

Student Name: Dina Rishmawi					
Criteria		Level 1: Excellent 8	Level 2: Meets expectations 6-7	Level 3: Approaches expectations 5	Level 4: Needs improvement 1-4
Thesis/Focus (8)	Q1.A		6		
	Q1.B	8			
	Q2.A		6		
	Q2.B		6		
	Average:	6.5			
Organization (8)	Q1.A		6		
	Q1.B		6		
	Q2.A		6		
	Q2.B			5	
	Average:	5.75			
Support (8)	Q1.A		6		
	Q1.B			5	
	Q2.A		6		
	Q2.B		6		
	Average:	5.75			
Sources (8)	Q1.A		6		
	Q1.B	8			
	Q2.A	8			
	Q2.B:	8			
	Average	7.5			
Style (8)	Q1.A			5	
	Q1.B			5	
	Q2.A		6		
	Q2.B		6		
	Average:	5.5			
Conventions (8)	Q1.A		6		
	Q1.B		6		
	Q2.A		6		
	Q2.B		6		
	Average:	6			
Relevance and reference to the course material (8)	Q1.A	8			
	Q1.B	8			
	Q2.A	8			
	Q2.B	8			
	Average:	8			
Bonus					
Total Grade (56)		45			
Total grade weight (30%)		24			



برنامج ماجستير العلاج بالفن  
مساق علم النفس المرضي

# امتحان بحثي نهائي

إعداد: د. نورس كرزم

2024

### السؤال الأول:-

أ- بناءً على وصف الحالة المعروض أعلاه، قَدِّم تشخيصاً أولياً للحالة مُعتمداً على الدليل التشخيصي بنسخته المُحدَّثة. وضح في إجابتك كيف توصلت إلى هذا التشخيص بشكل منطقي ومُقنع (لا يزيد عن 500 كلمة)

There seems to be several disorders here; listed below are the presumed disorders due to meeting all their criteria based on the DSM-5TR (APA, 2022): -

1) Post Traumatic Stress Disorder (PTSD) Associated with dissociative symptoms:

- Criterion A1: Witnessing her brother get seriously injured.
- Criterion B: Intrusion symptoms: intrusive thoughts, pictures and memories regarding the event.
- Criterion C: Avoiding any reminders of the incident, such as the place it occurred, she keeps avoiding the street, or the people that were there when it happened, such as her brother's friends.
- Criterion D: Negative alterations in cognitions and mood; such feeling guilty about what happened, and lack of participation in social events.
- Criterion E: Marked alterations in arousal and reactivity; she has problems with concentration along with sleep disturbances.
- Criterion F+G: The disturbance has been present for more than one month, and it does cause clinically significant distress, along with impairments in multiple aspects of life; she no longer works or engages socially.
- Criterion H: the disturbance is not attributable to substance use or another medical condition.
- Along with dissociative symptoms (specifically dissociative amnesia: distorted memory in relation to the trauma), and recurring flashbacks, manifested in being neurotically aroused when close the place the traumatic even took place; symptoms are better explained by PTSD, therefore dissociative amnesia as a disorder is not necessarily a separate diagnosis.

**Commented [NK1]:** That's right.

Maybe, one suggestion, is after you diagnose all these disorders, you can write a brief intro (or conclusion) stating how these disorders can occur at the same time, and maybe one study on this issue of comorbidity would add strength to your answer.

**Commented [NK2]:** correct

2) Major Depressive Disorder (MDD): -

-Criteria A: she has depressed mood, loss of interest or pleasure, insomnia, continuous fatigue, and lack of concentration.

-Criteria B: Her symptoms are distressing enough to seek help.

-Criteria C: She does not have any other medical issues, neither does smoking cause such symptoms.

-Criteria D: She does not seem to have any schizophrenia spectrum or other psychotic disorders.

-Criteria E: she has never had a manic or hypomanic episode.

**Commented [NK3]:** correct

3) Nightmare Disorder, Persistent: -

-Criterion A: she has well- remembered nightmares that are highly disturbing.

-Criterion B: when she wakes up from the dysphoric dream, she quickly becomes unusually alert .

-Criterion C: the nightmares happen almost every-day, and causes significant distress.

