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Unit 2 Essay Questions

Chapter 4:

2.) What would be the criteria used to distinguish between clinically significant fear and anxiety and everyday fear and anxiety?

The main criteria used to distinguish between clinically significant fear and anxiety compared to everyday fear and anxiety is how it affects everyday living. Fear and anxiety is a normal response to threats, dangers, and unpleasant situations. Individuals normally feel fear if a bear is chasing them on a hike. Individuals normally feel anxious when in a job interview. Although for the moment or situation the person is anxious or fearful, it eventually fades away with time. However, with clinically significant fear and anxiety – it affects one’s daily living in the way that normal situations induce a “flight or fight ” situation for the individual, and the individual constantly lives in that state of anxiety or fear. For example, for someone who is clinically anxious (generalized anxiety disorder) – the thought of walking to the bus stop, induces an overwhelming cloud of anxiety. In technicality, this excessive anxiety continues on for at least three months. Individuals constantly feel restless, “on edge”, and lack focus in their daily tasks. The fear and anxiety leeches into their daily relationships with family, friends, etc. and may affect their job, hobbies, sleep, etc.

5.) Explain in detail, from a biological perspective, how GABA is related to the experience of anxiety. What are some limitations of this explanation?

GABA, short for gamma-aminobutyric acid, is one of the many inhibitory neurotransmitters in our brain. As scientists were trying to understand why benzodiazepines relieve anxiety in patients, scientists eventually discovered that the benzodiazepine receptors react with the neurotransmitter GABA. Further into the research, it is said that when an individual is in a state of fear or anxiety, it triggers certain neurons and continues to create a state of excitability in the person. As the body continues to stray away from a normal state, the body induces a feedback mechanism to bring the body back to a calm state. One of the feedback mechanisms that the body turns to is the release of GABA, which then attaches to the GABA receptors. Since it's an inhibitory neurotransmitter, the binding of GABA to its receptor causes the neurons to stop firing. As the activity subsides, the physiological state of fear and anxiety subside as well. From that biological perspective, many scientists hypothesize that there is an issue with some part of the GABA feedback system in individuals who have generalized anxiety disorder. Scientists open the possibility that there is a disconnect in the amount of GABA receptors, or a malfunction in the receptors itself that leads to individuals with generalized anxiety disorder. However, the limitations to this explanation is that anxiety does not simply boil down to GABA and the receptors. There is a greater, more complex system at hand when someone is experiencing fear and anxiety, that generalized anxiety disorder can not be pinpoint into one neurotransmitter and one receptor.

7.) Describe in detail the exposure therapies of systematic desensitization, flooding, and modeling in the treatment of specific phobias.

Systematic desensitization is a type of exposure therapy that through gradual exposure, the clinician replaces the client's fear response with a relaxed response. The client eventually learns to relax around their phobias, rather than an uncontrollable fear state. The clinician and the client establish relaxation techniques coupled with a fear hierarchy. The fear hierarchy is a list of situations or feared objects that the client places from moderately disturbing to extremely disturbing. For example, with a patient who has a phobia of dogs – the clinician begins with a situation at the lowest tier of their fear hierarchy. Whether that is reacting to a drawing of a dog, or imagining a situation with a dog, the clinician guides them through relaxing in that situation. Over time and as sessions progress, the individual would confront more uncomfortable situations around their fear of dogs and further incorporate their relaxation techniques. Flooding is a type of exposure therapy that is not gradual, and rather the method of repeatedly exposing someone to what they are afraid of, until they realize it is harmless. It can be either in their imagination or in real life. For example, if someone is afraid of the dark – the clinician repeatedly exposes the individual to the dark in order to ensure that the dark is harmless. Lastly, modeling is a type of exposure therapy where the therapist themselves confront the feared object or situation while the client observes the situation. The clinician acts as a model to the situation, to ensure that there is no danger in the situation or object. For example, someone may be extremely scared to talk to strangers, but the therapist could model to the individual by sparking a conversation with a random stranger.

16.) Watch the video “Experiencing Anxiety” below and then answer the following questions: At what point does anxiety become a psychological disorder demanding treatment? Do you think Julio would have developed an anxiety disorder if his two friends had not died of cancer?

