, hysteria, heart palpitations, sexual conflicts, and the list goes on. Now we started with what seemed to be a simple problem, but after evaluating a few of the symptoms we can see we are looking at a major problem that requires extensive evaluation. Panic disorder is another (what seems to be simple to fix) diagnosis. However, panic disorder like anxiety disorders has complicated symptoms, including phobia, chest pain, breathing difficulties, blackouts, and so on. We can see that the disorder has potential risks since both the body and mind are affected. To treat the disorder we must look at all aspects of the patients, including the symptoms. Not everyone with panic or anxiety disorders suffer the same symptoms. In fact, some patients suffer less than others do. Therefore, we do not have a common ground to stand on, but at the same time, we have common denominators that can direct us in the right path to resolve. Practices of mental health are not as simple as many believe. There is more to mental health than most realizes and this includes the people that study mental health, since they too are always searching for better solutions and answers. While we see that the practices vary, we also must examine criminal law and how it too plays a role in mental health.

## **Criminal Minds in Mental Health**

Why do people go to jail? What caused them to behave this way? What makes them different from everyone else? We can continue asking questions about criminal's mental health status, but we are never going to find an answer that suits us, simply

because there are too many illnesses and few solutions to repairing the illnesses. In fact, some of the causes of criminal behaviors are seated on the criminal justice's doorstep. At the beginning of criminal justice came forth a bunch of so-called law enforcement groups that claim to bring forth justice. The twisted theories including flogging, beating, hanging, dismembering, public humiliation, beheading, and the list goes on and on. Therefore, we can see the root of criminals start with the criminal justice system. We all influenced by someone else and if our superior examples are illustrating violence to others, what message are they sending to the world? In fact, the first-known psychopath was recorded in the early 1800s. This person followed the example of the justice system by behaving in manners inappropriately. Howard owned his own drug store and worked around people each day, saving lives while taking other lives and destroying them. This is similar to the justice system strategy, since the law saves lives and takes lives. We can also take a look at the various serial killers in our history and see that these people flogged, hung, beat, mutilated, public humiliated his victims, beheaded, dismembered and so forth. While each killer was different from the other, in most cases each had their own strategy to kill and torture another human. The sad part is the law in these time-tortured individuals that committed less than a felony. What a real bad example to follow, and today the law is still in some areas behaving in this manner. Rapists came in to play when the White Supremacist were allowed to rape the black race and get away with it. Although there was rape, cases before this era the White supremacist provoked sick behaviors in others as they followed closely behind the footsteps. We can ask why do people kill, and rarely find an answer since we must look at a mountain of history information to find out what the links truly are. We know that people suffer mental illnesses and some are dangerous while others are not. We can also look at the criminal justice system and see that the system is a failure in many areas, and there are people in prison that are innocent or should not be there at all. We can look at all the examples in our history and see that these people are responsible for some of the behaviors and crimes that go on in the world today. We can also look at the many minds that are locked up in the system to determine why they do what they do. We can also look at society and see how it operates and what part of responsibility they have in the many crimes and criminals actions. For example, what part do you think racism plays in mental health and crime? Well, I am studying criminal justice today and I can tell you it plays a bigger role than most people believe. What part do the media play in mental health and crime? It too plays a large role. Poverty is another major problem that links crime and mental health or illnesses together. When a person has no out, they often resort to crime, sometimes starting small and sadly most times leading to bigger crimes. However, we also have the white collar and blue-collar criminals. These people are not as special as they believe, since many criminals worked important jobs, maintained a family, and socialized in society. In fact, many of the serial killers did not come from deprived homes as claimed by the law. In fact, few came from law bidding homes, and most times the person suffering is suffering because he is a child born from a hereditary nation of chaos. We can ask all types of questions but in one article we could never sum of the true colors, since the law, society, political, religions, history, mental illnesses and so on play a part in crime. The history of mental health and the law is constantly rotating and revolving.

## **Mental Health and History**

There is not one single moment in our lifetimes that something has not affected our mental health. We all touched by war, hate, prejudice inappropriate materials, actions, influences and so forth. There is not one individual in a world that has not or will not be affected by some act of violence, hate, et cetera. The problem is how we handle it and how much we work to eliminate the behaviors and influences from our lives. We all have a degree of control. We all can say we do not want this behavior or influence in our lives and work hard to terminate it permanently. If we are drinking or drugging heavily we are affecting our mental health and bodies. If we are obsessively worrying, we are

affecting out mental and physical health. We all have bills to pay, most of us have kids to rise, and some of us have additional problems that others just do not have. For example, the common person struggles to pay bills, take care of the family and meet someone else's expectations. Some of us however must deal with symptoms including, hallucinations, delusions, illusions, violent outbursts, mood swings, panic attacks, and so forth. It was not enough that the world is troublesome that these individuals had to be struck with an unforeseen force that controls their lives every single day, making it even more difficult than the average to survive. We all have to survive distorted information as well as learned behaviors and therefore this too makes it more complicated to deal with an extra problem some of the people in the world deal with. You would think since these people have a disability and struggle harder than others do, that people would be more sympathizing. Instead, most people shun, poke fun at, mock, and add more problems to the mental ill patient's life than what he or she already has. Therefore, our history is always adding more problems. The more history comes forward or moves backward the more examples, influences and behaviors come in focus. The cruel, ugly, harsh people in the world, coupled with the harsh ruling of the leaders of the world, and bound by the false teachings around the globe, we are definitely heading for destruction rather than recovery. Mental ill people are special people that were picked out from the rest, since these people have a message to relate to others. Most patients with mental illness are brilliant and can tell you something you did not know if you only let them. Under the mental problem lies a person suffering because of history, genetics, the legal system, and the social environments. Underneath that devastated mind lies a person ready to tell you what is going on if you would only listen. This person if giving the chance to talk will tell you more about history than any book you will ever read. This person is going to tell you how the influences in his lifetime passed on their beliefs and behaviors to him. This person is going to tell you that his beliefs were crushed since he or she was forced to conform to other beliefs in society and in the political and legal system. This person is going to lay out a structural foundation that was missed and hit at the same time. Everything a mentally ill person has said, is being noticed somewhere around the world today. Even a paranoid schizophrenia said something that many people laughed at, mocked, humiliated, and disconnecting him or her from reality. For example, paranoid schizophrenias are notorious for saying 'they are out to get me.' The fact is if you pay attention, the person is not lying, since we see it in our political world, our legal world, and even in society. Everyday the law is increasing their control over society. Everyday the political leaders are taking us into a chaotic world, and everyday society is killing, raping, torturing, and the list goes on, yet most people say it cannot happen to me. The fact is, not so long ago terrorists did hit us all. Now do you see where they are coming to get you? They reached all the way over from across seas to try to destroy America. Now if you think you are better than a person with mental illnesses is, then you better step back and take a closer look and listen to the voices, because these people are you and I. these people are a part of our lives that are relating a message, while calling out for help. Looking back through the history of mental health and crime, we can see that depression is increasing and depression kills.

## **DEPRESSION Kills**

We hear reports around the globe of the many souls that suffer depression, because of overwhelming stress. With wars, poverty, and violence going on around us is it any wonder that depression is an issue? Statistics has proven that depression links to increased heart attacks and heart disease. Researchers have not proved that depression is the cause of

heart disease, but they do feel it is a contribution. Depression is also the root for suicidal increase. Yet the fatal mistake that doctors make is over medicating the patient. Medications not only suppress the problem, but it contributes to medical issues. The result, the problem is still there. Everyday studies are finding new information and yet the information is often tossed to the backseat while traditional treatments continue.

