

Problems, Issues and Concerns in Mental Health

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Abstract

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development. Mental health is more than the absence of mental disorders. It exists on a complex continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes. Mental health conditions include mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairment in functioning, or risk of self-harm. People with mental health conditions are more likely to experience lower levels of mental well-being, but this is not always or necessarily the case. This research paper will focus on those challenges and problems which are more serious rendering them into genuine mental health concerns. An attempt will also be made at discussing and explaining how these mental health problems can be dealt with and managed, while acquainting you with the existing forms of psycho therapy and intervention which are used.

Keywords: emotional, coping, stress, depression and psychotherapy

Stress is a reality in our lives today. It is a multi-faceted process which typifies our interaction with our environment. Some amount of stress is beneficial for effective functioning but if it excessive, then it can lead to ill health. Stress is the physical, mental or emotional strain or tension caused by environmental, situational or personal pressures or demands. We experience stress when events disrupt our usual level of functioning and require us to make our extra effort to re-establish our equilibrium. Coping with the changing face of life is taxing for everyone. However, in the case of young

adults, they are confronted with new roles all the time — each with differing rights and responsibilities. They are under pressure from a number of sources. These sources are also referred to as stressors. Stressor is the term given to the variety of external and internal stimuli that evoke stress. These could include performance, pressures, health problems, peer pressure, relationship issues, parental discord and financial difficulties.

Depending on the severity, duration and perception of the problem by the individual, his/

her response to the stressor varies. It is the outcome of a complex interplay of physiological and behavioural factors. He/she has to strike a balance between the demands of the situation and individual, familial, peer and societal values. It is a balance between self and society. Whether an individual deals with stressors in an adaptive or maladaptive way determines his/her mental health status. The effects of stress may be physiological or psychological in nature. The physiological response is characterized by the 'fight or flight' syndrome where the autonomic nervous system gets activated in order to prepare the body to combat the threatening situation. Prolonged exposure to such situations can result in development of pathologies like cancer and heart disease.

The psychological effects include:

Emotional Disturbances

Negative effects on psychological well-being might manifest in the form of anger, anxiety and depression. For example, if a student fails to get admission into a college or course of his/her choice, he/she might feel that his/her chances of entry into a good career have become negligible and consequently feel depressed.

Cognitive Responses

'Mental blocks', during important examinations exemplify these types of responses. This means that although students have studied regularly and prepared well, yet they cannot think clearly at the time of the exam. Catastrophizing is another type of cognitive response to stressful life events. Here, even a slightly negative event is blown out of proportion. For example, if a student gets a low grade on one of his/her tests, he/she might dwell on it excessively and even decide that he/she will fail in the final exam.

Behavioural Problems

These denote changes in behaviour patterns as the young adults attempt to escape or avoid stressful situations. Behavioural responses can range from minor disturbances such as nervous mannerisms to major anti-social and acting-out behaviour.

Eating Disorders

These are serious mental health concerns which are afflicting group adults in large numbers in urban areas. In urban areas, young adults are becoming more and more pre-occupied with their body image. They are being exposed to the 'gym culture' Weight fluctuations are normal

during the phase of adolescence as the body undergoes rapid changes, both physical and psychological. However, in recent times, the role models of the young are derived from sources where being slim is at a premium. More and more youngsters are going in for heavy exercise and 'crash diets' in the search for the perfect figure. This fad, can become an obsession in some cases and manifest as eating disorders.

Anorexia Nervosa

This is also referred to as 'starvation sickness' or 'dieter's disease'. It is characterized by severe under eating in the pursuit of a thin body. It is a life-threatening disorder where the individual is obsessively concerned about becoming 'fat' and hence starves herself. 95% of anorexics are women, perhaps because the pressure to 'look good' is much more in their case. It can result in excessive weight loss, amenorrhea (interruption of normal menstruation), excessive exercise, isolation, helplessness, insecurity, moodiness, loneliness, low blood pressure, dehydration and metabolic deficiencies.

Anorexics have a disturbed body image. They perceive themselves as fat even when they are emaciated. They are also unable to recognize hunger pangs. They usually reflect negative attitudes about their physical attractiveness and view their bodies with a feeling of disgust. As she grows up, the anorexic girl faces the developmental task of integrating her new body image with age appropriate female sexual roles. Inability to come to terms with her sexual identity manifests as attempting to reverse or delay the process by suppressing all signs of sexual maturity.

