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Chapter One

1. Defining psychological abnormality through “the Four D’s” is a great way of breaking down what is considered abnormality. The parts of this are deviance, distress, dysfunction, and danger. *Deviance* is defined by one functioning differently in their behaviors, thoughts and emotions from those that are considered normal. Although no one is truly normal, the textbook explains that certain actions like hating the world or suicidal thoughts are not considered normal (Comer, R & J, 3). According to the norms of the culture, we can define those that are deviant to the culture. Next *distress* means that if one tends to be deviant to the norms of the culture, psychologists must observe if these behaviors or emotions cause them to be emotionally distressed? If they feel distress before acting out abnormally, this is typically a sign of abnormality. *Dysfunction* is the third part of abnormal behavior as if one is experiencing psychological abnormality, this typically affects their everyday functioning which leads to them having difficult social interactions or effectively getting things done. And finally, *danger* is the last part of psychological abnormality as individuals can be a danger to themselves or others around them although this is not always seen in everyone's case. An example of a time when deviance would not be considered abnormal would be a woman running for presidency—although we have not had a woman president, and it is rare, it is appreciated in our current culture. An example of distress not being considered abnormal would be if someone just lost a

pet and they were upset, they are going through something temporarily and it often does not lead to other abnormal behaviors. An example of dysfunction not being abnormal would be when someone begins a new job and they are learning the ropes and what to do so they are not functioning normally or showing their best self because they are learning and not yet confident in their expectations. And finally an example of danger not being abnormal is isaman was speeding on an empty road to get his wife that's in labor to the hospital.

5. The somatogenic perspective regarding abnormal psychological functioning is defined by the view that there are physical factors to abnormality. Emily Kraepelin and Richard von Krafft-Ebing showed that physical factors directly affect mental disorders such as fatigue leading to depression or syphilis leading to delusions or paralysis (Comer, R & J, 12). This perspective suggests that due to a physical change, a mental change is expected. And the psychogenic perspective believes that abnormal functioning is mainly from internal, or mental factors not physical factors. A man named Frederick Anton Mesmer introduced hypnotism that led many people to agree with this psychogenic perspective where he would place people in a “trancelike mental state” (Comer, 13). Studies on hypnotism showed that hysterical disorders or illnesses were often followed by people that were hypnotized such as blindness or paralysis. Both of these perspectives agree that a secondary factor affects the abnormality in a person, but they contrast on whether that factor is mental or physical. I could resonate with the somatogenic perspective simply because my brother had experienced almost a dozen concussions due to sports through his middle and high school years and now he suffers with memory loss and depression and sometimes rage. The physical caused by the concussions but it has led to mental changes. Similarly, I have seen the psychogenic perspective play out in my uncle who served in Iraq

during the war and saw many people, including his friends killed. Being around death and hearing bombs and guns has traumatized him mentally and led him to have severe PTSD.

12. Correlation looks at the ways that different things compare or connect to each other. And the correlation method studies the relationships through research between two different things. So when looking at three hypothetical correlations, there are positive, negative, and unrelated correlations in these things. In order to judge whether there is a correlation between the stress in one's life and the depression they are experiencing, there have actually been tests made to judge life stress scores and depression scores. In our book, this is described as a correlation method. An example that I find relevant to this would be the correlation between how much time someone spends on social media (TikTok) and their monthly bank statement on what they have spent on miscellaneous things other than rent, phone bills, car bills, and food. I find this correlation interesting because there has been a rise in capitalism as influencers and content creators constantly post what they are wearing or what they are cooking with or the new water bottle they have and viewers find these items as necessities when most likely they cannot afford it. And this is connected to mental health as there is an insecurity issue to be like someone else. Positive correlations are typically where the variables change the same way such as the more time spent on TikTok, the more money spent on miscellaneous items. Negative correlations would mean that the two scores are opposite. This would mean that the correlation is not good because someone spends no time on TikTok and yet spends a ton of money on miscellaneous items. And an unrelated correlation typically means that there isn't a known or constant relationship between the two, almost like studying if the amount of hours on TikTok affect the amount of hours on Instagram as the connection is really irrelevant.

17. And some of the early treatments in the video early treatment of mental disorders assumed that psychological disorders were not curable; they just had to be handled by a medical professional that could numb their feelings. These included hydratherapy, where they would spray water or cover patients in wet sheets and sit them in a bath at 98 degrees to sedate them. Another form of therapy was hotboxing where they sat in a box that would almost make them forget about what was going on internally and focus on what was going on externally. And they talked about insulin therapy where they would give patients insulin that would make them drop into a coma or have compulsive episodes. All of these forms of therapy suggest that people dealing with mental disorders could not have a therapy where they voice their feelings and work on relationships, instead they looked for ways to tame an insane person. In my opinion these methods seemed to make the person more insane and more paranoid than before and led to further diagnosing of more intense disorders because of their reactions to such things. I do believe that some mental disorders have conditions in which one must be contained sometimes medically or physically in order to protect them from further damage, but I believe that psychological disorders should have therapy that includes building healthy habits for coping with whatever they are feeling. Under the condition of protecting a person's sanity and their comfortability, new methods should be made that these things can be consented or atleast have a doctor referral that if one is experiencing certain conditions, this is the treatment they advise. It is hard because everyone is created differently so having one method of treatment for a symptom can really harm someone long-term.

