

Giselle Flores

Dr. Stephen Maret

PSY342: Abnormal Psychology

2 November 2019

Chapter 10, Question 5

MDMA - Ecstasy, is known as “the club” drug. With reference to Comer, it really made an appearance as early as 1910. Many people take it for its pleasurable and invigorating effects. Those who take ecstasy say that it makes them feel present and gives them energy to keep partying. Many people go to raves, clubs and parties because they want to have fun. Ecstasy ensures that they would have a good time.

People seek the pleasurable highs of ecstasy, but many do not know of the side effects it produces. One of the dangerous side effects is that it causes paranoid thinking. This is usually because of the hallucinations a person typically experiences under the influence of ecstasy. Another side effect is blurred vision, nausea or chills (Comer, 2016). Lastly, another side effect is the possibility of a heat stroke. Those who have taken ecstasy are under the possible danger of a heat stroke because it causes a decrease in sweat production. Comer mentions that people try to make up for this by drinking lots of water. Instead of helping, this only leads to another potential risk of water intoxication (2016).

An important question is, “how does MDMA affect the brain?” With reference to Comer, ecstasy causes the brain to release neurotransmitters, dopamine and serotonin at the same time. The first effect is that it increases the neurotransmitters in the brain and then it decreases. As a

result, ecstasy also affects the nerve cells that release serotonin. This then results in depressed moods, low energy, and poor memory.

Giselle Flores

Dr. Stephen Maret

PSY342: Abnormal Psychology

2 November 2019

Chapter 10, Question 11

Drug abuse is often one of the most frowned upon things in society. Typically, when someone brings up a person with drug abuse problems, many bad criticisms are made about them. The sad reality is that there is a large number of people who struggle with drug abuse. This is not only something that affects the male population, but also the female population. The bad misconception that many people have today is that drug abuse affects both genders in the same way; but it does not.

People engage in drug abuse for different reasons. The way in which these people are treated is crucial for their recovery and their ability to remain sober. It is for this reason that culture- and gender-sensitive programs are increasing. Many people who engage in drug abuse have been affected by their culture or present circumstances. For example, many drug abusers are poor, homeless or members of an ethnic minority group (Comer, p.340). For people who are not sensitive to people from such background, it would be difficult for them to fully understand and support the abuser.

In terms of gender, drug abuse affects men and women differently. Comer mentions that therapists engage in different treatment for women. The reason being is that most have different reactions to the drugs to intake (Comer, 2016). Some women have been sexually abused and

have to go through further psychotherapy, Some women are even pregnant when seeking treatment. Many times, these women have their children and the court orders for their children to be taken away. Gender-sensitive programs work with the mother/patient and help them keep their children if this is the case.

Giselle Flores

Dr. Stephen Maret

PSY342: Abnormal Psychology

2 November 2019

Chapter 10, Question 14

Opioids have been a hot topic on the nose recently. Many people have been misusing them and even more are getting their hands on them. An opioid is any drug that is derived from opium, “a highly addictive substance made from the sap of the opium poppy,” (Comer, 2016). Some commonly known opioids are morphine, heroin and codeine. Due to its high addictiveness, people are looking to obtain these drugs in different ways. Many of them get them from family members, the internet or drug dealers.

One of the dangers of opioid use is the outlet from where they receive the drugs. I recently watched a show that spoke about all sorts of drugs. It showed how people got them, what the drug dealers would say about the drugs that they sold and the effects. One thing that I saw which was also supported by Comer is that drug dealers usually mix the opioids with other things. For example, many people add battery acid to the drugs. Most of the drugs are not pure, they are synthetic. When drugs are bought online, many of the sellers send bath salts instead of the drug itself. One of the dangers is the actual things people are consuming.

Another one of the dangers of opioid use is death. Many people have died as a result of overdose. Comer uses heroin as a perfect example since it is an opioid. Heroin attacks the respiratory system. Often, when people are under the influence of heroin, the brain is unable to receive sufficient oxygen it needs, and when the person is least aware, they are not able to help

their breathing and they usually die. Some people go back to using heroin after a long time of not using and when they go back to it, they take too large of a dose that makes their body overdose and die.

