



# Golden Talk Series

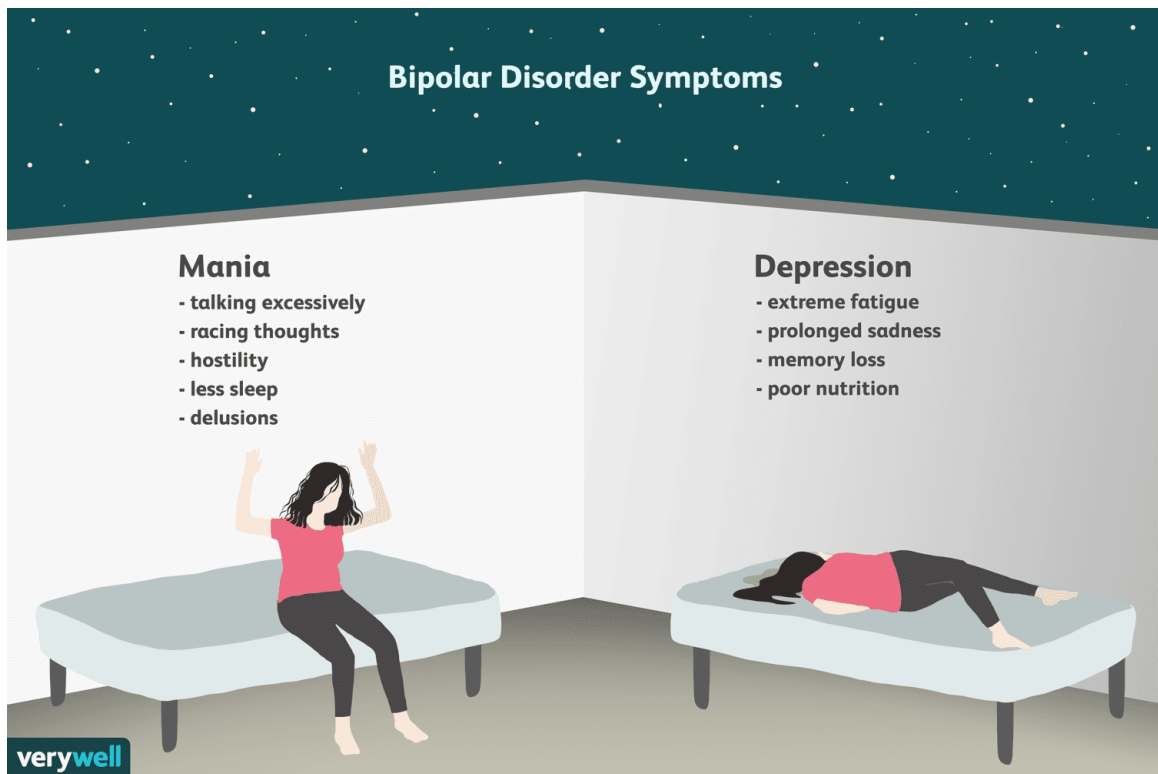
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***Mental Disorders***

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# Case study 1: Emma, 24, bipolar disorder



Emma, a 24-year-old graduate student, has been experiencing severe **mood swings** over the past year, ranging from **episodes of euphoria**, increased energy, and less need for sleep to periods of intense sadness, fatigue, and disinterest in daily activities. Sleep patterns are **erratic**, swinging from **insomnia** to **excessive sleeping**, affecting her **overall well-being**. Social interactions become challenging, often resulting in **isolation**. Despite her academic success, these fluctuations have caused significant distress and problems in her social and academic life. Emma's friends urged her to seek professional help, leading to a diagnosis of **Bipolar Disorder Type II**.

**Common problems people may have with James:**

People around Emma might find it hard to understand her mood changes, making it difficult to know how to react or help. In **depressive phases** (when she's down), she might **pull away**, while her **hypomanic episodes** (when she's overly energetic) can be too much for others. This can lead to misunderstandings and strained relationships. Friends and family may also feel stressed, not knowing the best way to support her. Plus, the **stigma** around mental health issues can lead to judgment from others, making social situations challenging for Emma.

