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Unit 4 essay

Due 3/21/2023

Chapter 8- Disorders featuring somatic symptoms

Q# 1- Factitious disorder is when a person feigns or induces physical symptoms, typically for the purpose of assuming the role of a sick person. Symptoms are they give themselves medications secretly. For example, some people would use laxatives to produce chronic diarrhea. Other signs and symptoms of this disorder are people who received extensive treatment for a medical problem as a child. Carry a grudge against the medical profession. People who have worked as a nurse, lab tech. Or medical aid.

Conversion Disorder is a disorder in which bodily symptoms affect voluntary motor and sensory functions, but the symptoms are inconsistent with known medical diseases.

People with this disorder have physical symptoms. For example they will have neurological symptoms like paralysis, blindness, loss of feeling. Conversion disorder usually begins between late childhood and young adulthood. Somatic Symptoms disorder is when people become excessively distressed, concerned, and anxious about bodily symptoms they are experiencing, and their lives are disproportionately disrupted by the symptoms. Somatic symptoms have no known cause in some cases, but in others the cause can be identified. Two patterns of somatic symptoms disorder, one is called somatization pattern. The person experiences a large varied number of bodily symptoms. The other pattern is called, predominant pain pattern, the person's primary bodily problem is the experience of pain

Q#4 -People with Illness anxiety disorder are chronically anxious about their health and are convinced that they have or are developing a serious medical illness. They repeatedly check their body for signs of illness and misinterpret various bodily events as signs of serious medical problems. The symptoms can begin at any age, it starts most often in early adulthood, among men and women in equal numbers. Their symptoms tend to rise and fall over the years. Doctors report seeing many cases, 5 percent of all patients may display these disorders. People with illness anxiety disorder usually receive treatment that is used to treat obsessive- compulsive disorder. For example, people with this disorder often improve when given the same antidepressant drugs that are helpful with people who have obsessive-compulsive disorder. Many people also improve with cognitive-behavioral approach of exposure and response prevention. Therapist repeatedly points out body variation to clients while, at the same time, preventing them from seeking their usual medical attention. Furthermore, therapists guide the clients to overcome and identify challenges and change their beliefs about illness that are helping maintain their disorder.

Q#5 Ulcers are lesions that form on the wall of the stomach or duodenum, resulting in burning sensation or pain in the stomach, vomiting, and stomach bleeding. Ulcers are often caused by an interaction of stress factors , such as environmental pressure or intense feelings of anger or anxiety. It can also be caused by bacteria H. Pylori. Asthma causes the respiratory airway to narrow, making it hard for air to pass to and from the lungs. The symptoms of asthma are shortness of breath, wheezing, coughing, and choking sensation. Most children or teenagers at the time, when they first experience an asthma attack. 70 percent of all cases appear to be caused by a stress factor, such as

environmental pressure/anxiety, allergies to specific substances , slow acting nervous system and weakened respiratory system. Insomnia is difficulty falling asleep or maintaining sleep. Factors that cause insomnia are high levels of anxiety/depression, overactive arousal system or certain medical ailments. Headaches are frequent intense aches of the head or neck that are caused by another physical disorder. Two types of headaches are muscle contraction or tension marked by pain at the back and front of the head or the back of the neck. These occur when the muscles surrounding the skull tighten, and narrow blood vessels. Migraine headaches are extremely severe, often nearly paralyzing headaches are located on one side of the head and are sometimes accompanied by dizziness, nausea, or vomiting. Chronic headaches are caused by stress factors, such as feelings of helplessness, anger, anxiety, or depression.

Psychological factors, such as abnormal activity of neurotransmitter serotonin, vascular problems, or muscle weakness. Hypertension is high abnormal blood pressure.

Constant stress , anger , depression, environmental danger, obesity, smoking, and poor kidney function can all cause hypertension. Coronary Heart disease is the blocking of the coronary arteries , the blood vessels that surround the heart, carry oxygen to the heart muscle. Blockage can cause a heart attack. High cholesterol levels, obesity, hypertension, smoking, lack of exercise , stress can all cause coronary heart disease.

Q#10- Relaxation training is psychological treatment used to treat physical illness.

Relaxation training is a treatment procedure that teaches clients to relax at will so they can calm themselves in stressful situations. Relaxation training is useful in the treatment of phobias and other anxiety disorders. Relaxation training can also be used with a combination of medications, especially used to treat high blood pressure. Furthermore,