Lastly, another danger is the spread of diseases. Many times people use heroin and end up sharing needles with other people. This results in the spread of AIDS, hepatitis C and skin abscesses (2016). Of course, there are not the only dangers, but when someone engages in opioid use, they are making themselves vulnerable to many other things they did not sign up for, including death.

Giselle Flores

Dr. Stephen Maret

PSY342: Abnormal Psychology

2 November 2019

Chapter 10, Question 16

This video on the effects of MDMA - ecstasy is very interesting because it shows the different sensations someone who has consumed it feels. Most commonly known as the “party drug,” people take it to ensure that they will have a good time. This makes people very happy while under its influence. People take ecstasy, a small pill, so they can feel invigorated and sensitive to everything going on around them. But like any drug, it has its bad effects on the body.

People are most vulnerable to drug abuse when they have very stressful lives and just want to have fun. For example, one of the women in the video works as a healthcare manager. Health care managers have a lot of desk work which may feel bored and not excited by the work that she is doing. As a result, instead of being tired while at a party, she may choose to have a good time with ecstasy and guarantee that she will not be tired and that she would have fun. People may also be vulnerable to drug use if they have a very difficult lifestyle. Perhaps they come from a broken family or they are depressed, they are seeking for happiness. Where they may not find it quickly on their own, they may seek to find it through ecstasy.

I think as a society, it is very difficult to prevent drug abuse. Simply because no matter how hard we try to get rid of certain drugs, people look for alternate places. One way we can perhaps reduce the amount of ecstasy someone intakes is by kicking them out of clubs, raves or

parties if they appear to be under the influence. Of course, this would take a lot of intentionality from people who own these places and the authorities.

Giselle Flores

Dr. Stephen Maret

PSY342: Abnormal Psychology

2 November 2019

Chapter 11, Question 18

Comer mentions that human sexual response can be best described as a cycle (2016). The very first part of the cycle is desire. The phase of desire is when a person has the interest to have sex or fantasies. Sexual intercourse is a part of human desire and pleasure. When this first phase is not present, it often leaves many people frustrated and with a lower self-esteem. This is not uncommon, there are many people, both male and female who have desire disorders.

For males, this desire disorder is called "Hypoactive Sexual Desire Disorder." This is typically when a person has little to no desire to engage in sexual activity and they may have very little of it. For females, this disorder is called "Female sexual interest/arousal disorder." This disorder also gives a female little to no desire for sexual activity and they very rarely initiate it. Even though a person may have a desire disorder, they may still enjoy having sex.

There are several hormones that participate in the desire phase. These include prolactin, testosterone, and estrogen. For females, there are those who take birth control. Birth control that has high levels of estrogen may cause a low sex drive within the female (2016). But, high levels of estrogen is not the only factor that lowers sex drive. Low levels of estrogen, typically found after menopause may also decrease a woman's sex drive and lower her desire to initiate and engage in sexual activity.

Another factor that may affect the sex drive of both males and females is long-term illness. Many times the emotional factors that these illnesses bring with them, such as depression, can lower a males sex drive. Not only the illness itself, but also the medication or coping mechanisms a person uses. Some medication distorts hormone levels and drugs and alcohol can also decrease a person's desire for sex.

Giselle Flores

Dr. Stephen Maret

PSY342: Abnormal Psychology

2 November 2019

Chapter 11, Question 28

Another very frustrating disorder for sexual intercourse is premature or delayed ejaculation. Comer includes stories of married couples who have experienced this and that they have ended in divorce or unsatisfying marriages. Comer defines premature ejaculation as “a dysfunction in which a man persistently reaches orgasm and ejaculates within one minute of beginning sexual activity,” (2016).

In order to be clinically diagnosed with premature ejaculation, a person must ejaculate within a minute of sexual activity. Usually much before their partner wants them to. This pattern must also be consistent for 3-months straight. Also, a person must experience a significant amount of distress since nothing else can seem to help them.

