

Jade Budhai

Unit 5

Due 4/4/23

Chapter 10 & 11

Chapter 10- Substance Use and Addictive Disorders

Q#1 - substance use disorders is a pattern of long-term maladaptive behaviors and reactions brought about by repeated use of substances. People with substance use disorders may come to crave a particular substance and rely on it excessively, resulting in damage to their family, social relationships, poor functioning at work, and/or danger to themselves. In many situations people become dependent on the substance, overtime they develop tolerance and experience withdrawal reactions. For example, when I was a freshman at Cuny hunter college, one of my classmates used to suffer from alcohol use disorder. He was a heavy alcoholic, it destroyed his marriage, family, and friends. He even lost his job for coming to work drunk and ended up being broke. Until one of his friends got him help and at that time, he was 2 years sober and started to get his life back on track. The substances people misuse fall into several categories such as depressants, stimulants, hallucinations, and cannabis.

Q#2 -Alcohol beverages contain ethyl alcohol. This is quickly absorbed into the blood through the lining of the stomach and intestine. Ethyl alcohol is carried to the bloodstream to the central nervous system, where it acts to depress, or slow functioning by binding to various neurons, Ethyl alcohol binds to the GABA neurotransmitter. Once it binds to the neurotransmitter it shuts down the neurons, which makes people relax. Ethyl Alcohol depresses the area of the brain that controls judgment and inhibition. This

makes people more talkative, looser, and more friendly. Some people become highly emotional, loud, and aggressive. The more a person consumes alcohol, the more motor difficulties the person will experience. They will have blurred vision, unsteady when they stand/walk, and trouble hearing. Misuse of alcohol can cause damage to a person's physical health. Alcohol overworks the liver and people can develop cirrhosis. Alcohol can also damage other vital organs such as the heart, immune system, stomach etc. It can lower the immune system to fight bacteria, cancer, and AIDS. Alcohol can suppress your appetite, Chronic drinkers can become malnourished, weak, and have an increased risk of disease. Women who are pregnant who consumes alcohol can develop fetal alcohol syndrome.

Q#3- Barbiturates are addictive sedative-hypnotic drugs that reduce anxiety and help people sleep. Benzodiazepines is the most common group of antianxiety drugs. Both drugs are considered sedative-hypnotic drugs, they produce relaxation and drowsiness. Barbiturates produce relaxation by binding to receptors on the neurons that receive GABA and increase its activity. Benzodiazepines Relieves anxiety without making people drowsy and it's less likely to cause death/overdose. High doses can cause intoxication and lead to sedative hypnotic use disorder. This can make people crave for drugs, tolerance effects, and withdrawal reactions.

Q#4- Opioids include opium which is derived from the opium poppy plant. Heroin, morphine, and codeine all derived from opium. They are all used to reduce physical and emotional pain and doctors noticed that these drugs can be addictive. Morphine was discovered in 1804 and was used during the civil war for wounded soldiers. After a while the soldiers became addicted to morphine. Then morphine was converted into another

pain reliever, heroin. For many years heroin was used as a wonder drug, used as cough medicine & other medical purposes. Eventually doctors discovered that heroin is even more addictive than other opioids. In 1917 the government concluded that all drugs derived from opium are addictive and passed a law-making opioid illegal except for medical purposes. Today morphine, codeine, and oxycodone are used for medical purposes to relieve pain. Heroin is illegal in all circumstances. Most opioids are smoked, inhaled, snorted, injected, or in a pill form. Opioids make you have a “high” sensation, feel relaxed, or even happy. They create these effects by depressing the central nervous system, especially the center that helps control emotions.

An example of opioid use disorders is heroin. Heroin becomes the center of their lives. Eventually they build tolerance and experience withdrawal reactions once they stop taking it. Heroin is so addictive that users spend most of their time planning their next dose, participating in criminal activities such as theft, prostitution to support their habit. The danger of opioid use is overdose which depresses/ or closes the respiratory center in the brain, almost paralyzing breathing and causing death. Heroin users are also at risk for infections such as AIDS, Hepatitis, and skin abscess from using dirty needles.

Chapter 11 - Sexual Disorders and Gender Variations

Q#3 - The possible cause of erectile disorders results from an interaction of biological, psychological, and sociocultural processes. Biological causes are hormonal imbalances that can cause male hypoactive sexual desire disorder and can produce erectile disorders. Vascular problems, any condition that reduces blood flow into the penis, such as heart disease, clogging of the arteries can lead to erectile dysfunction. Diabetes,

spinal cord injuries, multiple sclerosis, and kidney failure/dialysis treatment that cause nervous system damage can cause erectile dysfunction as well. Psychological causes are men who struggle with depression. William Masters and Virginia Johnson developed a cognitive-behavioral theory for erectile disorder. They explained that when men have erectile issues, they develop performance anxiety and spectator roles. Performance anxiety is fear of performing inadequately and related tension that are experienced during sex. Spectator role is the state of mind that some people experience during sex, focusing on their sexual performance to such an extent that their performance and their enjoyment are reduced. The original cause of erectile failure is less important than fear of failure. Sociocultural causes such as men who lost their job, and under financial stress can cause erectile dysfunction.

