

Chapter 4

1. Generalized Anxiety Disorder is a type of abnormal anxiety that a person cannot control. It consists of the person always being worried and having constant anxiety, which must at least last six months to meet the criteria. Having GAD includes restlessness, uncontrolled fear and anxiety, muscle tension, and constant thoughts of worry or overthinking, which the person in the case study was experiencing. This led to the person being unable to sleep at night, unable to concentrate, and experiencing hyperventilation. Since he has been experiencing these symptoms for more than a year, he meets the requirements to be diagnosed with GAD.

2. What differentiates clinical and everyday fear and anxiety is the outcomes it has on a person. Every day, fear and anxiety motivate people to do better and not fail. They will not allow those thoughts to control them and find a solution. With clinical fear and anxiety, the person cannot think of a solution; they allow it to consume them and see no way out. Their thoughts are uncontrolled and persistent, which affects their daily life of living, and their physical and mental health. Another main criterion that significantly distinguishes clinical and everyday fear and anxiety is the length of these emotions. That is the first criteria that should stand out.

18. I have never experienced a panic attack, nor have I witnessed anyone who had one. I believe the best technique to perform during a panic attack is to try to control your breathing and find the nearest place to sit down. I used to think I had a phobia of rats, which is why I disliked taking the

train in NYC. But after watching the video defining phobias, I would say my fear of rats may be similar but not severe. I once had a nightmare when I encountered a rat, and I froze and passed out as it approached me. This nightmare felt so real that I woke up frightened, which awakened others in my household. I encountered a similar real-life situation while in the train station. Even though I was frozen at first, I was prepared to protect myself and quickly ran to a safer area. I don't think I will ever find a coping mechanism to help me with my phobias with rats. I try to find ways to avoid taking the train and stay alert.

22. In the video, both persons explain that their hoarding is a way of protection. Both have experienced something traumatic which led them to start being a hoarder. Bob was bullied as a child and used his hoarding as a way not to be seen. Leah's home has been robbed, and her father was murdered while being robbed. This led to Shirley finding protection in hoarding stuff since robbers would attempt to rob her because of her house condition. Both are terrified of losing these items since they would feel safe anymore. The characteristics they show are depression and obsessive-compulsive disorder. This disorder is challenging to treat because most hoarders have been dealing with this for years and usually don't seek help. They must accept and be willing to get rid of the stuff they hoard to change. So, accountability is the first step a hoarder must take for treatments to work.

Chapter 5

25. The autonomic nervous and endocrine systems work with the hypothalamus of our brain. So, when we experience fear or arousal, the hypothalamus alerts and send neurotransmitters to the ANS and endocrine system. The ANS is activated and aid in controlling our internal organs. The endocrine system also starts at the same time, in which it is responsible for releasing hormones that reach throughout our body via the bloodstream. Both systems activate our body's response via the para- and sympathetic nervous systems and the hypothalamic pituitary adrenal pathway. The parasympathetic and sympathetic nervous systems are responsible for the excitement and maintaining moderation of our heart when we are aroused. At the same time, the HPA pathway releases hormones that allow our body to react and cope when we encounter fear or arousal.

26. Acute stress disorder and PTSD are similar because they are both stress disorders, but they differ due to the timing they affect a person. The signs and symptoms of acute stress disorder occur immediately after a person has experienced something traumatic. A person would be considered to have acute stress disorder if their reaction to that event occurs within four weeks and lasts less than a month. Someone with PTSD they do not experience signs and symptoms directly. It can take a while after they have gone through a traumatic experience. Most of the time, something would trigger their PTSD.

29. Both dissociative amnesia and dissociative fugue are both dissociative disorders but differ since one is more severe than the other. Dissociative amnesia is when a person cannot remember important information and suffers from memory loss due to a traumatic experience. There are two types of dissociative amnesia, selective (remember some) and localized (complete memory

loss). Dissociative fugue is a more severe dissociative disorder. The person diagnosed with dissociative fugue does not recall their identity or their own past and constantly changes their location with a new identity.

38. Biology plays a significant role in why we understand psychology. Without biology, we would understand how the brain works and how the different body systems also aid in understanding the functioning and presence of disorders. Understanding and linking other theoretical perspectives of anxiety disorders is essential to know the suitable approaches and treatments for these disorders. Someone can have PTSD and experience it differently from someone who is also diagnosed with PTSD. Understanding the science behind PTSD can help show a connection to the behaviors we observe with someone with PTSD. This would aid with finding the best treatment that is created personally to assist each person.