### Discussion questions:

1. *How do you think Emma's mood swings affect her daily interactions with friends and family? Have you ever experienced or witnessed similar situations?*
2. *In what ways can societal stigma impact Emma's willingness to seek help or open up about her condition? Have you observed or encountered stigma related to mental health in your own life?*
3. *From Emma's story, what misunderstandings about bipolar disorder become apparent? Have you encountered similar misunderstandings in your life or in the media?*

## Case study 2: James, 35, social anxiety

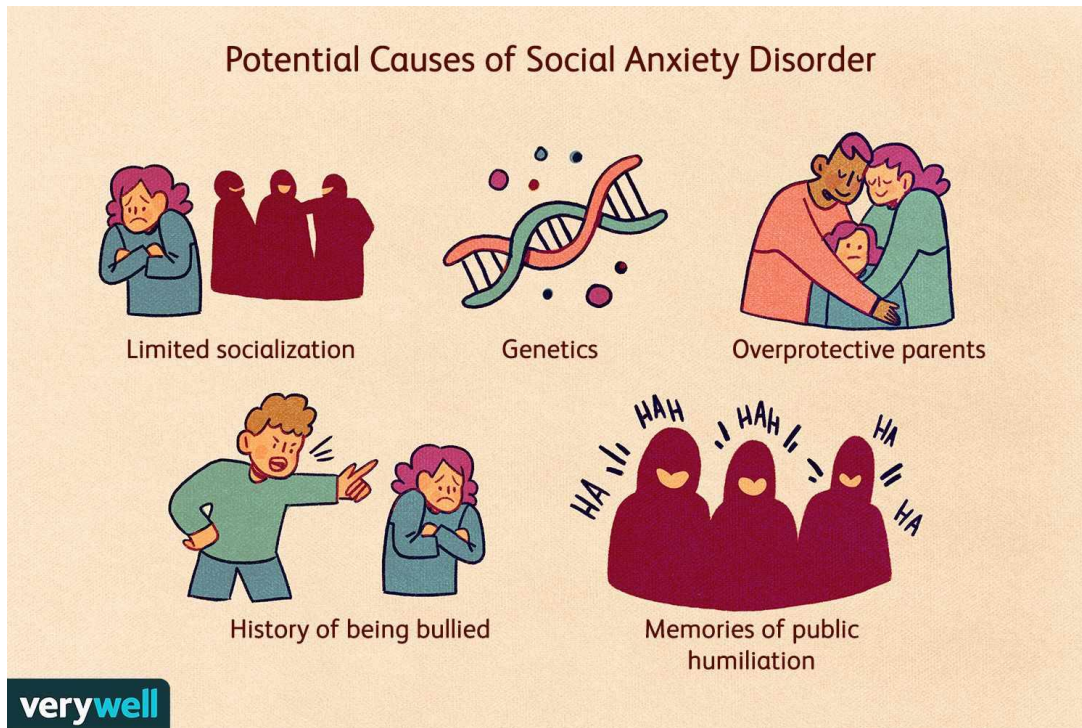
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James, a 35-year-old software developer, has been struggling with severe social anxiety for the past five years. Despite being highly skilled at his job, he finds it extremely difficult to attend meetings, present his work, or even socialize with coworkers. This anxiety not only limits his career advancement but also isolates him from his peers, as he often declines social gatherings and team-building events. James recognizes his need for help and has recently started cognitive-behavioral therapy (CBT) to address his social anxiety, hoping to improve his interpersonal skills and reduce his **fear of social interactions**.

### Common problems people may have with James:

Coworkers might misinterpret James' **reluctance to** participate in social activities as **disinterest** in team dynamics or **aloofness** rather than recognizing it as a symptom of

social anxiety. On the other hand, James' difficulty in expressing his ideas during meetings can be seen as a lack of contribution or engagement, **overshadowing** his actual competence and valuable insights. Even worse, his superiors might overlook him for promotions or leadership roles, attributing his **avoidance** of presentations and meetings to a **lack of initiative** or leadership potential. Finally, James' tendency to avoid office social events can lead to a lack of personal connections with his team.



### Discussion questions:

1. *Do you have any personal experience with social anxiety? If yes, how has it affected your performance at work/school?*
2. *Reflecting on James' case, what strategies could coworkers and managers employ to better understand and accommodate the needs of someone with social anxiety?*
3. *Do you know anyone who has been experiencing severe social anxiety, particularly in professional settings? How did it impact work dynamics or personal growth?*
4. *Considering the challenges James faces, what steps can he take to communicate his condition and needs effectively to his peers and superiors, and why is this important?*

# Case study 3: Mark, 42, OCD

Mark, a 42-year-old accountant, has been suffering from **Obsessive-Compulsive Disorder (OCD)** for over a decade. His condition is characterized by **recurrent, unwanted thoughts** (obsessions) and **repetitive behaviors** (compulsions) that he feels driven to perform. These compulsions, particularly related to orderliness and checking, significantly

extend the time it takes for him to complete tasks, both at work and at home. Despite recognizing these behaviors as **irrational**, Mark struggles to control them, leading to considerable stress and impacting his productivity. His insistence on checking work repeatedly for errors and his need for a meticulously organized workspace often puts him at odds with colleagues who don't understand his condition. For friends and family of someone with OCD like Mark, common challenges might include:

## Common problems friends and family may have with Mark:

Friends and family may struggle to comprehend the severity and nature of OCD, mistaking compulsions for **quirks** or **deliberate behaviors**, leading to misunderstandings about why Mark can't simply "stop" his actions. The time-consuming nature of Mark's compulsions, such as **excessive checking** or organizing, can **test the patience** of loved ones, especially when these rituals interfere with daily schedules or plans. Witnessing Mark's distress and

## Common OCD Symptoms



- Fear of contamination or germs
- Washing hands excessively
- Continual disinfection
- Constantly putting things in order
- Perfectly arranging items
- Closely inspecting everything
- Counting and checking
- An insatiable need for reassurance
- Praying compulsively and believing in spiritual items
- Fear of death or harming self or others



his struggle with OCD can be **emotionally taxing** for family members, who may feel helpless or **frustrated** by their **inability** to **alleviate his suffering**.

