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# Unit 1 Essay Questions

Chapter 1:

1.) Psychological abnormality is loosely defined by the four "D"s, which stand for deviance, distress, dysfunction, and danger. Each "D" represents a certain frame of abnormality that is defined by clinical scientists. There are multiple angles to represent abnormality because of the abstract and variability that abnormality has. The first "D", deviance, refers to any behavior, emotion, or thought that is deviant from the normal response of the situation. An example of deviance would be feeling happy at the thought of harming someone, or laughing when getting fired from their job. However, an example of a time when deviance would not be considered abnormal could arguably when someone has suicidal thoughts after losing their parents, going through financial ruin, and a divorce. Although suicidal thoughts can be considered as "deviant", in the situation where a person is losing everything – suicidal thoughts would not be considered highly abnormal. The second "D" is distress, referring to someone's behavior being unpleasant or upsetting to the individual. An example of distress could be someone going skydiving. Skydiving definitely causes distress and abnormality to the person if they're scared of heights. On the other hand, if the person thrills off the adrenaline and enjoys skydiving, the distress is necessarily not abnormal. The third "D" is dysfunction, which simply means a disturbance with regular, normal functioning. An example where dysfunction would not pertain to abnormality could be an individual leaving their secure, nine to five job in order to pursue social media

influence and art. This dysfunction may look abnormal to possibly an older generation, but this is considered not abnormal to a generation that grew up with the internet. The last "D" is danger, where the individual's behavior puts themselves or others at risk. This may be a little far-fetched, but a situation where danger would not be abnormal would be when the benefit is greater than the danger. For example, if someone was getting robbed and another person put themselves and the other in danger in order to intervene in the robbery – the safety of the two people is a greater benefit than the current danger of the robbery.

10.) What are important differences between case studies and single-subject experiments? Be sure to mention the advantages and disadvantages of each.

A case study is essentially the clinician's objective observation and description of an individual's life and the psychological issues they may live with. The study would include their past history (individual and family), present circumstances, and the symptoms that the individual is experiencing. The clinician may also include their own speculation of how the psychological issue manifested, and what type of treatment is on course in relation to the issue. A single subject experiment is where the effect of an independent variable is observed in a single participant. This type of experiment is utilized when a large sample is not viable. The main difference between a case study and a single subject experiment is that the single subject experiment is utilizing the experimental method, and is observing the effect of a singular variable on a subject. The case study is an observational study, where there is no intentional change to observe a variable's effect. The advantage of a case study is that it becomes the source for new ideas or observations for a certain disorder. The observations from the case study can essentially serve as temporary support to investigate further into a new hypothesis, or disprove another hypothesis. However,

the limitations to a case study is that the study itself is observed by biased clinicians. The evidence from a case study has to truly be reevaluated, since it is subjective evidence. Furthermore, these clinicians can choose what information to include in the case study, and often information is not included in order to favor the clinician's speculation. The advantages of a single subject experiment is that there is a conclusive design. A clinician would clearly be able to state that this single independent variable was what caused the change. In addition, the single subject experiment could be repeated or replicated in order to strengthen the experiment's claims. On the other hand, one would risk the effect of confounds affecting the study. Specific to the single subject experiment, there is no control group to find comparison to.

12.) Describe three hypothetical correlations: positive correlations, negative correlations, and unrelated correlations, and give an example for each.

Correlation in general is the connection between two variables. Correlation is not to be confused with causation – which is the fact that one variable is the cause of another. Positive correlation is when two variables follow the same direction, meaning that if one variable were to decrease, the other would decrease as well. The opposite would be true as well. An odd example of a positive correlation would be the temperature and the amount of ice cream sold. As the temperature increases, it is a reasonable assumption and relationship that the amount of ice cream sold would increase as well. The vice versa situation would seemingly be true, where if the temperature decreases, the amount of ice cream would decrease as well. A more common example of positive correlation would be hours studying and test scores. It is typical that the more a student spends studying, the greater the test score. Vice versa, the less a student spends studying, the lower the test score. A negative correlation is when two variables go the opposite

direction. If one variable increases, the other decreases. An example of a negative correlation would be the more classes a student takes, the less time that the student has. Another example would be that the more it rains, the less someone would have to water their own plants. Lastly, unrelated correlation is self explanatory, where there is no or minimal consistent correlation between two variables. An example would be the number of dogs adopted and the length of grass in the football field.

