

Reaction paper essay



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Reaction Paper 1 (Sample Reaction Paper)

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My paper is based on an article from the text's web site (chapter 9) entitled "Lack of sleep ages body's systems." The basic claim of the article is that sleep deprivation has various harmful effects on the body. The reported effects include decreased ability to metabolize glucose (similar to what occurs in diabetes) and increased levels of cortisol (a stress hormone involved in memory and regulation of blood sugar levels). The article also briefly alludes (in the quote at the bottom of page 1) to unspecified changes in brain and immune functioning with sleep deprivation.

Intuitively, these results make a lot of sense to me. I know that when I'm sleep deprived for any significant amount of time, I begin to feel physically miserable. I also seem to be more vulnerable to colds and other physical ailments. In thinking about it though, most of the times I'm sleep deprived are also periods of psychological stress (such as finals week). To the extent that there are changes in my physical well-being, I'm wondering whether they are due to the sleep deprivation, the stress itself, or some combination of the two.

In principle, a careful experiment should be able to isolate the effects of sleep deprivation by depriving people of sleep in the absence of stress and other such confounding variables. That seems to be what this experiment does, but as I read the article closely, I found myself unsure that the effects it reports are necessarily due to sleep deprivation per se.

I realize that a brief summary article like this does not provide all the details of the experimental methodology, but a couple of things that were reported in the article struck me as curious. The researchers studied physical functioning (cortisol levels, etc.) in men who had a normal night's sleep (eight hours in bed) the first three nights of the study, followed by a period of sleep deprivation (four hours in bed) the next six nights of the study, and finally a period of sleep recovery (12 hours in bed) the last seven nights of the study. In reporting the effects on the body (the discussion of glucose metabolism, in the fifth paragraph of the article) the author's compare the sleep deprivation stage only to the sleep recovery stage, not to normal sleep. This seems to me like doing an experiment on drunkenness and comparing the drunk stage to the hangover stage, without ever reporting what happens when the person is sober. Since normal sleep would seem to be the appropriate control condition here, the absence of results from that condition makes me wonder if something unusual was found there and not reported in the article.

Another potential problem comes from the sequential nature of the different sleep conditions. All participants had normal sleep, then sleep deprivation, then sleep recovery (in that order). Therefore, the three conditions differ not only in the amount of sleep, but also in the level of familiarity with the experimental procedures. Why should that make a difference? Well, consider the results reported for the stress hormone cortisol. In comparing people who are sleep deprived (days 4-9 of the study) with those who are in sleep recovery (days 10-16 of the study), they are comparing people early in the experiment to those later in the experiment. If the experimental procedures

are themselves stressful (e. g. drawing a blood sample) then a person who has been through it more often might find it less stressful, and therefore not respond so strongly. This fact, rather than the amount of sleep itself, might explain the pattern of results in the physiological data.

I'm not sure whether the methodological issues I've raised really do account for all the study's results, but they should be corrected in future research on sleep deprivation. The easiest way to do this, it seems to me, would be to simply compare two different groups of participants, randomly assigned to either a normal sleep condition or a sleep deprivation condition. Each participant would be in his/her respective condition throughout the experiment, so there would not be any difference in general experimental familiarity that could account for differences between the two groups.

Assuming the results of the experiment can be confirmed, and that sleep deprivation really does have the physiological effects described, there is one other thing I find interesting about the study. This is the possible relationship of the results to aging. The article claims that the physiological changes associated with sleep deprivation are similar to those in the elderly. Since I remember from the textbook that the elderly sleep less than younger adults (who in turn sleep less than children) I'm wondering if some of the physiological changes might in fact be caused by the changes in sleep.

The article only mentions changes in glucose metabolism here as it relates to aging, but I was wondering more about increased cortisol levels. If the elderly sleep less, and less increases sleep elevates cortisol, and increased cortisol impairs memory, then perhaps memory impairments in the elderly

are due (at least partly) to changes in sleep habits. This would fit in with the textbook's idea that sleep (especially REM sleep) may aid us in consolidation of new memories. If so, then perhaps drugs or other therapies could be used to improve sleep in the elderly, thereby improving memory function. That is an exciting possibility, and would be a wonderful and surprising application of this type of research.