Q#6 - Most sexual dysfunction is labeled by physical discomfort during intercourse. For example, Genito-pelvic pain/penetration disorder. This disorder is much more common in women. The muscles around the outer third of the vagina involuntarily contract prevent entry of the penis. This can prevent couples from having intercourse also known as vaginismus. Many women with vaginismus have strong sex drive, have orgasm with stimulation of the clitoris, the only issue is they fear discomfort with penetration of the vagina. Most women with this disorder have a learned fear response. Their expectation is that intercourse will be painful and damaging. Some women have this disorder because of an infection of the vagina, urinary tract, Herpes, or physical effects of menopause. Medical treatment can help overcome these conditions. Other women with this disorder don't have involuntary contractions of their vaginal muscles, but they do experience severe vaginal or pelvic pain during sexual interactions, a pattern known as

dyspareunia (painful mating Greek word). Women with dyspareunia enjoy sex and get aroused but have a limited sex life due to the pain during intercourse. Furthermore, women with Genito-pelvic pain/penetration have physical causes. Common injury is childbirth, according to the textbook. 16 percent of women have severe vaginal pain or pelvic pain during intercourse up to a year after childbirth.

Q#8 347-55 list describe & explain various paraphilic disorder

Paraphilias are patterns in which people repeatedly have intense sexual urges or fantasies or display sexual behaviors that involve objects or situations outside the usual sexual norms. Fetishistic disorder is a common paraphilic disorder. Recurrent intense sexual urges, sexual fantasies/behavior that involve the use of a nonliving object or nongenital body part. This disorder is more common in men, this begins in adolescence. Anything can be fetish for example, women's underwear, shoes, and boots. Some people will steal to collect their desired objects. These objects may be touched, smell, worn, or used in some other way while the person is used for personal pleasure.

Researchers can't find out the causes of this disorder. Psychodynamic theorists view fetishes as a defense mechanism that helps people avoid the anxiety produced by normal sexual contact. There hasn't been an effective treatment for this problem.

Transvestic disorder is a recurrent feeling and intense sexual arousal from dressing in clothes of the opposite gender. Arousal expressed through fantasies, urges or behaviors. Typical person with this disorder is a heterosexual male, begins cross dressing in childhood or adolescence. Males will paint their image as masculinity in everyday life, but when he is alone, they will cross dress. This disorder is confused with transgender-feelings and behaviors. They are two separate patterns that overlap only in

some individuals. Theorists view transvestic arousal and behavior as learned responses through classical conditioning. Early sexual experiences occur due to curiosity, playfulness, or like wearing attire of the other gender. Exhibitionistic disorder experiences recurrent and intense sexual arousal from exposing his genitals to an unsuspecting individual, arousal reflected by fantasies, urges, or behaviors. The person would rather provoke shock or surprise rather than initiate sexual activity with the victim. This disorder begins before the age of 18 and is usually found among men. Study suggested that people with this disorder are typically immature in their dealing with the opposite sex and have difficulty with interpersonal relationships. This disorder occurs with men who are married, divorced, or those unsatisfied with their wife's sexual relations. The urge to exhibit occurs stronger when the person has free time or under stress. People with this disorder are known to have a possessive mother they are close with or issues with their masculinity. Voyeuristic Disorder are people with recurrent experiences and intense sexual arousal from observing an unsuspecting individual who is naked, disrobing or engaging in sexual activity. This disorder usually begins before the age of 15 and tends to persist. A person with this disorder may masturbate while watching without the person knowing they are being watched. People with this disorder get off on people's vulnerability and humiliation. This disorder is marked by repeated invasion of other people's privacy. Some people are unable to have normal sexual relations, and some have a normal sex life apart from their disorder. Clinicians believe that people with this disorder gain power over others because they feel inadequate or sexually/socially shy. Frotteuristic Disorder is when a person with intense sexual arousal from touching or rubbing against a non-consenting person. This is usually committed in a crowded place.

like a subway or busy sidewalks. This disorder is common in males, rubbing his genitals against the victims' thighs or buttocks, or touching their breasts with their hands. Most men fantasize during the act. This usually begins in the teenage years or earlier. After the age of 25 they gradually decrease. Pedophilic disorder experience sexual arousal from children. This is expressed through fantasies, urges and behavior. Some people are satisfied with child porn or children underwear ads. Also, some are driven to watch, touch or engage in sexual intercourse with children. Other people with this disorder are attracted to only children or children and adults. Both boys and girls can be pedophile victims. People with disorders usually develop this behavior during adolescence. Some were sexually abused as a child, neglected, harshly punished, or deprived of close relationships during childhood. People with this disorder have distorted thinking. For example, they think it's ok to have sex with children if they agree. Treatment options are aversion therapy, masturbatory satiation, cognitive behavior therapy, and antiandrogen drugs. Sexual sadism disorder is usually male, intensely sexually aroused by the physical or psychological suffering of another individual. This arousal is expressed through fantasies, urges, or behaviors. Common behaviors are strangling, killing, cutting, mutilating, restraining, blindfolding, and dominating. Theorists believe that people with this disorder inflict pain to achieve a sense of power or control. The power turns into sexual arousal. Treatment options are aversion therapy.

Q#1 - Sexual dysfunction are disorders in which people cannot respond normally in key areas of sexual functioning that make it difficult or impossible to enjoy sexual intercourse. Sexual dysfunction causes stress, sexual frustration, guilt, low self-esteem, and interpersonal problems. The human sexual response has 4 phase cycles: Desire,

excitement, orgasm, resolution. Sexual dysfunction affects one or more of the first three phases. Resolution is simply relaxation and reduction in arousal that follow orgasm. The desire phase of the sexual response cycle consists of: Interest in or urge to have sex, sexual attraction to others, and for many people sexual fantasies. Two dysfunctions affect the desire phase are male hypoactive sexual desire disorder and female sexual interest/arousal disorder. This latter disorder cuts across both desire and excitement phases of the sexual response cycle.