New studies reveal that in contrast, intellectual and in depth, research coupled with insight helps scientist understand depression. After study the mental illness, closely they concluded in once study that depression is possibly linked to existing heart diseases that are a result of

With premature death-related to heart disease caused by premature changes in women. In other words, postmenopausal issues were said to be linked. After careful research, it was shown that antidepressant drugs might cause more harm to patients. Observers that watched these women claimed that women were at higher risk of heart attacks while inducing antidepressants. The Archives of Internal Medicines after conducting surveys claimed that more than 90,000 women over the age of fifty and out of 16 percent suffered major depression. This was half the women and this half was taking antidepressants. The researchers continued their studies and found that postmenopausal women suffered depression, and because of taking antidepressants, over half the women were at risk of death related to heart diseases.

In 2003, new researchers concluded that the percentage of women at risk would also be subject to fractured bones, and that more than 8,000 women over 65 were prescribed medications and the medicines had affected the central nervous system. Researchers deduced that after taking prescribed drugs for five years the women were noticeably showing risks of fracturing bones, and those that did not take the drugs lived healthier lives. After careful studies researchers concluded that, the prescribed drugs were the linking cause of psychical symptoms. In order to reduce depression, one must exercise, eat healthy, write in journals, and use self-induced analytic profiling and evaluation of self. It is extremely important that a person come to understand their handicap and deal with it. More studies have shown that when the spine is out of alignment, or injured that it links to depression, which is often caused by stress. Often when we visit our Chiropractor, he/she can help us to get our spine back in alignment, which has proven to relieve stress and depression.

In spite of the studies that concluded that antidepressants could put a patient at risk doctors around the globe, still take out their prescription pads and start writing. Often the problem is ignored and blame is placed on the patients, while the doctors continue prescribing.

Now you must ask the question, are you at risk? If so, you need to take care that you consult with the proper physician. Ask him to monitor your issues carefully and sway him away from prescribing antidepressants.

Stay alert to your mental health and avoid floundering, as this contributes to depression. There are solutions to any problems that will work for you. Get out of the house and socialize. Take up a sport that you may enjoy. Read a damn good book or *write* one yourself. *Writing* is a gift, an art, and a contribution to Freedom of Speech; let the words flow.

As I analyzed this distraction, I concluded, that depression is a mask of *broken memories* backed with links to *medical* issues formed and ignored. The spinal and nervous system are remarkably relative if not constituting the main cause of this distraction. What happens is people that suffer fail to exercise, sit straight, bend appropriately, and so forth. The result, the spine is dislocated. When the spine is out of line, problems will arise. Depression can kill only if you let it! After reviewing depression we can next take a look at traits in mental health.

## **Mental Health and Traits**

When people think of mental health, they think of mental disabilities or disorders. However, mental illnesses include traits, disorders, personality, tendencies and so forth. For example, psychopathic patients may have a personality disorder, psychopathic tendencies or traits. The level of disorder differs in the sense traits are less severe than disorder and tendencies. Often people with these types of disabilities have other diagnostic disadvantages beneath the surface. Let's look at a patient with psychopathic traits. This person is less likely to kill than the person in the next seat with psychopathic tendencies or personality. Although the symptoms are slightly different, neither diagnosed patient with these types of diagnoses should be excused from illustrating violent behaviors. In fact, not everyone with psychopathic disabilities kill. Therefore, to understand mental health and traits, you must understand the entirety of the diagnoses. Traits are distinguishing qualities of a single diagnose. The traits may include similar symptoms illustrated by a full-blown psychopathic, yet not as severe. For example, psychopathic individuals often enjoy starting fires. A patient with psychopathic traits may not start fires, but wish they had the advantage of doing so. These types will often think about the consequences ahead of time, while psychopathic patients will not. The downside of psychopathic traits is that if left untreated this person can break off into tendencies and/or personality disorders, which means danger is lurking closer. Psychopathic like everyone else has many sides to their personality, including a bossy side, adventurous side, normal side, eccentric side, and so forth. Psychopathic patients can play up to a person and that person will see a friendly side that leads him or she to believe the person is a so-called normal. Yet when the person goes home, he or she engages in abnormal behaviors including pornographic materials, obsessive music, and studying the law in an effort to find a loophole to get away with crime. This person might even go home and calculate a strategy to harm the individual that thought he or she was normal. What we are looking at then is a psychopathic individual with the traits leading to tendencies to kill. We are looking at a personality disorder that is so entangled in a web of illusionary thinking. Psychopathic often believe and think differently from the normal society. Some of their thinking is justifiable however; their behaviors make it difficult for others to listen. We a psychopathic thinks killing will relieve his or her pain and suffering, this is obviously an unjustifiable thought. However, if a psychopathic believes that the system is a failure, then he or she is on track in their thinking, since history has proved his or her claims. According to statistics, there are three types of personality disorders that have urges to kill or harm other individuals. Scientist claims that 4 percent consist of Antisocial

Personality Disorder (APD), 1 percent Psychopathic, and 3 percent Sociopath. Now the common denominator that the three shares is neither personality type does not have regards for other peoples rights, nor do they show remorse when they harm another. All three of these types of personality often walk around with a deranged look on their face, and all three are deadly. The difference then is not all sociopaths kill and often this type of personality has fewer symptoms than a psychopathic personality type. While the statistics claim there is only 1 percent psychopathic in the world, the statistic are blown off the chart as more of these personality types present them self to society. Many of the psychopathic also have antisocial personality disorders, while antisocial personality patients do not always have psychopathic. However, they may illustrate traits, since like psychopathic, antisocial symptoms include fire starting, bed wetting, harm to animals and people. As you can see understanding traits, personality and tendencies if vital since confusing, one or the other can lead to disaster. The disadvantage of the three listed diagnoses is there is rarely a solution for ending the ongoing mental illnesses. This means that therapy often does more harm than good, and that most of the patients with these diagnoses are destined to crime. Studies are in constant labor working to find answers, but the more they search it seems with these diagnoses that the further that head backwards. The many illusions in the mental mind is often boggling, but everyone has hope.

## **Mental Illusions**

Mental health has many illusions that it is why it is often difficult to sort through the rumble. In mental health, we have to deal with bipolar on many levels, panic disorders, depression, trauma, and other more difficult diagnosis and symptoms. It is often difficult since when we look at the various mental illnesses we also have to look closer at the underlying elements of the diagnosis. Underlying elements such as childhood trauma plays a large role in many diagnoses today. We also have to consider the many elements that are linked to mental health, including influences of the past and influences in the current times, including history, law, religion, and so on. All diagnoses regardless of the similarities are treated differently, since we are all different. Delusional disorders for example, require careful attention since the symptoms include separate elements and since it has a couple of different levels of complexity. For example the 'persecutory types' endure suspicious behaviors, which include believing that someone is out to get them, feeling of cheated in life, feel they are mistreated and will often include the law and justice system in their delusional behaviors. Delusional disorders are difficult simply because the patient is often schizophrenic acting yet distinct of the characteristics and symptoms that schizophrenias illustrate. Some patients with delusional disorders have a grandiose personality, believing they are better than anyone else is in the world. The patient may attempt to convince another individual that he or she was cheated, mistreated, robbed, and may believe he or she has power that no one else has. Since minimal research results have been provided on this diagnose it is even more difficult to understand. Most delusional disorders are categorized by schizophrenia; however, it is rarely diagnosed as schizophrenia. We could also conduct an overview of cognitive disorders and see that although they appear simple in form, they are complicated. Delirium for example has symptoms including, lack of awareness, short tension spans, wandering communication, rambled speech, and so forth. The patient often skips in and out of reality. To determine if the diagnose is delirium a counselor must rule out other possibilities including, psychotic, dementia, schizophrenia, and other related diagnoses. Other diagnoses such as histrionic personality disorders are even more difficult to deal with. Although the person rarely suffers hallucination, they are often illusion in their way of thinking. The person often believes illustrates superficial characteristics in emotions, and will become aggressive even violent if they are not the center of focus. In other words if you are not paying thorough attention to a histrionic you had better watch your back. Often histrionic types play a role acting out a personality that does not exist, and will shift moods often. If you see a person laughing and carrying on one minute, and then turns violent, you might be dealing with a histrionic personality type. Histrionic types are never the culprit they are often the victim according to their state of mind. As you can see you are dealing with a very twisted mind here, and to take the person lightly is asking for