### Discussion questions:

1. *Have you or someone you know dealing with OCD? How did it affect personal or professional relationships, and what support was most beneficial?*
2. *Many people with OCD claim that they simply can't control their obsessive-compulsive behaviors. Is this reason enough to leave the condition untreated? Will it heal on its own?*

## Discussion: Misconceptions and Stigmas

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Misconceptions about mental disorders, as seen through the lives of Mark, James, and Emma, underscore a broader societal issue of misunderstanding and stigma. Mark's OCD, James' social anxiety, and Emma's bipolar disorder exemplify how mental health conditions are often **misinterpreted as** personality flaws rather than **legitimate health issues**. This misunderstanding can lead to isolation, **misjudgment**, and a reluctance to seek help. Addressing these **misconceptions** requires a collaborative effort to **educate the public on the nature of mental disorders**, emphasizing their medical basis and the necessity for compassionate support and professional treatment.

To combat these challenges, initiatives should focus on integrating mental health education into schools, workplaces, and community programs. Creating **safe spaces for open conversations** about mental health can help **dispel myths** and foster a culture of understanding and empathy. Additionally, policies that support **mental health care access** and accommodations in educational and professional settings are vital. By **prioritizing** mental health **awareness** and support, society can move towards a more **inclusive** and understanding approach to those living with mental disorders, as illustrated by the experiences of Mark, James, and Emma.

# Useful language/terminology

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1. **Stigma:** Negative attitudes and beliefs that lead to discrimination against people with mental disorders.
2. **Psychotherapy:** A treatment method involving talking with a mental health professional to address mental disorders.
3. **Cognitive Behavioral Therapy (CBT):** A therapy focusing on changing negative thought patterns and behaviors.
4. **Bipolar Disorder:** A disorder causing extreme mood swings, including emotional highs (mania) and lows (depression).
5. **Social Anxiety Disorder:** Intense fear of social situations, leading to avoidance and significant distress.
6. **Obsessive-Compulsive Disorder (OCD):** A disorder characterized by unwanted repetitive thoughts (obsessions) and actions (compulsions).
7. **Generalized Anxiety Disorder (GAD):** Chronic anxiety and worry about various activities or events, often unfounded.
8. **Mood stabilizers:** Medications used to control mood swings in conditions like bipolar disorder.
9. **Antidepressants:** Medications designed to improve symptoms of depression.
10. **Antipsychotics:** Medications used to treat psychotic symptoms, such as delusions and hallucinations.
11. **Support group:** A group of people with common experiences or concerns who provide mutual support.
12. **Mindfulness:** A mental practice of focusing on the present moment, often used as a therapeutic technique.
13. **Schizophrenia:** A disorder characterized by delusions, hallucinations, and disordered thinking and behavior.

14. **Post-Traumatic Stress Disorder (PTSD):** Anxiety following a traumatic event, including flashbacks and severe stress.
15. **Panic Disorder:** Recurrent, unexpected panic attacks and fear of future attacks.
16. **Binge Eating Disorder:** Frequent episodes of uncontrollable binge eating without purging behaviors.
17. **Attention-Deficit/Hyperactivity Disorder (ADHD):** A chronic condition including attention difficulty, hyperactivity, and impulsiveness.
18. **Narcissistic Personality Disorder:** A disorder involving a long-term pattern of exaggerated self-importance and lack of empathy for others.
19. **Phobias:** An irrational fear of specific objects, activities, or situations leading to avoidance.
20. **Paranoid Personality Disorder:** Distrust and suspicion of others, interpreting their motives as malevolent.
21. **Avoidant Personality Disorder:** Extreme social inhibition and sensitivity to rejection.
22. **Antisocial Personality Disorder:** A lack of regard for the rights of others, leading to conflict with societal norms.
23. **Dependent Personality Disorder:** A pervasive psychological dependence on other people.
24. **Histrionic Personality Disorder:** Excessive emotionality and attention-seeking behavior.
25. **Delusional Disorder:** The presence of persistent delusions without other major psychiatric symptoms.
26. **Trichotillomania (Hair-Pulling Disorder):** Recurrent pulling out of one's hair, leading to hair loss.

