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Chapter 8

2. Conversion disorder is distinguished by physiological symptoms and how they impair a person's voluntary motor and sensory skills, yet the symptoms are inconsistent with established medical conditions. Voluntary motor functions are purposeful motions like standing, walking, running, and other movements produced by muscles in the arms, legs, and torso. Vision, hearing, touch, smell, and taste are examples of voluntary sensory functions. Somatic symptom disorder occurs when a person feels overly bothered, concerned, and nervous about physiological symptoms they are experiencing, causing their lives to be significantly and disproportionately affected.

Individuals with conversion disorder demonstrate motor and sensory impairment. A mood disease causes symptoms in the central nervous system, which raises concerns about mental stability. For example, paralysis, blindness, and loss of touch sensation are all central nerve symptoms that are not consistent with a known neurological or medical condition. There is a good risk that a person will be misdiagnosed with conversion disorder when they truly have a medical or neurological issue that was never discovered. Clinicians use the term "conversion" disorder because they believe patients are converting psychological needs or conflicts into neuro-like symptoms. The symptoms are also transient. Conversion disorder can occur in adolescence or early adulthood. It is more common in women and has an abrupt start at times of stress.

Individuals with somatic symptom disorder become unduly worried and nervous about symptoms they are experiencing. Somatic symptoms, in contrast to conversion disorder symptoms, remain longer, are less dramatic, and in some cases have no recognized explanation. Somatic symptom disorder is characterized by pain symptoms such as headaches, chest discomfort, and gastrointestinal symptoms such as nausea or diarrhea. People with SSD are focused with the bodily sensations they are experiencing. Being too preoccupied with physical sensations will create a disturbance in life. In comparison, both CD and SSD begin between adolescence and early adulthood.

4. Somatic symptom disorder occurs when a person is excessively upset, unduly concerned, and nervous about bodily symptoms they are experiencing and believes it is interfering with their lives. SSD results in two patterns: somatization pattern and predominant pain pattern.

Somatization occurs when a person suffers a variety of bodily symptoms. Their physical illnesses linger a long time and have no biological foundation. Briquet's syndrome was named after Pierre Briquet, who described this pattern. A person with this tendency will go from one doctor to the next in search of pain treatment. They tend to exaggerate symptoms while simultaneously suffering from anxiety and sadness. This tendency may be found in families as well as within women. Pain is the fundamental element of somatic symptom disorder, and it is recognized to be the predominant pain pattern. People with CD or SSD may have pain, although it is not considered primary. Pain is the most important element in the predominant pain pattern. It is not always possible to identify

the source of the pain. This pattern frequently happens following an accident or sickness in which the pain was severe. Age is not a factor; it can occur at any age, and women are more likely to be impacted.

6. Illness anxiety disorder is defined as a disorder in which a person is continuously anxious about and preoccupied with the idea that they have or are developing a major medical illness, despite the absence of somatic symptoms. This condition is also known as hypochondriasis. A person suffering from illness anxiety disorder continually checks their body to see if they are sick. Any slight abnormality, such as a common cold, cough, or sweating, may cause the individual to misunderstand what the doctor says and assume it is more dangerous.

The term "traditional psychophysiological disorder" refers to a condition in which biological, psychological, and social elements combine to create or worsen a physical sickness. This illness contains psychosocial components that influence other medical issues. Illness anxiety disorder differentiates from traditional psychophysiological disorders by the presence of medical symptoms and illnesses such as ulcers, asthma, migraines, and sleeplessness. These medical diseases are severe and can result in physical harm. In contrast, illness anxiety disorder is not accompanied with a major disease; rather, the individual obsesses over having or acquiring an illness when there are no or low somatic symptoms. I'd want to make another distinction, this time between psychological and physical differences.

8. Ulcers, asthma, and sleeplessness are some of the most frequent physical illnesses connected with traditional psychophysiological disorders. According to a new research study, there are various medical illnesses, such as bacterial and viral infections, that relate to and may be caused

by psychological and physical variables. An ulcer is a lesion, usually known as a hole, that occurs in the stomach or duodenal wall. An ulcer causes a burning sensation or discomfort in the stomach, as well as periodic vomiting and stomach bleeding. Ulcers are typically caused by stress factors such as high levels of stress, anger, or anxiety. The physiological component *H. pylori*, a bacterium, is also a factor in the development of ulcers. Asthma is another condition connected with psychophysiological disorders. Asthma is characterized by tracheal and bronchial narrowing, which causes shortness of breath, wheezing, coughing, and choking sensations. When the airway narrows, it becomes harder to transfer air to and from the lungs, making breathing difficult. This is what causes the wheezing and shortness of breath. Asthma can be triggered by environmental stress or anxiety, allergies to substances such as chemicals, dust, pollen, or a damaged respiratory system.