nothing but trouble. Histrionic personality types play many games, but when you are the game player, there are potential dangers involved. Histrionic types will go at great lengths to prove everyone wrong. Often these types of individuals lack the ability to show emotions at a normal state. We can also peek at the narcissistic personality disorders. These people are similar in contrast to the histrionic in the sense they too are grandiose. They illustrate behaviors that include self-promoting, and often lack the ability to regard others. Often this type is demanding, and often has difficulty in relationships, since every one is the bad guy. Looking at both histrionic and narcissistic personalities, we can see the similarities, which make it difficult for anyone that is evaluating the patient. The professional evaluating the patient must also rule out other diagnoses including, Borderline Personality Disorder (BPD), Histrionic Personality Disorder, as well as other underlying disorders. The many mental illnesses that we face every day are often difficult and when new studies find more information on the illnesses it becomes even more difficult to understand. Who really are the mentally impaired?

## **The Mentally Impaired**

The mentally impaired are struggling everyday to survive a game of cat and mouse. Scientists are constantly coming up with new answers, which they believe is helpful to treating many of the mental illness. Scientist are also battling amongst themselves one believing this and the other believing that...is it any wonder mentally impaired is on the rise? At one point, we all felt like the whole damn world has gone mad. At one point in our life, we all lost control and acted out on our emotions and feelings. There are few people on the planet that can say they never felt crazy at one time in their life. So, what separates us from the mentally impaired? The world is a crazy place to live, and we all endure crazy moments in our life. If you believe that you have not shared a moment of madness with a mentally ill person, then you are misleading yourself. In this article, we are going to look closely in the mind of a mentally impaired individual. Mentally impaired individuals often examine the world differently from most people. They may feel that the world is tumbling down on them. They may also feel that the world is out to get them. In one way, they are not wrong. The world is tumbling down in a sense. When we think of the wars around us, the terrorist attacks, the cost of living increases and so forth, how is it that the world is stable? If we look at the terrorist attacks, increase of law rule and regulations, political let downs, and so on, how is it that the people of the world are not out to make our lives difficult? Evaluating patients is never an easy task simply because sorting through their beliefs, way of thinking, and words they stress we must look at all angles carefully. Some patients suffer panic attacks, anxiety interruptions, mood swings, suspicion, illusions, delusions, hallucinations, and so on. Where are they coming from? How does one person endure voices in their head while another person struggles with the voices out side of their head? When a paranoid schizophrenia tells you that he or she suspects that the CIA/KGB is out to get them, do we really know where this came from? Let us look closer inside the mind of a paranoid schizophrenia that often believes the CIA/KGB people that are busy in the bigger world hunt him or her. Have you ever done something wrong, whether it was illegal or not and got away with it? If you have what did you feel? You probably felt guilt, remorse, shame, and other related feelings. If you did not then you might want to get your head checked. You may even go through short spans of paranoia. This is common when a person is wrong. Now we can see that a paranoid schizophrenia probably did something wrong in his or her lifetime and got away with it. We can also see that the person unlike the majority of us that can deal with it, the patient allows the paranoia to take over completely. Most likely, a paranoid schizophrenia was taught wrong, or listened to ideas that lead him or her to believe the way they think and feel. They often lack communication skills, and are often misinformed. Now if a person is in constant belief of what he or she learned, thought, felt, and so on, it merely means that the mind is scrambled like eggs and the shells are shattered. We also must look at the fact that the Twin in a paranoid schizophrenias brain

is abnormal in most cases. We must also look into the background and hereditary of the person since in most cases there is definitely a history. One example clarified this when a paranoid schizophrenia was studied closely. It was found that the mother had interruptive behaviors, including violent outbursts, unstable thinking, invalid beliefs, and so on. Many times when we look back in the history of the patient, we can see there is a pattern in the making. What separates us, is that we are all individual distinct from the other, and we all have a history of mental illness somewhere down the chain. Who are the deviants in mental health?

## **The Deviant in Mental Health**

According to statistics the deviant in mental health is always, the professionals since these people are striving to submit their patients to the so-called norms. The so-called norms are said to be people that conform to a standard set of rules, and often believe similar in contrast. This means that everyone is everyone else and few are who they really are. Mental health is overrated in many instances. For example, if a counselor believes one way he or she will not falter at the voices of the patient's belief. If the patient believes that he or she is physically ill and the counselor see no evidence of the claim, the professional will often take for advantage that the patient is ill. However, if the patient goes to the doctor, tests are run, and then the who is the deviant. The game of cat and mouse is always played in mental health and mental illness since everyone wants to be right. Is it any wonder mental illnesses are increasing and counselors are sitting in their comfortable chairs trying to figure out what is going on? Anyone that goes to a mental health professional is almost certain to receive an instant diagnose. The intake worker alone will evaluate a patient searching for evidence that complies with the Insurance coverage. They will then ship the patient over to a therapist and possibly onto a psychiatrist. The chain never ends. Too many times when patients visit a therapist the professional will take for advantage that he or she is educated and the patient is a misfit. They often will talk, but listening is minimal. First, it takes years if not a lifetime to treat a patient with paranoid schizophrenia, and most times the patients are covered with Medicaid/Medicare and neglected throughout the course of treatment. Mental health experts are in constant battle trying to find answers too many questions. Today there are experts admitting that listening to the patient is proving more fruitful. It is time we all look at the problems going on in the world and start taking it more serious, rather than disregarding the problems. It is a shame that too many mentally ill patients are sitting in jail, simply because someone did not listen and no one did anything toward finding a resolve.

Mental illness as defined is a series of minds that manufacture behaviors that are reworked copies of a social existence. According to studies, the behaviors of mental ill patients often infringe on the so-called normal society. One of the most common traits in mental illnesses according to professionals is denial. Here is where we stop. Denial > Mentally Ill > When a counselor makes a mistake in many cases they put the blame on the patient or faulty teachings. Few rarely take responsibility for their wrong. Political > When the leaders of the world make mistakes they often search the world for someone else to blame....Religion > When religious leaders are persecuted or else wrong, many find a way to blame the victims or candidates involved. When society makes mistakes, they often find someone else to blame. When the law makes mistakes in most cases, it's always someone else's fault. Denial...I think you better taking a deeper look at who is in denial, since patients sitting across from a professional asking for help are admitting there is a problem.

There are many areas we can review, but the deviant is not always sitting across the room looking into the eyes of a mentally ill person. We can also look closer at the so-called norms of society and see they have their own set of problems. If we all conform to a set of beliefs that has proven failure, what makes the person (s) think they are mentally stable. If people are sitting down letting everyone around them control their lives and

rarely standing up for their own beliefs...who says they are mentally stable. Mental illnesses go deeper than many are aware, since nearly everyone in the world is suffering some type of abnormal behavior copied from other behaviors. Someone else influences everyone; therefore, we all lost our values and morals somewhere along the way. Learning mental health secrets can help us to better understand diagnoses.