-Criterion D: nightmares are not attributable to any substance use.

-Criterion E: the severity and frequency of the nightmares necessitate clinical attention.

**Commented [NK4]:** correct

4) Insomnia, Persistent with (Parasomnia)Nightmare Disorder: -

-Criterion A: she has difficulty initiating sleep

-Criterion B: there is a complete section talking about how significantly distressful sleeping is for her.

-Criterion C: this happens almost all week.

-Criterion D: insomnia has been present for more than 3 months.

-Criterion E: nothing is really preventing her from falling asleep.

-Criterion F: it is not explained by nightmare disorder, as she does find it hard to initiate sleep (rather than solely having interrupted sleep caused by parasomnia (Nightmares))

-Criterion G: the insomnia is not traced back to the use of any substance or medication use.

**Commented [NK5]:** I will also add that there are some signs of OCD, as the case is always anxious until she watched the news for more than 5 hours daily (seems like a repetitive compulsive behavior), but the disorders you mentioned are sufficient. As you will see in my comments in red (below), the answer could have been arranged in a more integrative way (such that there is a brief intro with a clear argument on your diagnosis, and then you explain how you reached your argument-you can combined multiple disorders in your discussion), and then a brief discussion with some sentences to conclude your answer.

-Criterion H: There is no medical condition that really explains the severity of the insomnia; her lab tests are normal. It has been 8 months since the traumatic event, and insomnia still persists (PTSD does not really explain the persistence insomnia).

**Full reference used:**

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). American Psychiatric Publishing.  
<https://doi.org/10.1176/appi.books.9780890425787>

**Question1-A. Evaluation:**

Thesis/Focus:

Level 2: Meets Expectations

-Strengths: Dina's thesis is clear and closely follows the DSM-5TR criteria. She accurately identifies multiple disorders (PTSD, MDD, Nightmare Disorder, Insomnia) and provides specific criteria from the DSM-5TR to support each diagnosis.

-Areas for Improvement: While the thesis is clear, it could benefit from a more integrated approach, synthesizing the **information into a cohesive argument rather than listing disorders separately.**

Organization:

Level 2: Meets Expectations

-Strengths: The response is logically organized, with each disorder clearly labeled and supported by relevant criteria. The sequence of ideas is coherent and easy to follow.

-Areas for Improvement: Transitions between sections could be smoother. For instance, linking the symptoms of PTSD to how they contribute to the MDD diagnosis would create a more fluid narrative.

Support:

Level 2: Meets Expectations

-Strengths: Dina provides substantial and concrete development of ideas, with explicit references to the DSM-5TR criteria. The details are relevant and interpreted convincingly.

-Areas for Improvement: The student could have developed a more detailed explanation of how she reached the diagnosis, integrating several disorders and seeing the inter-relationships between them.

#### Sources:

##### Level 2: Meets Expectations

-Strengths: Dina uses the DSM-5TR as a primary source to support her diagnoses, demonstrating an understanding of its application.

-Areas for Improvement: While the DSM-5TR is appropriately referenced, the response would benefit from additional sources to provide a broader context and support for her interpretations. (maybe an additional study that shows how these disorders relate to each other, or a brief introduction at the beginning to show that there is comorbidity between these disorders...etc)

#### Style:

##### Level 3: Approaches Expectations

-Strengths: The response is generally clear and precise, with appropriate use of technical terminology.

-Areas for Improvement: Some sentences are complex and could be simplified for clarity. The writing style in general is good, but the answer could be rephrased into: a brief intro., body, and conclusion (as any typical answer).

#### Conventions:

##### Level 2: Meets Expectations

-Strengths: The response is mostly error-free, with correct grammar and syntax.

- Areas for Improvement: Minor issues in punctuation and sentence structure are present. consistent use of citation format would improve the overall presentation.

