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Chapter Eight

1. (Question one) Munchausen syndrome, the popular name for factitious disorder, is divided into two categories: factitious disorder imposed on self and factitious disorder imposed on another, or Munchausen syndrome by proxy. Both of these categories involve the creation of fake physical or psychological symptoms without a reason or reward. The first category, factitious disorder imposed on self, involves a person making up these symptoms in themselves. They may act injured or ill for the sole purpose of fulfilling a want to be a patient or assuming a sick role. The second category involves a person claiming that another person is ill, this other person usually being in their care. Factitious disorder is most prevalent in people who have undergone extensive treatment for an illness as a child, have worked as a nurse, laboratory technician, or medical aide, or are angry with/have a grudge against the medical profession. These people are also often alone socially and have little to no family. While there is no specific cause of this disorder, there is evidence that it can stem from factors such as depression, unsupportive parental relationships during childhood, and an extreme need for social supports that is otherwise unavailable.
2. (Question three) The DSM 5 lists certain criteria for a diagnosis of somatic symptom disorder. The first criteria is that the person experiences at least one disturbing or

disruptive physical (somatic) symptom. Somatic is defined as relating to the body, especially as distinct from the mind. The second criteria listed is that the person experiences an unreasonable amount of thoughts, behaviors and feelings regarding the nature of the symptom(s) or what they may imply. This includes one of the following: Repeated, excessive thoughts about the seriousness of the symptom(s); Constant extreme anxiety about the nature of the symptoms or what they mean; Excessive amount of time and energy spent on the symptoms or their health implications. Finally, people who are diagnosed with somatic symptom disorder must have physical symptoms that last to some degree for more than six months.

3. (Question nine) People with Type A personality style are said to usually be angry, cynical, driven, impatient, competitive, and ambitious. Their consistently stressful lifestyles led Meyer Friedman and Ray Rosenman to believe they were at higher risk for coronary heart disease. Type B personality style, on the other hand, consists of more relaxed and less aggressive people who are also less concerned about time.
4. (Question sixteen) Jennifer displays an obsession about her physical appearance. This obsession creates unwanted thoughts that become more and more intense as she tries to combat them. She has become deceived, thinking that her body is imperfect to the point that she needs surgery to correct it. She sees things that aren't there, such as scars and extremely uneven skin tone. Jennifer has also focused her obsession externally. She says she wishes to be someone else, which leads her to obsess over her friend in college. She takes extreme measures to "become" this other girl, copying everything from the jewelry she wears to the way she writes her notes. People like Jennifer that suffer from obsession-related illnesses tend to have exceptionally high standards of conduct and morality. She

has a very high expectation of how she should look, and has distorted her self-image to the point where she cannot even face herself in the mirror. Today's beauty standards, of both women and men, are unreasonably high. Models, actors, and news personnel are all made up and photoshopped to look unrealistically perfect. Young men and women who look up to these public figures are susceptible to unrealistic thoughts and ideas of how they should look. There is also constant criticism from family and peers that overshadow our own reasonable thoughts of ourselves. This constant barrage of opinions and standards also attempts to control our thoughts, portraying these public figures as perfect people who have not done anything wrong. And as soon as they do, they are "cancelled" or shunned. This highlights the importance of the cognitive perspective on obsessive-related disorders because this perspective talks about the need for being patient. Often, individuals with obsessive-compulsive disorders think they need to have absolute control over every thought, and feel ashamed when an "impure" thought comes in. Then, the more they try to alleviate the anxiety associated with the thought, the more it persists and grows into a constant stream of intrusive thoughts. People must be patient with themselves, and understand that having intrusive thoughts does not make us bad people.

Chapter Nine

1. (Question eighteen) People with Bulimia Nervosa, also known as binge-purge syndrome, have episodes of extreme uncontrollable eating, followed by attempts to compensate for the amount of food eaten by purging. The eating episodes are large in amount, more than the ordinary person would eat in one sitting. The purging that follows afterwards consists of forceful vomiting, misuse of laxatives, diuretics or enemas, fasting, or exercising excessively.

2. (Question nineteen) Anorexia nervosa and bulimia nervosa are very similar in nature. They both consist of an extremely unhealthy relationship with food. Both anorexia and bulimia can be described as bingeing and purging, although the reasoning differs. In anorexia nervosa, the person affected tries to engage in weight loss strategies, often falling far below normal weight. In bulimia nervosa, however, weight loss measures are pursued (purging), but the person usually stays within normal weight range. Anorexic persons also suffer from a distorted sense of self, often believing they are not skinny enough, even though they may be far below normal weight.
3. (Question thirty one) The criteria listed in the DSM-5 for binge-eating disorder are different from just the occasional eating binge. The first criteria is recurrent binge-eating episodes, which already is different than a person who simply indulges once in a while. The second criteria list what the binge-eating episodes consist of. One of the following must be present: Unusually fast eating, absence of hunger, secret eating due to sense of shame, subsequent feelings of self-disgust, depression, or severe guilt. There is also significant distress in this disorder. The fourth criteria is that the episodes take place at least weekly over the course of three months. Finally, there is an absence of excessive compensatory behaviors.
4. (Question thirty three) David seems to be influenced a lot by the magazines he would purchase, which showcased fit male models. He says he wants to look like these models, and has therefore embarked on a journey of weight loss. It has, however, become an extreme weight loss, as he had gone down to 105 pounds at one point. David's reasoning behind his weight loss seems to be the main reason why eating disorders have become more prevalent in the last fifty years. Advertising and photoshop. Magazines, ads,

movies, runway shows; all of these have hit our faces like bricks, fostering the growth in a need to be “skinny”. These models and actors are all heavily made up, often photoshopped to look perfect, and have a team of professionals guiding them to an ideal body weight and shape. It is not realistic.