

# [Phychology](https://assignbuster.com/phychology/)

[](https://assignbuster.com/)[Psychology](https://assignbuster.com/essay-subjects/psychology/)

1. Explain how clinical depression differs from ordinary sadness? The main differences in clinical depression and ordinary sadness are cause, duration, recurrence and coinciding symptoms. Ordinary sadness has a life based cause, whether real or imagined. It is of short duration, seldom lasting more than a few days and there is no regular recurrence. The real sadness is generally attributed to an outside source. Clinical depression is of longer duration , from weeks to years, often has a cause based in inner self perception or very unrealistic assessments of environment. It usually recurs without treatment and may have a regular pattern if it is cause by a chemical imbalance. Sadness generally goes away if the cause is relieved(Butcher, Mineka and Hooley ).   
2. What is the difference between psychosomatic disorders and somatoform disorders?   
Somatoform disorders are complaints by a patient of physical symptoms for which no organic cause can be found. They may genuinely believe they are very ill or even dying. However, this can be partly a misinterpretation of bodily symptoms by the patient. Psychosomatic disorders actually can cause the symptoms from which the patient complains and the physical problems are measurable, even though the cause is psychological(Corey 592).   
3. What did Freud and his followers believe was the underlying cause of psychological disorders?   
Freud and his followers believed that psychological disorders were caused by conflictes between the conscious and unconscious minds, basically the difference between what the patient thinks consciously and what he feels o0r even imagines (Butcher, Mineka and Hooley )(Corey 592).   
4. What is mania, and how is it involved in bipolar disorder?   
Mania is a mood disorder, generally an elevated expansive or irritable mood lasting for a longer period of time, generally days to a week or more. It is part of manic depression where the victim suffers recurring and alternating depressive incidents and high manic incidents with no discernible cause in life, since it is chemically based(Butcher, Mineka and Hooley )(Corey 592).   
Works Cited   
Butcher, J. N., S. Mineka, and J. M. Hooley. Abnormal Psychology . 14th ed. Boston, MA: Allyn & Bacon, 2010. Print.   
Corey, Gerald. Theory and Practice of Counseling and Psychotherapy, 8th Edition. Belmont, California USA: Wadsworth, Thompson: Brooks / Cole, 2009. Web.