ب- (سؤال إلزامي):

بناءً على تشخيصك للحالة في السؤال السابق: أذكر ملخصاً سريعاً في فقرة واحدة لما جاء في إجابة الذكاء الاصطناعي عن طريقة العلاج المقترحة لهذه الحالة (لا يزيد عن 500 كلمة)

There are several treatment aspects that were mentioned by Chat-GPT4o:

Psychotherapy: Most mentioned modalities are cognitive; Trauma-Focused Cognitive Behavioral Therapy is suggested to address cognitive distortions and maladaptive thinking patterns that have emerged post-trauma, and eventually developing coping skills that can help in similar future scenarios, as well as CBT for insomnia and depression, which have a similar concept. Then there is Prolonged Exposure Therapy (PET) targeting PTSD, by gradual exposure of trauma related cues in a therapeutic environment to contain anticipated reactions, and lastly Imagery Rehearsal Therapy (IRT) for nightmare disorder, through guided imagery; the severity and frequency of nightmares can be changed. Occupational therapy and philosophical counseling should be integrated here since it could provide additional help and meaning.

Life-style and group support: an emphasis should be on adopting consistent sleep schedules and creating a calm- quiet environment that promotes sleep, as well as avoiding any stimulants before bed time. The importance of exercising should be mentioned, along with education on relaxation and mindfulness techniques. An important point here is social connection with others who have been through similar situations, this will ultimately lessen the isolation felt by the patient, in addition to family support and family therapy; providing them with awareness around the patient's condition and how to cope with it.

Monitoring and follow-up: including frequent psychological evaluation by healthcare provider/ therapist to assess treatment efficacy, in addition to creating a crisis plan for any acute episodes of PTSD or MDD that would require immediate contact, and education on initial steps to take while in crisis mode.

Pharmacotherapy was also mentioned; but most medications here need prescription by a psychiatric.

Full references used here:

*OpenAI. (2024). ChatGPT (July 6 Version) [Large language model]. OpenAI.*

Commented [NK6]: Looks good

ما رأيك في التصور العلاجي المقترح من الذكاء الاصطناعي للحالة؟ هل يمكن الاعتماد عليه بشكله الحالي؟ وهل توجد أدوات أخرى في الذكاء الاصطناعي تستطيع المساعدة في هذا الشأن بشكل أكثر دقة؟ (لا يزيد عن 700 كلمة)

In my opinion; I cannot depend on the recommendations that Chat-GPT 4o as they are; even though I provided the context in a clear fashion for this complex language model, there seems to be a lack of sensitivity towards how such a case should be handled. Liberation psychology could be integrated as part of therapy since it does express empathy for the experiences of the Palestinian community which is a marginalized and oppressed one (Gaztambide, 2015), generational trauma is not really explored in the DSM-5, and clearly the effects of such trauma extends beyond mere symptomology, so is the approach undertaken to neutralize its consequences, in order for such a generational-historical trauma to be treated we have to heal or at-least address the root cause; which in this case is an oppressive illegal regime inflicted upon Palestinians by the Israeli-occupation ( Martín-Baró, 1994).

Another complimentary comment would be that the AI model's reliance was solely on traditional therapies, specifically cognitive modalities, even though it did prove its potency in the treatment of PTSD and depression (Macedo et al., 2018; Chand et al., 2018), it did not mention any creative psychotherapeutic approaches such as Art Therapy; the patient is an avid writer and this can be utilized using therapeutic techniques such as journaling and creative writing which is known to alleviate depressive symptoms (Ourtani, 2021).

There are several AI tools that can be used specifically in diagnosis, treatment, research and assessment...etc. based on what Chat-GPT 4o informed me, within the context of this question; I wanted to experience a specialized model in creating an intervention or treatment plan, but none of it is free, so I tried a different non-specialized model such as Perplexity, it only provided one extra aspect; that is a treatment timeline of approximately 12 weeks (Perplexity AI, 2023).

However, recent research asserts the active role of the therapist in overlooking the actions of any AI model utilized in mental health, due to possible errors, bias, quality issues (WHO, 2023), and of course, the need for real human connection that is crucial in building rapport and fulfilling of therapeutic goals (Gupta et al, 2023), which can never be leveraged by the use of even advanced AI tools.

**Commented [NK7]:** This could be regarded as your main argument, which is stated clearly and directly addresses the question.

