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Unit 2 Essay Questions

Question #18 (Ch. 4)

I know multiple people in my life who have intense fears of certain situations or things, it often comes to a point where it can interfere with daily living. Through these individuals, I have witnessed a few instances of panic attacks due to them coming face to face with their phobias. For example, I went to middle school with a boy named Thomas, he was my best friend at the time and we would often hangout at each other's houses on the weekends. Thomas lived with an intense fear of spiders, also known as arachnophobia. We both did boy scouts together and often went on camping trips with our troop, on these trips we would often encounter spiders which caused Thomas to hyperventilate and shake and sweat uncontrollably. Thomas learned to mitigate his panic attacks by doing deep breathing and grounding himself to reality in his mind.

Personally, I consider myself to be afraid of needles, this is known as trypanophobia, although it hasn't affected me to the point where it impedes daily living. This developed at a young age for me, I remember taking the train in San Francisco and almost sitting on heroin needles from the local homeless population. My most irrational fear stems from needles; I am deeply afraid that one day I will contract a disease such as HIV from a loose needle in public. Overall, I am learning to cope with it through getting exposure to needles on a daily basis, I am a nursing student and I do clinical rotations at a hospital weekly. I have learned to give injections and insert IVs, slowly but surely I am warming up to needles and learning to overcome my fear of them by being around them.

Question #39 (Ch. 5)

War has the potential to cause deeply rooted trauma in the soldiers who fight in it, these traumas have the ability to affect day to day life in a manner in which most people can never understand. A good example of this is from the video itself, the veteran tends to avoid large crowds of people and is on guard when he has to walk through them. This is because during his time in the war, he was always susceptible to an ambush from the enemy soldiers at any given time, large crowds of people put him on edge because subconsciously he is always on guard for surprise attacks from the enemy. Another example of a life experience that could trigger PTSD are loud noises, these could be from simple everyday things such as car horns, fireworks, and dogs barking. My grandfather was a Vietnam veteran and would often get triggered from loud noises because they reminded him of the guns and rocket launchers he used to fire in the war.

I believe that the struggle with post traumatic stress can have beneficial effects only if the individual is able to work through their mind and get to the light at the end of the tunnel. If someone is able to successfully get through their demons that haunt their mind, they could possibly find a newfound appreciation for their life, they would also theoretically have more inner strength and personal growth compared to themselves before they worked through the trauma. I think overall PTSD only brings negatives to people who have it, but it is definitely possible to work through it and get better and live a happy and fulfilling life despite it.

Question #27 (Ch. 5)

The effects of rape on an individual are severe and can be long lasting or immediate, often times they are both rather than just one or the other. If a close friend of mine were to be raped, he or she would likely experience an initial spike in their levels of stress, it peaks after a couple months and tends to mellow out, though this is not the case for everyone. My friend would likely have lasting depression, low self esteem, and higher than normal levels of anxiety. In terms of physical health, my friend might experience weight gain from stress eating or anorexia from skipping meals due to trauma, these are common coping mechanisms. On the extreme end, my friend might experience thoughts of suicide and could possibly attempt to carry it out or at least write a plan out for how they will go about it. Rape is a very serious and traumatic thing, it leaves a lasting impact on people who go through it, rarely does anyone experience it without feeling a wide array of negative psychological effects.

I have a friend who is a victim of rape, he was raped by a close aunt at a young age and it had tremendous effects of his mental health and well being. He experienced many of the things that typically happen to rape victims mentioned above, in addition to other things that affect him on a day by day basis. The rape took place in his own bed at his childhood home, for years he lost sleep due to not being able to lay on his bed without thinking about the event and flashing back to it even if it wasnt immediately on his mind. He also went through serious thoughts of low self worth and self blame, often feeling like he betrayed his family when in reality nothing he did was his own fault. He lived for many years not trusting anyone because he felt like if his own family broke his trust, nobody in this world could be trusted either.

Question #22 (Ch. 4)

Compulsive hoarding may be caused by a variety of reasons, oftentimes it is very easy to diagnose because the source is easy to figure out. For many cases of hoarding, it is caused by coping mechanisms related to a stressful life event, an example of this is someone who hoards to cope with the loss of a loved one or a divorce. The individual becomes a hoarder because it alleviates their stress and brings a sort of peace into their mind, for someone who lost a loved one, it would help convince their mind that they are still there if they hold onto as many of their possessions as possible. Losing someone in life is a difficult process to get through, we often latch onto things that remind us of them because these things bring us peace and good memories of that person. Hoarding is an extreme response to stressful life situations, and it is a symptom of deep trauma that causes it. It reflects characteristics of a psychological disorder because hoarding stems from problems that are within the brain, mostly the inability to throw things away.

Hoarders are difficult to treat because their behavior is a direct result of deeply rooted psychological beliefs or trauma. For example, the lady in the video has the idea rooted in her mind that if she has a lot of things, she will be protected from home burglaries. This is a result of her childhood trauma, where her father was murdered by a home robber. Bob, the man from the video, also has a fear of throwing things away which stems from his innate belief that more things will protect him. Overall, the way to treat a hoarder is by convincing their subconscious that throwing things away is beneficial to them, this is often a difficult process.

