Teacher Answer Key

Case Study

1. His symptoms were partial and patterned: seasonal nightmares, arousal, and drinking each September, plus a quiet avoidance structure — a second-floor office — that prevented triggers. Because he functioned, he mistook PTSD for a disorder of total collapse, a misconception the delayed-onset research corrected.
2. The symptoms were downstream of an unprocessed memory his mind still treated as present danger. Safely retelling the descent until its charge extinguished let the memory be filed as past — starving the nightmares and panic at their source, rather than managing each symptom separately forever.

Multiple Choice

1. B
2. C
3. D

Matching

1-C, 2-A, 3-B, 4-E, 5-D

Fill-in-the-Blank

1) month, 2) survivor's, 3) support

Short Answer (Sample Responses)

Q1: Acute stress reactions — nightmares, jumpiness, intrusive images — are the mind's expected response to catastrophe and usually fade as the memory is processed. Framing them as normal prevents pathologizing grief, reduces stigma, and reserves clinical attention for the minority whose symptoms persist and impair life.

Q2: Dust-damaged lungs produce breathlessness that the brain reads as panic; panic accelerates breathing and worsens the breathlessness, confirming the sense of danger. Each condition amplifies the other, so effective care had to treat respiratory and psychological injury together rather than in separate silos.

Q3: Answers will vary. Strong responses note that since most exposed people recovered — and some reported growth — survivors should be addressed as people likely to heal, not presumed permanently damaged; while delayed-onset findings justify keeping doors to care open for decades without pressuring anyone to perform recovery.