**جامعة بنها**

**كلية الاداب**

**قسم علم النفس زمن الامتحان ساعتان**

**الفرقة الرابعة الاجابة النموذجية**

**امتحان الفصل الدراسى الثانى 2018 فى نصوص نفسية باللغة الانجليزية ( لائحة قديمة )**

**تاريخ الامتحان 23/5/2018**

**اجب عن الأسئلة التالية :**

**السؤال الأول :**

**1-Discuss in details how many kind of aphasia .**

**السؤال الثانى :**

**Explain what we mean by posttraumatic stress disorder .**

**السؤال الثالث : How many stages of memory processing .**

**تنمياتى بالنجاح والتوفيق**

**استاذ المادة د. محمد مرسى**

**السؤال الاول :**

**1-Discuss in details how many kind of aphasia.**

**What is aphasia?**

Aphasia is a disorder that results from damage to portions of the brain that are responsible for language. For most people, these are areas on the left side (hemisphere) of the brain. Aphasia usually occurs suddenly, often as the result of a stroke or head injury, but it may also develop slowly, as in the case of a brain tumor, an infection, or dementia. The disorder impairs the expression and understanding of language as well as reading and writing. Aphasia may co-occur with speech disorders such as dysarthria or apraxia of speech, which also result from brain damage.

Who has aphasia?

Anyone can acquire aphasia, including children, but most people who have aphasia are middle-aged or older. Men and women are equally affected. According to the National Aphasia Association, approximately 80,000 individuals acquire aphasia each year from strokes. About one million people in the United States currently have aphasia.

What causes aphasia?

Aphasia is caused by damage to one or more of the language areas of the brain. Many times, the cause of the brain injury is a stroke. A stroke occurs when blood is unable to reach a part of the brain. Brain cells die when they do not receive their normal supply of blood, which carries oxygen and important nutrients. Other causes of brain injury are severe blows to the head, brain tumors, brain infections, and other conditions that affect the brain.

What types of aphasia are there?

There are two broad categories of aphasia: fluent and non-fluent.

Damage to the temporal lobe (the side portion) of the brain may result in a fluent aphasia called Wernicke's aphasia (see figure). In most people, the damage occurs in the left temporal lobe, although it can result from damage to the right lobe as well. People with Wernicke's aphasia may speak in long sentences that have no meaning, add unnecessary words, and even create made-up words. For example, someone with Wernicke's aphasia may say, "You know that smoodle pinkered and that I want to get him round and take care of him like you want before." As a result, it is often difficult to follow what the person is trying to say. People with Wernicke's aphasia usually have great difficulty understanding speech, and they are often unaware of their mistakes. These individuals usually have no body weakness because their brain injury is not near the parts of the brain that control movement.

A type of non-fluent aphasia is Broca's aphasia. People with Broca's aphasia have damage to the frontal lobe of the brain. They frequently speak in short phrases that make sense but are produced with great effort. They often omit small words such as "is," "and," and "the." For example, a person with Broca's aphasia may say, "Walk dog," meaning, "I will take the dog for a walk," or "book book two table," for "There are two books on the table." People with Broca's aphasia typically understand the speech of others fairly well. Because of this, they are often aware of their difficulties and can become easily frustrated. People with Broca's aphasia often have right-sided weakness or paralysis of the arm and leg because the frontal lobe is also important for motor movements.

Another type of non-fluent aphasia, global aphasia, results from damage to extensive portions of the language areas of the brain. Individuals with global aphasia have severe communication difficulties and may be extremely limited in their ability to speak or comprehend language.

There are other types of aphasia, each of which results from damage to different language areas in the brain. Some people may have difficulty repeating words and sentences even though they can speak and they understand the meaning of the word or sentence. Others may have difficulty naming objects even though they know what the object is and what it may be used for.

**السؤال الثانى :**

**Explain what we mean by posttraumatic stress disorder .**

Post-traumatic stress disorder (PTSD) is a mental health condition that's triggered by a terrifying event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.

