

Student Name: Mishleen Marcos					
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			5	
	Q2.A			5	
	Q2.B		7		
	Average:	5.75			
Organization (8)	Q1.A			5	
	Q1.B			5	
	Q2.A			5	
	Q2.B		7		
	Average:	5.5			
Support (8)	Q1.A		6		
	Q1.B		6		
	Q2.A			5	
	Q2.B		7		
	Average:	6			
Sources (8)	Q1.A		6		
	Q1.B		7		
	Q2.A		7		
	Q2.B:	8			
	Average	7			
Style (8)	Q1.A			5	
	Q1.B			5	
	Q2.A		6		
	Q2.B			5	
	Average:	5.25			
Conventions (8)	Q1.A		6		
	Q1.B		6		
	Q2.A		6		
	Q2.B		7		
	Average:	6.25			
Relevance and reference to the course material (8)	Q1.A		7		
	Q1.B		7		
	Q2.A	8			
	Q2.B	8			
	Average:	7.5			
Bonus	5				
Total Grade (56)		48.25			
Total grade weight (30%)		26			



Dar Al-Kalama University

Post-Graduate Department

Art Therapy

Psychopathology - PSYC5311-

Final Exam

By: Mishleen Judeh Marcos

Student No. 23180170

Supervised by: Dr. Nawras Kurzom

Summer 2024

Question 1:

A- Preliminary diagnosis of the condition:

After reading the case and symptoms carefully, the student has examined the cases of Generalized Anxiety Disorder (GAD), Major Depressive Disorder (MDD) and Post-Traumatic Stress Disorder (PTSD). Based on the mentioned symptoms and occurring the injury of (X)'s brother traumatic event, and according to the DSM-5- TR, it appears that condition (X) is suffering from Post-Traumatic Stress Disorder (PTSD) and still on an ongoing trauma. The causes that match DSM-5-TR include:

According to criteria (A):

Exposure to actual or serious injury (which in this case, the injury of her brother) in the following ways:

- Directly experienced the traumatic event.
- Witnessing, in person, the event as it occurred to others.
- Learning that the traumatic event occurred to a close family member, the event must have been violent or accidental.
- Experiencing repeated or extreme exposure to aversive details of the traumatic event.

According to criteria (B): Presence of:

- Recurrent, involuntary, and intrusive distressing memories of the traumatic event. Also, recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event.
- Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring.
- Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
- Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event.

According to criteria (D):

- Negative alterations in cognitions and mood associated with the traumatic event, beginning or worsening after the traumatic event occurred. As evidenced by: (1) Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world. (2) Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others. (3) Persistent negative emotional state. (4) Markedly diminished interest or participation in significant activities. (5) Persistent inability to experience positive emotions.

According to criteria (E):

Commented [NK1]: You didn't provide justification for these two diagnoses...

Commented [NK2]: This is true

Commented [NK3]: Ok, you got some diagnosis right, but you only discuss the symptoms related to PTSD and then the nightmare disorders, while you don't provide enough evidence for the other disorders you mentioned at the beginning of your answer: depression and GAD. I believe you should re-write this answer in a more concise and clear way

- Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by: Irritable behavior and angry outbursts, hypervigilance, sleep disturbance.

According to criteria (F, G, H):

- Duration of the disturbance (Criteria B, C, D, and E) is more than 1 month.
- The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- The disturbance is not attributable to the physiological effects of a substance.

Additionally, referring to the symptoms of (X) it might be associated with Tobacco-related disorders and according to the results of Cloonan et al. in 2019 study, Cigarette smoke induces harmful changes in most lung cells. Additionally, it disrupts iron homeostasis in these cells, suggesting a common pathogenic mechanism. Evidence highlights the importance of iron regulation in health (Cloonan et al., 2019). As well as associated with Severe persistent Nightmare Disorder that march with the criteria of DSM-5-TR such as:

- Repeated occurrences of extended, extremely dysphoric, and well-remembered dreams that usually involve efforts to avoid threats to survival, security, or physical integrity and that generally occur during the second half of the major sleep episode.
- On awakening from the dysphoric dreams, the individual rapidly becomes oriented and alert.
- The sleep disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Cloonan, S. M., Zhang, W. Z., & Butler, J. J. (2019). Smoking-induced iron dysregulation in the lung. *Free Radical Biology and Medicine*, 133, 238-247. <https://doi.org/10.1016/j.freeradbiomed.2018.07.024>

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders: Fifth edition text revision (DSM-5-TR)*. American Psychiatric Publishing. <https://doi.org/10.1176/appi.books.9780890425787>

Commented [NK4]: Might be, but the justification you provided is purely medical and not psychological...thus, from the justification you provided, you can't diagnose tobacco-related disorders...you should refer to the exact criteria in the DSM in this regards, and if you use a study, it should be related to psychological symptoms and not only medical symptoms....

Commented [NK5]: This is correct....