Multiple Personality Disorder More than two million cases can be found altogether in psychological and psychiatric records of multiple personality disorder also called dissociative identity disorder. It is often thought that multiple personality disorder is a trick, a bizarre form of “play-acting” that is committed by manipulative, attention-seeking individuals. It is not. Multiple personality disorder is a “disorder of hiding” wherein 80-90% of multiple personality disorder patients do not have a clue that they have the disorder. Most know that there is something wrong with them; many fear that they are crazy, but few know that they have a disorder. What is Multiple Personality Disorder? Multiple personalities is a dissociate reaction to stress in which the patient develops two or more personalities. Each personality has a distinct, well-developed emotional and thought process and represents a unique and relatively stable personality. The individual may change from one personality to another at periods varying from a few minutes to several years. The personalities are usually very different and have different attitudes; one may be happy, carefree and fun loving, and another quiet, studious, and serious. People can have up to fifty personalities or more. All personalities usually will have their own name and their own role. For example one personality can be the keeper of pain, his role is to take and feel all the pain that the other

personalities come in contact with. The personality also can have their own appearance, but this does not mean the person changes its outer image it is just the way he/she sees inside his/her head. The personalities will also have different ages, talents, and likes and dislikes. For example: In the novel, *The Minds of Billy Miligin*, there was a man who had twenty-four personalities. All of his twenty-four personalities were different. They had different ages, their own appearance, and some were of the opposite sex. The personalities all had their own role and their own talents. There was one personality that was right handed all others were left handed, only one smoked, one had a British accent another Slavic. Many used their own talents some liked to paint, one was an escape artist, one was a karate expert and another a sculptor.

Various types of relationships may exist between the different personalities. Usually the individual alternates from one personality to the other, and can not remember in one, what happened in the other. Occasionally however while one personality is dominant and functions consciously, the other continues to function sub-consciously and is referred to the co conscious personality. Relationships may become highly complicated when there is more than two personalities. In many cases of multiple personalities the personalities will talk of a spotlight. The spotlight is how they come into the conscious world. All the personalities live around the spotlight whoever stands on it finds himself or herself in the conscious world leaving the other personalities unaware of the personality's actions. This leaves the next personality that comes into consciousness in total amnesia. Causes of

Multiple Personality Disorder Multiple personality disorder often forms with a person who has been deprived of love and friendship and with a person who has been abused. These people make up friends for themselves, but not just

and imaginary friends these friends form their own personalities. These people may also make up other people who are not scared or people, who can not feel pain to turn deal with abuse, which also turn into separate personalities. These people usually deny what is happening and may live their lives without anyone finding out about their disorder. The degree of vulnerability of the child has a great impact on the amount of personalities the person will have. The typical female multiple has about 19 personalities; male multiples tend to have less than half of that. For example a male multiple from ages 7 to 10 who was sexually abused a half-dozen times by a distant relative is going to have far fewer personalities than a female multiple who was severely physically, sexually, and emotionally abused by both parents from infancy to age 16. The female could easily develop 30 to 50 (+) personalities, even in the hundreds. Although it's important to remember that every person is different so there may be some people with many personalities and not that much abuse. Or a lot of abuse and not that many personalities. Some signs that a person has multiple personality disorder are: 1. History of depression or suicidal behavior. 2. Childhood history of physical, sexual, emotional, or psychological abuse... reports one parent was very cold and critical reports of "wonderful" parents by a person who is clearly emotionally troubled. 3. Abusive relationships in adulthood 4. Strong attacks of shame; sees self as bad or undeserving sacrifices self for others feels does not deserve help; is a burden, reluctant to ask for help is sure you do not want to be troubled with seeing him or her 5. Reports being able to turn off pain or "put it out of my mind." 6. Self-mutilation or self-injuring behavior. 7. Hears voices. 8. Flashbacks (visual, auditory, somatic, affective, or behavioral) 9. History of unsuccessful therapy. 10. Multiple past

diagnoses (e. g.: major depression, schizophrenia, bipolar disorder, borderline personality disorder, and substance abuse). 11. History of shifting symptom picture. 12. Reports of odd changes or variations in physical skills or interests. 13. Described by significant other as having 2 personalities or being a “ Dr. Jekyll & Mr. Hyde.” 14. Family history of dissociation. 15. Phobia or panic attacks. 16. Substance abuse. 17. Daytime enuresis or encopresis. 18. History of psychophysiological symptoms. 19. Seizure-like episodes. 20. History of nightmare and sleep disorders. 21. History of sleepwalking. 22. School problems. 23. Reports psychic experiences. 24. Anorexia or Bulimia. 25. Sexual difficulties.