**Commented [NK8]:** While the previous thesis is clear and informative, this sentence seems to appear out of context. Of course liberation psychology is an important point, but we are discussing the accuracy of AI in diagnosis, and adding liberation psychology seems strange, as AI is only a large language model, and could be trained on any psychological approach you want; you can for instance provide chatgpt with documents on liberation psychology and the tool will generate answers corresponding to this psychological approach

**Commented [NK9]:** Again, this is a valid point when you are criticizing western psychology and the DSM, but we are only asking about AI here, and AI can be trained to understand generational trauma and any other psychological term (it is only a language model and can be trained on any desired psychological model). For instance, in the new version of Chatgpt (Chatgpt4o) you can simply upload a document on generational trauma, and then the tool will learn the content of this document and integrates it with the generated answer.

**Commented [NK10]:** I like that you use credible resources, but I am afraid again that you are not directly tackling the question. These answers that you mentioned, including traditional therapies, are only based on the user's prompts and these can be anything based on different prompts

**Commented [NK11]:** Great. However, AI can also provide these suggestions if given the correct "prompts", but indeed it doesn't seem like the current AI is capable of understanding the complete context of cases...this will improve by time

**Commented [NK12]:** Maybe you could have mentioned some of them, you don't have to try them, but indeed there are many and mostly not free

**Commented [NK13]:** Yes perplexity is a common generative AI tool, good for some uses

**Commented [NK14]:** This is a good point, but it came out of a sudden. Maybe the connecting word was not the best (however), maybe it should be something to conclude (any brief test should end with a concluding statement) so the transition between paragraphs should be written carefully



**Full references used here:**

Gaztambide, D. J. (2015). *Freud, Ferenczi, and Freire: liberation psychology and the practice of psychoanalytic therapy* (Doctoral dissertation, Rutgers University-Graduate School of Applied and Professional Psychology).

Ourtani, T. (2021). The relationship between creativity and mental illness: a systematic review: I would like to express my deepest appreciation to Dr Athina Manoli, my first supervisor, for her dedication and friendly supervision. I would also like to express my gratitude to Dr Georgina Hosang, my final supervisor. *ScienceOpen Preprints*.

World Health Organization. (2023, February 6). Artificial intelligence in mental health research: New WHO study on applications and challenges. Retrieved from <https://www.who.int/azerbaijan/news/item/06-02-2023-artificial-intelligence-in-mental-health-research--new-who-study-on-applications-and-challenges>

Gupta, D., Singhal, A., Sharma, S., Hasan, A., & Raghuwanshi, S. (2023). Humans' Emotional and Mental Well-Being under the Influence of Artificial Intelligence. *Journal for ReAttach Therapy and Developmental Diversities*, 6(6s), 184-197.

Macedo, T., Barbosa, M., Rodrigues, H., Coutinho, E. D. S. F., Figueira, I., & Ventura, P. (2018). Does CBT have lasting effects in the treatment of PTSD after one year of follow-up? A systematic review of randomized controlled trials. *Trends in psychiatry and psychotherapy*, 40, 352-359.

Chand, S., Ravi, C., Chakkamparambil, B., Prasad, A., & Vora, A. (2018). CBT for depression: What the evidence says. *Current Psychiatry*, 17(9), 14-23.

Martín-Baró, I. (1994). El método en psicología política. *Anthropos: Boletín de información y documentación*, (44), 30-40.

### Question1B-Evaluation:

Thesis/Focus:

Level 1: Excellent

The Thesis/Focus is clear and well-formulated.

Organization:

Level 2: Meets Expectations

Strengths: The response is organized into distinct points, each addressing a specific aspect of the question.

Areas for Improvement: **Transitions between points** could be smoother. The response would benefit from a more structured approach, such as separating critiques of AI recommendations, alternative approaches, and the role of the therapist into distinct paragraphs (organization of thoughts into a more structured text).

Support:

Level 3: Approaches Expectations

-Strengths: Dina provides references to support her arguments, including the relevance of liberation psychology and the limitations of AI.

-Areas for Improvement: There are **two major problems** regarding how the student uses the references:

1-many resources -although good and credible ones- do not directly related to the question. And it seems that the student diverts a bit from the main focus of the question by criticizing western psychology -in general- and not AI in specific (considering that AI tools can understand both western and eastern approaches in psychology, given the correct prompts).

2- The support -using the references- could be more detailed and specific. The evidence provided by the student is very brief (although she still has more word-count to use).