Another significant feature is an overprotective and strict parenting accompanied with a desire to exert control and encourage dependence on the parents. As a result, such persons lack a clear sense of their unique identity and the confidence to make their own decisions. Anorexia might be a way of asserting control over their lives. Treatment involves dealing with the immediate physiological distress to the body as well as the associated psychological factors.

Bulimia

It is known as a 'hinge-purge' syndrome. This refers to a compulsive and rapid consumption of large quantities of food in one sitting, followed by purging through self induced vomiting and / or the use of laxatives and diuretics. This may happen several times during the course of one

day. Bulimics (mostly females) are usually suffering from anxiety, depression, low self-efficacy, a sense of loneliness and isolation which is enhanced by their socially inappropriate behaviour. They are unhappy with their perception of their bodies as well as their relationships with family members, especially their mother. They are preoccupied with fear of rejection and failure. They are strongly driven by a desire for approval from 'significant others' in society and tend to set up unrealistic standards for themselves. The need for perfection builds up pressure which is relieved through 'binge and purge' episodes, followed by feelings of shame and guilt. Cognitive – behavioural treatment programmes have proved beneficial in managing this disorder.

Sexuality Issues

One of the major developmental tasks that adolescents and young adults face is an increase in sexual drive due to the dramatic hormonal changes taking place in them with accompanying mysteriously new thoughts and feelings. Along with this, social influences like peers, parents, value structures, moral and religious beliefs are major variables which determine the integration of sexuality into the self-concept of the young adult.

Young people have a number of mental health concerns about sexuality. These could be related to issues of masturbation, sexual intercourse, moral concerns, pregnancy, birth control, love and marriage. They need to be able to conceptualize sex in the context of mutually rewarding, constructive relations with other individuals. Unfortunately, they receive little help from an inconsistent, conflict-ridden, often hypocritical world in which they live which adds to their problems and difficulties and creates greater incongruence and discontinuities for them.

Cultural factors play a major role in the sexual socialisation of young adults. For instance, although the situation is changing, pre-marital intercourse is still frowned upon by our society. This, in turn has implications for the kind and quality of Interactions among young people of the opposite sex, determining appropriate behaviours and setting the standards for what is considered right and wrong.

Men are supposed to be aggressive, active, ambitious, strong whereas women are viewed as

passive, submissive, weak and affectionate. Although research does point out differences in sexual drive among boys and girls, the reasons for the differences are both physiological and socio-cultural. Men receive greater social sanction for expressing their sexual urges while in the case of women, such impulses are denied and at best integrated with other needs, such as affection, reassurance and self-esteem.

Sex Education

Discussion about sexuality and related issues is considered a taboo in our society: Most parents feel uncomfortable talking about these issues to their children. The need for sex education is all the more palpable in these times: One of the aspects of the adolescent and young adult culture is a 'new sexual morality' characterized by openness and experimentation. Their growing disenchantment with the established social institutions, together with a need to discover and express the self are contributing to this phenomenon. However, this journey is hazardous. Young people have limited scientific information about sex. They are bombarded by explicit sexual messages from films, television, computers and magazines. In the absence of a guiding frame, work it which to contextualize these messages, they rely on half baked knowledge which gives rise to myths and misconceptions and sometimes irresponsible sexual behaviour.

One of the arguments against sex education is that it leads to greater sexual experimentation. Research points out that an open exchange of ideas related to sex leads to more mature and responsible sexual behaviour among the youth. Some of the components of a sex education programme are: Anatomy, sexual behaviour, sexual development, physiology of reproduction, pregnancy, sexual violence and diseases, discussions on concepts of 'normality', social milieu, aberrations etc. If the young adult copes adaptively with issues arising out of sexuality related concerns, he/she develops a healthy attitude towards sex. In contrast the sense of secrecy and shame associated with sexuality along with other factors leads to maladaptive behaviours.

