

Autumn Nash

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3. The development of generalized anxiety disorders vary from each of the perspectives. First, the sociocultural perspective believes that those that have bad living conditions or go to endangering environments are more likely to develop anxiety disorder (Comer, J & R, 103). This is due to the constant stress from society to pay bills, feed your family, and also find a way to get out of dangerous conditions. Next, the psychodynamic perspective always studies the unconscious and earlier occurrences that affect someone's current behavior. So in studying the id, superego and ego, this perspective looks for the dysfunctions between the child and parent such as extreme punishments for normal mistakes that would cause them to have anxiety now in any stressful situation (Comer, J & R, 105-106). Third, the humanistic perspective sees that those with generalized anxiety disorders are in denial of their true thoughts, feelings or behaviors as a human and therefore their anxiety increases until they accept who they are (Comer, J & R, 106). Fourth, the cognitive perspective views those with generalized anxiety disorders as being due to the irrational assumptions and dysfunctional beliefs about themselves or the world that lead them to act out in a certain way, typically with extreme anxiety (Comer, J & R, 107, 109). Finally, the biological perspective believes that anxiety disorders happen due to genetics and the emotional reactions that are connected to brain circuits and the areas of the brain or neurotransmitters, like GABA, that make a person react in certain ways (Comer, J & R, 111).

11. The psychodynamic perspective focuses on the relationship of a person's id, superego and ego and sees obsessive-compulsive disorders as a result of a dominant superego. When trying to balance their unconscious instincts and the morals and rules of society, the "right thing to do" takes up a large space in their minds and causes them to try to control this battle by repeating tasks, overly cleaning and so on as a way to cope (Comer, J & R, 129-130). The behavioral perspective focuses on behaving and trying to condition their extreme feelings and behaviors, when stress comes. So in moments of high stress, those that struggle with obsessive-compulsive disorders will rely heavily on rituals to cope and then when they notice it helps their stress, they will repeat that ritual since they saw it as a way that conditioned any bad behavior. This continues the cycle to stick to these rituals in moments of stress, in order to behave the best (Comer, J & R, 130, 131). Finally, the cognitive perspective focuses heavily on the mind and thought processes, and then how those correlate to one's behaviors and actions. This perspective believes that although everyone has these overwhelming thoughts at times, those with obsessive-compulsive disorder let their thoughts overcome all else. They act on their compulsions because their thoughts lead everything they do (Comer, J & R, 131).

16. After watching the video "Experiencing Anxiety", we learned about Julio's experience being anxious about death and specifically getting cancer. It affected how he worked, how he interacted in his relationships, and even his mindset while being out of the house. Anxiety is usually known to be fear of something that has not yet happened and often something that will never happen. While Julio's health may never end up in cancer, having two friends pass away from cancer led him to be paranoid about that specifically which then carried over into how he felt about his safety, how he felt at work, and his mindset overall. I believe that anxiety becomes a psychological disorder that demands treatment once it affects your everyday life and your

functionality. He thought he was seeing things like shadows and he even had to go to the hospital at one point because he was so anxious. I think Julio would have developed an anxiety disorder if his two friends had not died of cancer because that was the tangible experience he had that triggered him down a worse path, but most likely the tendencies he had would have carried over into a different scenario whether he lost his job, something happened in his family, he had a fallout with his girlfriend, and so on.

24. After watching the video “Exposure Therapy for Phobias” we see the therapist do group therapy instead of individual sessions. I found it impactful to know that you are not crazy for being afraid, but there are others there who are in the same situation but with something else and they can all support each other. Bill was challenged to ride the elevator after 6-8 years of not riding one. He did not do it alone though, his entire group went to support him in watching him do this, including the therapist. But this did not happen in one sitting, he was able to do this because they built up to this challenge and found different ways that he could overcome his fear like having a brown paper bag for breathing, having lemonade to quench his thirst, and having him memorize prayers because that brought peace to him. Some methods the therapist might've used to build up to the elevator ride would be knowing why Bill felt this way, having other people share their stories, watching videos about elevator safety in order to educate Bill that not all elevators are bad, and then finding the things that help him calm down. I think that a fear becomes a phobia that is in need of treatment when it seems to affect the way a person lives their everyday life. There are so many fears that are prevalent among humans typically because of the previous bad encounters one has had with them, whether they personally saw them happen, heard on the news about, or watched on television about them. For example, someone may have a fear of darkness because they heard a crime story about someone walking alone in a dark alley. They

