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Question 1

Munchausen syndrome, also known as factitious disorder imposed on self, is a mental health condition in which a person feigns or exaggerates symptoms of illness or injury to gain attention, sympathy, or access to medical treatment. Individuals with Munchausen syndrome may go to great lengths to fake or induce symptoms, such as by deliberately causing infections, injecting themselves with harmful substances, or tampering with medical tests (Comer and Comer, 2019). They may also go from one doctor to another seeking treatment, and may even undergo unnecessary surgeries or procedures. The motivation for these behaviors is often a desire for attention or sympathy, or to assume the role of a "sick" person, which can provide a sense of control and relief from emotional distress.

One population that is at increased risk for Munchausen syndrome is individuals with a history of abuse, neglect, or trauma. The behavior of feigning illness or injury may be a way for these individuals to cope with difficult emotions or past experiences by assuming the role of a sick person and receiving attention and care (Comer and Comer, 2019). Another population at risk for Munchausen syndrome is individuals with a history of frequent hospitalizations or medical procedures. These individuals may become attached to the attention and care they receive from medical professionals and may seek out additional procedures or tests in order to continue receiving this attention (Comer and Comer, 2019). Munchausen syndrome is also more commonly diagnosed in women than in men, although the reasons for this are not entirely clear. Some experts suggest that women may be more likely to seek medical attention in general, or may feel greater societal pressure to maintain a certain level of health and well-being.

According to Comer and Comer (2019), the causes of Munchausen syndrome are not well understood, but there are several theories. One theory is that the behavior may be a way for individuals to cope with difficult emotions or past trauma, by taking on the role of a sick person and receiving attention and care. Another theory suggests that the behavior may be a form of self-punishment, as individuals with Munchausen syndrome may feel a sense of guilt or shame about their past actions or experiences.

Question 2

Conversion disorder and somatic symptom disorder are two mental health conditions that involve physical symptoms, but they have distinct differences. Conversion disorder, also known as functional neurological symptom disorder, is a condition where a person experiences neurological symptoms such as weakness, paralysis, or seizures without any underlying medical explanation (Comer and Comer, 2019). The symptoms are often sudden and severe, and the person may not be aware of the underlying psychological cause. Conversion disorder is believed to be a form of coping mechanism in response to stress or trauma (Comer and Comer, 2019). The symptoms can be distressing and can interfere with daily functioning. On the other hand, somatic symptom disorder is a condition where a person experiences physical symptoms that are disproportionate to any underlying medical explanation. The symptoms can be persistent and can cause significant distress and disruption to daily life. Unlike conversion disorder, the symptoms of somatic symptom disorder may not be sudden or severe but can persist for a longer period of time. Additionally, people with somatic symptom disorder are often preoccupied with their symptoms and may have excessive thoughts, feelings, or behaviors related to the symptoms.

Comer and Comer (2019) noted that one of the key differences between the two disorders is that conversion disorder involves neurological symptoms, while somatic symptom disorder involves physical symptoms that may not be related to the nervous system. Another difference is that in conversion disorder, the person may not be aware of the psychological cause of their symptoms, while in somatic symptom disorder, the person is often preoccupied with their symptoms and may be excessively worried about their health.

Treatment for both disorders typically involves a combination of psychological therapies and medication. Cognitive-behavioral therapy (CBT) and other forms of psychotherapy are effective for both conditions. However, the treatment approach may differ depending on the severity and duration of the symptoms. In some cases, medication such as antidepressants or anti-anxiety drugs may be prescribed to manage symptoms.

Question 4

Somatic symptom disorder (SSD) is a mental health condition characterized by the presence of physical symptoms that cause significant distress or impairment in daily functioning, despite a lack of medical explanation for these symptoms (Comer and Comer, 2019). There are two main patterns of SSD that individuals may experience, namely somatic symptom disorder with predominant pain and somatic symptom disorder with predominant non-pain somatic symptoms.

Somatic symptom disorder with predominant pain is characterized by persistent, severe pain that cannot be fully explained by medical conditions or physical injuries. Individuals with this pattern of SSD often report experiencing pain in multiple locations and may describe their

pain as burning, shooting, or stabbing (Comer and Comer, 2019). They may also have significant anxiety about the pain and its possible causes, and may frequently seek medical attention or overuse pain medications. In some cases, individuals with this type of SSD may have a history of traumatic experiences or physical injuries that contribute to the development of their pain symptoms.

Somatic symptom disorder with predominant non-pain somatic symptoms involves the persistent presence of physical symptoms such as gastrointestinal problems, fatigue, and neurological symptoms that cannot be fully explained by medical conditions or physical injuries (Comer and Comer, 2019). Individuals with this pattern of SSD may have multiple symptoms in different body systems and may be preoccupied with their symptoms or worry about the possibility of having a serious illness. They may also experience significant distress or impairment in daily functioning, and may frequently seek medical attention or undergo unnecessary medical testing in an attempt to find an explanation for their symptoms.