Most people who go through traumatic events may have temporary difficulty adjusting and coping, but with time and good self-care, they usually get better. If the symptoms get worse, last for months or even years, and interfere with your day-to-day functioning, you may have PTSD.

Getting effective treatment after PTSD symptoms develop can be critical to reduce symptoms and improve function.

Symptoms

Post-traumatic stress disorder symptoms may start within one month of a traumatic event, but sometimes symptoms may not appear until years after the event. These symptoms cause significant problems in social or work situations and in relationships. They can also interfere with your ability to go about your normal daily tasks.

PTSD symptoms are generally grouped into four types: intrusive memories, avoidance, negative changes in thinking and mood, and changes in physical and emotional reactions. Symptoms can vary over time or vary from person to person.

**Intrusive memories**

Symptoms of intrusive memories may include:

* Recurrent, unwanted distressing memories of the traumatic event
* Reliving the traumatic event as if it were happening again (flashbacks)
* Upsetting dreams or nightmares about the traumatic event
* Severe emotional distress or physical reactions to something that reminds you of the traumatic event

**Avoidance**

Symptoms of avoidance may include:

* Trying to avoid thinking or talking about the traumatic event
* Avoiding places, activities or people that remind you of the traumatic event

**Negative changes in thinking and mood**

Symptoms of negative changes in thinking and mood may include:

* Negative thoughts about yourself, other people or the world
* Hopelessness about the future
* Memory problems, including not remembering important aspects of the traumatic event
* Difficulty maintaining close relationships
* Feeling detached from family and friends
* Lack of interest in activities you once enjoyed
* Difficulty experiencing positive emotions
* Feeling emotionally numb

**Changes in physical and emotional reactions**

Symptoms of changes in physical and emotional reactions (also called arousal symptoms) may include:

* Being easily startled or frightened
* Always being on guard for danger
* **Self-destructive behavior, such as drinking too much or driving too fast**
* **Trouble sleeping**
* **Trouble concentrating**
* **Irritability, angry outbursts or aggressive behavior**
* **Overwhelming guilt or shame**

**For children 6 years old and younger, signs and symptoms may also include:**

* **Re-enacting the traumatic event or aspects of the traumatic event through play**
* **Frightening dreams that may or may not include aspects of the traumatic event**

**السؤال الثالث How many stages of memory processing .**

An Overview of Memory

While we might take memory for granted, it is actually a complex process that allows us to learn and recall vast amounts of information every moment of every day. It's such a complex process that, although memory has been studied for many years, psychologists aren't entirely sure how it works. What psychologists do know is that the brain's hippocampus, thalamus, and amygdala are all involved in the complex process of memory. They also agree that the three stages involved in the memory process are encoding, storage, and retrieval of information.

|  |
| --- |
| Diagram of stages involved in memory |
| Stages of memory |

Stage 1: Encoding Information

The first stage of memory is encoding. When we are exposed to information of any kind, we take the information and begin processing it in visual, acoustic, and semantic form. This means that we take information, either as a picture or a sound or that we give the information meaning. One way to understand encoding is to think of it as the method that you use to lay the groundwork for remembering information.

Let's look at an example. You look at your professor's phone number on the syllabus because you have a question about an assignment. As you look at the number, you are using visual coding. If you say the number to yourself a couple times as you reach for the phone, you are coding acoustically as well. You might notice that the phone number is just one digit off from an old number your parents used to have when you were younger, and you think about how slim the odds are of something like this happening. The words that you use in your self-talk give meaning to the number, so you have also used semantic coding. The groundwork for remembering your professor's phone number is in place.

Stage 2: Storing Information

Storing information is about keeping the information available so that it can be recalled at a later point. There are two main types of memory, short-term memory (STM) and long-term memory (LTM).

Short-term memory is sometimes referred to as active memory. Information that is in STM lasts only up to 30 seconds, and most adults can store five to nine items in STM. If the information is attended to in some way, it can become part of long-term memory. Information in LTM can last for years or even a lifetime. The information in LTM can be recalled as needed.