Pregnancy and Sexually Transmitted Diseases

The incidence of pre-marital sexual intercourse is increasing among young adults with the changing mores of society. The reasons include, 'being in an emotionally satisfying relationship,

to gain peer approval, to rebel against parents, as a means to gain affection' etc. Many among them realize belatedly that they are not equipped to cope with such interactions and report feelings of guilt, shame, fear, rejection and exploitation. They also lack reliable information about contraception. This has tragic consequences and may result in unwanted pregnancies. Youth are at a stage where they are in the process of establishing their own identities and value systems, which are not conducive towards taking on the responsibility of a new life.

Another risk is that of acquiring sexually transmitted diseases. This refers to a variety of diseases transmitted from one person to another through sexual intercourse. Some of these are: Chlamydia, Gonorrhea, Genital herpes, Syphilis and AIDS. Although, all these diseases are serious health problems, AIDS is the most dreaded because it has no overt symptoms of infection in the initial phase and is currently untreatable.

Homosexuality

Considered as an abnormality, till a few years back, homosexuality is now accepted as an alternative way of being. Adolescence and young adulthood is a time when majority of close socio-emotional relationships are confined to members of the same sex. Their changing physical appearance and interest in sex, sometimes leads to sexual activities with others of the same sex. Usually, most people go on to lead heterosexual lives. Homosexuality refers to the primary sexual orientation of the individual being one in which he/she prefers to have sexual relations with another individual of the same sex. Psychologists feel that the causes of homosexuality are primarily a function of the individual's interaction with her parents. Domineering and overprotective parents who, directly or indirectly, develop a sense of fear and discomfort for the opposite sex, are seen as contributors to the phenomenon.

Sexual and Gender Identity Disorders

Sexual dysfunction may take the form of sexual desire disorders which involve a lack of interest or aversion to sexual activities. Sexual arousal disorders involve inability to attain orgasm, premature ejaculation etc. Paraphilias signify disorders where unusual images, acts or objects, such as young children, are required for sexual arousal and fulfilment. Persons suffering from

Gender Identity Disorders feel that they are trapped in the wrong body. They seek to change their sexual identity with the help of sex-change operations.

Sexual Abuse

Sexual abuse denotes a form of sexual exploitation where the victim is forced to comply with sexual acts under conditions of threat. Incest consists of interactions of a sexual nature with a close relative or parent, usually a man. It may start in childhood and continue into adolescence. The immediate effects include increased anxiety, guilt, anger and sleep disturbances. In the long-term they may bear psychological scars of the abuse in the form of depression, poor self-image and inability to form satisfying sexual relationships.

Rape or sexual intercourse under conditions of actual or threatened force is increasingly becoming an area of concern. This is exemplified by many such cases reported almost every day in the newspapers. The problem is assuming alarming proportions as more and more women venture out for professional pursuits. The insensitive trial procedures and low rates of convictions in such cases, further reduce the chances of redressal. The victims are flooded with feelings of helplessness, inability to control one's own destiny, exploitation and distortion in the development of a normal association of pleasure with sexual activity.

The above areas, bring out a strong need for regarding sexuality as one of the important areas of concern for the young adult.

Depression

'I am depressed. Things just don't seem to be going my way!' Every person must have felt depressed at some point in time. Such feelings are usually triggered off in young adults by the stresses of student life, academic pressures, the need to make a career decision, loss of a loved one, break-up with a close friend etc. Usually such states are transient, with the feeling of dejection passing within a few days. Clinical depression, is an emotional state characterized by feelings of inadequacy, worthlessness, sadness, melancholia, reduction of mental and physical activity and a pessimistic attitude.

It can be of various types. Transient depression is a passing phase where the individual responds to specific environmental events by reacting negatively. In Acute depression, which

is more serious, the young adult may complain of boredom and social isolation. She may also feel a sense of emptiness. Chronic depression results from longstanding, repeated experiences of failure, loss or rejection. This world weary state may last for several years.

Why Does a Young Person Commit Suicide?

The suicide rate for young adults in the 15 to 24 year age group has gone up considerably in the last 30 years. It is usually the result of a long series of unsuccessful attempts to find alternative solutions to their difficulties. Individuals who take their own lives or attempt to do so, perhaps see it as the 'only way out.'

The immediate precipitating events may include failure in academics, conflicts with parents or friends break up of a romantic relationship; pregnancy, physical illness etc. Usually, such an event comes as a last straw among a series of problems one of the longer- term predisposing factors is disturbed family relationships with poor communication patterns which results in the person feeling unwanted, neglected and alienated. Many young people who attempt suicide suffer from depression.