Commented [NK6]: Also, please be aware of the exact word count (500 words)

Commented [NK7]: Again, this could be used, but we need another evidence from a psychological perspective....

Q1.A. Evaluation:

Thesis/Focus:

Level 2: Meets Expectations

Your thesis is somewhat clear, but it lacks focus and depth. You correctly identify PTSD as a possible diagnosis based on the DSM-5-TR criteria. However, your mention of Generalized Anxiety Disorder (GAD) and Major Depressive Disorder (MDD) is not well-integrated into your argument. You need to clearly state your main diagnosis and how you ruled out other possible conditions.

Organization:

Level 3: Approaches Expectations

Your response is somewhat organized, but there is room for improvement. You list the criteria for PTSD and align them with the patient's symptoms, which is good. However, the overall structure could be more coherent. The sections on tobacco-related disorders and nightmare disorder seem to disrupt the flow of your argument. Ensure each part of your answer is clearly connected and relevant to the primary diagnosis.

Support:

Level 2: Meets Expectations

You provide some support for your diagnosis using the DSM-5-TR criteria, but it could be more detailed and specific. For example, you should include more specific examples from the case study that directly illustrate each criterion. Additionally, while you mention tobacco-related disorders and nightmare disorder, you do not sufficiently explain how these relate to the primary diagnosis or why they are relevant.

Sources:

Level 2: Meets Expectations

You use the DSM-5-TR effectively as a primary source to support your diagnosis. The inclusion of the Cloonan et al. (2019) study is good, but it feels out of place without proper context or explanation of its relevance. Make sure to integrate sources seamlessly into your narrative and explain their significance.

Style:

Level 3: Approaches Expectations

Your writing is generally clear but could be more polished. Some sentences are unclear, and there are minor grammatical errors. Improving sentence structure and ensuring a consistent tone throughout will enhance the readability of your response.

Conventions:

Level 2: Meets Expectations

There are a few grammatical and syntactical errors reducing the clarity of your response. Additionally, ensure all acronyms are defined upon first use, such as DSM-5-TR.

B- Treatment Plan Design:

According to AI (Chat GPT - 4), the treatment plan that was suggested:

Concise Treatment Plan for PTSD for Case (X):

1. Psychotherapy

- Trauma-Focused CBT:
 - Cognitive Restructuring: Address and change negative thoughts.
 - Exposure Therapy: Gradual exposure to trauma memories.
- EMDR: Use eye movements to process traumatic memories.

2. Medication

- SSRIs: Sertraline (Zoloft) or Paroxetine (Paxil) to reduce PTSD symptoms.
- Prazosin: For nightmares and sleep issues.
- Adjunctive Medications: Mood stabilizers or atypical antipsychotics for severe symptoms.

3. Supportive Interventions

- Psychoeducation: Educate (X) and her family about PTSD.
- Support Groups: Encourage participation in PTSD support groups.
- Lifestyle Modifications: Promote good sleep hygiene and regular exercise.

4. Addressing Tobacco-Related Disorders

- Smoking Cessation Programs: Use NRT, counseling, and medications like Bupropion or Varenicline.
- Monitoring Iron Levels: Regular check-ups and dietary adjustments.

5. Monitoring and Follow-Up

- Regular Appointments: Schedule frequent follow-ups to monitor progress.
- Outcome Measurement: Use standardized tools to assess treatment efficacy.

Commented [NK8]: Good, but can be summarized a bit

The student's opinion on AI and how can it be improved:

The suggested approaches are comprehensive and well-structured, focusing on crucial aspects of psychotherapy, medication, supportive interventions, and addressing tobacco-related disorders. Specifically, the use of trauma-focused CBT, including cognitive restructuring and exposure Therapy, alongside EMDR, provides a robust framework for addressing trauma. Support through psychoeducation, support groups, and lifestyle modifications is also highly beneficial.

Commented [NK9]: This should not be the focus of the answer, as it was not justified as a disorder for the case in your previous answer. There is no sufficient data in the case description to support this diagnosis. You might have focused more on the main diagnosis that you provided in the first section (PTSD)

According to the study that was mentioned in the research of Harvey et al. in 2003 A treatment study of victims of a terrorist bomb attack in Omagh, Northern Ireland has been reported. In this study, 91 consecutive individuals with PTSD were given a cognitive therapy program that focused on imaginal and in vivo exposure, reappraising the event and its aftermath, and reducing unhelpful behavioral and cognitive strategies. This therapy approach differed from previous CBT protocols by intentionally structuring the reliving aspects of therapy to facilitate reappraisals of the experience. A distinctive feature of this project was that it accepted all potential participants and therapy was conducted by community counsellors who received relatively brief instruction in the cognitive therapy protocol. Following an average of eight sessions of treatment, there was marked improvement in PTSD symptoms in treated individuals. The results indicated an impressive effect size (2.47) at posttreatment on the Posttraumatic Diagnostic Scale (PDS) (Harvey et al., 2003).

