

Chapter 4

#3

Sociocultural

Generalized anxiety disorder from a sociocultural perspective when people seem to live in constant danger. They may feel that their living environment is unsafe, so they are always uncomfortable, stressed, and anxious.

Psychodynamic

GAD from the psychodynamic perspective, results from relationship problems between parent and child during early childhood years. Children that were mistreated by their parents because of their basic bodily instincts or even by being overprotected can develop GAD. The defense mechanisms of the person breakdown because the anxiety is beyond what they can handle.

Humanistic

GAD develops in these people when events occur so that they no longer look at themselves through realistic eyes and accept who they really are. They seemed not to have experienced unconditional love or caring. They seem unable to embrace their thoughts, behavior and emotions which hinders their ability to live out their potential.

Cognitive

GAD develops from maladjusted thinking and behavior. Sometimes these people have irrational beliefs, which could cause them to overreact with fear. The newer cognitive theories propose that there are positive and negative sides to worrying, and it is the negative side of worrying that opens makes them open to disorder. They have misplaced beliefs about worry and whether it helps or harms them.

Biological

GAD runs along biological family lines. This disorder is inherited. Relatives to people with this disorder are more likely to have the disorder. The closer the relative the greater the prevalence. GAD results from a hyperactive 'fear circuit'.

#6

People first learn to fear particular objects, perhaps a bad experience where they were taught to fear dogs. Maybe frequently seeing people being attacked by dogs, or themselves having been bitten by a dog. The patient then avoids dogs and the fear becomes more entrenched in their mind. An example would be a little girl whose mother is afraid of dogs. A dog never bit her, but whenever she was walking with her daughter she would run, or verbally express her fear of dogs. She would also talk about the horror stories of dog attacks. This little girl was taught to avoid dogs so that she never learned that not all dogs are dangerous. As she grew up and became an adult, she always avoided dogs, confessed to her fear of dogs and over the years her fears became entrenched. The mother modeled this behavior to her daughter.

#12

The four related disorders are: Hoarding disorder; trichotillomania (hair—pulling disorder), excoriation (skin-picking) disorder, and body dysmorphic disorder.

People who are hoarders cannot throw out things, but feel more comfortable if they keep everything. They can experience distress if forced to throw something out. It can affect them socially as most people would consider them strange and they usually avoid entertaining company. It can also create an unhealthy living environment.

There are people that have a disorder of pulling their hair which is called trichotillomania. These people pull their hair from their scalp, eyebrows. Anxiety can trigger this behavior.

People who suffer from excoriation will pick their skin until it may ulcerate. This behavior can also be triggered by stress and these people may pull skin on their face, cuticle, scalp or leg. The patient will usually concentrate on one area which results in damage to the skin.

Individuals with body dysmorphic disorder focus on a particular part of their body and decide that it is flawed or they have a defect. This results in distress as they compare themselves to others, or to excellent standard. They have an extreme concern about a particular body part which can adversely affect their ability to socialize; they try to hide their defects and sometimes may even be suicidal.

Video: Hoarding

Hoarding creates a situation where the person's normal life is impaired and the environment could become dangerous. Hoarding seems to make the people feel safe, as if they are in a cocoon. It is difficult to treat because the patient becomes very stressed if you attempt to remove it from their environment. In the movie it seems as though both people knew that hoarding was not a good environment, but as a result of trauma they both used things to make them feel safe.

Chapter 5

#26

Acute distress have symptoms that begin within 4 weeks of the trauma and lasts for less than one more. The duration of the symptoms is shorter in acute distress. If the symptoms go longer than one month the diagnosis becomes post-traumatic stress disorder. Symptoms from PTSD can have a quicker onset or the onset may go from months to years later. The average onset is usually 6 months after the event. For both acute distress and PTSD the events that trigger both of these would be traumatic for most people. Both of these have symptoms that could involve arousal, anxiety and depression.

#27

Siri was raped on Friday, October 22, 2019, her response was hysteria, distress and shame for the first week.

For the next week her stress level continued to rise. Siri's diagnosis was acute stress disorder.

For the next 2 weeks she experienced greater degrees of distress, fear and anxiety. Her distress levels continued to increase weekly which is now around three weeks since the trauma.

Four weeks after the rape, Siri's distress was at peak levels.

Five weeks after the trauma, Siri's distress level started to improve and continues to improve for the next four months.

Siri's distress continued, although improved, continued for another 11 months. She continues to have anxiety, flash backs, distrust, sleep problems, sexual problems and self-esteem problems. Her diagnosis is PTSD.

#29

In dissociative amnesia the patient is unable to recall information, particularly involving a specific trauma. The memory loss is not physical in origin, but it is usually rooted in a traumatic event and it is extensive. Dissociative amnesia may present in four types: localized, selective, generalized or continuous. Localized amnesia the patient has memory loss of events in a specific period of time. Selective amnesia is when the patient remembers specific events maybe leading up to the event and also some parts of the traumatic event. The extremely painful parts of the

event will not be remembered. In generalized amnesia the patient will not remember anything before the event. Dissociative amnesia has an end to the time period of amnesia.

The extreme of dissociative amnesia is dissociative fugue in which people may forget their identities, details of their past life and they move to a different location. The flight from a person's environment may be short term or long term as the patient assumes a totally new identity and life. Some people adapt new personality behaviors. If the fugue is short the patient rarely suffers any effects. People who have been away for long periods have harder problems making adjustments when they return to their old lives.

Video:

Biology is important to psychology because the structures in the brain are important to how we think. Fear has two pathways, the amygdala and the cortex. If one of these structures is physically damaged it will affect the patient's disorder and their ability to get treated.

The cognitive behavioral model can be tested in a lab. It addresses both thinking and behavior.