Two types of approaches have been followed in order to prevent suicides by young adults. Firstly, making it more difficult for individuals to obtain the means for committing suicide like, drugs, guns and other arms. Secondly, and more importantly, increasing community, awareness about the phenomenon as well as equipping the person with coping skills. It is not true that someone who talks about committing suicide will not do so, 'Hence it is important to lend a sympathetic ear to the person as well as recognize the warning sign's' and seeking professional help.

Delinquency

Delinquency refers to the violation of the law by an individual. A person is regarded technically as a delinquent when his anti-social tendencies appear so grave that he becomes the subject of official action. This includes behaviours ranging from vandalism, running away from home, gambling, bullying, stealing to murder and rape.

Both psychological and socio-logical factors are involved in the causation of delinquency. Broken homes and strained family relationships have been associated with delinquent behaviour. The early disciplinary techniques employed by parents of delinquents tend to be erratic, strict

and involve physical punishment rather than reasoning with the child about misconduct. Parent-child relations are mutually hostile, rejecting, indifferent and apathetic.

Peer group influences can serve as motivators for delinquent behaviour. Fear of being rejected by the group is crucial, since the 'gang' represents a family substitute. Durkheim, one of the earliest sociologists to talk about the social structure, talks of the concept of 'anomic' or a feeling of alienation and isolation from society. According to him, this leads to deviance because of the mismatch between society's cherished goals and the structure provided by society for reaching these goals. For instance, unemployment despite having the requisite qualifications, can be a source of delinquency. Its incidence has historically been found to be higher in socially disorganized, economically deprived areas. Today's youth are living in a period of rapid cultural change and unrest. Values which were once commonly accepted are now being questioned. Established social institutions no longer offer security. All this generates tension, pressure, frustration and exasperation.

Substance Abuse

The drug culture popular among adolescents and young adults is a symptom of a deeper inability to cope in a rational and reality — oriented manner. Forms of this drug culture or substance abuse include alcohol, nicotine, marijuana, LSD, heroin, morphine, opiates, tobacco etc. All these drugs can produce psychological dependence or habituation as well as physical dependence followed by 'withdrawal symptoms' on cessation of the drug. Thus, although substance abuse is both a response to and a method of dealing with stress, it is also a cause of further stress as the body and mind successively become dependent on the particular substance. Drug use seems correlated to social influences such as peer pressure and social class and psychological factors such as family relations, poor self-esteem and stressful life events. Prevention attempts relate to curtailing the free availability of these substances along with rehabilitation programmes, aimed at alleviating physical and psychological distress, improving social functioning and integration into the fabric of the community through meaningful programmes.

Management of Mental Health Concerns

Recognizing the gravity of the mental health concerns of young adults, organisations have been engaged with the development of effective intervention strategies. Of these, the National Institute of Mental Health and Neurosciences (NIMHANS) in Bangalore, has been planning and implementing many innovative programmes. One programme trained school teachers in early detection and management of mental health problems. This involved 250 teachers and 15,000 children from nine schools over a period of nine years. The World Health Organisation has also developed a framework for a school mental health programme. A school health project covering all government schools was undertaken in Andhra Pradesh with funding by the Overseas Development Agency. The mental health component was an important part of this project. An enrichment programme was developed for the high school students of rural Karnataka by NIMHANS. It focused on components like, how to study effectively causes of and remedies for failure in dominations, prevention of health problems, knowing about self and others and causes of interpersonal difficulties. While all these were school related programmes, they can be adapted and replicated in colleges and universities as well.

Intervention can be formulated at various levels. Primary intervention sensitizes the young adult population through education in mental health. This can be in the form of group work and workshops with college students regarding study habits, family life education, possible risks to a healthy development life substance abuse, AIDS, etc. Meetings between teachers, students, parents and mental health professionals can help to emphasize the importance of a conducive family atmosphere, communication patterns, societal structures and their impact on the psychosocial development of youth and young adults.

Secondary intervention for the early identification of problems can be undertaken in the college. Teachers can provide guidance on issues which are problematic for the young adults.

Tertiary intervention provides for referral by the teachers of those students who might be suffering from severe psychological disturbances and would be benefited by treatment from mental health professionals.