In both patterns of SSD, the symptoms are not intentionally fabricated or feigned and are not better explained by another mental disorder. Treatment for SSD may involve a combination of psychotherapy and medication and may aim to help individuals manage their symptoms, improve their quality of life, and reduce the impact of the disorder on their daily functioning.

Question 11

Relaxation training is a form of behavioral therapy that teaches individuals to manage stress and anxiety through various techniques that promote physical and mental relaxation (Comer and Comer, 2019). It involves practicing specific exercises or techniques to reduce

muscle tension, slow down breathing, and calm the mind, which can help reduce the physiological symptoms of stress and anxiety, such as increased heart rate and muscle tension.

There are several different techniques used in relaxation training, including progressive muscle relaxation, deep breathing exercises, visualization, and meditation (Comer and Comer, 2019). Progressive muscle relaxation involves tensing and relaxing different muscle groups in a specific sequence, while deep breathing exercises focus on slowing down and deepening the breath to promote relaxation. Visualization involves imagining a peaceful or calming scene, while meditation involves focusing on the present moment and clearing the mind of distracting thoughts.

According to Comer and Comer (2019), research has shown that relaxation training can be an effective treatment for a variety of mental health conditions, including anxiety, depression, and post-traumatic stress disorder (PTSD). Studies have found that relaxation training can reduce symptoms of anxiety and depression, improve sleep quality, and reduce physiological markers of stress, such as cortisol levels. Relaxation training has also been found to be effective in managing physical symptoms associated with certain medical conditions, such as chronic pain, irritable bowel syndrome (IBS), and hypertension. In one study, individuals with IBS who received relaxation training reported reduced severity of symptoms and improved quality of life compared to those who received standard medical treatment.

Question 18

Bulimia nervosa is a type of eating disorder that affects many individuals worldwide. It is characterized by episodes of binge eating followed by purging behaviors, such as vomiting,

using laxatives or diuretics, fasting, or excessive exercise. People with bulimia nervosa may experience a range of physical, emotional, and behavioral symptoms associated with their disorder (Comer and Comer, 2019). One of the most common behaviors displayed by those with bulimia nervosa is binge eating. During these episodes, individuals consume large amounts of food in a short period of time and feel a lack of control over their eating. Binge eating may be triggered by emotional distress, such as stress or anxiety (Comer and Comer, 2019). Following a binge episode, individuals with bulimia nervosa engage in purging behaviors to compensate for the calories consumed during the binge. These behaviors may include vomiting, using laxatives or diuretics, fasting, or excessive exercise.

Individuals with bulimia nervosa often have a distorted perception of their body shape and weight. They may place a strong emphasis on achieving a thin or ideal body type and engage in excessive exercise or dieting in an attempt to lose weight or control their body shape. This can lead to shame and guilt after a binge episode, which can be intense and overwhelming (Comer and Comer, 2019). People with bulimia nervosa may feel embarrassed or ashamed about their disorder and may attempt to conceal their behaviors from others.

Social withdrawal is also a common symptom associated with bulimia nervosa (Comer and Comer, 2019). Due to the shame and guilt associated with their disorder, individuals may withdraw from social activities and may avoid eating in public or with others. They may also experience feelings of isolation or loneliness. Mood changes, such as depression or anxiety, can occur as a result of their disorder. Individuals with bulimia nervosa may also have low self-esteem or negative self-talk, which can contribute to a sense of hopelessness or helplessness about their ability to overcome their disorder. Bulimia nervosa can have a range of physical

effects on the body. These may include dehydration, electrolyte imbalances, gastrointestinal problems, dental problems, and fatigue. These symptoms can be serious and potentially life-threatening if left untreated.

Question 19

Anorexia nervosa and bulimia nervosa are two of the most common eating disorders that affect individuals globally. Although these disorders share certain similarities, they are distinct from each other in terms of their symptoms, causes, and treatment approaches (Comer and Comer, 2019). One of the similarities between anorexia nervosa and bulimia nervosa is that both disorders are characterized by an intense fear of gaining weight. This leads to severe weight loss, malnutrition, and other physical health problems. Additionally, both anorexia nervosa and bulimia nervosa are psychiatric disorders that can significantly impact an individual's quality of life and lead to serious medical complications. They can also co-occur with other mental health conditions, such as depression, anxiety, and obsessive-compulsive disorder.