#### Sources:

##### Level 1: Excellent

Dina uses a variety of sources to support her critique and suggestions, including academic references and recent research.

#### Style:

##### Level 3: Approaches Expectations

-Strengths: The language is generally clear and appropriate for an academic audience.

-Areas for Improvement: Some sentences are overly complex and could be simplified for better readability. There are occasional grammatical errors and unclear phrasings that reduce the overall clarity. Moreover, the writing style should take into consideration the organization of the ideas (starting with a clear introduction, and then directly addressing the question with examples and proper evidence, and then concluding the answer) while some of these elements are present in the student's answer, these should be improved.

#### Conventions:

##### Level 2: Meets expectations

The response is mostly error-free, but there are some issues with grammar and punctuation.

### السؤال الثاني (سؤال إلزامي):

1- بالنظر إلى الوضع الراهن للحالة الإنسانية المتمثل بالحروب والمآسي عموماً، والتطور الرقمي غير المسبوق، وحرب التطهير العرقية في فلسطين: ما هو تصوّرك للوضع النفسي للفرد الفلسطيني خلال السنوات القادمة؟ (نظرة عامة مُختصرة مدعمة بمصادر) (لا يزيد عن 600 كلمة)

From the first approach's perspective and in regards to positive psychology, the pursuit of happiness should be a priority to every person; achieving this goal ultimately secures mental and social stability as stated in the question, which means that you cannot be sane, unless everything around you promotes happiness, as if it not even a choice. Given the Palestinian context (Gaza is on another level), Palestinians have been dealing with historical conflicts as a result of the traumatizing Israeli occupation and its atrocities; including chronic exposure to violence, racism, incarceration, displacement, and economic instability to name a few, according to this approach; mental stability is shaken, since external events do not in any way encourage happiness, we can definitely see this manifesting in several disorders including anxiety, PTSD, and depression as they are most prevalent in there (Marie et al., 2020), and likely to increase over the coming years due to ongoing distressful events.

**Commented [NK15]:** This is a good start, linking to the text in the question's description

The second perspective, which considers attaining happiness an irrational motive that will inevitably affect the individual negatively since it is not always possible to secure, particularly in Palestine. Existential psychology, as opposed to positive psychology, asserts the subjective significance of the human experience and accountability demonstrated by the individual's choice to rise above the hardships that he is faced with, this confirms the inner strength and resilience that forms as a reaction to stressful events, in developing what Viktor Frankl called "Tragic optimism", according to Frankl, no worldly happiness could rectify the suffering and killing endured by the oppressed, but rather finding meaning in all of that; this is the essence of logotherapy (a from of existential therapy) and this meaning is what keeps the majority of Palestinians going forward (Frankl, 1985).

**Commented [NK16]:** nice

Based on what was mentioned above, I personally adopt the existential approach in the determination of possible mental health outcomes of Palestinian individuals: -

**Commented [NK17]:** This is a very good point

Generally speaking; the future generation will still be dealing with extensive generational trauma, depression, stress, anxiety (Shukri et al., 2022) ...etc. after all, the monstrous occupation is still

there as it has been for seventy-six years, and it was also found that prolonged military occupation, targeted violence, unwavering humiliation and persistent conflict does lead to considerably worse mental health issues (Hammad et al., 2021).

**Commented [NK18]:** Good evidence to the previous point

However, Palestinians will still be able to rise above the injustice they face due to their inner strength and resilience (Thabet et al., 2015); from an existential point of view, the meaning in the suffering they had to endure so far, transcends any earthly gains; freedom which is an eternal value, a profound pursuit that all Palestinians believe will be fulfilled, sooner or later.

**Commented [NK19]:** I like this answer, it is concise, supported by references, and also contain original ideas. Some notes are mentioned in my evaluation in red below

#### **Full references used here:**

Marie, M., SaadAdeen, S. & Battat, M. Anxiety disorders and PTSD in Palestine: a literature review. *BMC Psychiatry* 20, 509 (2020). <https://doi.org/10.1186/s12888-020-02911-7>

Frankl, V. E. (1985). *Man's search for meaning*. Simon and Schuster.