## Mental Health Secrets

There are mental health secrets that everyone should know, including how to prevent misdiagnosing. Since money is, the issue and insurance companies play a role in treatment a patient will often receive a series of diagnoses that conform to the standards laid out in health care coverage. This is only one area of problems in mental health. The DMS guide copyrighted by APA, who brilliantly stated that the manual was a guide to mental health, instead of claiming that the book was factual is another area of concern. Therapists often base their diagnoses on the codes listed in this manual. If the symptoms match the patients then this is what the patient gets. Another area of problem is when a patient receives a diagnose he or she is 'labeled,' which brings forth additional problems. Another area may sound ludicrous since we have so-called professionals in the field, but just like individuals in the world that are caught in a practice of interest for a short time and twisted with an exaggerated zeal, (craze-fad), professionals when they find a diagnose of interest that are overzealous burning their wheels to produce more material on the subject. Ever heard the saying, *beating words down*? Well, professionals in mental health will often beat down diagnoses. While one of the issues in mental health revolves around labeling, I have to disagree, since I feel the real problem stands between acceptances. If a person has a disorder, disease of the mind, or a chemical imbalance, then accepting is the first step in recovery. Some of the most helped people in the world attend alcoholic classes and the first thing they recognize is the problem, which allows them to move forward. There is not a person in his or her right frame of mind wants to understand that they have a series of symptoms and no reason behind it. It is ok to say *I am a paranoid schizophrenia working toward recovery*. It is not ok to say *I am a misfit in society and cannot understand why I was chosen for torture*. As you can see, we have a bunch of professionals contributing to the problem, since they are thinking they know what is best for the patients. Anyone that is suffering knows more than any professional does, since they are the ones living through the problems. The patients can tell you better than any counselor with a piece of paper and no experience what they survive. Another area of problem is many professionals are from different countries and they understand diagnoses one way or in another term, while the American Psychiatrist Society relates in other terms. Professionals also believe that patients will avoid the issues, and/or bury the real problems beneath. This is not always true, since the patient is there in the first place asking help to understand his or her disability. If they knew the answers, they would not be there in the first place. For example, Nikki goes to counseling explaining her many symptoms, as well as talks about the people around her that are contributing to the problem. She is trying to control her behavior but others are making it difficult since they center her out, bringing forth the issues of her disability every single day. First, we can see that others are a problem, since many people will center out individuals flaws first, before complimenting. Therefore, that problem can be resolved if we teach Nikki how to handles other people around her. The next issue is the symptoms. What symptoms do you have Nikki? Nikki says I am having night sweats, nightmares, flashbacks, impulsive outbursts, and so on. Well, why do you think this is happening Nikki? I do not know why it is happening. First, Nikki is illustrating symptoms of Posttraumatic Stress Disorder, so it is apparent that she is a trauma patient. Therefore, Nikki is certain she was victimized, but uncertain of the emotions, feelings, and thought process she is enduring. Now Nikki may or may not be able to tell you the entire event that brought forth this disorder, but Nikki can tell you the surroundings of the event. This means the counselor needs to invoke talk therapy to find out the underlying source of her suffering. Does Nikki blame

herself for the violence against her, or the violence she witnessed? Probably so, since she is in a battle of understanding the mind at a greater level than the so-called normal minds and Nikki will battle to find the source within that is haunting her dear soul and mind. The mind is a tricky thing, and to understand it, you must address it. We can also see how antidepressants play a role in mental health.

## **Antidepressants in Mental Health**

Since new studies are proving that, many antidepressants are associated with heart attacks, strokes, behavior problems, and so on why are they still prescribing drugs. Why, because they cannot answer the thousands of questions about mental health, and they are unable to find a solution in many cases to treat each individual mental illness successfully... Therapists are finding that listening to the patients and including therapeutic techniques is often better than drugging the patients. Since the beginning of time, mental illness has touched our lives. Starting with Cain and Able, we can see Cain's obsessive behaviors and jealous outrages lead him to kill his own brother in cold blood. What was he thinking? He wanted attention that Able received, and he wanted something that was not rightfully his for the taking. Throughout the episode Adam and Eve had nothing but problems, and was often consumed finding a way to survive in a chaotic environment. Later through the centuries, others followed Cain's example, while others broke off into a more deadly game. How much deadly can it get when murder is involved. Try murder in numbers, or mutilation, dismembered, beheaded, slaughter, and so forth. All for the love of money in some cases, and all for the hatred buried in the mind of the deadly predators that walk out earth. Mental illnesses come in all forms and none of us is excluded from illnesses of the mind. If you have jealousy in your blood, you have a mental ill element that could lead to a much greater problem. If you have envy in your blood, you have the beginning of a created delusion that will escalate if the problem is not dealt with. In other cases, the problem could bury itself under the surface never bringing harm to others, but will soon create more bad habits. The problem grows as mental health experts start distributing prescription drugs that increase behaviors, psych the mind, and control the mind, while burying the problems underneath. Some antidepressants are dangerous if stopped abruptly. Antidepressants such as Effexor XR if stopped abruptly will increase symptoms such as, suicidal tendencies/thinking, violent outbursts, enraged attitudes, impulsive behaviors and so. The person obviously has something that was buried under the medication and was triggered by the chemicals combined in the drug. Antidepressants in some instances has proven dangerous, yet mental health experts around the world continue to prescribe such chemical laced dangers to mental illnesses of all sorts. It has been proven in some instances that antidepressants will increase alcohol and/or drug addiction symptoms, as well as causing major heart attacks, or damage to bone structures, which leads to many fractures. Examining medications and mental health is often difficult since we have to consider that the advocate and the enemy are working together to bring forth a destruction. When we think of help, we know that when a person helps another that it is always a good thing. However, some of us that believe that we have a piece of paper think that we have all the answers. Otherwise, some may feel that playing against the odds is the best solution for finding the problems. The sad part is more mentally ill individuals are aware that the experts are making numerous mistakes every single day, and they are placing the blame on everyone but the ones making the mistakes. How sad when we are all one people, one nation, and under one rule. When it comes to the mind, the last thing anyone should do is play around with problems existing. In my experience, I watched as a psychiatrist prescribed a young boy with drugs that created more problems than what was already existing. The boy was diagnosed with Intermittent Explosive Disorder, Oppositional Defiance Disorder, Psychopathic Tendencies, and the list goes on, and the doctors were foolish enough to give this child drugs that made him more deadly than he already was. In turn, the doctor ignored the patient when he said *this*

*only makes me angry than I already am.* Now when this person goes to jail, he is the one looked down upon, but if someone was to recognize the truth and come out of denial, they are the ones in the wrong. Medicines in mental health are constantly creating additional problems.