Commented [NK10]: Please make this more concise, as it is a secondary detail in your answer

Also, to the study of Giovanni in 2019, mentions that alongside EMDR is a high cost-benefits treatment so it is good to implement it in the national mental care services. EMDR has shown its effectiveness with intellectual disabled patients, war veterans and civilians. The difference of effectiveness between EMDR and TF-CBT is not statistically significant for the simple PTSD cases and because of that the therapist has the responsibility to choose the best treatment for the patient (Giovanni, 2019).

However, instead of the medication plan which includes SSRIs, Prazosin, and adjunctive medications such as mood stabilizers or atypical antipsychotics, I suggest incorporating art and music therapy. These therapies can offer non-verbal outlets for expression and emotional processing, which may be particularly effective for someone with ongoing trauma. Art therapy helps in rebuilding brain pathways, relieving stress, and providing cognitive rehabilitation. Its effectiveness alone is not strongly supported by evidence, but it shows promise when combined with other therapies like CBT (Chbeir, 2018), while music therapy can music therapy indicates that music can positively affect brain chemistry and structure, helping in the treatment of PTSD. Music therapy can improve emotional regulation, reduce stress, and enhance cognitive processing of emotions. Studies show that music therapy can reduce hypervigilance by enhancing connections

between brain areas like the prefrontal cortex and amygdala/hippocampus. The neuroception theory suggests that music can decrease hypervigilance by activating the social engagement system, leading to downregulation of arousal. In trauma therapy, music helps build inner resources, supports the narration of trauma stories, and facilitates the processing of traumatic memories, allowing them to be symbolized and placed in the past (Beck et al., 2018). This holistic approach might better align with Case (X)'s interests and needs, providing a complementary path to healing alongside the other therapeutic interventions.

In my opinion, one approach could be to incorporate her interests into the therapeutic sessions. For instance, some sessions might focus on discussing the works and quotes of Arthur Schopenhauer, potentially expressing these ideas through art. Another suggestion is to encourage her to practice writing about her feelings, which can then be discussed with the therapist.

References:

Beck, B. D., Lund, S. T., Søgaaard, U., Simonsen, E., Tellier, T. C., Cordtz, T. O., Laier, G. H., & Moe, T. (2018). Music therapy versus treatment as usual for refugees diagnosed with posttraumatic stress disorder (PTSD): Study protocol for a randomized controlled trial. *Trials*, 19(1), 301. <https://doi.org/10.1186/s13063-018-2662-z>

Chbeir, S. (2018). From PTSD to dementia, can art therapy be useful for prevention and intervention? (Capstone Thesis). Lesley University. Retrieved from https://digitalcommons.lesley.edu/expressive_theses/32

Harvey, A. G., Bryant, R. A., & Tarrier, N. (2003). Cognitive behaviour therapy for posttraumatic stress disorder. *Clinical Psychology Review*, 23(4), 501-522. [https://doi.org/10.1016/S0272-7358\(03\)00035-7](https://doi.org/10.1016/S0272-7358(03)00035-7)

OpenAI. (2024). ChatGPT (GPT-4). OpenAI. <https://www.openai.com/chatgpt-4>

Commented [NK11]: But the question is asking about three general points:
1- what do you think about the AI treatment plan?
2- Can we rely on this treatment plan as it is?
3- are there other AI tools that are more accurate in this context?
I didn't see an organized answer to these points....

Q.1.B Evaluation:

Thesis/Focus:

Level 3: Approaches Expectations

Your thesis is somewhat clear, but it lacks a strong focus. You begin by summarizing the AI-generated treatment plan but do not explicitly state your position or how you plan to critique and improve it. A clearer introductory statement outlining your approach would enhance the focus.

Organization:

Level 3: Approaches Expectations

Your response is somewhat organized, but there is room for improvement. The structure is logical, with a summary of the AI-generated plan followed by your critique and suggestions. However, transitions between sections are abrupt, and some points are not fully developed. Better integration of your critique and suggestions with the AI-generated plan would improve coherence.

Support:

Level 2: Meets Expectations

You provide solid support for the AI-generated treatment plan and your suggestions. You effectively use studies and literature to back your points. However, some are not fully integrated into your argument. More detailed examples and case studies would strengthen your analysis.

Sources:

Level 2: Meets Expectations

You use a variety of credible sources to support your analysis and suggestions. The references are appropriate and correctly cited. However, integrating these sources more seamlessly into your narrative and explaining their significance would strengthen your argument.

Style:

Level 3: Approaches Expectations

Your writing is clear but could be more polished. Some sentences are unclear, and there are minor grammatical errors. Improving sentence structure and ensuring a consistent, professional tone throughout will enhance readability and impact.

Conventions:

Level 2: Meets expectations

There are a few grammatical and syntactical errors, for instance, "music therapy can music therapy" is a redundancy that should be corrected.