18.) In my personal experience, there are definitely multiple incidences where my expectations have impacted my behavior or outcome. Although it may sound silly, I remember from my mother that whenever it's very cold – you just have to firmly believe and say that it's not cold anymore. I would pretend that it's not cold at all, and pretend not to shiver outside. Eventually, it wasn't as cold as I remember it being. Now, me not being cold anymore could be because I am used to the temperature, or it could've been because I had the expectation that it was not cold anymore. This knowledge of the placebo effect is critical in scientific research because it could greatly impact one's results and also skew the validity of one's research. It could be possible that it was not the newly tested medication that made someone's fever go down, but perhaps the person's belief that the medication would help that made their fever go down. The investigators control for its effect by having a control group in comparison to the experimental group. Furthermore, it must be a blind experiment where the individuals themselves do not know whether they are in the control group or the experimental group. The placebo effect is immensely important when it comes to understanding the effects of psychotherapy. The sole existence of the placebo effect proves that the mind is still mysterious, complex, and powerful enough to change one's behavior and outcome.

Chapter 3:

21.) If a clinician had only 15 minutes to conduct a preliminary clinical interview, the clinician would heavily rely on their assessment skills. Even before asking the patient questions, the clinician will obtain indirect information from observing the patient. In nursing, we call it a general survey – the objective information that the clinician can have just from observing the patient (whether the patient is in distress, pain, discomfort, etc). In the case of the textbook, the clinician's observations even before asking questions was "Angela was dressed neatly," "She was attractive but her eyes were puffy and ringed with dark circles" "she sat stiffly in her chair". Next, the information that is important for the clinician to obtain is the person's current problems and feelings, personal and familial history, and lifestyle and relationships. It will first set the foundation for further details that the clinician would need to obtain from the client. The clinician tries to obtain all the information in order to have the proper context and information to determine how and why this individual may be behaving, feeling, or thinking the way they are. Furthermore, it gives the clinician further information on how they can treat/help the patient. And lastly, the information sets a baseline to compare to when commencing with treatment for the patient.

28.) A drawing test is a type of projective test used by psychodynamic clinicians to assess an individual's deeper psychological roots. The most popular drawing test is the Draw a person (DAP) test. This test instructs the person to draw a person and then another person of the opposite sex, and gives the individual freedom in the open ended instruction. The purpose behind the drawing test is that the drawing itself and the interpretation/intention that the person drew it

with reveals a deeper psychological root. The clinician can evaluate and grasp a greater understanding from the drawing test when asking the person to tell the clinician about the drawing and what the situation is. The clinician will draw a speculation or conclusion based on the "paper, size of the figures, features of the figures, use of background, and comments made by the respondent during the drawing task" (Comer, 76).

25.) Three important shortcomings of modern intelligence tests are that there are various factors that may significantly influence test performance, there may be a cultural bias in language that creates an unfair advantage, and test performance may be skewed due to experience. The various factors that may significantly influence test performance refer to test anxiety, or lack of motivation. The situational factors do not influence or represent one's intelligence, but are outside factors that could clearly affect test performance. Therefore, the intelligence test may not absolutely reflect one's intelligence. Clarifying the cultural bias, it may create an advantage for a certain cultural group over the other. For example, if a group of individuals of the caucasian background wrote and approved the test questions – test takers of the caucasian background may have an advantage over groups of the Asian or African background. Lastly, certain minority groups may simply not have any kind of experience with these types of intelligence tests, thus making them increasingly uncomfortable and susceptible to the outside factors affecting their results.

And personally, a shortcoming that I find from modern intelligence tests is that I believe it neglects the idea that intelligence is a spectrum, and that even within intelligence there are

different types of intelligence. I believe that the intelligence tests are to be taken with the grain of salt, and not let it be a firm determinant of one's intelligence.

26.) Differentiate among naturalistic observation, analog observation, and self-monitoring. Be sure to indicate under what conditions each would work best.

Naturalistic observation is the clinician's observation of individuals in their everyday, natural environment. The "natural" environment includes the person's home, school, hospital, prision, or community settings. Analog observation is similar in the way that a clinician is still observing a person in an environment – but the difference is that it is in an artificial environment like a laboratory or office. The motivation for using naturalistic and analog observation are quite similar, where the clinician is observing a specific relationship, like parent to child, sibling to sibling, etc. However, there is a difference in obtaining the observation. In a naturalistic observation, the key person in the patient's environment reports back information to the clinician. Whereas, in analog observation, there is special equipment like cameras set up that helps the clinician obtain objective observation. Self monitoring is self explanatory where the patient is instructed to observe and report to the clinician's themselves. This may be used in the context of drug addictions, dietary records, etc.