In recent times, there has been a recognition of

the need for a development and growth oriented perspective of mental health rather than an illness perspective. Mental health is not simply the absence of mental and physical illness but rather an on-going process of establishing harmony between physical, emotional and social areas of development in an individual reflected in an ability to lead an integrated life. This redefinition of mental health has led to a shift from a predominantly clinical perspective which emphasizes treatment for people suffering from mental diseases to a promotional, preventive and conservative perspective. This is seen by a growth of psycho education, training paraprofessionals in counselling skills, humanistic education and consultancy services. In the absence of an adequate number of counsellors and clinical psychologists, there is a need for the expansion of the role of the college teacher. As a person who is in close contact with the students, and easily accessible to them, the sensitive teacher can find innumerable counselling opportunities which extend beyond the academic sphere. She can provide a supportive, open, warm and empathetic environment for the youth where they can discuss the issues of concern to them in an open manner. She can also bridge the gap between the young adults and their parents by creating an awareness about the areas which affect them in contemporary times.

Different Approaches and Therapeutic Strategies and Techniques for Mental Health Problem

Psychotherapy:

What kind of an image comes into your mind when you hear the word 'Psychotherapy'? You must be thinking of doctors, shrinks, abnormal people, medicines, electric shocks, etc. Many people conjure up images similar to these. The classical image however is one of a 'patient' lying on a couch in a clinic with a therapist sitting in the background. As the session progresses, the 'patient' reveals the deep secrets of his mind and slowly progresses towards psychological health. This applies to only one approach that was developed by Freud. Modern forms of psychotherapy are quite different from this stereotype. Usually, people are reluctant to seek professional help because of the stigma associated with it. There is also an unwillingness to admit that there is a problem that the individual cannot solve himself/herself. In the popular mind, psychotherapy is for people who

are 'crazy' or 'mad'. Actually, psychotherapy refers to procedures in which a trained person (therapist) establishes a professional relationship with the patient in order to remove or modify existing symptoms, change disturbed patterns of behaviour and promote personal growth and development. It provides resources and skills to people in order to fulfil their needs for meaning in life, security, love self-esteem and self-actualizing growth.

Psychodynamic therapies derive from Freud's psychoanalytic theory. They are based on the assumption that psychological disorders originate from inner conflicts in the deeper realms of the personality. A person is unable to live effectively because many impulses which are deemed unacceptable are repressed into the inner conscious. This therapy works on the principle that if the therapist can help the individual gain an insight into these hidden thoughts and feelings, there is freeing and redirection of psychic energies into healthy growth.

Behaviour therapies locate the origin of disturbed behaviour in faulty learning. They use classical conditioning and operant conditioning for explaining and curing psychological disorders. They seek to provide the individual with the skills and behaviours needed for coping with the problems of daily life and altering maladaptive patterns of behaviour.

Cognitive therapies are often used in conjunction with behavioural therapies because processes such as perception, interpretation and memory may affect behaviour independently of the objective environmental stimulus. This might be in the form of internal dialogue or 'self-talk'. Therapy is aimed at correcting dysfunctional beliefs and distorted modes of thought, thereby alleviating maladaptive behaviour. Albert Ellis's 'Rational- Emotive Therapy', which focuses on overcoming irrational beliefs, Donald Meichenbaum's 'Self-instructional Training' and Aaron Beck's 'Cognitive Therapy' are some examples of this approach.

Humanistic therapies focus on a positive conception of human beings. They see individuals as growth oriented and dynamic, who have within themselves, resources for self-understanding, dignity and fulfilment. The therapist is a person who facilitates this process by helping individuals to find meaning in their

lives and to live in ways which are consistent with their inner values. Although the various approaches to therapy differ in many ways, they have common goals like enabling the individual to develop a better understanding of his/her thoughts, feelings and motives and helping in improving relationships at home and work.

Systematic Desensitisation

This is used in conditions like test anxiety and school phobias. Based on the principles of classical conditioning, Wolpe attempted to reverse the process by allowing the individual to learn a new response that is incompatible with the fear. This is done through reciprocal inhibition where a relaxing response is paired with an anxiety producing stimulus so that the stimulus no longer provokes anxiety. For instance, if a student is afraid of taking examinations, she can first be given relaxation training. Next, an anxiety hierarchy can be constructed where all the parts of the anxiety — producing situation can be ranked in an increasing order. Then visualisation of the imagined situations can be associated with the relaxed state building up to the highest level. This could have steps like imagining situations one month prior to the examination, preparing for the exam, the day of the exam, approaching the examination centre, receiving the question paper and so on.