Shukri, S., Holmes, D., Shukri, N., Shukri, H., & Saada, F. (2022). The silent epidemic; the toll of mental health in occupied Palestine. *Palestinian Medical and Pharmaceutical Journal (Pal. Med. Pharm. J.)*, 8(1), None-None.

Hammad, J., Hammad, Z., & Tribe, R. (2021). Palestinian Mental Health Under Military Occupation and Chronic Warlike Conditions. In *Mental Health, Mental Illness and Migration* (pp. 303-318). Singapore: Springer Singapore.

Thabet, A. A., Tawahina, A. A., Punamäki, R. L., & Vostanis, P. (2015). Prevalence and mental health function of resilience in condition of military siege and violence in a Palestinian community sample. *Journal of Psychiatry*, 18(3), 1-9.

## Question 2.A evaluation:

### Thesis/Focus:

#### Level 2: Meets Expectations

-Strengths: Dina provides a clear thesis comparing two psychological perspectives—positive psychology and existential psychology—and their implications for the mental health of Palestinians.

- Areas for Improvement: The thesis could be more concise and directly highlight the main argument that existential psychology offers a more realistic and resilient perspective for Palestinians (this could be stated at the beginning very clearly).

### Organization:

#### Level 2: Meets Expectations

-Strengths: The response is organized into two main sections, each addressing one of the psychological perspectives, followed by a personal conclusion.

-Areas for Improvement: The transitions between sections could be smoother. A clearer distinction between the two perspectives in the structure would enhance readability.

### Support:

#### Level 2: Meets Expectations

-Strengths: Dina provides references to support her discussion of both psychological perspectives and their relevance to the Palestinian context.

-Areas for Improvement: The support could be more detailed and specific. For example, providing more concrete examples of how existential psychology has been applied in similar contexts would strengthen the argument. Additionally, elaborating on the specific disorders prevalent in the Palestinian context would add depth (I mean a brief expansion of the text, given the restricted word count).

Sources:

Level 1: Excellent

Strengths: Dina uses a variety of academic sources to support her argument, including references to positive psychology, existential psychology, and relevant studies on the Palestinian context.

Style:

Level 2: Meets expectations

Strengths: The language is generally clear and appropriate for an academic audience.

Areas for Improvement: Some sentences could be clarified, and some connections between paragraphs could be strengthened.

Conventions:

Level 2: Meets expectations

Strengths: The response is mostly error-free, but there are some issues with grammar and punctuation.

2- وفق بعض الدراسات الموثوقة، هنالك علاقة إحصائية دالة ما بين منسوب الإبداع الفردي وما بين بعض الاضطرابات النفسية (مثل الاكتئاب، ثنائي القطب، الصدمات النفسية، القلق...الخ). أمثلة: فرجينيا وولف، فدوى طوقان، جبرا إبراهيم جبرا، جبران خليل جبران، سيجموند فرويد وغيرهم). فإذا ما اعتبرنا أن الإبداع الفني والأدبي الأصل ينشأ كحل للصراع النفسي الداخلي، هل يؤدي تخلص الفرد من تآزماته النفسية عبر العلاج النفسي إلى نزع الحاجة المتأصلة إلى الإنتاج الإبداعي الفني؟ وبالتالي، هل يمكن النظر إلى بعض الاضطرابات النفسية على أنها جزء من الطبيعة البشرية على مر العصور والتي قد لا يكون من الملائم دائماً زجها في خانة (الشذوذ النفسي)؟ (لا يزيد عن 800 كلمة)

The connection between creativity and mental illness has roots tracing back to Freudian psychology; which suggested that any form of creative art production was an embodiment of a repressed internal conflict (Freud, 1983). Yet another definition of creativity is the ability to produce novel ideas or concepts in response to an existing need; in the case of suffering from a mental illness, this urge for finding stable grounds may provoke the patient into thinking in new ways that will enable him to free himself from the grip of the disorder's control (Kaikkonen & Kähmi, 2014), as a result creativity ensues in the form of expressive arts; writing, painting, sculpting...etc., this in turn significantly improves the psychological functioning of the individual and diminishes the effect of the mental disorder (Ourtani, 2021).

