

MENTALFIT - Mental Health Test

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MENTALFIT - result

First, your mental state is characterized in non-pathological categories – lifestyle, self-esteem and satisfaction. Categories of anxiety disorders (neuroses), depression and paranoia, follow. Two types of personalities can be included among them as well – a dependant and an anxious personality. The conclusion for the conditions of mental health is drawn from social network support, experiences and possible traumas from childhood, attitudes and coping styles.

:: Lifestyle (sleep, movement etc.): generally all right

Lifestyle includes ways in which a person approaches the basic factors of his or her life – quantity and quality of their sleep, how they eat and if they do or do not exercise. All this is connected significantly with mental comfort and health. However, the connection works in both directions: improving lifestyle improves mental health (and vice versa) - e.g. physical activity and sleep quality relieve depression (on the other hand, lying around and excess of sleep increases depression). And the other direction: improving mental health often leads to lifestyle correction – e.g. settlement of unpleasant anxious states leads to a return of good appetite etc.

Exercise is extremely important and beneficial for a person's psyche. Anybody who can, should treat themselves by physical activity. The intake of adequate amounts of quality food, good sleep and the ability to face problems easily are other conditions for health.

:: Self-confidence: rather lower

Even if everything around you is working perfectly, you are quite a sufficient source of stress in yourself. Low self-confidence is connected with general lower satisfaction and effectivity which can encourage the development of certain disorders, e.g. depression, if the people have predispositions to these disorders.



low self-confidence:

underestimating your worth
distrusting yourself and your own abilities
anxiety, feeling of uncertainty
worries about future developments

ideal state:

good awareness of own worth
trust in your own personality and abilities
feeling of certainty and mental balance
trust in the future

Self-confidence (or also self-esteem and self-respect – we will not distinguish between these terms here) is an important condition for mental health and satisfaction. Adequate self-confidence is a real triumph, the condition of which is either through reinforcing of self-confidence during childhood in the family or hard work on oneself in adulthood. Soon, there will be online courses on this website which will help you in your trying.

:: Overall satisfaction: well above average



Overall satisfaction, or also life satisfaction, is a feeling which reflects how people perceive themselves and their life circumstances. The level of satisfaction is connected with mental and physical health. Long term low satisfaction is harmful and frustrating (on the other hand, it is undesirable to be satisfied permanently and completely as it leads to passivity, anyway, this trouble does not occur as often as low satisfaction).

:: Neurotic disorders: only trace

Intensity of neurotic symptoms:



Neuroses, which today are called "anxiety disorders" in professional terminology are not diseases in the real sense and they are not a serious state from the point of view of psychiatry. However, the reality is they can make life really difficult. Anxiety is a common sign of neuroses - worries without obvious reasons, which are unpleasant emotions often accompanied by bodily symptoms as for example chest constriction, shivering, digestive and other troubles. There are quite a few disorders listed in anxiety disorders – especially all phobias (social phobia and agoraphobia are investigated here as the most common complex phobias), obsessive-compulsive disorder (described at the end), panic disorder, generalized anxiety disorder (fear of anything and everything, worries, premonitions) and neurasthenia (weakness, lethargy, lack of energy). Neuroses actually are states caused by common ideas which develop into anxiety "along the way". So called avoidance behaviour – which is a tendency to avoid frightening situations – is an important part of neuroses. It does not limit you so much, for example, if you suffer from a fear of snakes. Anyway, it can be quite limiting when a person avoids people, avoids leaving home or travelling on public transport. Psychological techniques can be applied very well to neuroses. Serious but manageable conditions are treated with the help of drugs, anti-depressants most often, short-term administration or emergency administration of anxiolytics. You will be able to find online programs against anxiety soon here on this website.

Social phobia: strongly expressed

Social phobia involves worries arising from social situations. People suffering from social phobia do not like being the centre of attention, they have the feeling everybody is looking at them all the time and they are worried they will make fools of themselves. It is typical for social phobics that they do not like eating, making phone calls or doing anything in front of other people. They tend to avoid people which leads to losing the ability to lead a normal social life. Thus their worries about not coping with such situations become stronger and there is a vicious circle. Strong social phobia is often connected with alcoholism or other drug abuse and an increased suicide rate.

Panic disorder: not present

Panic disorder is manifested as attacks of high anxiety, often accompanied by distinct bodily symptoms – for example accelerated breathing or panting, heartbeat, faints and pins and needles. Worries about oneself, fear of death or fear that the person will "go crazy" are accompanying symptoms. These states are completely exhausting and usually they are connected with intense worries of a repeated attack. Panic disorder is often connected with agoraphobia (see below) as panic disorder has a tendency to occur for example while travelling on public transport and shopping in big centres.

Agoraphobia: not present

Agoraphobia (literally "fear of the market") is fear of staying both in public places and limited spaces – it often concerns public transport, shops and big areas. Agoraphobia is very limiting because a severe agoraphobic becomes housebound and the very idea of leaving home is terrifying for him or her.