## Medicines in Mental Health

You walk into a moderately business office sit down a chair in a well-dressed lobby and wait for your name to be announced. Finally, it comes and you are assessed by an intake worker, finally sent to a therapist a week later, and then recommended to the staff psychiatrist. In this short time, you were diagnosed with Bipolar, Depression, which is an element of bipolar, and posttraumatic stress disorder. You also have a history of Diabetes, High-Blood Pressure, and Allergies. Now the doctor is not aware of the inflammatory fiber nerve disease underlying the symptoms. You continue to visit the mental health experts complaining constantly of your symptoms, and they begin treating you like a Hypochondriasis. (Someone occupied with health issues and most times are exaggerated)...you begin feeling confused, disappointed with the therapist, and decide to go to see a physician that finds a fiber nerve disease, which proves that your complaints are valid. However, you were already given prescriptions for psychotic and depressive symptoms. You begin taking the medications and suddenly your insurance policy stops payment on the drug Effexor XR. Suddenly, you explode feeling aggressive, wanting to kill, wanting to die, wanting to harm and there is no explanation since these feelings have never occurred to this magnitude before you took the antidepressants prescribed. Now the problem has increased and you are searching desperately for an answer, yet you find nothing. What went wrong you might ask? Well, Effexor XR is given to patients with depression and bipolar symptoms. Since Effexor is said to target the brain chemicals increasing the Norepinephrine and Serotonin in the brain, it is claimed to eliminate symptoms of depression and bipolar. Now Effexor XR is notorious (once the medication is stopped abruptly) for increasing behaviors including, suicidal thinking, impulsive behaviors, violent outburst and so forth. The Prescription has caused increase in Blood making it a bad deal for patients with High-Blood Pressure. Now you went to the therapist to fix a problem and your problems have increased dramatically at it is all because of health care, mental health, medical, and so on. You start feeling that it cannot get any worse, but the doctors continue increasing your medicines prescribing Tenormin (Atenolol) for your pain and after prescribing numerous doses of inflammatory prescriptions, which lead to stomach disorders, you are now taking meds to control your stomach. Moreover, it does not stop here. Next, you are given Imipramine HCL for pain, Tramadol for pain, and rotated between antidepressants finally prescribed Effexor XR again. If you are feeling alone you are not, since many times doctors, mental experts, and health care providers make this mistake excessively many times to count. It is ludicrous to go to mental health experts all to find severe complications exploding your life and you are the one to blame, when in reality these experts made a serious mistake. Since the mental health expert obviously had no choice but to eliminate Hypochondriasis, and claim that they were only searching for answers to the problem (making excuses) you finally say *I am searching for another mental health expert, since you have no idea what you are doing.* You go to the next office; sit, wait, and when you are called you talk to an intake worker, then a therapist, and finally a psychiatrist. You go through the same procedures wondering if these experts are smarter than the other experts you just left, and soon find yourself on Effexor XR, Imipramine HCL, Tramadol, and a variety of other medications. *I told you people what happen before you tell the experts, yet they ignore your cries and tell you to take your medications as prescribed.* Are we fixing problems or are we adding to the many problems we face every day. Some mental diagnoses were later proven a medical problem or central nervous system interruption that created a series of symptoms delusional to mental health experts, believing that the patient was mentally ill.

Caught in a web of testing and despair we often fight to find a reason that our minds are tricking us into acting out of accordance to the so-called normal. The solution is right in front of them in most cases, yet everyone is turning their heads and looking for another answer. What is the cause of insanity and where is the fine line of sane. We can see more on this issue when we looked at the Mentally Deranged.

## Mentally Deranged

What is mentally deranged? Mentally deranged patients are often filled with hate and animosity and will often demonstrate a series of disturbed behaviors. If you want to know the fine lines between sane and insane when you meet deranged you will not find the latter. Generally, deranged individuals are trapped in their own state of mind, believing unethically that the world is gone mad. There is a fine line between sanity and insanity, and this is often discussed in the courts and in mental health. A Psychopathic mind is said to be sane, however the individual often is deranged, meaning disturbances often incur that create chaos for everyone else. According to some definitions, insanity is caused by *syphilitic alteration of the mind*, which in turn causes *dementia and paralysis* known as *general paralysis of the insane*. The term general paresis defines insanity. According to the term's definition *syphilitic*, this venereal disease spreads throughout the body and affects the brain killing cells in the body and causing major physical interruptions. According to the law insanity is when a person does not know the difference between right and wrong and cannot remember why he or she is in court. The later is under investigation, however if a person is deprived of the ability to determine right and wrong, then he or she is said to be insane. Insanity in psychology is deeper than both versions as defined and simply much more difficult to comprehend. Now we can peek inside the minds of the many diagnosis to learn deranged minds and insanity. For example, let us peer into the mind of a sexual sadism patient, which is not evident the patient is insane. We know that this person has a sexual disorder, which includes visionary/hallucinations/illusionary/delusional fantasies. We know that this person is not in reality. We know that this person has compulsive-obsessive behaviors, simply because pornographic materials are triggers to these types of disorders and the patient probably has a house filled with such inappropriate mush. The patient enjoys and will indulge in rituals that include mortification, (destroying persons coping mechanisms, including self-esteem, confidence, et cetera). The patient also enjoys burning of the flesh, whipping, torturing, battering, mutilation, and sometimes annihilation. This destructive, deranged mind will act out or think obsessively on this related pains and sufferings during sexual release. Meaning that the patient is sexual gratified at the intensity of the acts of hate and violent noted in this article. Therefore, this patient is deranged in state of mind and therefore we must reevaluate the fine lines of insanity and sane. Sexual sadism is often found in individuals with sexual disorders, including diagnoses psychopathic personality disorders. There are several types of sexual deviations, including pedophilia, frotteurism, exhibitionism and so forth. Each diagnose has a degree of derangement, one more so than the other. Since we know that derange is hate, we must evaluate many minds before we can determine the sane from the insane. Cults are often geared and will commit crimes of hate therefore, these people are often deranged. Insanity? Maybe...but who is willing to step across those lines, since an insane individual can commit a crime and often be institutionalized or released. Psychotics or psychosis is another form of derangement in the sense the patient breaks off from reality temporarily and hears voices outside the head telling him to kill. The voices are different in the sense they may not always tell the patient to kill. This type of personality is dangerous simply because you never know when an occurrence will take place or eruption and you never know what the voices are saying. Therefore, if the voices are telling the patient to kill and the patient has no sense of reality...

All mental ill patients are not mentally deranged; however, there are exceptions to the rule. After studying human behavior ongoing throughout my lifetime and study

psychology, biology, chemistry, science, and other areas, I have concluded my own definition of insanity and sane. Scientist is constantly beating down definitions, making it difficult to relate to mental health. Therefore, it is time someone brings to light what mental illness really means and who is sane and insane. The mind outside of the mind is where we start to understand mental health.

## **The Mind outside the Mind**

What determines if a person is mentally ill and what determines if the person is not? According to the various individuals the definitions are all different, however if a persons thinking process is off balance you are more than likely going to find a mental illness, regarding if it is revolving around a physical cause. The mind has played tricks on even the so-called sane individuals in the world. When the mind creeps in suspicions, loss of thought, inability to say what is on your mind, and so on. More than likely you are fine, however if these symptoms are ongoing you had better get help now. The experts in Social Scientist often interchange the terms mentally ill and disorders since one term means that a patient has a disturbance in normal patterns and the other means that a patient will need ongoing treatment for the disturbances. We cannot always rely on the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) for the definition of mentally ill simply because the book is in constant change as APA members find new information each year. Most information in the book is valuable but every year new studies are finding out more about each diagnosis. Researchers and analyst often base their insight on gender, race, background, class, and so on, as well as comparing mental illnesses to several case studies. According to criminal justice experts, the mentally ill is found in homeless environments and/or jail. However, this is far from the truth, since we have cops, lawyers, judges, political leaders, religious leaders, painters, actors, actresses and others in the neighborhood going to jail, and even sometimes homeless. Mentally ill in definition is someone that is not conforming to the way a group thinks, believes, acts et cetera. This means if you do not go along with the laws and political leaders' beliefs or societies' beliefs then you may be deemed the mentally ill. According to many experts in the field of psychology, criminal system, and so on, mentally ill patients were abused and disassociated from society at one time and often confined in a jail like institution and the authorities were the crooks inside the hospital. This is dehumanizing, punishing, and individual simply because they are said to have a mental illness. Corrupted systems bring forth corrupted people, therefore their examples has brought on more problems than what we all needed. The criminal experts, mental health experts, and others are constantly making grave mistakes throughout there studies and often everyone suffers, yet the blame is turned on the patients and others in society. Denial! Since we all have equal rights and it was a violation of these peoples' rights in the early days when mentally ill patients were institutionalize and sometimes for no apparent cause, at all it is vital to undo what has been done by acting human and giving these people a status in life. Mentally ill patients are often brilliant individuals that suffer from a disorder. A few mentally ill patients will commit crimes, but not all of them will. For example, a woman suffers retardation, yet she hates the way the world submits to bile, such as pornographic, excessive violence, rape, nudity, and other areas of discussed that is openly acknowledged in the world as impure behaviors, yet the system will allow it. Now who is really retarded? Obviously not the woman since she hates what is wrong. Another case scenario can be seen when a mentally ill individual is out in public and someone needs help, including lifting groceries and this person will help, while another person without a mental illness will disregard the need of the pedestrian. Now who is mentally ill? The person that was not willing to help is probably affected by the unlawfully teachings that go on in society, in the justice system and in the political world, and due to his or her fear or else selfish behaviors this person illustrated more mentally ill symptoms than the diagnosed person illustrated. My point is, mentally ill are often wiser to the truth than those that are said to not be mentally ill, and the mentally ill are often showing humanity

while the rest of the world is dehumanizing. Learning therapeutic strategies in mental health can help us find answers to the many questions on mental illnesses.