B-Libertarian psychology:

Traditional psychology is considered to be the foundational base of psychology. Traditional psychology has long been a vital field in understanding human behavior, emotions, and mental processes. It has provided frameworks and theories that help describe and treat various psychological conditions. However, when it comes to complex socio-political issues like the Palestinian situation, traditional psychology may not fully capture the nuances and depth required for a comprehensive understanding (Kurzom, 2024).

Commented [NK12]: nice

What's missing in the traditional psychology for it to match with the Palestinian context?

Psychological disorders in the Palestinian context due to the difficult events that the Palestinian individual goes through, due to a new complex disorder that are not studied and explained by classical Western psychology. Therefore, new therapeutic psychological tools need to be developed to address them (Ghadeer Mahajneh, 2024).

Commented [NK13]: Please be aware of the clarity of your writing

Commented [NK14]: Only the family's name is sufficient (Mahajne, 2024)

A prime example of the unique psychological disorders in the Palestinian context is a Palestinian individual in Gaza who has lost their home, all their belongings, and most of their family members. This traumatic experience results in a combination of depression, dissociation from reality, severe stress, and a loss of meaning in life, described as the physio-psychological reaction to total loss. Addressing such a case scientifically requires a blend of different and new therapeutic approaches that are currently under study. Also, a Palestinian individual crossing a security checkpoint between cities experiences a mix of tension, imagining worst-case scenarios (such as being shot at or around), and anxiety. Physiological symptoms include an increased heart rate, muscle spasms, and more. This is described as the physio-psychological reaction when crossing a security checkpoint (Kurzom, 2024).

"Psychoanalysis can't be the only tool. Which is why it's important to have these conversations with indigenous folks and Palestinian clinicians specifically. They're not just using psychoanalysis alone; psychoanalysis can never be the site of revolution or liberation alone. It can be one of many tools that we're using, and I think that's the other piece, flipping it on its head where a Eurocentric psychoanalysis comes to be used as an individualistic and atomized process, too. It becomes the

only way through, the only way to salvation. It becomes a messianic process. We're saying no, what if we could think about psychoanalysis as one of many tools along the way?" (Sheehi, 2023)

Commented [NK15]: This is good, but please try to avoid long quotes in the future, specifically if you are restricted by a limited word count

Sheehi (2023) argues that psychoanalysis should be one of many tools for revolution and liberation, not the sole method. Integrating diverse perspectives challenges the Eurocentric, individualistic approach often associated with psychoanalysis. Practicing Resistance in Palestine unpacks the intersection of psychoanalysis as a psychological practice in Palestine, while also advancing a set of therapeutic theories in which to critically engage and "read" the politically complex array of conditions that define life for Palestinians living under Israeli occupation.

Which she was heavily influenced by Frantz Fanon, especially in his book 'Wretched of the Earth', Frantz Fanon analyses the effects of colonialism on societies by examining the process of decolonization and psychoanalysis of the independence movements around the globe. This book also highlights how colonialism dehumanized the native (colonized) and the explicit need for a violent response to overthrow colonialism through any means necessary. Fanon also portrays an image that colonialism is both created and sustained by violence and can only be destroyed by violence (Fanon, 1963).

Commented [NK16]: Please be aware of paragraph connections: how to properly connect paragraphs

Fanon argues that "you fight fire with fire" since colonialism was instigated and enforced by force. This, he believed, would give societies the political and moral authority to free themselves by any means necessary. For Fanon "Decolonolism is always a violent phenomenon". The center of his argument is that violence serves two purposes, firstly, to destroy the colonial system especially when one side is more dominant, carrying all the power and weapons; and secondly, to serve as a psychological tool (Fanon, 1963).

Commented [NK17]: This is a very good reference or this discussion, however, I am afraid that the current writing style does not convey the intended ideas -by the student- in the best way, we should work on this in the upcoming thesis

He also influenced liberation movements and struggles in Africa, Asia, and South America. Fanon's work is relevant because it was written during the height of colonialism, However, despite his achievements and views, it can be argued that the legacy of colonialism still lives on. The military footprints may have been left, nevertheless the economic, institutional and psychological legacies are still visible in many parts of developing countries today (Fanon, 1963).

As there are no foundations for the concept of liberation psychology to work alone. Pushing the theoretical and conceptual contributions of community psychology further in (1) examining definitions of oppression and liberation, (2) incorporating "traditional" concepts of psychology such as emotions, cognition, and identity into a psychology of liberation, (3) further developing concepts relevant to a liberation psychology— diversity, action-research, resistance, and (4) exploring variations across populations, settings, and nations. It is not about creating a unified theory of liberation psychology prematurely; on the contrary, the aim was to highlight how liberation and oppression vary by historical circumstances and by settings (Watts & Serrano-García, 2003).

