

PSY342

Question 3

Cognitive theory of generalized anxiety disorders are strategies that are use to avoid more powerful negative disorders. It is suggested that generalized anxiety disorders may have its origin from earlier unspoken traumatic experiences.

Sociocultural is characterized by extreme and continuous fear of anxiety and avoidance of social structures in which a person could potentially be evaluated negatively by others, which often result in humiliation or embarrassment. These ongoing societal conditions are dangerous to the people who are faced with them.

Humanistic perspective focuses on the individual as a whole, it is a holistic approach that places significant emphases on the free will, self-actualization and self-efficacy of an individual

Psychodynamic perspective is believed to be a problem that developed during childhood. It focuses on helping people uncover their past trauma and innate conflicts, the emotional effects of these contribute to anxiety disorders.

Biological perspective-chemicals that act as neurotransmitters or messengers in the brain, send messages between different areas of the brain and are thought to influence one's mood and anxiety level. Symptoms such as panic attack, caused by an imbalance of one or more of these chemicals

Question 12

The four patterns of obsessive compulsive-related patterns of disorders based on repeated thoughts and activities.

Body dysmorphic disorder- a person who is preoccupied with a perceived flaw in his/her physical appearance, even though this flaw is either nonexistent or minutely noticeable to others. This preoccupied state of mind drives the person to engage in repetitive behaviors and mental actions in an effort to hide the offending body part.

Hoarding disorder- is evident in people who are unable to part with personal possessions regardless of how uselessness or valueless these possessions are. These sentimental attachment results in excessive accumulation of usually worthless items that clutter their living are.

Trichotillomania known as hair pulling disorder-In the case of the disorder, the hair is pulled from any part of the body repeatedly. The result of this hair pulling is often mistaken for hair loss.

Excoriation or skin picking disorder- is where a person has a compulsion to repeatedly pick their own skin in the areas of the eyebrows, lashes, scalp and other body parts, resulting in significant sores or wounds

Question 18

My first experience having a panic attack was riding on a train the first time after 9/11. For no apparent reason suddenly, I was having difficulty breathing, my heart was racing and I began to feel as though I would faint. I believed what helped me was the fact that I was sitting and maybe because there were about 7 passengers on the train. For years I continued to have these experiences and have since received treatment which includes deep breathing exercises, guiding imagery, and aroma therapy which have all been helpful in dealing with panic attacks.

I am afraid of anything that crawls and I am also afraid of heights. I have since tried to address my fear of flying but my main method of coping is to avoid window seats while flying and instead of looking down, I try to keep my eyes upwards. In the case of coping with crawling animals and insects, I leave the area or whenever shown on TV I would either change the channel or turn the television off.

Question 13

Carl Rogers, an American Psychologist believed that anxiety is developed when the person that he/she sees themselves as is contrary to whom they want to be, meaning that generalized anxiety disorders, stem from the inability of an adult to accept/embrace the person they have become. In so doing people refrain from viewing themselves honestly and acceptingly, this habitual self-judgmental behavior is an indication of generalized anxiety disorder He also highlighted childhood as a pivotal period of development, in that when subjected to harsh criticism and rigid standards imposed by those with whom they dwell, the child will prefer to adhere to these standards and criticisms to the detriment of their personal beliefs and desires. In his view, Carl Rogers suggested that giving people the primary role in treating their illness, creates self-awareness and self-acceptance.

Chapter 3

Question 33

A person who has direct experience an event that is potentially deadly and causes major injury, physically or mentally that resulted in trauma, is at high risk for PTSD.

A person who is continuously tormented by memories or dreams that are linked to traumatic events. Some other symptoms are experiencing flashbacks and becoming disturbed when faced with trauma-related events which may also be evident in physical reactions. Anyone who has one of these symptoms satisfies the criteria.

A person who constantly makes an effort to stay away from anything or anywhere that stimulates traumatic events.

The inability to forget vital elements that were present in traumatic events results in negative mood effects.

A person who exhibits an extreme shift in body language that speaks to an expectation of the reoccurrence of a traumatic event.

A person who experiences notable suffering with traumatic symptoms that last more than a month.

Outline the criteria for the diagnosis of dissociative identity disorder.

Question 36

A person whose identity is disarranged in that the self loses its wholeness is ruptured into multiple personalities. A person may be unable to explain what they are feeling, may think their thoughts are unreal, and may experience detachment from self.

A person whose memories become distorted resulting in an interruption in basic daily occurrences, Memory gaps that prevent the sequential flow that is required to remember important personal information. These mental deficiencies are not defined as basic modes of forgetfulness but are as a result of stressful or traumatic experiences such as natural disasters, combat or victim of violence.

A person whose mental disorder is so severe that it creates major disruptions to their acts of daily lives., the effects of this mental illness curtail their ability to function effectively.

A person whose symptom of this disorder is not dependable on the effects of substance use or medical conditions as contributing factors to its existence and manifestations.

Question 26

PTSD and Acute stress disorders are often used interchangeably but while there are some similarities, these two disorders are different in some ways. Acute stress disorder symptoms are evident instantly after the traumatic encounter, but the duration of these symptoms exists no longer than 30 days. On the other hand, Posttraumatic disorder symptoms may begin shortly after exposure of the traumatic event or months or years after. In the case of a child who experiences manageable stress throughout childhood, he/she remains clinically healthy when faced by future trauma. However, a child who experiences intense childhood stress and inadequate coping skills to deal with future traumatic events is at risk of suffering from PTSD. Although Acute stress disorder and PTSD are different the offset and time span, the symptoms of these two disorders are almost identical. Both of these disorders exhibit elevated arousal and guilt and emotional negativity. PTSD and acute stress disorder both experience reduction in alertness. Although both exercise self-restraints of post-traumatic events, they both re-experience past traumatic encounters.

Question 39

Natural disasters, terrorist attacks, sexual assaults including rape, battery, and incest, a physical or threatening attack that has the potential for death, childhood abuse, and automobile accidents are all life experiences that are highly likely to trigger posttraumatic stress disorder. In as much as there is numerous negativity that is birth from being a victim of a severely traumatic experience, I do believe that the likelihood of it creating a positive factor is possible. Growth and testimonial of change oftentimes are rooted in pain. In the case of a woman who happened to be a victim of sexual trauma, she decides to create awareness of the prevalence of sexual assault and become a voice for change. Speaking out about a traumatic experience is a sign of uttermost strength and growth. The benefit of this will be women's empowerment which potentially will lead to the reduction of this form of trauma base events and at the same time, it can lead to a decrease in posttraumatic stress disorders.

