

Autumn Nash

Dr. Stephen Maret

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1. Positive symptoms of schizophrenia are experiences that go past the normal experiences of typical people. Positive symptoms refer to the presence of something that is not usually present in an average person (Comer, J &R, page 365). These symptoms usually show that there is an excess or distortion of normal functions and may look like hallucinations, delusions, disorganized speech or behavior, and inappropriate affect. First, hallucinations are experiences one perceives to be happening that are not real, but feel very real to the person experiencing them. Auditory hallucinations are the most common type of hallucinations in schizophrenia where an individual feels they are hearing things. However, people with schizophrenia may also experience other types of hallucinations including visual, sight, touch and so on (Comer, J &R, page 366-367). Second, delusions are false beliefs that a person holds despite what evidence shows to be contrary. Paranoid delusions are the most common type of delusions in schizophrenia. These delusions mean that one has a belief that someone is out to get them or harm them in some way (Comer, J &R, page 365). Other types of delusions may involve control or persecution. Third, disorganized thinking, speech or behavior refers to the difficulty that people with schizophrenia may have in organizing their thoughts, speech, or actions. This can make it difficult for them to communicate effectively with others or perform normal everyday

tasks. Disorganized speech may include derailment or loose associations, in which the person's speech jumps from one unrelated topic to another. Disorganized behavior may include inappropriate emotional responses or lack of emotional expression (Comer, J &R, page 366). And fourth, a positive symptom of schizophrenia are inappropriate affects which refers to unusual movements or behaviors that are not typical of normal behavior in certain situations (Comer, J &R, page 368). This may include showing unusual or bizarre gestures or facial expressions like smiling at a funeral.

6. From a cognitive point of view, the initial strange and unreal sensations experienced by the person could be interpreted as the result of cognitive biases or distortions, such as misperceptions, misinterpretations, and false beliefs (Comer, J &R, page 375). These biases might lead the person to engage in further cognitive and behavioral processes that stretch their symptoms and eventually contribute and lead to them developing schizophrenia. For example, the person may start to engage in cognitive processes such as worry in order to try and make sense of their unusual experiences. This may lead to increased anxiety and stress, which in turn can cause further cognitive distortions and even perceptual disturbances. These cognitive and emotional processes can then feed into each other in a vicious cycle, leading to a decline in their mental health and the development of the full-blown illness. In addition, the person may also start to engage in behavioral processes that are influenced by their cognitive biases and distortions (Comer, J &R, page 376). For instance, they may start to avoid situations or people that they associate with their strange sensations, or they may engage in compulsive behaviors in an attempt to alleviate their anxiety. These behaviors can reinforce the person's cognitive biases and make it more difficult for them to overcome their symptoms. The development of

schizophrenia from this point on would likely involve a complex interplay between cognitive biases and distortions, emotional and behavioral responses, and biological factors (Comer, J &R, page 376).

12. Work can be extremely important for individuals with schizophrenia because it provides a sense of purpose, structure, and routine, as well as a means of financial support and social connection (Comer, J &R, page 391). However, finding and maintaining employment can be challenging for people with schizophrenia due to symptoms such as cognitive difficulties, social isolation, and stigma. Research has shown that people with schizophrenia are most likely to be successful in employment that is part-time, low-stress, and involves limited social interaction (Comer, J &R, page 391). Examples of such jobs may include data entry, assembly work, or janitorial work. These jobs can be particularly helpful because they provide a structured routine, a clear set of tasks to complete, and minimal social demands. Several treatment approaches have been developed to support people with schizophrenia in finding and maintaining employment. One approach is called supported employment which helps people with mental illness find and maintain competitive employment (Comer, J &R, page 391). This involves providing individualized job counseling, skills training, and ongoing support in the workplace. This approach has been found to be more effective than traditional vocational rehabilitation programs. Other approaches may include vocational rehabilitation programs that focus on building skills and providing job coaching, as well as programs that provide job accommodations and support in the workplace, such as job coaches or mental health specialists. Working allows those with schizophrenia to gain independence and self-respect.

19. Antipsychotic medication has changed the way that schizophrenia is treated as well as other mental disorders. The changes that we see in the video is that the symptoms of schizophrenia seem to subside and decline when on medication. The delusions, hallucinations, distorted speech, and inappropriate affect are decreased. In the video we watch as just 4 weeks after drug therapy, Augustine is living in reality and able to communicate more effectively. And often we see these changes work when patients with mental disorders begin drug therapy. However I do not think it is always the answer. I do think that drug therapy in treating psychotic patients is a problem in our country today as oftentimes people are prescribed medication very quickly without long-term observation from a doctor to know if that is the best course for that person. And then people become completely dependent on the medication instead of finding other forms of therapy that are long-term and not temporary or based on if they are on or off the drug. I do think that Augustine's experience with antipsychotic drugs is realistic as you can tell he has a strong mental disorder that truly affects his interactions, speech, behaviors, and thoughts. His mind was non-stop with intrusive thoughts and he had unrealistic dreams and goals. But after the drug therapy, he was more rational. I also think it is typical because many people who go on drugs for mental disorders find positive effects from it. But it does not mean it's always the best answer.