In the research of Watts & Serrano-García, 2003 mentions that authors agree that resistance does not emerge spontaneously or easily. They emphasize the need for the development of critical consciousness among the oppressed. Some see it as indispensable in the reclamation of devalued and lost identities, while others describe how an awareness of structural violence can be a first step toward social change. Another suggests that current theorists of critical consciousness development must enrich their cognitive orientation with emotional considerations. Additionally, some emphasize critical consciousness and place it in the broader context of sociopolitical development. They describe it as a “process of growth in a person’s knowledge, analytical skills, emotional faculties, and capacity for action in political and social systems.” (Watts & Serrano-García, 2003).

Commented [NK18]: The phrase doesn't sound right (grammar).

Liberation psychology focuses on understanding the psychological and emotional interactions of individuals within oppressive systems, such as the Israeli occupation. In the case of (X), this approach adds an important dimension to understanding her condition by emphasizing the social and political context in which she lives. (X) is experiencing psychological effects from a violent event that injured her brother, which is part of a broader collective experience of violence and oppression. This perspective helps view her psychological symptoms not merely as an individual response to trauma but as part of a wider collective experience, thereby enhancing a comprehensive understanding of her situation.

In my opinion, liberation psychology encourages seeing individuals as active resisters rather than mere victims. (X) shows psychological resistance through her interest in reading, writing, and philosophy, activities that can be used as means to reclaim a sense of dignity and identity. Raising critical awareness helps (X) understand how the occupation impacts her psychological state, enabling her to better manage her negative emotions. Additionally, community support and group therapy can provide solidarity and strength through shared experiences, reducing feelings of isolation and enhancing (X)'s ability to cope with her negative thoughts and emotions.

Commented [NK19]: You refer to important previous studies and books, which is nice. But the discussion and writing style makes it difficult to draw conclusions or to answer the main points of the question. Since this is a bonus question, you earned extra 5 points on this section

References:

Fanon, F. (1963). *The wretched of the earth* (C. Farrington, Trans.). Grove Press. (Original work published 1961)

Kurzom, N. (2024). Psychopathology lecture #1 [PowerPoint slides]. Dar Al-Kalima University.

Commented [NK20]: It is good that you referred to this, as it is directly related

Sheehi, L. (2023, February). Interview with Lara Sheehi. The Racial Imaginary Institute. <https://www.theracialimaginary.org/viewing-room/interview-with-lara-sheehi>

Sheehi, L., & Sheehi, S. (2021). *Psychoanalysis under occupation: Practicing resistance in Palestine* (1st ed.). Routledge.

Commented [NK21]: This is a very good reference on this subject

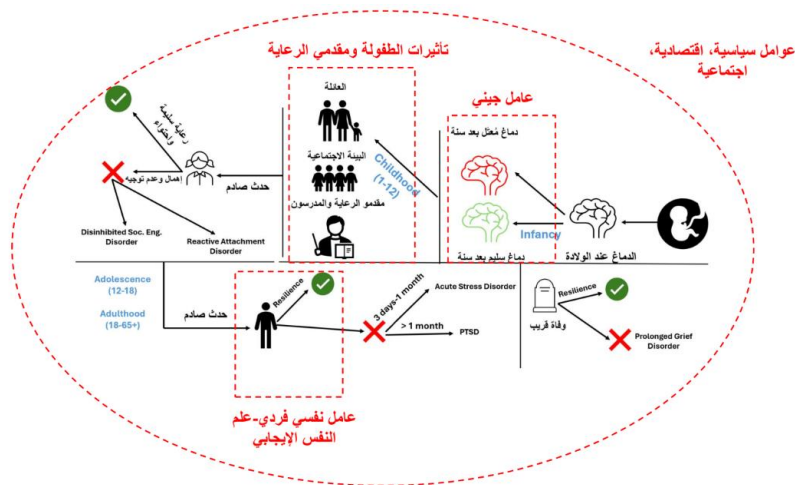
Watts, R. J., & Serrano-García, I. (2003). The quest for a liberating community psychology: An overview. *American Journal of Community Psychology*, 31(1/2), 73-78. <https://doi.org/10.1023/A:1023022603667>

Question 2:

Part 1: There are many thought-provoking ideas for the conflicts of the future which seem sadly inevitable.

According to the above-mentioned diagram by Kurzom 2024, genetic factors are crucial in early life. Healthy brain development in infancy builds resilience against future mental health issues, while problematic development can lead to challenges later on.

Commented [NK22]: It is nice to refer to this diagram, very informative for this answer



Family and social environments, particularly the role of caregivers and educators during childhood, are essential for healthy psychological development. Neglect and lack of guidance can lead to disorders like disinhibited social engagement disorder and reactive attachment disorder. Additionally, during adolescence (12-18 years) and adulthood (18-65+ years), resilience helps individuals cope with traumatic events. Traumatic events can lead to Acute Stress Disorder (within 3 days to 1 month) or PTSD (if lasting more than a month). The death of a close one can cause prolonged grief disorder without adequate resilience. Also, political,

economic, and social factors significantly influence mental health throughout life. Economic stability, political climate, and social support systems play crucial roles. Positive psychology principles are essential in developing resilience. Practices such as fostering optimism, gratitude, and strong social connections enhance the ability to cope with stress and adversity.