Token Economies

It is a systematic procedure in which tokens are given as immediate tangible reinforcers for appropriate behaviours. They can be encashed later by the individual for articles or privileges. It has been used to help adolescents learn self-control and improve academic Performance. Desirable behaviours are reinforced by the addition of points to the document's total and undesirable behaviours result in point fines. For example, young adults may earn points for cleaning their room, getting up on time while they lose points for undesirable behaviours. The fine can be directly proportionate to the inappropriateness of the behaviour. He/she may receive a ten-point fine for not cleaning her room but a fifty point fine for smoking.

Extinction

Operant conditioning works both for strengthening desirable behaviours as well as weakening undesirable ones. Extinction is a process through which behaviour is weakened when it does not produce positive consequences.

For this to happen, we first used to determine what rewards are maintaining the behaviour. In the case of such behaviour among young adults like aggression, withdrawal and cheating, the reward commonly is gaining attention from significant others. Thus, threatening or warning them is not as effective as not paying excessive attention to that behaviour. They realize that the behaviour does not have the desired 'payoff' and ultimately stop indulging in it. Flooding is used to weaken phobic behaviour by depriving the person of his/her normally rewarding escape pattern. This is a rather drastic technique where the person is exposed to the full blown form of the fear inducing stimulus and learns to not feel threatened by it.

Modelling

This is the technique of learning new forms of behaviour through observing the behaviours of others. It can have either positive or negative effects. For example, if a young adult is exposed to friends who are regular smokers, he/she might also learn to start smoking. Modelling has been found to be effective in helping individuals deal with a variety of maladaptive behaviour like phobias, sexual dysfunction and aggression. Aggressive youth lack basic social skills. They can be taught how to respond non-aggressively to teasing, dealing with feelings of anger etc. through the process of modelling.

Behavioural Contracting

Contracting has been used for issues such as drug abuse, weight management and alcoholism. The client enters into an agreement with another person to attain specific pre-determined responses. The contract contains specified consequences related to the time and level of performance. The effectiveness of behavioural therapy is contingent on the specificity of criteria constructed to earn rewards, consistency in delivering rewards once the criteria have been met and fair distribution of rewards. The strength of this system lies in defining and directly attacking problems. Such approaches are critiqued on account of being rigid and mechanical and not giving autonomy and freedom of choice to the individual. They reinforce conformity, stifle reactivity and ignore the person's needs for self-fulfilment, self-actualisation and feelings of self-worth.

Person Centred Therapy

Humanistic psychotherapy is one of the

approaches which has emerged as an alternative to behavioural techniques; The person-centred approach developed by Carl Rogers has been one of the most influential ones. It is characterized by belief in the innate positive growth potential or self-actualizing tendencies of the individual. The approach focuses on a trustworthy non-threatening and genuine relationship between the counsellor and the client which helps in promoting healing and growth. The therapy is non-directive in nature because Rogers believed that human beings are essentially rational, constructive, positive, independent, trustworthy~ people who have resources for self-understanding and altering their behaviour, provided that a proper climate for change is established. The therapy is based on the following concepts:

Unconditional positive regard: This is a genuinely caring and accepting of the therapist towards her client. It shows a willingness on the part of the therapist to listen to and accept the feelings of the client without attaching value judgments to them.

Genuineness (Congruence): A consistency between the way the therapist feels and the way she acts towards her client is important. She does not hide behind a professional demeanour or psychological jargon but opens herself to the emotive experience taking place, when the client experiences the therapist's genuineness, she might see that warmth and honesty can be the foundation of a human relationship and thus try to be genuine in her other relationships as well.

Empathy: The ability to accurately and sensitively enter into the inner world of the client and experience at the deepest levels what the client is feeling connotes empathy. Thus, the therapist is not an outsider but someone who wants to understand how the world looks from her client's point of view. This makes the client feel valued, worthy, more aware of her real feelings and more effective and genuine as a human being.