## **Therapeutic Strategies in Mental Health**

There are many therapeutic strategies in mental health, and each depends on the patient and the diagnoses. For example, therapist will often use what is known as *eclectic technique* therapy for group meetings. The focus of this therapeutic strategy is to get the patient to stay focused, voice their values and beliefs freely without feeling threatened, learn to pay attention, teaching the patient to accept responsibility and so forth. In most events, the groups consist of *Interpersonal, Psycho educational, support, and psychotherapy groups*. Many of the patients that attend each of the groups have difficulty socializing, staying focused, trusting others, and are often emotional immature or underdeveloped. Most of the patients were subjects of harsh society and impractical parent/educational up bring. The patients were probably ridiculed, mocked, punished, and so forth. The point then is to bring the patient to a point of survival that does not include fear. Another strategy used in therapy is the *life-picture map* which is a method used to bring a person back to the current times. Often the patient will draw pictures that link to their past finally focusing on their status in life, and then onto their goals in life. For example, what do you see in the picture? *I see myself standing on a bridge and a car is nearby but I cannot see the man's face*. It is evident that this bridge, car and man is outdated and may have brought forth fear in the individual. Therefore, we can ask the patient did this man hurt you. *I am not sure, I feel uncomfortable, but I do not know why?* Ok, let us move on and look at the picture drawn that illustrates you status in life. What do you see in the picture? *I see a person confused and hurt*. We can see that the person was hurt from this experience, so our next step is to bring the patient to the point of acceptance after opening up the doors to the past. Next, we move onto the goal intended, which is the patient's future. What do you see in the picture? *I see a person striving to obtain his goals. I see that the person has obstacles that he must overcome to reach those goals*. Great, now we are on the road to recovery. The patient sees hope. We must achieve this goal.

*Schema-Focused Cognitive Therapy* is a strategy utilized in therapy to bring the patient (s) to a level of feeling and understanding his or her inner being and what caused the areas of trouble. For example if a person has a pattern of self-destructive behaviors, such as outrageous outbursts. This means the patient was taught to shout, scream, kick, fight or what-have you and the therapist needs to reconstruct the patient bringing him or her out of the habit and helping them to relate to a new way of dealing with the problem. It is obvious the patient was taught incorrectly and he or she may have endured pain and suffering related to abuse, neglect, and/or violence. *Systematic Desensitization* is geared to help patients that are diagnosed with anxiety disorders and/or symptoms. The technique is a trigger-anxiety strategy that helps the patient sees where the triggers are in his or her attacks. For example if the patient has difficulty when the phone rings, since he or she is behind on the bills, it may cause an attack for the patient. The patient obviously does not know how to deal with the problem and is threatened by the sources on the other end of the phone. The patient will need to learn management skills that will help him or her find a method that works best for him or her to relieve the problem area. The patient also has an issue with avoidance, so therefore we need the patient to take responsibility and face up to his or her problem. We can also see that the patient has suffered a degree of abuse, neglect, and/or underdeveloped growth. Therapy is proving far more achieving than medications and today more strategies and techniques are in development, helping the mentally ill to the road of recovery. Next we will peek inside the mind of a few disorders in dispute, one being Passive-Aggressive Personality Disorder.

## **Types of Disorders Passive-Aggressive Disorders and Mental Health**

Passive-Aggressive Personality types will often sabotage all areas of their life in the sense that they often complain about any demands put on them. They may not voice the complaint or may do what is asked of them, but in their mind that is cursing the source that what they believe made them do the work. Passive-Aggressive Personality types are just as it sounds. They often are passive outward and aggressive inwards. The Passive-Aggressive types often anger others around them, yet the other person may feel wrong since they are not clear on the foundation that caused the anger. These types of people are deceiving since they are often obscure with their tactics in persecuting others. They will often blame everyone around them rather than owning up to their part in conflicts. For example, Mary confronted Bob expressing to him that his behaviors were unconstitutional and were causing problems. Bob looks at Mary with an astonished glare and says you are the problem Mary. I did what I was supposed to do, and I did nothing wrong while doing it. I have no idea what you are talking about. Passive-Aggressive Personality disorders are controversy, and are only one type of disorder that the experts dispute yet use everyday. Another type of personality disorder that is questionable is the Self-Defeating Personality Disorder. This type will often associate with persons that will cause harm to or persecute the individuality of the self-defeated person. This type will also excuse another individual offer help to him or her, even if help is needed. This type may also anger others around them and display hurt when confronted by the other individual. The two personality types rarely hold a permanent relationship and will often make excuses when their symptoms are addressed.

Sadistic Personality Disorder was recently removed for the DSM manual simply because the experts did not have a foundation for the diagnose. The symptoms include, controlling behaviors. They are often violent and will harm others to uphold their control over another individual. This type is similar to psychopathic and antisocial personality types in the sense they rejoice when they hurt others, including animals. They often delight or entertain self with sources including weapons, torture, and other dangerous items. This type will often resort to abusing alcohol and drugs, as well as humans. They often are in relationships with victims of abuse, and will search out anyone that they feel is easy to control. Even if the person is submissive, they will find reason to torture or hurt the person because this is what gives them pleasure. Persons that suffer Sadistic Personality Disorders are often survivors of abuse, and are extremely angry at the world around them. No one is good enough and everyone is an enemy out to hurt them in their minds. They often are in denial, even if they cause harm to others, they will blame the victim. If you are around this type, it is important to get out of there quickly, since this type is prone to murder. Similar to a psychopathic these types cannot maintain a steady relationship and will most always hurt the person involved in their lives.

Antisocial Personality Disorders is also up in the air. Although the traits of this type can be seen in Psychopathy, it is rated differently simply because a few symptoms are lacking. Children if diagnosed with this disorder are listed under Conduct Control Disorders, and after the age of eighteen, they are then viewed as Antisocial Personality. This type is also dangerous and will harm animals and people. They often take great pleasure in causing harm to others and the more torture involved the more they like the action. This type of person is another person that has difficulty in relationships and often center out persons that have been abused. They enjoy controlling others around them and rarely take responsibility for their behaviors. It is important to contact a professional if you notice anyone with the listed symptoms around you behaving this way. Getting help now can save you despair in the future, and may even save someone's life in some cases. One of the more common diagnosis will be discussed in the next heading the disorder is called Dependent Personality Disorder.