could hear about spider bites or the ways that snakes have killed people and develop a fear. And they could hear about people falling off ladders and buildings and dying. Typically the prevalent fears are tied to pain or death. I think that certain phobias can be adaptive if they are practiced especially with someone else, not alone. I had a severe fear of heights but over the years of my dad sitting next to me on various roller coasters, I am no longer afraid of them. While I didn't have a phobia, I think that in order to get over the fear, you have to stare it down, push through and do it anyway.

## **Chapter Five**

25. The autonomic nervous system controls the involuntary functions like narrowing and widening of the blood vessels and your heart beat (Comer, J & R, 140). And the endocrine system has glands that make hormones, or chemical messengers that control energy levels, reproduction, growth and development, metabolism and responses to stress (Comer, J & R, 140-141). Both of these systems work together to respond to arousal, fear and danger. So when a person comes into arousal, fear or danger, the autonomic nervous system kicks in which increases heart rate and stimulates the glands. These glands include adrenaline that releases to regulate your blood pressure, metabolism and stress response (Comer, J & R, 141). Also in the endocrine system is the hypothalamus, pituitary glands and adrenal glands that release the fight-or-flight response in times of fear. Once the arousal, fear or danger are done, the autonomic nervous system works to bring your body back to its original state.

29. Dissociative disorders are often known to be mental illnesses that entail memory loss, lack of awareness and forgetfulness in one's identity (Comer, J & R, 157). With that in mind, there may be confusion with the difference between dissociative amnesia and dissociative fugue. First,

dissociative amnesia is a condition in which an individual will no longer remember important information about themselves. While this can be due to genetics, it also can come about from a traumatic event or stressful experience that one has had, whether they were sexually abused, served in a war, or lived through violence. They often try to repress these thoughts so that they not only forget the trauma but their personal information (Comer, J & R, 157-158). This is different from dissociative fugue, as dissociative fugue is where an individual will forget their identity but only temporarily. Typically, they create an alternate identity in their minds and may wander from home or appear to be distressed about who they are and what they have been through (Comer, J & R, 159). They are similar in the fact that they both forget or fail to remember who they are and things about themselves. They are different in that dissociative amnesia is typically permanent and where one forgets their personal information, and someone with dissociative fugue temporarily creates new identities for themselves.

30. There are three ways in which alternate personalities might interact in someone who is experiencing dissociative identity disorder. First, there are mutually amnesic relationships in which the subpersonalities have no awareness or clue that the others exist. For example, this could look like a person having 3 separate personality types and just shift from one to another without knowing about the others. Second, there are mutually cognizant patterns in which the other subpersonalities are aware of each of the other subpersonalities. For example, women often have 15 subpersonalities and men have 8; this type of alternate personality would look like shifting from one personality to the next but being familiar with your other personalities almost like they are friends. And finally, there are one-way amnesic relationships in which some of the subpersonalities know the others, but the awareness is not mutual or reciprocal. This last way is the most commonly found in dissociative identity disorder (Comer, J & R, 161-162). This looks

like knowing some of the personalities you have, but those personalities not knowing the same ones back.

39. Watching the video “PTSD Vietnam” was very tragic to see the experiences that so many soldiers have gone through, and in this case Dennis had gone through in Vietnam that he is still dealing with today. The simplest things trigger his PTSD and strike the same fear in him again that he had during the war. He shared about how if someone was hurt, there was nowhere to hide because you would be found and you would be killed. They saw really traumatic things like their friends being killed, weapons being used and just so much darkness. I believe there are many life experiences other than war that are likely to trigger PTSD. Some of these include being present during the loss of a loved one, having a tragic car accident, being in an abusive relationship, and having all your money stolen from you to name a few. In struggling with challenging crises, there are beneficial effects like being able to share wisdom with other people, learning more about yourself, learning more about the world, and building more perseverance for what comes next. Also a lot of challenging crises can bring about faith in people while they're searching for hope. I think finding beneficial effects really depends on the person and the people surrounding them when they go through a challenging crisis.