However, this does not mean that getting rid of the disorder would necessarily eliminate creativity; in-fact severe mental disorders have been associated with a decreased creativity due to distressed mental state the patient might have (Ourtani, 2021). Traditional therapy, such as CBT, does help patients manage their internal struggles and overall strengthen their coping mechanism (Beck, 2011), but not necessarily eliminate them, and the nature of creativity in subclinical disorders would be different in nature, which would suggest an increased sense of awareness and artistic expression after therapy (Kaikkonen & Kähmi, 2014).

We still have to deal with the disorder classification due to the necessity in how to therapeutically approach and treat rather than reducing the human being to his flawed symptoms.

**Commented [NK20]:** A good beginning

**Commented [NK21]:** This is a good evidence for your point

**Commented [NK22]:** I like this comparison between the two approaches, this sounds like a good introduction to the main discussion, but since the answer is too short - although you have 800 words here, one cannot fully grasp the idea you are referring to.

**Commented [NK23]:** This is good. The beginning above is very good and promising, I think the student should have continued the answer by providing more arguments to her answer.



**References mentioned here:**

Freud, S. (1983). I. Creative Writers and Daydreaming. In *Literature and psychoanalysis* (pp. 19-28). Columbia University Press.

Ourtani, T. (2021). The relationship between creativity and mental illness: a systematic review: I would like to express my deepest appreciation to Dr Athina Manoli, my first supervisor, for her dedication and friendly supervision. I would also like to express my gratitude to Dr Georgina Hosang, my final supervisor. *ScienceOpen Preprints*.

Kaikkonen, N., & Kähmi, K. (2014). Creativity and mental disorders—is there a connection?. *Scriptum: Creative Writing Research Journal*, 1(1).

Beck, J. S. (2011). Cognitive-behavioral therapy. *Clinical textbook of addictive disorders*, 491, 474-501.

## Question 2.B- Evaluation

Thesis/Focus:

Level 2: Meets Expectations

-Strengths: Dina's thesis explores the connection between creativity and mental illness, referencing Freudian psychology and other perspectives.

-Areas for Improvement: The thesis could be clearer and more directly stated. The response lacks a strong, cohesive argument **tying all points together.**

Organization:

Level 3: Approaches Expectations

Strengths: The response is divided into distinct sections that discuss different aspects of the creativity-mental illness relationship.

Areas for Improvement: **The transitions between sections are abrupt,** and the overall structure could be improved. Clearer, more logical progression of ideas would enhance readability.

Support:

Level 2: Meets Expectations

Strengths: Dina references various sources to support her arguments, including Freudian psychology, contemporary studies, and specific therapies.

Areas for Improvement: The support could be more detailed and specific. For example, providing concrete examples of individuals who exemplify the creativity-mental illness connection would strengthen the argument. Some points are vaguely supported and could benefit from more in-depth explanation (since the student has more word-count to use).

Sources:

Level 1: Excellent

Strengths: Dina uses a variety of sources to support her points, showing an understanding of the literature on the topic.

Style:

Level 2: Meets Expectations

Strengths: The language is generally clear and appropriate for an academic audience.

Areas for Improvement: Having a clear thesis at the beginning, and tying all points together (as in the first comment) would make the writing style stronger.

Conventions:

Level 2: Meets Expectations

Strengths: The response is mostly error-free, but there are some issues with grammar and punctuation.

**Additional comments on this answer (2.B):**

1-Freudian Perspective: Dina references Freud's theory that creative art production is an embodiment of repressed internal conflict. However, the explanation of Freud's perspective could be more detailed, providing examples of how this theory has been applied in real cases (and there are many resources on this).

2-Contemporary Perspective: Dina discusses how creativity can be a response to the need for stability in mental illness and references contemporary studies. However, the discussion could benefit from more detailed examples and a clearer connection between the studies and the argument.

3- Therapeutic Perspective: Dina mentions traditional therapies like CBT and their role in managing internal struggles. However, the explanation could be more detailed, discussing how these therapies specifically impact creativity.

4-Conclusion: Dina concludes by emphasizing the necessity of disorder classification for therapeutic purposes. But the conclusion is somewhat vague and does not clearly tie together the main points of the response. A stronger, more concise conclusion would enhance the overall argument.