Chapter 9

18. Bulimia nervosa is a disorder characterized by repeated eating binges followed by forced vomiting or other excessive compensatory actions to prevent weight gain. This disease is sometimes referred to as binge-purge syndrome. Bulimia nervosa manifests itself as consuming an excessive amount of food during a meal. Included in this are repetitive actions such as forcing oneself to vomit, the use of laxatives, enemas, fasting, and intense exercise to prevent weight gain. These are experiences that occur repeatedly throughout time. According to reports, 90% to 95% of patients suffering from bulimia nervosa are females. It generally begins throughout adolescence or young adulthood, between the ages of 15-20, and can endure for years. According to global research, 25 to 50 percent of students binge eat or self-induced vomit. Weight normally stays within a normal range, but it does vary. Someone with this eating issue, in my opinion,

would be very thin and weak, yet they would become severely overweight. Most of the time, patients with bulimia nervosa can have up to three episodes each week while remaining it a secret from others. This eating issue appears to be common among college students.

23. A. About half of persons with eating disorders come from families that have a long history of prioritizing thinness, attractiveness, and dieting.

B. Interactions and modes of communication within a family that are abnormal. Enmeshed households nurture reliance; the child develops a disease to restore family harmony.

C. Mothers of people suffering from eating disorders are more likely to be dieters and perfectionists.

29. Anorexia nervosa is an eating disorder marked by unusually low body weight and a strong fear of gaining weight. Anorexics are obsessed with controlling their weight and form. They barely feed themselves, resulting in a body weight that is significantly lower than that of other persons their age and gender. Anorexia nervosa is related with medical complications. This is due to the constant hunger patterns that have established. The body uses reserves to provide the necessary basic energy. When the body depletes its reserves, it is unable to give nutrition to important organs and tissues. Organs and muscles will eventually shrink due to a lack of nourishment, culminating in organ failure. When blood flow is diminished and blood pressure falls, the heart weakens and shrinks. The body temperature dips, the heart rate slows, and bone density decreases. Other side effects of this eating habit include rough, dry, and cracked skin, brittle nails, and chilly hands and feet. These are some of the consequences of malnourishment.

30. Bulimia nervosa is an emotional eating disorder. It is characterized by body image distortion and an obsessive need to reduce weight, with phases of intense overeating followed by despair and self-induced regurgitating, purging, fasting, laxative and diuretic misuse, or excessive exercise. A large amount of food is devoured in a short period of time, which is frequently followed by emotions of guilt and shame. Anorexia nervosa is another emotional eating condition. It is distinguished by an obsession with losing weight by refusing to eat. In other words, they starve themselves to lose weight.

Anorexia nervosa, like bulimia nervosa, is an eating condition that causes patients to obsess about their weight. It is also associated with distorted body image and a fear of being overweight. This causes melancholy and anxiety. Both have emotional symptoms such low self-esteem and body image, impatience, agitation or mood fluctuations, social isolation, sadness, and anxiety. Bulimics, on the other hand, take an excessive amount of food in a short period of time, then purge or utilize other means such as laxatives, as previously indicated, to prevent weight gain. Anorexia significantly restricts food intake to lose weight via hunger.

34. The fact that Rick was striving to seek acceptance, in my opinion, was the most fundamental reason of his eating disorder. This implies that there was an underlying cause, which was poor self-esteem. This is most likely due to his early memories of being overweight and being teased about it. Women appear to have a more unfavorable attitude of their bodies in general. Weight is always a concern for women since some desire to conform to how society views weight, where being small is preferable. Some people desire to imitate what they see on television or on social media. Women who are skinny feel more beautiful. The healthcare system is a major social-cultural determinant of eating disorders. In terms of eating disorder therapy and intervention. I

believe it is critical to give nutritional support to persons suffering from eating disorders. More initiatives and education in households and schools are required to avoid childhood obesity.