19. The DSM-5 is a classification system that has a list of different symptoms, disorders, or categories that follow the guidelines to diagnose someone with a syndrome. The DSM-5 is unique in its classification system as there must be specific symptoms that align with a category

of a disorder and there must be a dimension of how serious the symptoms are. Reliability and validity are two key words when judging the DSM-5. First, *reliability* means that there is evidence amongst various psychologists, scientists and clinicians that agree with a diagnosis according to the symptoms and the level of dimensions. Reliability makes me think of consistency through time to be correct, and also how many different people have seen this method work before? Are the studies consistent? And *validity* means that the DSM-V would be accurate in its information for the diagnosis. This makes me think of what information, experiments, or evidence prove this to be right? Can it be measured? There have been four previous DSM assessment methods which would lead me to believe it to be reliable, as with each new edition leading to the DSM-5, there are more studies, more experiments, and more clinicians verifying that they agree with a diagnosis. And validity is an important criteria for the DSM-5 because there has been so much research, consultations and reviews to confirm the accuracy of their classifications that they are even working on future classifications.

24. A neurological test measures the activity and brain structure of an individual. A well known neurological test is an EEG or electroencephalogram that studies the brain waves. Other tests like this record photos through PET scans, CT scans and MRI scans to study brain activity and brain structures to note anything that seems off. Neuropsychological tests measure the performances on certain tasks according to the mental, perceptual, and motor skills. Depending on the performance, clinicians can find any brain problems that affect memory, coordination, or perception. Typically, they do this through the Bender Visual-motor Gestalt Test that includes patients looking at nine different cards and trying to copy each of them onto a piece of paper based on memory. If they are over the age of 12 and make errors worth noting, it could be a sign of brain damage or brain impairment. Where neurological tests look at the proof of brain

abnormalities from x-rays and studies, neuropsychological tests look at the proof of brain abnormalities in skills or mental behaviors through experiments.

28. There are clinical tests that gather information about an individual's functions psychologically that can lead to broader interpretations about a person. These can be collected through various different tasks for example projective tests. Clients will use different stimuli to complete a task but in that, clinicians can make assumptions about their personalities. These can include the Rorschach test, Thematic Apperception test, Sentence-completion test, and the drawing test. The drawing test is where a clinician will ask a patient to draw something and then evaluate the person's presentation. They study features like what they drew. Did they use color? Were their pencil lines shaky or smooth? Did they fill the background or leave it empty? Were their features large or small? Did they stick to the bare minimum of the task asked to draw or did they use creativity? Based on all of these details of the drawing, these scientists will draw conclusions about the individual's personality. This is primarily used for children as they have yet to explore talking about their feelings or thoughts. The textbook taught us that UNICEF had put on a therapy program for Nigerian refugees and used the drawing test to ask the children to show their feelings. One of the kids drew an attack scene that he had experienced and the drawing test was a way for him to let out the feelings he had from that experience in a way he might have not been able to share before. The most popular drawing test is where the clinician asks a person to draw a person of the opposite sex.

37. Watching the video "Problems in Living" has made me reflect on the ways that I cope with problems that come my way. When interpersonal and romantic relationships have come to an end, I typically resort to a numbness where I try to ignore my pain by staying busy, cleaning, watching Netflix, and often keep my pain to myself. Similar to Lynda, I found myself overly

shopping or overly eating or under-eating as a form of controlling something and distracting my mind. Maybe I am too prideful to share what is really going on or to admit I have been rejected or I have lost the relationship. I remember one relationship that ended in 2018. I actually didn't even tell my family that we broke up until about a month later because I wanted to avoid all of the questions so when they asked how my partner was I would just say he was fine or he was busy. The aftermath of the relationship ending was kind of weird for me because I've seen so many people seeking advice after break ups, voicing their hurts, telling everyone about it and getting really angry; but I really was the opposite. It made me realize that I don't like people knowing about the struggles I have. I know I was sad inside but my behaviors and my everyday activities continued to be the same. Other than divorce, the other problems in living that one might seek professional assistance for is grieving the loss of a loved one, financial issues, discrimination, loss of a job, or even depression or anxiety that sometimes do not have a trigger.