:: Depression: expressed slightly

Depression is supposed to be quite a serious psychological disease. It includes dampening of mood, apathy, no interest in social contacts, lack of energy. Depression is caused by a low level of important chemicals in the brain (serotonin and noradrenalin), it is not laziness. Endogenous depression comes without any obvious causes, so called neurotic depression is a consequence of a reaction to some unfavourable circumstances. It is best to use psychological procedures (therapy, relaxation, work on self-esteem etc.) to treat mild depression while antidepressants are necessary for treating deeper depressive states. A smart online program to fight depression will become a part of this website soon.

:: Paranoia: not present

Excessive suspiciousness or paranoia occurs either separately or as a key part of a schizophrenic illness. It includes the feeling that a person is being watched by others and everything that is going on around the person concerns him or her somehow. Ideas with added sound, hallucinations (perception without impulse) and delusions (untrue construction of thoughts) are often present. The thinking of such a person is incomprehensible to other people. The illness often occurs during maturing or early adulthood and it is possible to control it quite effectively using the correct treatment.

:: Social environment: very good to excellent

An excellent result. If these relations have good foundations (which means based on friendship and respect, not on dependency and fear), it is enough to keep them up.

This part explored the so called social support network which means to what extent you are surrounded by people who support you and can help you. The number of friendships is not important, more important is if there are any at all, and their quality. It is a proven fact that an existing and working network of relatives, friends and acquaintances beneficially affects the psyche as a whole. It is not always easy to start new relationships, especially in this time which is strongly individualistic – it is necessary to go out to places where there are people of a similar nature and to behave at least a little openly.

There are also two following characteristics belonging to the social environment chapter – a dependent and an anxious personality. There are more types of personality disorders, however these two types were listed here as they are recognizable quite easily and they are connected with the social life of a person very closely.

A dependent personality: your personality does not bear significant symptoms of a dependent personality type according to the test.

People with a crystallized dependent personality desperately need the consent and acceptance of others. They often subordinate their actions to the interests of other people, they suppress themselves in an unhealthy way, and all this because they are afraid of being abandoned. They tend to feel helpless and they need help and support also in ordinary everyday things. They are scared of conflict and they cannot say "no". Suppressed negative emotions (which they forbid themselves) cause troubles in their psyches – for example anxiety, depressive bad moods and psycho-somatic disorders.

An anxious, avoiding personality according to the test, there are certain signs of an anxious personality type, however, they do not prevail.

People with strongly expressed anxious personality are in a state of tension and anxiety a lot of the time, they often keep thinking of unpleasant things, they are afraid of the responses of other people to themselves and they tend to avoid people and situations which make them uncomfortable (that is why this type of personality is also called "avoiding"). They bear disagreement and criticism badly and they feel it as a personal rejection.

:: Preconditions from childhood: not completely ideal

Even though the foundation from your childhood is probably not completely tragic, quite a few people had better conditions than you did. Try to emphasize what was working then, concentrate on nice memories more – everybody can find some. Now you will have to make up for what was lacking in the sensitive children's period. Although it is often very complicated, still, at the same time, it is possible.

It is necessary to work on highly unpleasant experiences from childhood with adult sense and an adult emotivity otherwise they bubble under the surface and disturb harmony. If you think you still have not completely accepted them, work on it.

:: Influence of birth order

A lot of psychologists suppose the order in which a person was born dictates one's character to a large extent. Most likely it would not be suitable to accord all life's successes and rigmarole to the fact that somebody grew up as the only child, the oldest child or the youngest child. Anyway, the truth is that the first child is born into a different home reality than the second or the third one. Anyhow, decide for yourself whether you believe this characteristic or not.

Your characteristics and dispositions derived from your birth order:

A person who grew up as the oldest of his brothers and sisters shares a lot of characteristics with the only child. He is diligent, reliable, with tendencies to perfectionism and a need to be praised, such a person is critical, serious, relying much on himself, a lot is expected of him and at the same time, he learns to expect quite a lot from himself. According to how such a person behaves, there are two personality types – helpful and aggressive. The arrival of his brothers and sisters means dethroning for him or her which is often taken as an undeserved punishment. The first born tend to guard their highest and exclusive position in a jealous way and they are often worried they might lose it.

:: Attitudinal preconditions: more positive

Although your attitudes have small reserves, they definitely make a precondition for good mental comfort.



negative attitudes:

underestimating own influence on things around you
 relying on good or bad luck
 incomprehensibility of the world around you
 unclear aims

ideal state:

using own influence for things around you
 relying on own person
 the surrounding world is comprehensible and has order
 putting plans into practice

Attitudes reflect how a person thinks and experiences his or her inner and outer reality. The proverb "Everything is a matter of attitude" is really quite true. Once you for example start a clash of opinions, thinking that the other one will trample on you, anyway, it will probably also happen. On the other hand, if you start an argument thinking you have a good argument or two and that the other person is not much stronger than you are, you have a good chance of succeeding and mainly to feel successful and better. If you have an impression all this is connected with self-confidence, your impression is totally correct.

:: Stress management – coping styles: **only partly constructive**

Medium mature stress management with approximately the same ratio of both constructive and undesirable coping styles.