Question #12 (Ch. 4)

According to the DSM-5, the four patterns of obsessive-compulsive-related disorders include: hoarding disorder, trichotillomania (hair-pulling disorder), excoriation (skin-picking disorder), and body dysmorphic disorder.

Hoarding disorder is characterized by the inability or intense fear towards discarding possessions, it often manifests as being unable to throw things away and hoarding things as a result. It is very easy to spot a hoarder based on their home environment, it is often cluttered with worthless items and hallways and complete rooms may be blocked off which impedes daily living.

Hair-pulling disorder manifests itself through an individual who constantly pulls out hair from various parts of their body, these spots can be their head, forehead, or any other places which have hair. This is a coping mechanism from stress and individuals with this disorder often say that pulling out their hair brings a relief from anxiety and makes them feel better.

Excoriation disorder is where individuals constantly pick on their skin enough to cause significant scars and wounds. The skin picking can be on any part of the body and oftentimes leaves noticeable injuries as a result. Like hair-pulling disorder, it is often done to relieve stress with the individuals who do it.

Individuals with body dysmorphic disorder will typically hyperfocus on a perceived flaw in a portion of their body, it can also be their entire body itself. Behaviors that come as a result of this disorder are low self esteem from the specific body part, constantly checking oneself in the mirror, comparing themselves to other people . This disorder is even more prevalent in today's world with social media and the internet.

Question #32 (Ch. 5)

Depersonalization-derealization disorder is classified as a disorder where the individual has constant episodes of depersonalization, the belief that an individual's mind or body are detached and nonexistent. The derealization focuses on the individual's surroundings, in the same way the person believes they are not existent, they believe the environment is nonexistent or detached.

Depersonalization is characterized through a questioning of a person's body and their mind, often individuals may believe they are not actually in their body and their extremities may feel foreign to them. The person may experience changes in their senses and normal body functions and movement will feel like they are somebody else's doing.

Derealization manifests itself through believing the surrounding world is foreign and unreal. For example, a person going through an episode of this disorder might see people surrounding them as fake and mechanical, they might question if people or objects around them are actually real and not fake. This could result in a deep distrust of people and places, and a questioning of reality.

Overall, the symptoms of depersonalization-derealization disorder are often persistent and impede an individual's ability to function in day to day life. It commonly manifests out of nowhere and may cause physical and mental distress, the disorder is typically long lasting and may go into remission and return after a prolonged absence. This disorder is extremely hard to classify and treat due to the complexity of it, attempts to explain its root causes and cures have largely failed.

Question #26 (Ch. 5)

Acute stress disorder and posttraumatic stress disorder are both responses to traumatic events within an individual's life, but they differ in terms of length of time and effects on daily living. At the same time, they are very similar in terms of how they manifest themselves within an individual's life. They both affect daily living and can severely impede a person's ability to function.

Both disorders are the same in the sense that they are directly related to experiencing or being exposed to some form of trauma or stress. Generally speaking, both disorders manifest in individuals with symptoms of heightened arousal, avoiding triggering people or situations, and emotional dysfunction. The disorders are characterized by almost identical symptoms that include: distressing memories, trauma-linked dreams, flashbacks, various physical reactions, and avoidant behavior. Both are caused by a variety of things, often it is from a specific event that can be single or repeated over time.

Acute stress disorder is diagnosed if the symptoms of stress response begin within a month of the event, and also last for less than a month. Post traumatic stress disorder is unique because it lasts for a much longer period than acute stress disorder, it is common for the trauma to persist for years to come. Generally speaking, post traumatic stress disorder is more impactful on an individual's life because it lasts much longer, therefore it has more potential to do damage that affects daily living. The book states that roughly half of all cases of acute traumatic stress disorder eventually develop into full on post traumatic stress disorder, these two disorders are closely linked with one another, understanding of both is crucial to treating patients with both.

Question #7 (Ch. 4)

Phobias have the potential to greatly impact an individual's ability to function in daily living, as a result, various potential treatments that hope to rid people of their phobias have been developed and tested. Three of these exposure therapies to phobias include desensitization, flooding, and modeling, all three attempt to expose people to their phobias in various ways with the hope that their phobias will eventually be minimized or eliminated completely.

Systematic desensitization is a technique developed by Joseph Wolpe, essentially it tries to replace the fear response someone gets from their phobia with a response of relaxation. The client writes a list of their deepest fears and the goal is they must face each one with a relaxed mind until they are comfortable, they work their way from least to most feared thing. For each fear the client lists, they will eventually be able to think about it without anxiety, their fears will be replaced with calming thoughts instead.

A second exposure treatment is known as flooding, this technique involves repeatedly exposing a client to their fears in order to show they are harmless. The client doesn't have any relaxation training and plunges right into what makes them afraid. The name of the game with flooding is repetition, the client must be exposed to the phobia so much that they ultimately see their fears aren't based in reality.

Lastly, modeling is an exposure treatment where the therapist confronts what the client is afraid of while they watch. Throughout the process, the therapist will attempt to persuade the client to join with the therapist in hopes of showing them their fears are

baseless. Modeling is akin to someone jumping in the pool, looking back at their friend who is reluctant to get in, and saying, "Come on in the water is fine!".