24. The "odd/eccentric" and the "dramatic" personality disorders are two of the three clusters of personality disorders in the DSM-5 we read about in chapter 13. The main difference between these two clusters lies in the symptoms individuals have. The "odd/eccentric" cluster includes paranoid, schizoid, and schizotypal personality disorders. These individuals are typically characterized by odd, eccentric behavior and social isolation (Comer, J &R, page 399). They often have difficulty with interpersonal relationships, struggle to express emotions, and tend to

have a limited range of emotional expression. Paranoid individuals tend to be suspicious and distrustful of others, schizoid individuals tend to be indifferent to social relationships, and schizotypal individuals tend to have unusual beliefs and experiences (Comer, J &R, page 400). On the contrary, the "dramatic" cluster includes antisocial, borderline, histrionic, and narcissistic personality disorders (Comer, J &R, page 405). These individuals are typically characterized by dramatic, emotional, or erratic behavior. They often have difficulty regulating their emotions, impulsivity, and tend to have unstable relationships. Antisocial individuals tend to have a disregard for others and violate social norms, borderline individuals tend to have intense and unstable emotions, histrionic individuals tend to be attention-seeking and emotionally shallow, and narcissistic individuals tend to have a grandiose sense of self-importance and lack empathy for others (Comer, J &R, page 405). While both clusters of personality disorders can lead to significant impairment in a person's life, the "odd/eccentric" cluster is characterized by social isolation and odd behavior, while the "dramatic" cluster is characterized by emotional instability and impulsivity.

26. Antisocial Personality Disorder is a personality disorder characterized by a disregard for the rights of others, a lack of empathy, and a pattern of violating social norms and laws (Comer, J &R, page 405). Individuals with antisocial personality disorder often engage in impulsive, irresponsible, and reckless behaviors, and may have a history of childhood conduct disorder or juvenile delinquency (Comer, J &R, page 407). They may also display a superficial charm and be manipulative in their relationships with others (Comer, J &R, page 406). Other behavior patterns associated with antisocial personality disorder include a lack of remorse or guilt for their actions, consistent lying and deceit, impulsivity and aggression, and a tendency to violate the law

and disregard the safety and well-being of themselves and others (Comer, J &R, page 406). They may also display a lack of concern for social norms and expectations, such as respecting authority or following rules. Treatment for individuals with antisocial personality disorder can be challenging, as they may be resistant to therapy and lack the motivation to change their behavior (Comer, J &R, page 409). However, some approaches that have shown promise include therapy and some medications, such as mood stabilizers and antipsychotics, may be used to treat specific symptoms of antisocial personality disorder, such as impulsivity and aggression. However, there is no known cure for this disorder, and long-term outcomes for individuals with this disorder can be poor (Comer, J &R, page 410).

28. From a psychodynamic perspective, histrionic and narcissistic personality disorders are thought to arise from unresolved conflicts during childhood (Comer, J &R, page 416). According to this theory, individuals with histrionic personality disorder may have experienced neglect, rejection, or trauma during childhood that has led them to seek constant attention and validation from others as adults (Comer, J &R, page 416). On the other hand, individuals with narcissistic personality disorder may have experienced excessive pampering or praise during childhood, leading to an overinflated sense of self-importance and entitlement in adulthood (Comer, J &R, page 418). Psychodynamic therapy focuses on helping individuals identify and process these unresolved conflicts, allowing them to develop healthier coping mechanisms and a more realistic self-concept. From a cognitive perspective, histrionic and narcissistic personality disorders may be seen as a result of maladaptive thinking patterns and cognitive distortions. Individuals with histrionic personality disorder may engage in black-and-white thinking, in which they see others as either completely good or completely bad, and may engage in attention-seeking behaviors to

gain validation and acceptance (Comer, J &R, page 417). Individuals with narcissistic personality disorder may engage in cognitive distortions such as grandiosity, in which they see themselves as superior to others, and entitlement, in which they believe they deserve special treatment or privileges (Comer, J &R, page 419). Cognitive therapy aims to help individuals identify and challenge these maladaptive thought patterns, leading to a more balanced and realistic view of themselves and others.

32. Selfies are self-portraits that people take using their smartphones or other digital devices using their front cameras and are typically shared on social media platforms. While taking selfies is a common behavior among many people, especially the youth, it does not necessarily indicate narcissism or a pathological preoccupation with one's own appearance or self-worth. However, some studies have suggested that excessive selfie-taking and sharing may be linked to narcissistic tendencies. For example, many people view themselves as superior to the rest and taking and posting selfies leads them to editing them before sharing them on social media to keep this idea of perfection. People who engage in excessive selfie-taking may be more likely to exhibit attention-seeking behavior and seek validation and approval from others. This does not mean that taking selfies is always a negative behavior, it just becomes problematic when it begins to interfere with an individual's daily functioning or relationships.