Another disorder is delayed ejaculation. This is when a male has the inability to ejaculate during sexual activity with a partner, or he ejaculates much later than he and his partner desire. Similar to the DSM-5 requirements for premature ejaculation, in order to be clinically diagnosed with this disorder, a person must also experience a significant amount of distress from this dysfunction. For at least six-months, the person must have a lack or close to none frequency of ejaculation during sexual activity with their partner.

A delayed response to sexual activity may be a part of trying to please their partner without them having any desire for sexual activity. In other words, this may be a result of hypoactive sexual desire disorder.

Giselle Flores

Dr. Stephen Maret

PSY342: Abnormal Psychology

2 November 2019

Chapter 11, Question 21

Comer describes nine different techniques that are included in modern sex therapy regardless of what the dysfunction is. The case of Mr. Domera was brought up throughout the chapter where he had delayed ejaculation. Because of this, he said he felt like a useless husband and that he was not doing what he was supposed to do. As a result, he and his wife began attending sex therapy. At the end of ten sessions, they were able to be intimate in ways they were not before. Sex therapy is not meant to be long-term and it is very instructive (Comer, 2016). The longest sex therapy usually goes is about twenty sessions.

Some techniques that occur within therapy, regardless of the dysfunction are a) assessment, b) mutual responsibility, c) elimination of performance, d) changing destructive lifestyles and e) addressing physical and medical factors. The first technique is a basic assessment of what the couple has gone through in the past and certain things that may be contributing to the dysfunction presently. The technique of mutual responsibility is when the therapist tells the couple that they both share the dysfunction because it directly affects both of them. This helps because it shows that both are in need of therapy, which ends up being more successful.

When a therapist tells the couple that there are other ways of increasing desire within the couple, they usually give them instructions to do things that refrains from sexual activity,

however, they are sensual tasks. The point of this is for the couple to build greater sexual pleasure in a different way. When a couple meets with a therapist and mention that there is a conflict going on, the therapist will first deal with the conflict. Helping them improve this will allow for greater success when trying to help with the sexual problems.

Lastly, when a therapist addresses the physical and medical factors of the clients, they are trying to find a reason why they may be experiencing sexual problems. For example, if the cause of such conflict is due to medication, the therapist will attempt to have the partner reduce the dosage of the medication or even take the medication at a different time of day. If that is not enough, the therapist will even bring up changing the medication.

Giselle Flores

Dr. Stephen Maret

PSY342: Abnormal Psychology

2 November 2019

Chapter 11, Question 33

It is of no doubt that erectile dysfunction affects plenty of men, typically in older ones. This causes much distress and frustration within a couple. Because this is a real issue plenty of men experience, the male clinic provides many different treatment options, whether approved by the FDA yet or not, to help men with these issues. The video mentions viagra, creams and even nasal sprays to help men who suffer from erectile dysfunction.

Just because all of these drugs are available to men, I do not think it should be taken unless absolutely necessary. If someone is taking ED drugs simply to enhance experience and performance, then they are taking it for the wrong reasons. They will be taking drugs they do not need and then they may grow dependent on it. This can negatively affect themselves and their partners as well. It changes the equilibrium of the cells in the body and when they get used to the drug, it would be very difficult to be satisfied without the ED drugs.

This video on sexual dysfunctions presents five older men who have experienced erectile dysfunction. Even when the interviewer was sitting with the marketing strategist, Deutsch, they mentioned that there is a much younger audience in the commercials. This is uncommon because most of the sexual dysfunction is found within older men, of course with its exceptions.

Lastly, I do not think drugs should be used to remove negative emotions because it is a normal emotion. Yes, it could help reduce negative emotions, but I do not think it should be used

to get rid of all negative emotions. This is because we can get addicted to being happy all the time. What happens when a person does not have access to the drug and cannot get their daily fix? This only increases their amount of frustration and does not give the opportunity to learn how to properly deal with their emotions. It is never a good thing to rely solely on an outside substance to make your innate emotions feel good. This just opens the door to addiction.