Cures of Multiple Personality Disorder There is treatment for multiple personality disorder, but the disorder usually can not be cured completely. The personalities can be combined to form one core personality the “ original” person. This process of integrating all the personalities into one is complicated and does not work in several cases. The personalities will fuse together for awhile, but than break apart when put in a stressful or unsafe situation. Recovery from multiple personality disorder and childhood trauma takes of five years or more. It is a long and difficult process of mourning. The important thing to remember is that recovery does and can happen. Conclusion For many observers, multiple personality disorders are a fascinating, exotic, and weird phenomenon. For the patient, it is confusing, unpleasant, sometimes terrifying, and always a source of the unexpected. The treatment of multiple personality disorder is excruciatingly uncomfortable for the patient. Their childhood traumas and memories must be faced, experienced, digested, and integrated into the patient’s view of him/herself. Similarly, the nature of one’s parents, one’s life, and the day-to-day world must be re-thought. As each issue or trauma is dealt with the alter

personality that deals with it can disappear. The personality is no longer needed to contain undigested trauma. In a sense we are all multiple personalities in that we have many conflicting tendencies and frequently do things that surprise both others and ourselves. This is illustrated by common sayings such as, “ I don’t know why I did it” or “ I didn’t think he had it in him.” But most of us do not develop distinct separate personalities.

Bibliography “ Specific Neurotic Patterns”, pg. 245 – 247 “ The Minds of Billy Miligan”, Keyes, Daniel “ Mental Disorders”, Martin, Ruth, Crowell Co. 1992, pg. 23 – 25 “ The Voices Within” Movie <http://www.dhearts.org> <http://www.aniota.com/anita/desire.html> “ FIRST PERSON PLURAL”: My Life as a Multiple Cameron West, Ph. D “ Silencing the Voices” Jean Darby Cline, Berkley June 1997 <http://www.asarian.org/astraea/household/manifest.html> “ I Never Promised You a Rose Garden” Movie

What actually are dreams? Dreaming is a different state of consciousness.

Brains

are in constant activity and constantly giving odd brain waves. Dreams are a communication of mind, body, and spirit. During dreams the mind reviews long and short

term memory. Dreams are mysteries of the mind and adventures of the sleeping brain.

While sleeping, there are two different classifications. These two classifications are

paradoxical sleep, also known as rapid eye movement (REM) and orthodox sleep also

known as non-REM sleep (Craig 1). During REM is the time the brain dreams.

REM

occurs every sixty to ninety minutes. Dreams last from five to thirty minutes.

Dreams are

important to our sleeping brain (Koch-Sheras 6).

During sleep the body is functioning at a very low level. The brain is constantly

giving off electric brain waves. During non-REM the brain waves are slow and large while

the body is calm. During REM brain waves speed up and become smaller, the body's heart

rate also speeds up. REM occupies about twenty percent of the night. While the brain is

dreaming, it is in the stage of REM. While the brain dreams it may have imaginary, but

real experiences. During dreams some sleepers may take part in the story or just watch the

tale unfold.

There are many different types of dreams. These dreams include lucid dreaming,

nightmares, and fantasies. In lucid dreaming the sleeper is conscious he/she is dreaming

and of what is going on. In some cases the dreamer may be allowed to control their dream

(Loyd 84). This is an exciting experience.

Besides lucid dreams, there are nightmares. These are frightening dreams that may

wake the sleeper up feeling anxious or fearful. Nightmares are usually caused by

anxieties or fears. Nightmares mostly occur in children because of their growing minds and

wonders. Along with nightmares, there are also night terrors. These are more terrifying

than nightmares and occur in children from ages three to five years old.

Night terrors are

more common in men than in women. Night terrors usually are the cause of sleeping

disorders, such as sleepwalking and sleep talking.