it's also used to treat somatic symptoms, disorders, headaches, insomnia, asthma, diabetes pain, vascular disease, and the effects of cancer treatments. Biofeedback is another psychological treatment to treat physical treatment. Biofeedback is a technique in which a client is given information about physiological reactions as they occur and learns to control the reactions voluntarily. Therapists use electrical signals from the body to train people to control physiological processes such as heart rate or muscle tension. Clients are connected to a monitor that gives them continuous information about their bodily activities. Meditation is another form of psychological treatment to treat physical illness. Meditation has been practiced since ancient times. It's used to relieve physical distress. Meditation is a technique of turning one's concentration inward, achieving a slightly changed state of consciousness, and temporarily ignoring all stressors. Meditators go to a quiet place and allow their mind to turn away from all outside thoughts and concerns. Many people who meditate regularly report feeling more peaceful, engaged, and creative. I also agree with this statement, I had a friend who was always stressed out and anxious. Until one day she started to learn how to meditate and pray more, now she is relaxed, happier, and creative. Hypnosis is another form of treatment. People who undergo hypnosis are guided by a hypnotist into a sleeplike state. Then they are directed to act in unusual ways, feel unusual sensations, remember forgotten events. Hypnosis can be used to aid psychotherapy and treat many physical conditions. Cognitive- Behavioral interventions is another form of treatment. In this training therapist teaches people to identify and eventually rid themselves of unpleasant thoughts that keep emerging during pain episodes, and replace them with coping self statements instead. Support groups are another form of treatment.

Interventions are used to reduce physical illness and negative emotions. I think support groups can be very helpful showing people they aren't alone, and talking to people about their problems can help. Lastly, combination approaches are a way to combine interventions for physical problems. For example, relaxation and biofeedback are equally helpful in treatment of asthma, high blood pressure, and headaches.

CHAPTER 9

Q#4 - Brain circuits can contribute to the development of an eating disorder. The brain circuit is a network of particular brain structures that work together. They trigger each other into action to produce behavioral, cognitive, or emotional reactions. Research suggests that each circuit linked to generalized anxiety, obsessive compulsive, and depressive disorders acts dysfunctionally to some degree in people with eating disorders. The hypothalamus can contribute to eating disorders by regulating bodily functions. Lateral hypothalamus produces hunger when it is activated. Ventromedial hypothalamus reduces hunger when its activated. In the textbook they tested on rats with obesity. When the rats were injected with a substance that blocked the receptors from the hypothalamus, the rats doubled their food intake. Weight set point is a weight level that a person is predisposed to maintain, controlled in the part of the hypothalamus. This can contribute to eating disorders because people shut down their inner thermostat and control their eating. These people move towards being anorexia or binge eating.

Q# 5 Sociocultural pressure and factors that can set the stage for eating disorders are family environment, racial and ethnic differences, and gender differences. Family can play an important part in developing eating disorders. For example most mothers are

known for going on diets to get a perfect “body “. This can influence other family members like their children , and increase the likelihood of developing eating disorders. Especially if family members are known for making fun of people if they are eating too much, or starting to gain weight. This can force people into an eating disorder and worry about their body image. Racial and ethnic differences can influence eating disorders. For example, growing up I always saw super skinny asian or white women in magazines, and those were considered perfect bodies. I remember watching a tv on the TLC channel and young white teens would suffer from anorexia or bulimia, because they were trying to look like the women in magazines and maintain a thin body image. Gender differences can influence eating disorders. Society has created this image of thin appearance being the best appearance. Women are more affected by this than men. The ideal image for males are muscular , abs, and broad shoulders. For females, they have a thin appearance. Males are more likely to exercise and females are more likely to go on a diet. Dieting increases eating disorders. Highest rate of eating disorders in males are athletes. For other men it is body image just like it is in women.

Q#6 - There are 2 goals to treat eating disorders. First is to correct the dangerous eating pattern as quickly as possible(short term goal) . Second, address the psychological and situational factors that have led to eating disorders and help clients maintain a proper eating habit and proper weight gain(long term goal) . There are many treatment methods to help patients overcome anorexia nervosa. One treatment is called nutritional rehabilitation, this helps clients gain weight within weeks. Clinicians reward clients when they are eating more/ gaining weight. This will encourage clients to eat properly and get better. Supportive nursing care, nutritional counseling, and high calorie

count are all good approaches for nutritional rehabilitation. Motivational interviewing is another treatment program. It's a mixture of empathy and inquiring review to help motivate clients to recognize they have a serious eating problem and commit to making constructive choices and behavior changes. Cognitive-behavioral therapy interventions include treatment programs for anorexia nervosa. Clients are required to monitor their feelings, hunger levels, and food intake. They are taught to identify their main reason for their beliefs about being judged by their shape and weight. Also their ability to control these physical characteristics. Clients are also taught different strategies to cope with stress and problem solving. Therapists help clients recognize their need for independence and discipline. Family therapy is also helpful for the clients, family members can play a part in why people develop eating disorders.

Q#7- How well people recover from anorexia depends and varies from person to person. The positive outcomes are weight gain and continued treatment can last for years. Overtime people will show improvements such as weight gain, menstruate for females, etc. The negative possible outcomes are, some clients will seriously remain troubled for years. Recovery is not always permanent, people can slip back into their old habits. AT least one third of recovered clients have recurrence of anorexic behavior, new stressors can trigger is recurrence. People can still struggle about their image and weight. Some people will still restrict their diets and feel anxious when they eat with other people. Majority of people who suffer from anorexia continue to have psychological issues such as depression, obsessiveness, and social anxiety.