

Nathaniel Muse

Unit 4 Essay Questions

Question #17 (Ch. 8)

I believe that Hayley's concern with her physical appearance stems from the rising standards set for women in terms of how their body should look. Hayley most likely believed that she wasn't good enough because she didn't feel like she met the standards that society placed on her. In reality, Hayley's body was completely normal and no different from other women her age, but because her mentality was so affected by outside influences, she fully believed that she had no other choice than to take drastic measures to change her physical appearance. Social media and advertisements likely played a major role in shaping Hayley's beliefs in her own body.

Females younger than eighteen should not be permitted to undergo surgery for breast augmentation because their brains aren't developed enough to make that decision, and their breasts are still developing, so surgery would interfere with the natural human growth process. I believe that this should be made by the parents and the doctor because they are all adults and can appropriately come to a decision using facts and logic.

Our self-worth is oftentimes dictated by factors that we can't control, factors that are outside that give us a perception of ourselves. Most of these stem from society and our peers, whether they are direct or indirect in how they influence us. Body image issues stem from low self-worth that often comes from society placing expectations on us that we unrealistically can't meet.

Question #4 (Ch. 8)

Somatic symptom disorder is a condition where the individual becomes increasingly obsessed with bodily symptoms they are experiencing, to the point where it actually interferes with their daily living. There are two patterns that emerge from somatic symptom disorder, the first is somatization pattern, and the second is predominant pain pattern. Both are manifestations of the same disorder, just in two different ways.

Somatization pattern is where individuals experience a wide range of physical ailments with typically no physical basis. An example of this is someone who recently lost a loved one, they may somatize their grief and sadness which can manifest itself through dizziness or fatigue. These somatizations are often long lasting and can fluctuate and reappear at random. Individuals will often seek help from professionals in order to fully remove their somatization from their lives. It is difficult to fully remove it without seeking professional help.

Predominant pain pattern is similar to somatization, but with this pattern the patient will experience full on pain, with the source being either known or unknown. It commonly develops after an accident or a condition that has caused severe pain, after which the pain will stay and continue despite the condition being resolved. The pain is often long lasting and will be severe enough to the point that it causes emotional distress and problems functioning.

Question # (Ch. 8)

Relaxation training is a blanket term for any physical relaxation that leads the individual to a state of mental relaxation. It can help treat various problems with the individual such as high blood pressure, pain, headaches, insomnia, vascular diseases, and the undesirable effects of cancer treatments. They can also be useful when treating stress that stems from medical illnesses, and treating phobias and any disorders that cause anxiety.

One example of relaxation training is teaching the client to purposefully tense and relax certain muscles one at a time, the end goal is to have the client's body be fully relaxed after all muscle groups have been relaxed. Another technique that helps calm the individual is guided meditation. I know this because my therapist has taught me this in order to calm me down when I am experiencing an anxiety attack and need to ground myself. The technique is to close your eyes and focus on your breaths and thoughts without giving your opinion on them, simply just looking at your thoughts from an objective perspective and letting them come and go within your mind.

Overall, relaxation training is used in order to teach the client techniques to ground themselves and return them to a peaceful state of mind when they are experiencing distress. It has often been used in combination with medications in order to fully ensure the client is on the path to mental stability and well being. The specific relaxation technique used with the client will vary depending on their needs and the situation they are in.

Question #13 (Ch. 8)

Biofeedback training is when a therapist utilizes electrical stimulation in the individual to allow them to control physiological processes in their body, examples include heart rate and muscle tension. It is basically a medicine approach that allows the individual to consciously change the way their bodies function for the better. It is a combination of mind and body, the ultimate goal is to improve the individual's health both physically and mentally. Some more examples of conditions that biofeedback alleviates are asthma, pain, and stuttering.

Biofeedback training is most commonly used with a device called an electromyograph, or EMG for short, it gives feedback based on the level of muscular tension within the body. It essentially visualizes muscle tension on a screen for the individual, by doing so they are able to recognize tension and control it voluntarily when they need to. The device does this because it is connected to a muscle that has electrical activity with tension, it will detect the electrical activity and project it onto a screen for the client. Over time, the client becomes more skilled at reducing muscle tension through visualization.

Question # (Ch. 8)

Individuals with conversion and somatic symptoms are often in denial, this is the reason as to why they largely reject professional help and only use it as a last resort treatment. It is often difficult to properly treat these individuals because they do not fully grasp the true extent of medical help they require in order to thrive. In order to properly treat these individuals, therapists have to focus on the cause of it, by finding the root cause, they are able to apply therapies that alleviate it. Another method of treatment is attempting to show the individual their fears and helping them get over them, which in turn will remove any physical symptoms they are experiencing.

Repeated exposure to the client's deep rooted trauma is another method of treatment, the goal is to get the patient so used to the event or thing that eventually they become less anxious when faced with it. Therapists may also resort to drugs to reduce anxiety and depression for these patients, because they often experience these things with their disorders. Educating the patients on their disorder and the causes of it is also a viable technique, it allows the therapist to be transparent and honest with the patient about their condition and what is required of them in order to improve their mental health.