Other than nightmares there are fantasies. Daydreams are considered fantasies,

which means anything your mind conjures while awake. Daydreams are usually enjoyable,

but in other cases they are frightening. All daydreams tend to involve some emotion, they

also may replay events that have happened during the dreamer present day life. During a

daydream the dreamers mind begins to wander and he/she loses their self in an imagined

scenario. If this scenario becomes fearful it is known as a day mare. Day mares, may

prevent the dreamer from having nightmares in the future.

Additionally everyone dreams. This includes babies, animals, people of all ages,

and the blind. Everyone dreams during REM. Though everyone dreams, some may not

remember their dreams. All people that know of colors, dream in color. There are many

different types if dreams, that may show the dreamer signs

In studies shown, there are differences in men and women's dreams.

Because of

their lifestyles, dreams have become more similar in modern times (Kock-Sheras). Some

sleepers view dreams as if they are watching, but some view as if they take a part in their

dream. Dreams last five to thirty minutes and are as long as they seem.

Many people have

different dreams every night. Others can return to a dream from a previous night, or some

may dream at will (Gonzalez-Wippler 32).

Dreams may mean a number of different signs. There are numerous different symbols that stand for a myriad of different things. Many studies have shown that dreams

are related to the dreamers deep wishes and fears. Other experts say dreams reflect our

past and may reflect our future. There are a number of books that may tell the meaning of

dreams (" Dreams").

Dreams consist of several different objects. During dreams there is very little

logical thought. Events seem to occur that couldn't happen in real life. While dreaming

most people have the ability to see, hear, smell, touch, and taste. The majority of cases the

dreamer can't control what is happening, but when he/she can this is known as lucid

dreaming. All dreams form a story and the dreamer usually forms a story and the dreamer

usually takes part in the story (" Dreams").

While dreaming studies have shown that dreams are affected by movies, literature,

and music. Also most people's dreams are affected by feelings and present day life. A

multitude of people believe that all dreams mean something. There are numerous signs and

symbols that people believe will help guide their life (Auerbach 15-16).

Without sleep no one would live a beneficial life. Sleep deprivation leads to paranoia, hallucination, and irrational judgment and behavior. Sleep helps the mind and

brain rest. Sleep deprivation may lead to sleep disorders, such as sleepwalking and sleep

talking. Sleepwalkers tend to have a number of night terrors, this leads to sleep talking.

Sleepwalking doesn't occur during REM. Sleepwalking is only one of the many sleep disorders.

There are different stages the brain experiences while sleeping. These stages are

called the Sleep Cycle. Stage one is non-REM sleep. During this stage the sleeper's

muscles relax, pulse and breathing slows down, and temperature drops slightly. Stage two,

random images float through the mind and the relaxation process continues. After that,

stage three is non-REM. As the sleeper is going through this process, The sleepers

muscles loosen, and blood pressure falls. During stage four the sleeper is in a deep sleep

and is prepared to sleep, but is still in non-REM. Finally, stage five begins. This is REM,

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the sleeper's eyes start to move rapidly, their pulse quickens, and the sleeper finally begins

to dream.

In conclusion, dreams are mysteries. Studies have shown a number of different

things, but we still have much to uncover. Dreams may carry symbols, and some people

believe they may tell the future. Dreaming keeps the sleeper's mind conscious while he/she

is asleep. Even though dreaming only occupies twenty percent of the night it may reveal

more than one thing. By dreaming we decide on big decisions. Dreaming not only helps us

physically but also mentally.

Lucid Dreams:

the First Virtual

Reality

Psychological

Sean Pasinsky

For ages people have thought of dreams as curses or blessings that we could not prevent

nor manipulate. This “ place” called our dreams has constantly puzzled us, because it is here

where all things are possible and seem to occur. In our dreams we perform superhuman and

wonderful feats that would normally be impossible in the “ awake world”. We find the men or

women of our dreams, depending on our sexual orientation. While we dream, these wonderful

things become our temporary reality. Yet sometimes while dreaming we may experience the most

horrifying events imaginable, called nightmares. Everyone has their own version of horror, my

most terrifying nightmare has been where my family and friends have been taken control of by

evil monsters that cannot be stopped. Rather than kill me they make me watch old 1970’s

television shows over and over. For years, men have thought that there should be a way of

preventing or controlling these nightly events.