However, the two disorders differ significantly in their symptoms. People with anorexia nervosa tend to restrict their food intake, leading to significant weight loss. On the other hand, those with bulimia nervosa tend to engage in episodes of binge eating, followed by purging behaviors, such as self-induced vomiting, using laxatives or diuretics, or excessive exercise (Comer and Comer, 2019). Also, the physical symptoms associated with anorexia nervosa and bulimia nervosa are different. People with anorexia nervosa often exhibit a significant loss of body fat, muscle mass, and bone density, leading to osteoporosis and other health complications. In contrast, people with bulimia nervosa may maintain a relatively normal weight or even be overweight, despite their binge-purge cycles (Comer and Comer, 2019). The causes of anorexia

nervosa and bulimia nervosa are also different. Anorexia nervosa is often associated with a distorted body image, a desire for control, and a fear of growing up. In contrast, bulimia nervosa is often linked to a lack of impulse control, low self-esteem, and emotional dysregulation. These differences in the causes of the two disorders may explain why they present with distinct symptoms.

Question 23

Eating disorders are complex and serious mental health conditions that can be triggered and maintained by a variety of factors, including genetic, psychological, and environmental. Families, in particular, can play a crucial role in both the development and maintenance of eating disorders. Here are three key factors involved in this relationship (Comer and Comer, 2019). First, family dynamics and relationships can impact the development of eating disorders. Research suggests that family environments characterized by criticism, conflict, and a lack of emotional support can increase the risk of eating disorders. For example, parents who are overly concerned about their child's weight or appearance may inadvertently reinforce the idea that thinness is highly valued (Comer and Comer, 2019). Additionally, families that prioritize appearance and weight over other values, such as kindness or intelligence, may contribute to the development of disordered eating behaviors. On the other hand, families that promote open communication, acceptance, and emotional support may help protect against the development of eating disorders.

Second, family responses to eating disorder symptoms can influence the maintenance of the disorder. Family members may inadvertently enable or reinforce disordered behaviors by accommodating the person's eating disorder-related demands or by making excessive efforts to control their eating or exercise (Comer and Comer, 2019). For example, parents may prepare separate meals for the person with an eating disorder or avoid triggering topics, such as food or weight, in conversation. While these behaviors may come from a place of caring, they can actually reinforce the person's eating disorder and make it harder to recover. Conversely, family-based treatments, such as Family-Based Treatment (FBT), which aim to involve the family in the person's recovery process, can be effective in promoting long-term recovery.

Third, family genetics and biological factors may also contribute to the development of eating disorders. According to Comer and Comer (2019), research suggests that certain genetic variations may increase the risk of developing an eating disorder. Additionally, certain neurotransmitters and hormones, such as serotonin, dopamine, and cortisol, have been implicated in the development and maintenance of eating disorders. While genetics and biology are not directly modifiable, recognizing their role in the development of eating disorders can help reduce stigma and promote understanding of these complex conditions.

Question 30.

Bulimia nervosa and anorexia nervosa are two of the most commonly known eating disorders. Both of these conditions can cause severe physical and emotional damage to the individual experiencing them. Although they share certain similarities, there are distinct differences between these two eating disorders. In this essay, we will compare and contrast bulimia nervosa and anorexia nervosa (Comer and Comer, 2019). Anorexia nervosa is

characterized by the intense fear of gaining weight, a distorted body image, and extreme weight loss. Individuals with anorexia nervosa tend to limit their food intake, sometimes to the point of starvation. They may exercise excessively, and they might experience social withdrawal, anxiety, and depression. Conversely, bulimia nervosa is marked by episodes of binge eating followed by compensatory behaviors, such as vomiting, laxative use, or excessive exercise. People with bulimia nervosa may maintain a relatively normal body weight, but they may still be at risk of developing serious health complications.

Another important difference between these two conditions is their prevalence. Anorexia nervosa is more commonly diagnosed in females, whereas bulimia nervosa has a relatively equal prevalence in both males and females. Additionally, anorexia nervosa is more commonly diagnosed in adolescents and young adults, while bulimia nervosa is more often diagnosed in individuals in their late teens or early twenties (Comer and Comer, 2019). The psychological and physical consequences of these disorders also differ. Both conditions can result in serious physical complications such as heart problems, digestive issues, and hormonal imbalances. However, anorexia nervosa can lead to additional medical issues such as osteoporosis and amenorrhea (the absence of menstrual periods), whereas bulimia nervosa may result in dental problems and electrolyte imbalances (Comer and Comer, 2019). In terms of treatment, both bulimia nervosa and anorexia nervosa require professional help. Typically, treatment for these conditions involves a combination of psychological therapy, medication, and nutritional counseling. However, the specific treatment approach will vary depending on the individual's needs and the severity of their condition.

Reference

Ronald Comer and Jonathan Comer (2019). *Fundamentals of Abnormal Psychology* (9th Edition).
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