

Example of abnormal psychology essay

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Stevie, a forty-three year old married accountant, frequently complains of sweaty palms, dizziness, breath shortness and stomachaches. This has been going on for a period of over two years with few moments of prolonged relief. He also complains of mouth dryness, occasions of extreme muscular tension in addition to a persistent nervousness that he claims interferes with his ability to concentrate on his occupational responsibilities time and again. Though such symptoms habitually event in frustration, Stevie denies feeling depressed in any way and continues to enjoy his various hobbies as well as family activities. Due to these symptoms, Stevie has made an effort to visit his primary care doctor and a chiropractor among many other medical specialists. This however, has only led to conflicting diagnoses and treatment that did not help.

Stevie is also relentlessly concerned about his wife's health as well as that of his children and parents. He keeps thinking about accidents that could occur and takes steps in planning to prevent them. Stevie's wife was diagnosed with breast cancer years ago but received treatment and has led a cancer free life for more than a year now. Besides this, Stevie is also continually worried about his functioning at work and is troubled by the idea of getting fired at any moment even though his work reviews indicate no problems. Anxiety is a very common and necessary process of day-to-day life.

Evolutionary speaking, it is highly fundamental since individuals typically experience it when they cross paths with environmental threats like an encounter with a lion, food scarcity or acceptance among one's peers and society in general. This kind of anxiety orients a person towards the anticipation of threats and motivates them to act so as to avoid occurrences

that could lead to physical harm and/or psychological distress thus preparing the mind and body to take action. Nonetheless, if extreme fear or worry starts to disrupt the daily functioning of an individual, it can prove to be detrimental to health. Disorders associated with anxiety have the topmost rate of prevalence among psychiatric illnesses. In the United States, it is reported to have an 18 percent yearly rate and 28.8 percent lifetime rate (Kessler et al., 2005).

Stevie is most likely suffering from GAD (Generalized Anxiety Disorder). Aside from the signs and symptoms aforementioned, he also claimed to experience nervous twitching at times, shakiness and muscle soreness. The cause of GAD is not entirely known but there could be a number of contributing factors. Psychologically, the core crucial feature of the disorder is worry. While a typical, non-clinically anxious individual will take approximately fifteen percent of their day worrying, persons with GAD can spend as much as sixty percent engaged in anxiety.

For such individuals, anxiety is an avoidant strategy of survival under the maintenance of two categories of reinforcement. The first is that worry results in decreased levels of both emotional and physiological reactivity when responding to stressors, making it a positive reinforcement. On the other hand, most of the fears or anxieties never come to pass thus it is also a detrimental reinforcement. Individuals with GAD attribute the failure of occurrence of these events to their worry.

There are two ways of administering GAD treatment; pharmacology and psychotherapy. In terms of prescription, AD (antidepressants) and BZD (benzodiazepines) may be used. BZDs include such drugs as diazepam,

bromazepam and alprazolam. Although they are quite effective in the short-term relief of GAD, they are not recommended for long-term intake. This is for the reason that prolonged use might lead to abuse. For the ADs, one could use duloxetine, fluoxetine or escitalopram. Psychotherapeutically, CBT can prove to be very useful (Newman et al., 2002).

The traditional components of GAD-CBT as such as applied relaxation training, self-monitoring, cognitive therapy in addition to relaxation rehearsal and real world cognitive restructuring. Self-monitoring trains the patient to objectively take note of his or her anxious responses and observe what triggers worry. This is of grand essence for the reason that the earlier the patient identifies anxiety, the more efficient it becomes to develop responses of coping.

During relaxation training, the patient learns progressive muscle relaxation, which they are then expected to practice twice a day up to the time when they have mastered the ability to release muscular tension from any part of their body on conscious demand. Cognitive therapy helps to rectify the deleterious and ubiquitous GAD biases. This is achieved by identification of how the patient thinks and their beliefs about themselves or surroundings and evaluation of the accuracy of such intuitions via examining their logic.

References

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