DISCUSSION POST →

As a scholarly member of the psychological community, you will be expected to engage in philosophical conversations on the nature of psychopathology and changes in the mind. This interactive assignment is an opportunity to have a philosophical conversation with your instructor and classmates on positive psychology and the nature of psychological suffering.

For your posts in this forum, you will follow the instructions provided to you in the instructor guidance for this week. As a class, you will judge and comment on the use of diagnostic manuals and handbooks including how they may limit our understanding of psychopathology.

Guided Response: The goal of this discussion is to have a single, dynamic, and respectful conversation about positive psychology and the nature of psychological suffering, not a series of 20 to 30 separate conversations. This means that every post should be in response to another student's post, creating one long thread. Only start a new discussion thread if you want to address an entirely different theme or question(s) within the discussion subject area. Additionally, only post after first carefully reviewing your colleagues' posts within the thread.

Please use References To Respond

PLEASE Respond To this POST →

The nature of the mind philosophy proposes that the mind and body are two distinct properties that interact together: conscious thinking and the brain (Krishnamurti, 1992). Consequently, there are different approaches in psychology that tackles the views of whether the mind and body are separate or related, such as behaviorist who assume the observable should only matter. According to Theodore and Bracken (2020), positive psychology is focused less on individual factors such as one's motivation, ways of thinking, happiness, and emotional resilience, but rather how individuals are able to manifest their symptoms of mental illness, which has been suggested as the way to looking at what motivates behaviors and analyzing problems. While this theory does recognize that happiness and wellness is an essential component of mental health, it focuses on encouraging individuals to develop positive emotions, experiences, like the key elements of humanistic psychology. Well-being can be attributed to many positive outcomes and or individualized characteristics one may possess such as problem solving, coping, social connections and physical health, which seemingly can vary across psychiatric disorders (Magyar & Keyes, 2019). The four of the major aims of positive psychology consist of the ability to rise to life's challenges and make most of setbacks and adversity, engage and relate to other people, find fulfillment in creativity and productivity and the ability to look beyond oneself and help others with finding meaning, satisfaction, and wisdom (Magyar & Keyes, 2019). Positive psychology in essence is necessary to thinking positive but vastly should focus on developing ways of thinking realistically, this approach has grown among clinical practices bringing about a problem focused approach when dealing with levels of pain, suffering and illness in addition, to discovering what works for individuals.

Psychological and physical suffering is not limited to just physical symptoms, because physical symptoms often lead to either negative or positive beliefs. Essentially, examining how psychological suffering occurs, is not an easy task because only the person who is experiencing these symptoms, has access to how they feel, and often when individuals are of different backgrounds such as culture, it is difficult to understand and or explore their suffering, if you are not in the same space as the individual. Thus, it is important to understand the individual and their values, and the nature of their life course. As a society, we heavily rely on a clinician to determine medical and mental health diagnoses, but it should be considered if these diagnoses often invalidate the actual experiences that individuals have.

Psychopathology entails mental disorders that are classified into categories of developmental, anxiety, cognitive, mood, eating, sleeping, substance, psychotic, somatoform and personality disorders (Moleiro, 2018). Diagnostic and Statistical Manuals of Mental Disorders are used to classify mental disorders based on standard criteria, which entails specific cut-off points between what is considered normal from what is pathological in order to treat the individuals based on a category. The use of diagnostic manuals in of itself does have many flaws because these manuals place more emphasis on the visible symptoms that an individual may be experiencing opposed to the underlying causes of the symptoms and what symptoms may not be apparent. According to Alarcon (2009), culture is poorly incorporated into the current psychiatric diagnostic practice, although cultural factors immensely play a role in context of how and what an individual exactly reports their symptoms to be. Although the

system of making a diagnosis is based on psychiatric disorder, there is a huge overlap between symptoms and diagnoses, meaning restrictive and or the diagnostic criteria has the ability to overlook those who are truly mentally ill. Psychiatric diagnoses in of itself in my opinion have an impact on the lives of the those who are labeled in addition to how those who provide services view and service these individuals.