## **Dependent Personality Disorder and Mental Health**

Dependent personality disorders are common according to experts. These types of personalities suffer symptoms including, incompetence to make their own decisions. They will often rely on others around them to make a decision. Dependent personality types will often avoid responsibility and will rely on others to handle their lives and tasks. This type of personality will avoid starting tasks, unless someone is there to guide them through the process. Dependent personality types will often tolerate abuse, neglect, including cheating of spouse. They are often depressed and will use alcohol or drugs to relieve their anxiety and stress. The person is often passive, will not defend him or herself, and is afraid of rejection, punishment, and so forth. It is important to evaluate these types of personality and not confuse them with traditional women that have submissive traits or personalities. The two are different in the sense the traditional woman will not tolerate anyone going against their beliefs and will defend their person without thinking twice about it in most cases. Dependent personality types are found in Histrionic and Borderline Personality types, but the difference is Histrionic and Borderline Personality types will manipulate, control, abuse, and act out in behaviors that are dangerous to others. They are very manipulating and will murder in some instances. The dependent personality type is not aggressive and can hold a relationship, while borderline and histrionic types cannot. Dependent personality types often need long-term treatment since the underlying source of the symptoms is fear because of undo punishment, neglect or abuse. The person probably lived in an unruly household and was subjected to harsh punishment. Most dependent personality types will rely on their parents and the parent will often find a reason to dismiss any decisions the person makes. For example if the patient is engaged and a sudden breakup occurs the mother may say, I told you so. I knew he was no good. The man may have been a good person, just left simply because he could not handle the disorder. Dependent personality type may even ask mom or dad if it is ok to go to the store. They often stick close to the sources that initiated the disorder from the beginning. Therefore, we are dealing with co-dependency and dependent personality problems. The co-dependency is the parents that will not allow the patient to move ahead to independence. Therefore, we have to apply a technique that will work to help the patient separate his or her self from the patients and work toward relying on self. I see no room for medication in this diagnose, since behaviors and not medical issues affect the patient. We need to move ahead by helping the patient see that fear is the root of the problem, and then search the mind to find the source that caused or promoted the fear. We can do this with talk therapy, since the patient has all the answers, yet is not aware of the cause. We know that the patient was neglected as a child and possibly harshly punished often, including scolding. It would be helpful to get the parents in therapy to help them with their mental problems, but in most cases the patient is to blame according to many for his or her problem and culprits are never an excuse unfortunately. Now, we begin by talking through the problems and sorting out the information, gathering roots that instigated the patient's behaviors. It is important to remain consistent to help the patient see that he or she can defend her or his individuality without being punished for doing so. We should never raise our voices or attempt to control the patient, rather allow the patient room to speak his or her mind freely. An inviting method for opening up the patients mind is to ask questions that surround the problem. For example, Betty what do you think is going on inside your mind that is causing you problems? Do not allow the patient to blame his or her self, since this is only contributing to the dependency. Allow the patient room to take the floor and hold it for the time allowed. Next we are going inside the mind of a psychic.

## **The Psychic Minds in Mental Health**

What is the psychic mind and how does it take part in mental health?

Psychogenic lies outside of scientific insight and is often linked to religious ritualistic and supernatural forces, which are often marked by influences, perception, sensory, morals,

immaterial, and so forth. It has been witnessed by few that trauma patients often have a higher level of perception and sensory tools and have been known to have sixth senses and shared pains. This is a new subject that will be addressed later, but I wanted to separate the two. The two are separate from the psychic mind and often linked to the sources. The many psychic minds around the world believe they can communicate with the dead and predict an unforeseen episode. Is it possible that a person can go into another world and speak with those of the past? We will see!

The many people in the world that has helped police officers find murders, help families get in contact with the other world, and has endured attacks on their own lives may not have a psychic intellect, rather they may have an underlying mental illnesses that creates an delusional outlook. We can look at magic practice, which is a series of acts that include illusion and delusion. What happens is the person is led to believe that an act is real when in fact it is not. Another example can be seen in the so-called healers. These people lead others to believe that they can make another individual walk if he or she is in a wheel chair. I learnt information on this subject including that in one case the person had a van parked out in the lot and microphones connected to another individual that acted out the part, and the person in the wheel chair was never paralyzed in the first place. State of illusion-delusion and this happens often in our system. How is this linked to mental illness? Well we can see that the person is an impulsive-compulsive liar that gets rich off misleading others. We are alert to the fact that when a person illustrates a damning behavior it often leads to problems that are more dangerous. Now we come back to the psychic mind where these people are misled into believing they have contact with other worlds and can predict or foreseen outdated. Most likely, the person had some connection in the first place, whether the information was in a book read and forgotten or what-have you. We know from sources that anyone practices magic, employing divination, mediums, sorcerers foretellers and so forth were all recording throughout the history and we are aware that these people are considered evil. Evil however is the source of the problem, while the individual may be thoroughly deceived and probably suffering underlying causes that make them believe as well as make others believe they have a natural ability to talk to the dead. The fact is mind over matter is powerful and can become deadly if a person is twisted in their beliefs and thinking process. The mind alone is powerful and can play tricks with the mind that many will struggle to understand. However if we practice vigilant, and work toward enhancing our skills to hear and listen, as well as reading between the lines, we are working toward a healthy mind that very few will have the opportunity to deceive. This article in no way intended to hurt other person's feelings, rather it is geared to help the audience learn mental health issues, the mind, and why things happen. It is also geared to help the audience see how jealousy, envy, lies, hate, and other elements play a large role in mental health and mental illnesses. Many people in the world suffer mental illnesses and often are not aware of this fact until the behavior that initiated the illness grew into a series of behaviors and thinking processes that escalate to madness. The world has many problems and until we all face up to reality and truth we are never going to find the answers to the many problems that often sit in front of our faces. We are next going inside the mind of Antisocial and Psychopathic Disorders.

## **Antisocial and Psychopathic Links in Mental Health**

How does Antisocial and Psychopathic Disorders in mental health boil down to one diagnose? Let us examine the symptoms carefully to see where this topic is going. First, the experts use the diagnose Conduct Control Behaviors or Disorders before they diagnose a patient over the age 18 with Antisocial Personality Disorder. This particular disorder often has other underlying disorders that mimic the symptoms of the actual diagnose. The symptoms include but not limited to fire starters, truancy, theft, harming of people and animals, hostility toward authority, violent outbursts, dangerous sexual acts,

willful or malicious destruction of property, compulsive-impulsive explosions, crime, and we cannot go any further than this simply because it will scare you out of your seat. Now let us take a look at Psychopathic symptoms, which include, fire starting, bed wetting, harming or killing people and animals, explosive outbursts, conduct control disorders, inability to regard others, destructive, truancy, neglectful, sexual deviants, hostility toward authority, inability to show remorse or express emotions, impulsive-compulsive behaviors, criminal minded, and we can go on and on. The problem is Antisocial Personalities, Sociopath Personalities, Histrionic Personality and Psychopathic Personalities coupled with a few others all CANNOT show emotions and never show remorse for their behaviors. If they do, it is SUPERFICIAL. Now we can see that mental health and the two different diagnoses link, simply because someone is confused in between. The differences between the diagnosis is slight, yet there is underlying sources that make them different, when in reality the two are the same and someone wants another prognosis to make additional cash off a patient suffering with mental illness. Antisocial Disorder and Psychopathic Disorder are actually one in the same; the only difference is someone is searching for another tool to interrupt the first diagnoses. Instead of saying that a person has psychopathic disorders, they can add on Antisocial Personality Disorder, Psychopathic Traits and Tendencies and make a few extra bucks or spend a few trying to figure out what is already in front of them. Now we can see the link, since one is an advocate of the other. This is also where the confusion comes in, since most experts are conflicting over the diagnose Antisocial Personality Disorder. They had the correct term from the get-go when they used Psychopathic. Psychopathic Personalities types are up on reality, their morals and social beliefs however is what determines their symptoms. They often engage in sexual exploits and are often gravely affected by the inappropriate materials. Pornographic materials are often the leading cause behind the mind of a psychopathic. Few experts believe these people are drug addicts; however, this is not always true. Alcohol and drugs are often used for an excuse for mental illnesses, and the law and mental health experts are responsible for this excuse since these people are always accusing. The truth is these people often have hereditary traits and the behaviors are linked to genes. Not every psychopathic individual engages in alcohol and drugs, and the history recorded has proven this. Therefore, when we are dealing with Antisocial and Psychopathic we are seeing the same personality disorder. I have first-hand exploited the mind of a psychopathic personality for more than eighteen years now, and did not see any evidence of drugs or alcohol. The individual was diagnosed both with Psychopathic Tendencies and Antisocial and having including many techniques I found these people can be controlled. It takes time, effort, patience, understanding, and a lot of tough love. Therefore, not all psychopathic personality types resort to murder if only the system would put forth the effort to stop or else control the personality types. Most times experts will claim there is no treatment for these types of personalities, and often this leads to deadly grounds. The truth is the experts do not want to deal with in most cases and will wait until the person kills before someone takes the step to stop them. Of course, it takes years to work through the symptoms, but in the long run lives are saved. If time is more important than a life then serial killers will continue killing. We need to stop this now before someone else dies. We all need to understand different types of mental illness to a degree, including Avoidant.

