

# Example of essay on social psychology quiz

[Health & Medicine](#), [Drugs](#)



- When assessing a patient, one must use the DSM-IV, or Diagnostic and Statistical Manual of Mental Disorders, to determine what psychological disorder one has (Feldman, p. 455). The DSM-IV uses five axes of information in assessing patients. In Axis I, there is contained all the diagnoses of every aspect of a psychological disorder except mental retardation and the personality disorders. These kinds of disorders include anxiety disorders, ADHD, bipolar disorders, depression, schizophrenia, anorexia, bulimia and more. In Axis II, the DSM-IV covers information related to personality disorders and mental retardation. These personality disorders include schizoid, borderline, antisocial, narcissistic, avoidant, obsessive-compulsive, dependent and histrionic personality disorder, along with a host of intellectual disabilities. In Axis III, information about physical disorders, acute medical conditions and general medical conditions are obtained. These disorders include injuries to the brain, as well as other physical symptoms and disorders which can look like other disorders or make other diseases worse (Feldman, p. 455). In Axis IV, you can find the information related to factors - social, psychological and environmental - that relate to the disorder. In Axis V, you can find the Global Assessment of Functioning, or the Children's Global Assessment Scale, which is used to diagnose teenagers and children all under adult age.

When using these axes of information, it is possible to look at precise definitions of a disorder and their appropriate subcategories. For example, mood disorders include major depression and bipolar disorder, and involve "emotions of depression or euphoria that are so strong they intrude on everyday living" (Feldman, p. 455).

It has been suggested that Vincent Van Gogh suffered from either Schizophrenia or Bi-polar disorder. Distinguish between these disorders and give your diagnosis.

- If Vincent Van Gogh were schizophrenic, the DSM-IV indicates that he would have “ declines in functioning, thought and language disturbances, perception disorders, emotional disturbances, and withdrawal from others” (Feldman, p. 455). In essence, people with schizophrenia see the world wildly different from those without the disorder – thought processes break down, and people sometimes experience auditory hallucinations and bizarre delusions. Van Gogh could possibly be said to have these symptoms, as he was claimed to have visions or hear things, and he was manic enough ones to cut off his ear to send to a lover who spurned him.

On the other hand, bipolar disorder is a mood disorder in which people switch in and out of manic high and low states, where they are euphoric in one moment and morbidly depressed the next (Feldman, p. 466). Van Gogh was a highly creative figure, and Feldman claims that “ the imagination, drive, excitement, and energy that [creative people] display during manic stages allow them to make unusually creative contributions” (p. 467).

Societal pressures and a lack of support for his own genius may have led him to have schizophrenic tendencies, but I believe it is much more likely that he simply had undiagnosed and untreated bipolar disorder, and his mania is what caused his mental problems.

- As Feldman says, human history has seen tremendous changes in the definition of what is ‘ normal’ and ‘ abnormal,’ and many culture still have different ideas of that (p. 468) . For example, Westerners might believe that

suicide bombing is abnormal, but some cultures (particularly radicalized sects of Islam) may place a high enough value on their religion or cause that they can find suicide bombings noble and courageous. Homosexuality is still seen as an aberration in many other cultures, while it is generally tolerated and accepted in modern America.

Today, many therapies take a medical or psychoanalytic perspective, in which science and reasoning are used to determine problems, and things like medication and cognitive-behavioral therapy are used to treat the issue. If psychologists from minority culture groups developed therapies for disorders, they may take more of a cognitive or sociocultural perspective; religion and spirituality may take a higher priority in developing these treatments as well. For example, women suffering from PMS in other cultures may be diagnosed with premenstrual dysphoric disorder much more quickly (p. 481). More homeopathic medication may be used in place of medically researched treatments. Those who hear voices might be considered to be religious seers instead of having deep psychological problems.

- According to Feldman, Systematic Desensitization is “ gradual exposure to an anxiety-producing stimulus paired with relaxation to extinguish the response of anxiety” (p. 511). In essence, when you have a deep-seated phobia of something, systematic desensitization would gradually wean you off the fear by continually exposing you to what makes you scared in increasing amounts, making sure you are used to the stimulus. Ideally, the treatment would result in you getting used to what makes you so scared, and so you are not afraid anymore.

For example, one of the biggest fears I have is arachnophobia – the fear of

spiders. If I were to undergo systematic desensitization, I would be trained to find techniques to relax myself in the presence of spiders - finding a mantra, a chant, something to relax myself - and expose myself slowly to spiders in gradual amounts of time. I might also create a hierarchy of fears related to the spider, which might include things like: seeing a spider in real life, seeing a spider on television, looking to see if a spider is dead, going to the bathroom, going to the bedroom, etc. If this technique works, I would continually test myself for longer and longer intervals until I was no longer afraid of spiders.

- I certainly believe there is something to the criticism that biomedical therapies do not actually deal with the underlying psychological problems that people suffer from. Someone who suffers from depression and merely undergoes drug therapy (taking antidepressant drugs) might be alleviating the symptoms, but in the best case scenario they would have to stay on those drugs for the rest of their lives (p. 507). This is no ideal way to live a life, and the goal for drug therapy should be as a stopgap until real progress can be made. They are absolutely helpful, to be sure - the crippling symptoms can be reduced to the point where they can live a normal life, but they are not getting better. There are psychological reasons for their disorders (depression, in this instance) and something must be done to help them address these triggers.

I believe that the best use of drug therapy and other biological treatments are as a stopgap in conjunction with psychological and behavioral therapy. The drugs are fine to take in order to alleviate symptoms, but they must also seek treatment from a psychological professional to figure out what causes

these episodes in the first place. It is only then that they could successfully get off the biological treatment and stay in a normal state of mind.

## **References**

Feldman, (2011). Essentials of Understanding Psychology (9th Edition).  
McGraw-Hill.