Group Therapy

The therapeutic sessions are conducted with groups of individuals, as compared to individual based therapies, group psychotherapy has several special features. The clients get the feeling 'I'm not alone!' They feel relieved and hopeful as they realize that many other people are struggling with problems and difficulties. Group cohesiveness develops

because of the presence of a unique opportunity for practicing new social interactive skills with peers in a non-threatening setting. As feelings of trust, acceptance and caring develop among the members of the group, they become less guarded, willing to learn from each other as well as share their concerns. They share ideas for solving problems and give feedback about their behaviour. It also allows the therapist to observe the clients interacting with one another in a real social situation. Such therapies may be especially beneficial for young adults because of their faith in the peer group culture, concerns stemming from issues about college life, lifestyles, parenting etc. might be resolved through discussions among contemporaries in informal settings. They can also inculcate leadership skills by playing a role in assisting others, establishing and monitoring group goals.

Family Therapy

Family therapy is extremely relevant in the Indian context because the family forms the primarily psychosocial unit. It works on the implicit assumption that an individual's problems are not isolated but reflect problems in overall family patterns and are thus, best understood and treated as an integral part of the family unit. Many a times, incidents of aggression, delinquency or drug addiction by young people are actually symptoms of deep rooted problems at home. These would be discord between the parents and the resultant 'divided loyalty', divorce and punitive parenting. Family therapy can help to change the relationship among family members in constructive ways creating harmony and balance within the family, in turn, alleviating the individual's symptoms.

Cohesion and adaptability are the central concepts in family therapy. Cohesion describes the emotional bonding and the degree of individual autonomy that family members experience. Difficulties occur when families are highly disengaged or extremely involved rather than maintaining a balance between the two extremes. Families can vary along a continuum of adaptability from chaotic to rigid systems. The strength of a family system is dependent upon its ability to change in terms of its power structure, role relationships and relational rules in response to situational contexts. Flexibility is important if the family system is to meet the developmental tasks of the family. Communications approach is one type of family

therapy where the therapist helps the members recognize that they often send out contradictory messages creating an atmosphere of confusion and distrust. In structural family therapy, the therapist focuses on the relations between family members which reveal disturbing patterns of interaction. For instance, if the mother and child form such a close relationship that it excludes the father, it can lead to isolation and hostility between the parents. The therapist points towards more adaptive means of interacting creating an atmosphere for positive change.

Indigenous Therapy

Spirituality has been an inherent component of ancient Indian psychological development. Today, Indian mental health concepts and practices are being rediscovered not only in India but the world over, like, yoga/meditation, pranic healing they focus on as holistic approach to healing which integrates the mind and the body.

Yoga

Essentially, yoga is a reformation of the psyche through a system of concrete, practical exercises designed to transform our consciousness. It helps in developing self-discipline, a sense of inner peace and self-realisation in the individual. As the energy flows outwards, it becomes distorted by our subconscious tendencies, and personality. The self thus, cannot manifest itself in its pure form. Yogic practice reduces this distortion and redirects the flow of consciousness to its sources. This occurs when the consciousness is turned within and united with the self.

Meditation

Meditation is based on the principle that human beings are capable of 'higher' states of consciousness characterized by an experience of wholeness and expansion together with a deeper contact with nature. 'Transcendental Meditation' technique is a popular technique which is a procedure for experiencing the mechanics of the thinking process in a new direction. It is practiced by beginning to use the thinking process with the help of a mantra (set of sounds) as a medium. There is a 'settling down' of thought activity followed by an expression of conscious awareness leading to a state of 'pure consciousness' which has been described by practitioners as a restful state. There is a considerable body of scientific research describing a range of beneficial effects

of transcendental meditation, both in the physiological and psychological domains.

Summary

The problems and difficulties faced by young adults range in their level of intensity, from mild to severe. Among the more serious problems which threaten their sense of wellbeing are eating disorders, sexual disorders, depression, suicide, delinquency and substance abuse. The genesis of each one these problems lies in the individual's inability to cope adequately with life stressors. These stressors may operate at both a conscious or unconscious level. Management of these disorders requires psychotherapeutic intervention. A number of behavioural, cognitive behavioural and humanistic techniques are used in this regard. These techniques are usually administered by trained specialists, but knowledge about them and how they are conducted and conceptualized is important for teachers and adults who deal with such persons, as well.

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