## **Antisocial and Psychopathic Links in Mental Health**

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people and animals, hostility toward authority, violent outbursts, dangerous sexual acts, willful or malicious destruction of property, compulsive-impulsive explosions, crime, and we cannot go any further than this simply because it will scare you out of your seat. Now let us take a look at Psychopathic symptoms, which include, fire starting, bed wetting, harming or killing people and animals, explosive outbursts, conduct control disorders, inability to regard others, destructive, truancy, neglectful, sexual deviants, hostility toward authority, inability to show remorse or express emotions, impulsive-compulsive behaviors, criminal minded, and we can go on and on. The problem is Antisocial Personalities, Sociopath Personalities, Histrionic Personality and Psychopathic Personalities coupled with a few others all CANNOT show emotions and never show remorse for their behaviors. If they do, it is SUPERFICIAL. Now we can see that mental health and the two different diagnoses link, simply because someone is confused in between. The differences between the diagnosis is slight, yet there is underlying sources that make them different, when in reality the two are the same and someone wants another prognosis to make additional cash off a patient suffering with mental illness. Antisocial Disorder and Psychopathic Disorder are actually one in the same; the only difference is someone is searching for another tool to interrupt the first diagnoses. Instead of saying that a person has psychopathic disorders, they can add on Antisocial Personality Disorder, Psychopathic Traits and Tendencies and make a few extra bucks or spend a few trying to figure out what is already in front of them. Now we can see the link, since one is an advocate of the other. This is also where the confusion comes in, since most experts are conflicting over the diagnose Antisocial Personality Disorder. They had the correct term from the get-go when they used Psychopathic. Psychopathic Personalities types are up on reality, their morals and social beliefs however is what determines their symptoms. They often engage in sexual exploits and are often gravely affected by the inappropriate materials. Pornographic materials are often the leading cause behind the mind of a psychopathic. Few experts believe these people are drug addicts; however, this is not always true. Alcohol and drugs are often used for an excuse for mental illnesses, and the law and mental health experts are responsible for this excuse since these people are always accusing. The truth is these people often have hereditary traits and the behaviors are linked to genes. Not every psychopathic individual engages in alcohol and drugs, and the history recorded has proven this. Therefore, when we are dealing with Antisocial and Psychopathic we are seeing the same personality disorder. I have first-hand exploited the mind of a psychopathic personality for more than eighteen years now, and did not see any evidence of drugs or alcohol. The individual was diagnosed both with Psychopathic Tendencies and Antisocial and having including many techniques I found these people can be controlled. It takes time, effort, patience, understanding, and a lot of tough love. Therefore, not all psychopathic personality types resort to murder if only the system would put forth the effort to stop or else control the personality types. Most times experts will claim there is no treatment for these types of personalities, and often this leads to deadly grounds. The truth is the experts do not want to deal with in most cases and will wait until the person kills before someone takes the step to stop them. Of course, it takes years to work through the symptoms, but in the long run lives are saved. If time is more important than a life then serial killers will continue killing. We need to stop this now before someone else dies. We can see evidence of sociopath and psychopathic through biological genes.

### **Biological Genes Related to Sociopath and Psychopathic: A guide for Students in Mental Health**

Title: Hereditary Plays a Major Role:

Main Ideas: Earlier Detection is important. Counselors are advised to heed warning of the signs and take action earlier versus waiting long-term. "A child is brought into an office by his or her parent. The mother says my son takes interest in starting fires. He has showed signs of hurting animals and violence. The child has a bed-wetting

problem and there is nothing I can do? Help?

These are signs that need to be taken serious. There is no logical explanation on the market that will explain the three symptoms related to psychopath and sociopath tendencies, traits, or diagnose. What follows is the child's lack of emotional stamina. Counselors are advised to disregard diagnoses of a child until after the child turns a certain age. I feel that this illogical thinking needs to be evaluated further and investigated, since diagnoses are what help us to understand mental health. If a child suffers psychopathic or sociopath traits, tendencies, et cetera, it is advised that the child needs to be treated accordingly in the earlier stages. The diagnose should not be the most important issue, rather the symptoms should awaken the counselor. In addition, I will point out in this article, how hereditary is a key point in the diagnoses, as well as, awakening doctors to take further notice in links that may contribute to the diagnose. The issues that needs addressed are that most serial killers are fatherless, and/or adopted. IF we take notice of these two issues and work effectively in keeping families together, this may become a link in preventing further complex diagnoses. Although, this idea is not stating in no way that the two ideas are the base, it will shed new light on the problem. In addition, I feel that it is important that if a child is suspected of future dangers to society that the police and society should be warned in premature stages of diagnose. I have a child who suffers psychopathic tendencies, I did this for him, and it worked. Seventeen years with this child has provided overwhelming insight. The article will also bring out intervention techniques that will guide both parents and associates to avoid harm. Psychopaths and sociopath view people as objects. I feel this is important to learn techniques that will prevent harm to persons around psychopaths or sociopath. Becoming his or her object may save a life until help is available or time is available to inform the law or proper persons pertaining to his or her behavior. Current studies are looking more into the biological perspective regarding sociopath and psychopathic heritage. I feel that it is important that earlier detection will lighten the load if the patient is sent to medical doctors for extensive examinations of his or her condition. Other issues will be brought out in the subject as well. I feel that warning the public in detection of suspicious behaviors will weaken a potential killer's chance at crimes. Psychopaths and sociopath are manipulative and this is an important key point to address in therapy and warning others. I feel it is important the proper sources take complete action in investigating a potential candidates and hereditary links to investigate possible genes that may connect the patient's status.

Bonnie Method: I will suggest that the Bonnie Method is used in the treatment of psychopathic intervention. This method will allow the clinician to use imagery and music to explore the mind.

This will take 2-3 months for a basic understanding.

Creative ways in teaching the audience: Basic creativity in teaching is always best. Many times students fail to understand languages due to sophisticated words. While many people see in many forms, it is important that we take notice of this and teach the students in a form that will accommodate all. People learn best when they can understand what they are reading. No one can determine who in the class may be diagnosed, or not diagnosed with dyslexia, ADHD, ADD, or what have you that may hinder the patient's ability to understand.

Assistance of Clinical Inspiration: Inspiration comes for patients when counselors advise, direct, guide, and take interest in the patient. It is important the clinicians look for warning signs and do not ignore them. Clinician's jobs are to warn, educate, listen and analyze the diagnosis.

### **Overview: Mental Health**

Mental Health issues are constantly in study searching for answers to the many problems of the mind.

**-End-**