Commented [NK23]: This is good in general

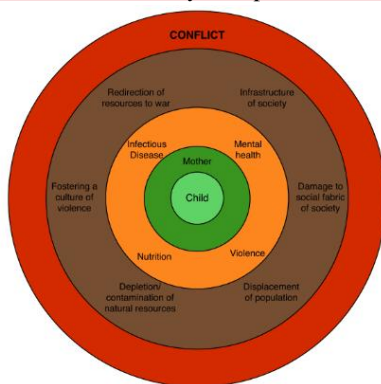


Figure 1 Direct effects (orange) and indirect effects- as described by Levy [5] - (brown) of conflict on mother and child.

In results, it is important to mention that mental health conditions are often passed from one generation to the next. These conditions are prevalent during conflicts and are exacerbated by the breakdown of mental health services, community coping strategies, increased stress levels, and drug and alcohol use. The most common conditions include depression, anxiety, and psychosomatic disorders. However, the most widely studied condition in relation to conflict is post-traumatic stress disorder (PTSD) (Devakumar et al., 2014), which is precisely what is occurring in Palestinian society.

Commented [NK24]: This image should be properly cited with a caption under the image

Speaking about the Palestinian's individuals, and taking into consideration the continuous conflicts since 1948, all options to reach an alternative peaceful solution have rarely been exhausted. The harm to health may be long-lasting within an individual's lifetime is well established, but there is increasing awareness that adverse effects may continue through intergenerational biological mechanisms. The Palestinians life course is sensitive to the environments in which we, our parents, and grandfathers were conceived and grew up.

On the other hand, following the steps that the generations had to follow or try to develop relating to their life at that moment and at the same time trying to apply the required development for the reasons to tracking the digital development in life.

"The older generation no longer constitutes an actual reference for the rising generation, at least in terms of knowledge. The rising generation knows more than the older generation and is proficient in dealing with information technologies and their rules. In fact, it sometimes explains these technologies to the older generation to the extent that the new generation has become the reference for the older generation when they struggle with the operational secrets of these

technologies. The new generation is in the process of replacing the reference of the older generation with the reference of the WWW network. They have increasingly become independent of the older generation, turning instead to the ".com" parenthood. Here, the features of a crisis in the relationship with the older generation emerge, as their authority and legitimacy have been exhausted, having lost their reference. However, these elders still control the fates of the youth in terms of reality, which has led to a kind of resentment in being controlled by those who have lost their legitimacy. Consequently, their authority has become questionable, while the youth and their ambitions are increasingly challenging it, leading to a compounded sense of frustration in the vision that opens the eyes." Written by Mustafa Hijazi in 2007 (Kurzom, 2024).

Commented [NK25]: A nice quote, but we always try to avoid long quotes like this in our research, especially since the required word count is limited here. This can be either rephrased in your own words, or added as a footnote, such that it is not counted from the main text's word count

As computers, smartphones, and other devices become increasingly integral to our lives, communication has become more mediated by technology. This shift raises important questions about how we offer and deliver interventions for people with mental health problems, especially those seeking help from services. While technology enables new ways of connecting, there is concern that it may disrupt the feedback loops essential for healthy two-way communication.

Commented [NK26]: Please be aware how you transition between different ideas in the different paragraphs.....

Furthermore, it is crucial to discuss the impact of games on mental health. In the essay by Da Cruz discusses Corey Mead's book "War Play," which explores the use of video games by the US military as a cost-effective teaching tool in the face of budget cuts and sequestration. Video games are beneficial for teaching new skills such as combat training and cultural sensitivity because they can be updated in real time to ensure current instruction. Prominent figures like President Barack Obama have supported the use of educational games. Military training has shifted from Cold War-era tactics to post-9/11 strategies, focusing on cyberspace and advanced technology. Modern training tools like Urban Sim and VBS2 stem from the historical use of games like Mech War and America's Army. Beyond the battlefield, video games also help treat PTSD and assist soldiers in reintegrating into society (Da Cruz, 2014).

Psychologists have limited knowledge about ordinary people's flourishing, and psychology has primarily focused on healing since World War II. Positive psychology aims to shift this focus to cultivating positive qualities and fostering thriving in individuals, families, and communities. This approach aims to achieve scientific understanding and create effective interventions for thriving (Seligman & Csikszentmihalyi, 2000).

In my opinion, despite significant technological advancements, the Palestinian individual, particularly in Gaza, has struggled to leverage these developments for a better life due to constant life-threatening conditions. Any plans for building a stable future are often shattered, rendering technological progress ineffective in alleviating their hardships. The lack of hope for stability and the prevailing sense of double standards from the international community perpetuate this instability, impacting their psychological well-being. However, it is noteworthy that Gaza has managed to amplify its voice through media and technology, bringing global attention to its plight despite the challenging circumstances.

