

# [Theoretical models of psychology](https://assignbuster.com/theoretical-models-of-psychology/)

[Science](https://assignbuster.com/essay-subjects/science/), [Biology](https://assignbuster.com/essay-subjects/science/biology/)

\n[toc title="Table of Contents"]\n

\n \t

1. [Theoretical models of psychology](#theoretical-models-of-psychology) \n \t
2. [Medication is also used](#medication-is-also-used) \n \t
3. [The second session they intern looked at other possibilities:](#the-second-session-they-intern-looked-at-other-possibilities) \n \t
4. [Sally came back for the third session even more stressed out.](#sally-came-back-for-the-third-session-even-more-stressed-out) \n \t
5. [Fourth session](#fourth-session) \n

\n[/toc]\n \n

## Theoretical models of psychology

a. There are five major theoretical models we use to better understand psychological suffering.

1. Biomedical
2. Psychodynamic
3. Humanistic-existential
4. Cognitive-behavioral
5. Social & family systems

b. Biomedical model

i. This model uses the physiology of the human body as the basis for thinking about abnormal psychology.

1. Doing this reminds us that a person who is having problems in life is not just a psychological or a social being, but also a human body.
2. This model wishes to claim that most of the main topics of abnormal psychology such as anxiety, depression, etc. are from unseen biological disorders.

a. This model states that those who have a predisposed brain malfunction will show a psychological symptom when given the stressors of life. (Eg: money stressors, natural disasters, environmental stressors)

1. People with normal brains adapt better to stress than those who don’t and those who don’t are considered abnormal.
2. Psychiatric diagnosis, according to the biomedical model (DSM-5)

A problem with this is that the DSM books have all guided the reader to believe that psychological disorders are biological disorders.

c. Psychodynamic theory

Psychodynamic is a term for all the theories that came from Sigmund Freud.

1. Psychoanalysisa. Looked at the understanding of irrational actions of humans by looking to the unconscious and mental thoughts. (Leaning toward the and aggressive sexual nature)
2. Psychoanalytic
3. Psychotherapy
4. Ego psychology
5. Object relations theory
6. Self-Psychology
7. Neo-Freudian
8. Contemporary theory

All of those theories share an acceptance of Freud’s original theory:

1. 1. The concept of conflicts that happen unconsciously. These usually start in childhood and they involve impulses and intense feelings toward certain family members.
2. 2. Defense mechanisms that are partially unconscious and protect us from an awareness of the conflicts going on within ourselves. This causes us to have a resistance to understanding the conflict.
3. 3. Therapeutic relationships can help us reveal and resolve the conflicts going on within us through the process of transference.

a. Transference happens when a patient/client reexperiences childhood conflicts in the therapeutic relationship that allows them to be more understood and examined instead of being unconsciously controlled by that conflict.

Diagnosis

1. 1. Freud would rely on an interview that looked at what the individual was doing, thinking, and feeling at the time of the first psychological distress.
2. 2. Focus on moments or dreams from early childhood to focus on the intense emotions that particular person was feeling from those years of their life.
3. 3. Distinguish in assessments between:

a. Neurosis- The presence of intense conscious as well as unconscious anxiety that appears out of nowhere, usually in adulthood.

b. Psychosis- This is when the defenses have failed to protect the individual from terror or conflict. Usually to the point where the individual’s sense of coherence becomes disorganized.

c. Character or personality disorders- This can include but isn’t just limited to, hysterical neurosis, and obsessive-compulsive anxiety.

d. Humanistic-Existential theory

Usually were against diagnostic terms because they believed that it was dehumanizing and led to a lot of treatments that were also dehumanizing, which were:

1. Compulsory sterilization
2. Electroconvulsive therapy
3. Prefrontal lobotomy

Humanists believed that psychological pain was just a part of the human experience. Their clients needed support, encouragement, to find a way out of their psychological pain they were experiencing.

Developmental theory

1. Focused on self-awareness as well as self-worth through the client’s relationship with their parents.
2. Self-actualizationa. This is when you find meaning beyond your own self-interest and connects you more with the community and progresses the culture around you.

Diagnosis

Rogers created a scale to assess clients after their session.

a. Most people in the first two stages wouldn’t go out of their own way to seek counseling or psychotherapy.

b. The final stage was very difficult for most people to even achieve.

2. Fischer would ask the client what they had learned about themselves from each step in the process.

a. This report focused on the clients’ life goals as well as the assessment can help further along those goals that were set.

e. Cognitive behavioral approachi. Used majority of the time in graduate programs clinical models.

Symptoms can be unlearned by using the principles of the learning theory.

The main focus is to change behavior and thought processes which can help alter painful emotions and relationships.

You need to have awareness of what you think, say, feel, and do.

Assessment1. Cognitive behavioral therapy (CBT) is often the main therapy.

a. Usually used in milder cases

## Medication is also used

f. Community & family systems modeli. Puts diagnoses into a social or institutional context.

The problems were in the family, economy, schools, churches, and other social or institutional organizations.

Developmental family theory1. Individual development isn’t a major emphasis in this theoryg. The case study of Sallyi. In the very first session the intern made inquiries of what the interfering stimulus was for her client (none were the answer):

1. Was her roommate distracting?
2. Was the work too difficult for her?
3. Were the professors more distant than her high school teachers were?
4. Was she sleeping well?

## The second session they intern looked at other possibilities:

1. Was she missing her old friends and being home? (No)
2. Asked for an in-depth description of how Sally would study.

a. Came up with an idea to increase study time by five minutes and every time she met her goal, she would reward herself.

## Sally came back for the third session even more stressed out.

1. The plan they made didn’t work out for hera. Sally was worried she wouldn’t be able to succeed in college.
2. Sally called her uncle, which sparked the intern to ask why she would call him of all people?
Found out that her father had passed away before her graduation from high school and her uncle was her guardian.
3. She had more stress added to her life from the responsibilities placed on her after her father had died, along with losing a loved one.

## Fourth session

1. Found out that Sally’s father committed suicide, and she was the one who found him on the floor.
2. Suicide may have been caused by him losing his wife the year before.
3. Mother died of alcoholism.
4. All this grief held in can cause a lack of concentration.
5. Sally needed to be able to unload and grieve over these experiences.