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Humans must, like any animal, sleep. We do not fully understand why we must sleep. We

only know that if we are deprived of sleep long enough that we will most certainly die. The same

is true for dreams and dreaming(1). If we sleep long enough we will reach an advanced stage of

sleep where our body begins to experience rapid eye movement (REM). It is during this REM

period that we experience most of our dreams. Many scientists try to speculate the reasons for

dreaming through biological or psychological means. This proves to be very frustrating for

someone trying to find empirical meaning and truth about his or her dreams.

There are countless books written about dreams with just as many different interpretations and meanings for specific dream references. For psychics, astrologists, or

psychologists who attempt to interpret dreams, there are numerous factors that must be

considered when endeavoring to find meaning in a dream. Because of these numerous factors that

contribute to the condition of dreaming, many different paths have been created for exploration.

From Freud's sexual symbolism to the current random recollection theories diversity in dream

interpretation abounds. However, there is a way to dream and not be at the mercy of your

subconscious mind.

I was at an interview for chiropractor school I found out about a psychologist at Stanford University, by the name of Steven LaBerge, has been studying dreams and the physiology of the human body during the dream state. His research may sound commonplace if it weren't for the added fact that he is training people to control their dreams. His subjects are learning to become aware of their dream experience as it is happening. Once they are aware of their dream they can simply take complete command of their dream and can consciously cause anything to happen. To the semi-conscious mind the experience

is virtually identical to being awake. This concept is nothing new, in fact many of us will

experience at least one of these dreams in our lifetime.

There are a variety of stimuli that he uses to induce this state of mind. One method is

playing a tape recording of the phrase “ This is a dream” during the sleeper’s REM. He may also

use conditioned tactile stimuli. Light, however, appears to be the best stimulus means of

providing an external cue to the sleeper that they are dreaming. This is because environmental

light seems to be easily incorporated into dreams and, when properly conditioned, reminds

dreamers that they are dreaming. Use of a special light device has been promising: 55% of 44

subjects had at least one lucid dream during one study. The possibilities for human

progression that this concept creates seem to have no bounds.

For years psychologists and others have sought to find a perfect semi-conscious state of

mind where a subject will have a strong link with their subconscious and may even interact with

an interviewer using this frame of mind. Another name for this state of mind is called hypnosis.

Although the “ lucid” state of mind that Dr. Laberge’s patients experience is not completely

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conscious or subconscious, they are still asleep, and the world that they are in is very detailed

and just as realistic as our waking world. That is what puzzles most people who look into his

research. Although not mentioned by Dr. LaBerge in his studies, I think that there is a definite

opportunity for a great unlocking of the secrets of the human mind.

Many practical applications exist for lucid dreaming. There are of course the obvious,

nightmare therapy, self-confidence enhancing, and general mental health improvements, but there

are so many more ideas not yet explored. Some of these may include depression therapy for

physically handicapped people allowing them a very real sort of fantasy fulfillment. Paralytics

can walk, dance, fly, or do as they wish sexually whenever they choose. The possibilities for

creative problem solving seem to be obviously enhanced. There even seems to be a great amount

of possible sensorimotor practice that could possibly be used by stroke or other nerve damaged

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patients. And finally to quote Dr. Laberge, “ lucid dreaming can function as a “ world simulator.” Just as a flight simulator allows people to learn to fly in a safe environment, lucid dreaming could

allow people to learn to live in any imaginable world; to experience and better choose

among various possible futures.”

What makes humans extraordinary in the animal kingdom is our awareness of being. It is

an awareness of our life and existence coupled with our advanced capacity to reason that makes

us different than the other animals of the Earth. I believe that it may not only be our awareness of

thought, but the exact capability of being aware somehow of our subconscious motivations. A

strong sense of our subconscious can be obtained in a state of sleep where the sleeper is fully

aware not only that he or she is dreaming, but that he or she is actually sleeping. Humans can

now do this regularly without any type of influencing hypnotic suggestion given by a hypnotist.

This state of mind seems to be more powerful than any kind of hypnosis, even self-hypnosis. I

believe that somewhere locked inside our minds is an empirical understanding of our existence

not just an awareness.