I think anxiety becomes a psychological disorder that demands treatment when it affects daily living. For example, Julio describes waking up in the middle of the night thinking he has brain cancer because of a headache, and then breaking out into cold sweats. One's normal response would most likely be to take Advil and think lightly of it, but in Julio's case it heightens to different measures that affect his sleep and physiological state. In addition, he developed a strong fear of shadows, and was constantly on edge with his girlfriend. The anxiety began to leech into relationships, and daily living. The key moment for Julio was definitely when he was almost hospitalized for his extreme anxiety. In my opinion, I think Julio would not have developed an anxiety disorder if his two friends had not died of cancer. The beginning of the anxiety disorder and the worries Julio was having clearly stemmed from the event of his two friends dying from brain cancer. However, it is possible to say that Julio could have developed an anxiety disorder with a different trigger or stressor even if his two friends had not died of cancer.

Chapter 5:

25.) Explain how the autonomic nervous system and the endocrine system interpret and respond to arousal, fear, and danger.

The autonomic nervous system stems from the central nervous system to initiate involuntary activities in the body. The endocrine system works with the autonomic nervous system, as the endocrine system begins to secrete hormones related to the autonomic nervous system. With arousal, fear, and danger – there are two pathways that may cause a reaction: the sympathetic nervous system and the hypothalamic-pituitary-adrenal pathways. In short, pathways enable changes in the body that would be beneficial in a “survival” situation. The

pupils dilate, salivary glands inhibit salivation, bronchis relax, heartbeat accelerates, digestive system inhibits digestion, liver releases glucose, and the adrenal gland releases epinephrine/norepinephrine, bladder relaxes. In each process, there are specific hormones that cause the arousal in different organs to put the human body as a whole in a safer situation. Usually, this response would be normal in times of fear and danger. However, there are disorders in which this fight or flight response is aroused in situations that are not normally fearful or dangerous.

26.) Describe the similarities and the differences between acute stress disorder and posttraumatic stress disorder.

The main difference between acute stress disorder and posttraumatic stress disorder is that acute stress disorder is the arousal of the fight or flight response immediately after the traumatic event, and persists for less than a month. The term “acute” describes a short and intense period of time. However, posttraumatic stress disorder is when the arousal of fight or flight response persists for more than a month. Essentially, the difference between the two disorders is the amount of time the individual experiences the stress response. For a majority of individuals, acute stress disorder develops into posttraumatic stress disorder. They are both similar in the sense that it is the persistence of the fight or flight response, even when that threat is no longer present. The individual continuously re-experiences the traumatic event, whether that be through recurring thoughts, memories, dreams, or nightmares. In some cases, the re-experience becomes so real that they believe that the traumatic event is occurring again. Another symptom of both disorders is that they avoid anything associated with the event or any triggers that may cause a stress response.

27.) Imagine that a friend of yours has been a victim of a rape. What are the short-term and long-term courses of her stress response to being raped likely to be?

The short term courses of her stress response to being raped would likely be extreme distress, eventually being diagnosed to having acute stress disorder. Symptoms of acute stress disorder look like flashback episodes, nightmares, recurring thoughts, avoidance, dissociation, and panic/anxiety attacks. My friend would be in a state of shock – and just unexplainably in shock. Although my friend would most likely improve in a three to four month period, she will still suffer from many long term symptoms. For example, she would have a greater amount of anxiety, depression, sleep problems, sexual dysfunction, and self esteem/doubt/blame issues. If symptoms persist for greater than a month – my friend will most likely progress to developing PTSD. These are the more technical short/long term effects, and I believe that my friend's way of emotionally/mentally/physically processing will be permanently altered. I believe that it will affect her approach to relationships, inclusive of her family/friends/partners. It will be a very lonely and difficult process to come to a point where she could trust anyone. And although there are support groups available, or resources where it could be taken to court, it can easily become a engulfing, shameful recollection. I think it is a very cruel situation to imagine that a friend has been raped, just because of how real it is in my age and gender group.

34.) Explain how experiencing a natural or accidental disaster could result in PTSD?

According to the textbook, researchers have found that there is an unusually high rate of acute stress disorder, and PTSD in survivors of natural/accidental disasters. Natural disasters like floods, tsunamis, earthquakes, tornados, etc. are just at a different scale in how it affects one's entire environment, and the amount of time required to recover. In addition, I think because natural/accidental disasters are against all odds – that when it does occur, it alters the way one

views little changes of the weather, shaking of the ground, or storms. Furthermore, the traumatic event is not affecting just yourself, but also your family members, neighbors, and even beyond that. It affects thousands, and sometimes millions of people, and so the magnitude of shock and grief truly reaches a different scale of people.