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Psychology

Question 2

Conformity refers to the operation of matching attitudes, believes and behaviors to the norms of a group (Cialdini and Goldstein). Norms in this case refer to the unsaid and implicit rules that are shared by a given group of individuals and are responsible in guiding the way these individuals interact with others and in the society or a social group. In psychological, the term conformity is defined as the tendency of an individual to follow the rules that are unspoken or social behaviors that are held by the society where the individual belongs.

For a long time, researchers in psychology have been interested in the level at which people rebel or follow the set social norms. This led Solomon Asch to conduct an experiment that aimed at showing the power of conformity in a social group. In his experiment, Solomon asked students to participate in a test that was referred to as vision test. It was not known to the students that the other participants were all confederates or experiment assistants. Initially, the confederates were providing correct answers and later started providing wrong answers (Andersen and Taylor).

The other aim that was focused in the experiments was to look at how the number of people in the group affected conformity. When only one confederate was present, no impact was observed on the answers given. When two confederates were present, tiny effect was observed, and the significant effect was noted when the confederates were three or more. The experiment also found that conformity was reduced drastically when one of the confederates gave a correct answer, and the others gave a wrong answer (Andersen and Taylor).

The study suggested that conformity is usually influenced by the need to fit in as well as the belief that the other members are smarter or are more informed. Based on the level of conformity that was recorded in the Asch's experiment, there are high chances that conformity can be stronger when people are dealing with real-life situations. This is because real-life stimuli are harder to judge and are more ambiguous than those in the experiment (Andersen and Taylor).

Question 3

In medicine, medical disorders are classified typically on the basis of the symptoms presented to the physician by the patient. Classes of psychological disorders include anxiety disorders, somatoform disorders, dissociative disorders, schizophrenia, and bipolar disorders. The anxiety disorders include orders such as panic disorder, which is the fear for certain things or even situations. The other anxiety disorder is the post-traumatic stress disorder, which affects people who in their lifetime have gone through a traumatic event. Panic disorder is the other example of anxiety disorder and is characterized by unforewarned attack as if the person is about to be attacked and lasts for a short time. The other disorders in this category are obsessive-compulsive and generalized anxiety disorders (Abbott).

The other category of psychological disorders is the somatoform disorders and is disorders that have an obvious link to the body status. This disorder includes the hypochondriasis and conversion disorders. Hypochondriasis refers to the condition where an individual is perpetually having conviction that he or she is suffering from a dread disease that if not treated immediately, may result to demise. The conversion disorder is more common

in women and is characterized by loss of sensory experience such as hearing, sight and other feelings (Abbott).

The other category is the dissociative disorders that include psychological disorders that result from the walling off of certain mind parts from consciousness. Some of disorders in this category include dissociative amnesia, which is the loss of memory as a result of psychological factors rather than physical brain trauma, dissociative fugue characterized by an individual disappearing, forgetting their past and identity and these are replaced with an imaginary past and identity and dissociative identity disorder, where an individual develops a number of alternate personalities all that look normal (Abbott).

The other category is called schizophrenia and involves splitting of cognitive, behavioral and emotional brain functions that are normally integrated. Schizophrenia is divided into reactive and process schizophrenia. In reactive schizophrenia, the symptoms occur over a short time some days and others weeks and occurs in adulthood, and there is good prognosis for the disorder. In the case of process schizophrenia, the development of the symptoms is gradual and may take months or years to manifest (Abbott). Some of the symptoms associated with schizophrenia include hallucination, disordered thoughts, delusions, catatonia, and word salad. The symptoms may begin in teenage or during early twenties. There are no known causes of the disorder, but there are chances that genetic factors are involved in disposing people into suffering from the disorder. However, there are other factors than must be involved together with genetic factors (Abbott).

The last category is the bipolar disorder where an individual alternates from manic phase to severe depression. When the individual is in the manic

phase, signs that are apparent include agitation, high energy and little signs of sleep. When the patient is in the depressive phase, there is evidence of the opposite signs that are seen in the manic phase (Abbott).

Question 4

Cognitive-behavioral therapy was initiated in the late 1950s as a substitute to psychodynamic therapy. It is a term for therapies classification, which stresses the thinking role in the way an individual feels and what he or she does. It is a moderately a manual as well as technical therapy approach that is directed at lowering or inhibiting a person's signs as fast and economically as possible. Psychodynamic therapy, on the other hand, assesses the interpersonal relationships' complexities. It emphasizes two crucial assumptions. These are every individual, and their troubles are unique, and that elements outside people's awareness affect the way they behave and think (Glicken).

As both intend to decrease signs and hurt, possibly the most vital difference between psychodynamic therapy and CBT is that psychodynamic therapy attempts to get at the reason feeling as well as behaving in a particular manner while CBT does not. CBT only tries to ease suffering as fast as possible through training an individual's mind to replace dysfunctional patterns of perceptions, thought, and conduct with more practical or helpful ones so as to change conduct as well as emotions (Glicken).

Psychodynamic therapy advocates argue that, for several issues, a deeper treatment is needed to create lasting transformation. CBT advocates, on the other hand, argue that their briefer techniques are just as effectual. CBT is comparatively short and time-limited it is extremely naturally instructional,

and homework is a vital element. It is extremely structured and guided with the therapist determining each session's agenda. It centers on the here-and-now and not a history of the person. The relationship with the therapist is not a center of the treatment. For instance, interruption of pattern of thought may be employed in a patient who appears to have a low self esteem. The patients' thoughts are replaced with more positive ones (Glicken). Psychodynamic Therapy, on the other hand, is less structured, generally with no homework assignments. As it can be short, it is frequently longer term. The client, and not the therapist, determines the session's agenda through discussing what is on their mind. It centers on the here-and-now and on personal history. The relationship with the therapist is part of the therapy focus. For example, tolerating certain feelings enables a patient to avoid problematic behavior that could be thought to eliminate the feelings (Glicken).

Works Cited

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