Coping styles are strategies by which we try to eliminate stress, anxiety and other unpleasant states. Some styles work at a particular moment but otherwise they are harmful (for example, drowning one's problems in alcohol). Some styles bring a short-term relief but nothing more (for example, venting one's anger at somebody who is just around). The best styles can relieve stress not only at a certain moment but they also protect you from stress in the future (e.g. exercise).

Desirable coping styles:

- walking, sport and any exercise generally
- work, especially physically demanding
- social contact – unburdening oneself to someone, participation in social activities
- playing with or walking an animal
- writing a diary, stories etc.
- massage, bath, an aromatic candle
- a stay in the country
- a good book, film
- humour
- expressing emotions

Undesirable coping styles:

- smoking, alcohol, relaxation medicaments, drugs
- overeating/not eating
- tuning out in front of the TV
- postponing unpopular activities
- permanent avoidance of somebody or something which is a source of stress for us
- lack of interest, apathy, excess of sleep
- avoiding people
- transferring emotions and frustrations onto other people, venting anger at them
- piling up emotions

:: Survey of your resources and burdens – which are both areas which can support you or, on the other hand, pull you down

Your resources: desire for knowledge and change, functioning social network, mature attitudes, predominantly healthy lifestyle, ability to trust, feeling of satisfaction

Your burdens: occasional difficulties (anyway, nobody can avoid these) in managing troubles, unpleasant experiences from childhood, tendency to be dependent in relationships, not really the best stress management, troubles in interpersonal contacts

Use your resources – lean on them, gain from them, care for them, make them stronger and think of them more often than your burdens.

Start working with your burdens if you have an impression they really bother you.

:: Recommendation: If these results have made you in any way uneasy, we recommend that you have consultations with a doctor or a psychologist. You should seek for a specialist also if there are higher figures with anxiety disorders, depression, paranoia and suicidal risk.

:: A brief description of disorders which occur quite often and which were not tested in this test:

Generalized anxiety disorder

It is one of the neuroses and it is more or less a permanent anxiety. Such a person suffers from terrifying imaginations, bad premonitions and he or she is worried about something or somebody all the time.

Neurasthenia

Another neurosis which is connected with permanent uncertainty, weakness, poor concentration and attention span. A person gets tired easily and does not manage much.

Hypochondria and somatization disorder

They are neuroses, too, slightly resembling each other. Hypochondria – the concerned is convinced he or she suffers from a certain disease. If examination refutes that, these people go to see another doctor etc. and they are continually convinced they are suffering from this particular disease. They suffer from anxiety and worries, they examine themselves increasingly and study about their illnesses as much as possible. The base of a somatisation disorder is repeated complaints about different health problems – these presumed troubles are constantly changing (that is how it differs from hypochondria), once the heart is the trouble, then lymph nodes, later stomach etc.). A person is examined repeatedly and although nothing is found, he or she does not believe the negative results and demands other examinations, operations and other treatment. Abusing of medicaments is common.

Obsessive-compulsive disorder

It is also a neurosis. It has two sides – obsessions are the first one, they are bothering, worrying ideas (e.g. I haven't locked the car). Compulses are the second one, which is an urging act aimed at stopping the obsession (the person goes and has a look if the car is locked). With a developed disorder a person is able to go back 20 times like this. Rituals are common as well. They should relieve anxiety – for example counting people with a bag, messing around before using a zebra crossing etc. and they are compulsive. The person cannot help it.

Treatment with all the neuroses – psychological techniques, psychotherapy, stronger forms demand medicaments (antidepressants, anxiolytics, neuroleptics).

Posttraumatic stress disorder

A delayed reaction to a traumatic event (flood, a car crash, an explosion etc.). The person undergoes the trauma itself relatively well but after a few weeks or months the memories start coming back, they feel anxiety and have terrifying dreams. They suffer from a lack of energy and they are apathetic. Treatment – medicaments, psychotherapy.

Mania

Mood disorder. The main sign is euphoria without any substantial reason which often includes rapid speech, a lot of plans, enormous amount of energy and activity, starting of various adventures, irresponsibility, spending money etc. The concerned does not understand he or she is not behaving in a usual way. Treatment – medicaments.

Bipolar disorder

Formerly called manic-depressive psychosis. It is characterized by alternating depressive and manic episodes. Treatment – medicaments, additionally psychotherapy.

Personality disorders

This is a specific "adjustment" of an individual. If any, commonly occurring characteristics, are over developed and it causes problems to the person concerned and his or her environment, we speak about a personality disorder. It is possible to distinguish for example histrionic personality disorder, narcissistic, passive-aggressive, dissocial, dependent and anxious (or avoiding personality) which were discussed above, and others.

Alcohol abuse and addiction

Alcohol abuse is damaging alcohol consumption, whose next step is addiction. Change in tolerance (at the beginning the person puts up with more and more drinking, then there is a break and he or she gets drunk after the minimum amount of alcohol), inability to abstain (although they might tell themselves they will not drink, they are not able to keep to it), loss of other interests, neglecting work and family are the main symptoms of addiction. Treatment – special addiction treatment, medicaments as support.

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Should you have any remarks and ideas concerning this test, please share them with us.