Commented [NK27]: This exceeds the word count for this section (should be 600 words maximum). I suggest that this should be re-written considering the following points:
1- summarize the main points in a more concise way
2-pay attention to the exact requirements of the question
3-reduce unnecessary details, only keep the most important ones

References:

Da Cruz, J. de A. (2014). The Age of Digital Conflict: A Review Essay. *Parameters*, 44(3). Retrieved from <https://press.armywarcollege.edu/parameters/vol44/iss3/13>

Devakumar, D., Birch, M., Osrin, D., Sondorp, E., & Wells, J. C. K. (2014). The intergenerational effects of war on the health of children. *BMC Medicine*, 12(1), 57. <https://doi.org/10.1186/1741-7015-12-57>

Kurzom, N. (2024). Psychopathology lecture #11 [PowerPoint slides]. Dar Al-Kalima University.

Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist*, 55(1), 5-14. <https://doi.org/10.1037/0003-066X.55.1.5>

Q.2.A Evaluation:

Thesis/Focus:

Level 3: Approaches Expectations

You address several aspects of the conflict and its impact on future mental health, but your main argument is not explicitly stated. A clearer introductory statement outlining your main point and how you will develop it would enhance focus and coherence.

Organization:

Level 3: Approaches Expectations

You jump from one topic to another without clear transitions, making it difficult to follow your argument. For example, you move from genetic factors to political and economic influences, and then to the impact of technology and video games without clear connections. Structuring your response with clear sections and transitions would improve readability.

Support:

Level 3: Approaches Expectations

You provide some support for your points using references and examples, but it could be more detailed and specific. For instance, your discussion of the intergenerational effects of war is somewhat general and could benefit from more concrete examples. Additionally, while you mention various studies, you do not fully integrate them into your argument or explain their relevance.

Sources:

Level 2: Meets Expectations

You use a variety of credible sources to support your analysis, but they are not always well-integrated into your narrative. For example, you cite a study on the intergenerational effects of war, but you do not explain how it relates to your main argument. More seamless integration and explanation of sources would strengthen your argument.

Style:

Level 2: Meets Expectations

Some sentences are awkward or unclear, and there are minor grammatical errors. Improving sentence structure and ensuring a consistent, professional tone throughout will enhance readability and impact.

Conventions:

Level 2: Meets Expectations

There are a few grammatical and syntactical errors that detract from the clarity of your response. For instance, "The Palestinians life course is sensitive to the environments in which we, our parents, and grandfathers were conceived and grew up" could be rephrased for clarity. Ensuring consistent use of tenses and refining some phrasings would improve the clarity and professionalism of your writing.

Part 2:

Cesare Lombroso, an Italian criminologist, anthropologist, and psychiatrist, was the first researcher to investigate the connections between exceptional talent and mental illnesses. His findings, based on the histories of well-known individuals, indicated a correlation between genius, various mental illnesses, and addictions. He also observed that drunkenness and mental diseases frequently appeared in the families of well-known individuals (Rybakowski et al., 2008).

Commented [NK28]: That's correct and interesting

Deviance, a key determinant of psychologically abnormal behavior, refers to actions that diverge from what is customary within a specific social and cultural framework. This concept heavily relies on statistical analysis to determine the frequency of particular behaviors within a society and assess the degree to which an individual's actions deviate from the average collective behavior. By examining these deviations, psychologists and researchers can identify patterns of behavior that fall outside the normative range, thereby categorizing them as abnormal (Kurzom, 2024). Although

Commented [NK29]: Again, be aware how you transition between different ideas

a genius or gifted individual may be seen differently by their environment, they are not categorized as having a "mental illness" (Kurzom, 2024).

Researchers have long been fascinated with the possibility of co-occurrence of outstanding creativity and psychopathological changes within a person. Aristotle, in his work *Problemata*, reflected on the presence of mental disorders among prominent individuals, noting the frequent occurrence of melancholia in notable people of his time (Rybakowski et al., 2008). Plato and Aristotle considered that creative individuals (such as artists and poets) possess a kind of psychological madness, but they distinguished between creative mania and clinical mania (Kurzom, 2024). Anecdotally, there are many examples of striking associations between creativity and mood disorders, particularly bipolar disorder. For example, Vincent Van Gogh suffered from a mood disorder during much of his short adult life before committing suicide at age 37. In the last year and a half of his life, he experienced severe bouts of both psychotic mania and psychotic depression, yet he produced more than 300 of his greatest works during this period (Andreasen, 2008).

The main point is that creative people are often distinguished by broad interests, fascination with complex problems, great vigor, independent views, autonomy, intuition, self-confidence, and the capacity to resolve contradictions (Rybakowski et al., 2008). Resolving psychological crises through therapy does not eliminate the need for creative artistic expression. In fact, therapy can enhance creativity by providing a stable psychological environment. While many artists draw inspiration from their challenges, creativity is not inherently tied to suffering. Overcoming psychological issues can open new and more positive avenues for artistic expression. Discussing the relationship between creativity and mental illness, it is also important to consider the opposite perspective that creativity can significantly contribute to positive mental health. Engaging in creative activities can help people alleviate burdens, relax after a hard day, and find meaning in life. In times of crisis, creativity can build resilience and aid recovery from major trauma. Expressive writing, in particular, has been empirically found to be beneficial as a therapeutic process (Kaufman, 2018).