Question #26 (Ch. 9)

Treatment for patients with anorexia nervosa are for the individual to regain the weight they lost, completely recover from malnourishment, and be able to consistently eat normally again. In order to achieve these goals, changes must be made physically and psychologically within the patient's life. The deeply rooted psychological problems within the individual must be overcome if they are to function normally and get rid of their anorexia once and for all. The best results of anorexia treatment are achieved when the patient receives a mix of different techniques with cognitive-behavioral therapy being in the middle of it all. It is a long process that often takes months or years to properly get right with the patient, it is even harder to get consistent results with a relapsing anorexic patient.

Studies show that the quicker an individual with anorexia nervosa gets treatment, the more likely they are to completely recover from their condition. Typically, when the therapist focuses on interactions with other people and specifically other family members, this causes the individual to have the most success in long term curbing of anorexia nervosa. Overall, the outlook for patients with anorexia nervosa is good as long as the proper treatment is enacted early and properly, the longer the eating disorder is allowed to take root within the patient's mind, the harder it will be to teach them a different style of living and eating.

Question #27 (Ch. 9)

Treatments for bulimia nervosa come in many different forms, some of the most common include cognitive-behavioral therapy, nutritional rehabilitation, various forms of psychotherapy, and antidepressant medications. Treatment for patients with bulimia nervosa is most successful when a variety of treatments tailored to the individual are used, and implemented correctly and within a timely manner to ensure adequate care.

Cognitive-behavioral therapy is used in order to get to the root of the eating disorder and ultimately cure it. Some ways that this type of therapy is used is by instructing the individual to keep a diary of their eating behavior, it documents changes in hunger and their feelings towards the disorder and themselves as a whole. It allows the person to take an objective look at their patterns and recognize both good and bad progress. It allows the person to feel good about themselves when they see progress, and lets them know that it is okay to have setbacks. Ultimately, cognitive-behavioral therapy wants to make the patient recognize their behaviors so that they feel the need to change.

Other forms of therapy are used when cognitive-behavioral therapy is unsuccessful, for example, antidepressants have been shown to help a good portion of individuals with bulimia nervosa. Medications are not used as a first line against the disorder, rather a backup plan when all else fails. Other forms of psychotherapy are often resorted to when all else fails as well, such as changes within family dynamics and improvements to interpersonal functioning.

Question #22 (Ch. 9)

Due to the increased standards of beauty for individuals in Western society, especially women, it is reasonable to assume that societal standards and pressures are partly to blame for the drastic rise in eating disorders. Three major points that outline causes for a rise in obsession with thinness include gender differences, racial and ethnic differences, and family environment.

Gender differences outline how females are disproportionately affected by eating disorders, as they take up the majority of the individuals in the United States with an eating disorder. However, it is important to note that the methods in which females and males tend to lose weight is much different, while males are more likely to exercise in order to lose weight, females are more prone to purging and bingeing habits in order to lose weight, which explains why they have a higher prevalence of eating disorders.

Family environment can also affect the development of an eating disorder, family members can set unrealistic beauty standards for each other that feed into the development of an eating disorder. When a person in a family believes they are inferior due to the beauty standards their family can set on them, oftentimes they develop an eating disorder as a response in order to feel complete and worthy of their family's love.

Lastly, racial and ethnic differences can contribute to an individual developing an eating disorder. Certain cultures and races are more prone to developing eating disorders, we see this with American culture as it is very common for young females

obsessed with white culture to develop an ED because it has set an unrealistic beauty standard for them.

Question #33 (Ch. 9)

David's anorexia can stem from many different sources, however, I personally believe that it stems from deeply rooted childhood experiences that shape how he views his body. He may have been bullied as a child, and therefore he believes that he must stay underweight as a coping mechanism. His anorexia may also stem from fear of gaining weight that was developed from a traumatic event in his life. It is incredibly common for an individual to develop eating disorders as a result of trauma or PTSD, David likely experienced something in his life that drastically altered his view of the world and himself.

Incidences of eating disorders have significantly increased in the last fifty years due to rapidly changing beauty standards, specifically towards females. Females often come under scrutiny for their body directly and indirectly, this practice has increased dramatically in recent years because the beauty standards have become more and more unrealistic. Social media also plays a part in eating disorders, females often see other women with near perfect bodies and develop insecurities that stem from not feeling enough and they start to believe they must take drastic measures to achieve it. Although females experience the most eating disorders men are also prone to developing them even if they are not as common. Men still feel the pressure from society as well, we can see this in David's situation because he still develops anorexia despite being a male.

Question #34 (Ch. 9)

The causes of Rick's eating disorder stem from the bullying he received as a child through school and as an adult at his workplace. He would often be called names and be labeled as the fat kid growing up, so this took a toll on his mental health because he always believed he was not good enough and that he needed to take action against his body for his perceived mistakes. This self image was further cemented by his ex coworkers who tormented him for being overweight, these two points in Rick's life are the most influential in his habit of purging food from his stomach.

I believe that females are more vulnerable to eating disorders than males because they come under more scrutiny for their body than men do, generally speaking. Females have higher expectations to have perfect hourglass shaped bodies than males, the beauty standard for women is much more demanding than what males experience.

There are definitely important social-cultural determinants that drive eating disorders. Some cultures, and this puts a lot of pressure on the individuals within that culture and especially females. For example, in the United States there are approximately 30 million people who suffer from eating disorders, much of this can be attributed to our society's unrealistically high beauty standards for females. We often see female advertisements where the body is near perfect and this sets unrealistic expectations on females to achieve that perfect body. Eating disorders

often stem from social and cultural aspects that push the individual to take drastic measures against their bodies.