

# Barbara baker's question answers: abnormal psychology assignment

[Psychology](#)



Barbara Baker's Essay question answers Originally Dissociative Identity Disorder (DID) was called Multiple Personality Disorder (MPD), but was changed to (DID) because (MPD) made it sound like there were multiple people living in one body. The name change corrected this theory. One controversy surrounding this disorder is that the person suffering may be faking the illness to avoid stress. It is difficult to answer this question because people with this problem may seem or act questionable because the therapist may ask certain leading questions either during therapy or while the client is being hypnotized.

Some cases have also shown that therapists can plant false memories in clients. The client actually believes the incident that happened and then is surprised when told that it wasn't true and never happened. Some tests have confirmed that some alters were physiologically distinct. The eighth leading cause of death in the United States is suicide, with the primary age group being between 25-34 years of age. Although in light of recent events, this seems a little misleading. Younger people are sometimes at more risk for attempting suicide because of life events. In some cases children as young as 2 have attempted killing themselves.

Men are more likely to commit suicide than females, and in more violent ways, such as using a gun, hanging themselves, or stabbings. Women who attempt suicide usually stick to overdosing on drugs. Older men are at a higher risk than older women for committing suicide because the attempts by older women are unsuccessful. Some evidence shows that low levels of serotonin may be a cause linked to suicide and violent attempts at it. The reason suicide is linked to mood disorders is because over 60% of may or <https://assignbuster.com/barbara-bakersquestion-answers-abnormal-psychology-assignment/>

may not have an existing mood disorder, but just because someone has a mood disorder doesn't necessarily mean that they will commit suicide.

Some people still attempt suicide even without having a mood disorder. So even though depression and suicide may be related in some ways, they are very independent of each other. Treatments may include the clinician asking the client if they had a recent event that made them think that suicide was the only option and any other factors that precipitated this feeling. If there is a risk the clinician will try and get the client to agree to or sign a no-suicide contract. This is a promise that they won't do anything suicide related without talking to a therapist first.

If the client doesn't agree to this and their risk is deemed high the mental health will require hospitalization ASAP! Some other treatments for high risk individuals of habitual suicide attempts is cognitive-behavioral problem-solving approach. After six months of treatment the client was less likely to want to commit suicide. During a thirteen year period between 1980 and 2000, Dorothy Otnow Lewis MD, did evaluations on 150 murder cases, of which twenty-nine were people on death row. Fourteen of the inmates met the DSM-IV criteria for Dissociate Identity Disorder (DID).

Psychology professionals were able to retrieve documentation of childhood abuse by friends, family, and other Mental Health Professionals. Eleven of the fourteen cases showed signs of (DID). Some of the murderers couldn't remember anything about the childhood abuse they suffered and weren't even aware that they had a psychiatric condition. The mental health professionals were leery of asking leading questions because they were

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afraid of putting false memories in the client's heads. This was mentioned in the textbook as well.

I think this is why (DID) is such a difficult illness to diagnose. Something I don't agree with is that it would seem that everyone who has had an abusive childhood or other trauma will end up having (DID). This doesn't seem correct. I had a very abusive childhood, but it didn't affect my mental status growing up. I think some people who commit crimes know what they did was wrong, but try to use Abnormal Psychology to get out of what they did. Both the textbook and article helped me to understand what this illness should or shouldn't be. Durand, Vincent Mark. and David H. Barlow. Essentials of Abnormal Psychology. 5th ed. Australia: Wadsworth/Cengage Learning, 2010. Print. Lewis, Dorothy O. , Catherine A. Yeager, Yael Swica, Jonathan H. Pincus, and Melvin Lewis. " Objective Documentation of Child Abuse and Dissociation in 12 Murderers With Dissociative Identity Disorder. " The American Journal of Psychiatry. Department of Psychiatry, Division of Child and Adolescent Psychiatry, New York University School of Medicine, 12 Dec. 1997. Web. 03 Oct. 2010. ; <http://ajp.psychiatryonline.org>;