What are some possible reasons that creativity and mental illness might be related? A popular theory is Carson's (2011, 2019) shared vulnerability model. She proposed three traits that creativity and mental illness share: latent inhibition (being unable to filter out irrelevant information), a preference for new things, and hyperconnectivity (when different areas in the brain not usually connected are linked, which can cause senses to overlap). What influences whether a person with this profile is more likely to be creative or to experience mental health problems, moderating these common traits? Strong working memory and high IQ are two protective qualities, according to Carson (Carson, 2019; Carson, 2011).

In my opinion, there is considerable evidence suggesting a connection between creative genius and certain mental health issues. These connections are nuanced and vary by domain and specific illnesses, with some well-studied and others yet to be fully understood. However, creativity also

Commented [NK30]: nice

Commented [NK31]: A good point

Commented [NK32]: I like this, this sound like the main answer of the question, maybe should be emphasized earlier in your answer, and the other information should be mentioned (briefly) as more concise introductions

has a positive impact on mental health. Based on existing research, making definitive statements is challenging, and caution should be exercised regarding anyone claiming the debate is settled. Further conclusions would involve extrapolating findings from eminent creativity to everyday creativity or assuming that findings from one population, measure, diagnosis, or methodology are broadly applicable. Such speculation is ultimately dangerous.

Therefore, while some psychological disorders have been integral to the lives of many creative individuals, viewing these disorders purely as detrimental may overlook their potential role in fostering creativity. It is essential to balance the need for mental health treatment with an understanding of how psychological tension can contribute to creative expression. This nuanced perspective recognizes that psychological disorders can be part of human nature and may not always be classified strictly as mental illnesses or deviations. In conclusion, addressing psychological symptoms through therapy does not necessarily negate artistic creativity. Instead, it can provide individuals with tools to manage their conditions more effectively. Viewing psychological disorders as part of the broader spectrum of human experience allows for a more comprehensive understanding of their impact on creativity.

References:

- Andreasen, N. C. (2008). The relationship between creativity and mood disorders. *Dialogues in Clinical Neuroscience*, 10(2), 251-255.
- Carson, S. H. (2011). Creativity and psychopathology: A shared vulnerability model. *The Canadian Journal of Psychiatry/La Revue Canadienne De Psychiatrie*, 56.
- Carson, S. H. (2019). Creativity and mental illness. In J. C. Kaufman & R. J. Sternberg (Eds.), *The Cambridge handbook of creativity* (2nd ed.). Cambridge University Press.
- Kurzom, N. (2024). Psychopathology lecture #1 [PowerPoint slides]. Dar Al-Kalima University.
- Rybakowski, J., Klonowska, P., Patrzala, A., & Jaracz, J. (2008). Psychopathology and creativity. *Archives of Psychiatry and Psychotherapy*, 10(1), 37-47.

Commented [NK33]: I like the focus and thesis of this answer. It is thoughtful with very good evidence. The main suggestion here is to work on the writing style, including summarizing the main points in a more concise way and to re-arrange some paragraphs as for the reader not to get lost in minor details....well-done for this answer

Q.2B evaluation:

Thesis/Focus:

Level 2: Meets Expectations

You discuss the connection between creativity and mental illness but do not explicitly state your main argument or position until later in the response. A clearer introductory statement outlining your main point and how you plan to develop it would enhance focus and coherence.

Organization:

Level 2: Meets Expectations

You touch on various aspects of the topic without clearly linking them together. For example, you move from discussing Lombroso's findings to deviance, then to historical perspectives on creativity and mental illness, without smooth transitions. Organizing your response into clear sections with appropriate headings and transitions would improve readability and coherence.

Support:

Level 2: Meets Expectations

You provide solid support for your points using references and examples from various sources. However, some references are not fully integrated into your argument or explained in depth. For instance, while you mention Carson's shared vulnerability model, you do not elaborate on how it specifically relates to the cases you discuss. A deeper integration of sources would strengthen your analysis.

Sources:

Level 1: Excellent

You use a variety of credible sources to support your analysis

Style:

Level 3: Approaches Expectations

Some sentences are unclear, and there are minor grammatical errors. For example, "Deviance, a key determinant of psychologically abnormal behavior, refers to actions that diverge from what is customary within a specific social and cultural framework" is a bit unclear, and this is also true for some other sentences. Improving sentence structure and ensuring a consistent tone is important and will make your writing clearer.

Conventions:

Level 2: Meets Expectations

Ensuring consistent use of tenses and refining some phrasings would improve the clarity and professionalism of your writing.