

# An overview of rice university's 2014 textbook psychology with synopsis of chapte...

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## **Chapter Summary for Chapters 15 & 16**

In chapter 15 the writers of Psychology (2014) wrote about psychological disorders. The chapter discussed what psychological disorders are, diagnosing psychological disorders, perspectives on psychological disorders, anxiety disorders, obsessive-compulsive and related disorders, posttraumatic stress disorder, mood disorders, schizophrenia, dissociative disorders, personality disorders, and disorders in childhood.

A psychological disorder is characterized by abnormal thoughts, moods, and behaviors. The study of these disorders is called psychopathology. It is important thing to note is that a psychological disorder is a pattern of behavior and feelings over a period of time and disrupt the person's life, and not something that comes and goes. Another important note to make is that behaviors in a psychological disorder are defined as atypical, or not typical for the average person. For example, if you lock your keys in your car, it's normal to get angry and frustrated. However, if you smash your car window or start screaming and crying, it may be time to see a doctor.

To diagnose and classify psychological disorders, one must first look the symptoms. For example, a patient who is constantly worried to the point that they are unhappy is probably suffering from an anxiety disorder. To further specify, one must determine when and why the person is anxious. If the patient becomes anxious in social settings, or when thinking about talking to people, they probably have social anxiety. It is important to correctly diagnose the problem in order to treat effectively. Comorbidities, or conditions that often occur together, are another important part of diagnosis

and classification. For example, a person with Obsessive-Compulsive Disorder (OCD) is far more likely to become depressed. It is important for the treating psychologist to be aware of this in order to treat both effectively and preventatively.

Throughout history, there have been many different perspectives on mental illness. In the early days of humanity, and particularly later on in the 16th and 17th centuries, it was often thought that supernatural powers caused people to act “ crazy.” Demonic possession was a common scapegoat, and people with psychological disorders were even blamed for witchcraft. It goes without saying that mental health was lacking 500 years ago.

Today we have two theories: biological and psychosocial. The biological perspective holds that there is documented evidence of hereditary and genetic factors in mental illness, as well as abnormal levels of chemicals in the brain. The psychosocial theory holds that the environment is to blame. It is the classic question of “ nature versus nurture.” The diathesis-stress model, however, combines these two theories to give a balanced perspective on the cause of mental illness.

Anxiety disorders are characterized by intense and persistent anxiety and fear, and by related disturbances in behavior. It is estimated that between 20%-30% of Americas suffer from some form of anxiety. It may be a specific phobia, such as a fear of spiders, or something much broader, such as the aforementioned social phobia. Phobias can even be acquired through learning. For example, if a child sees an older sibling is afraid of dogs, that child may learn to become afraid of dogs. There is also generalized anxiety

disorder, which is a general and persistent feeling of stress and anxiety, without a specific source. Sufferers of anxiety disorders feel anxious and may become stressed, and may even suffer from panic attacks. Panic attacks are severe bouts of anxiety marked by crying, shortness of breath, hot or cold flashes, sweating, and overall panic. People who suffer from several panic attacks over a period of time suffer from panic disorder.

Obsessive-compulsive and related disorders usually carry some anxiety as well, especially in OCD. OCD is characterized by intrusive and persistent thoughts that simply will not go away, almost like having a terrible song stuck in your head. Except this song goes something like, “ Check the lock! Wash your hands! Your hair’s a mess! Check the lock! Check the lock!” That’s the obsession part of the disease. The compulsion part comes from trying to relieve the obsessions. For example, if your head is screaming, “ Check the lock!” you would go and check the lock. This process is repeated until the obsession is satisfied, no matter how long it takes. Because of this, OCD can easily become a severe and debilitating disorder.

In the same realm is body dysmorphic disorder, which is an obsession over a perceived flaw. The flaw may seem small or even invisible to others, but to someone with body dysmorphic disorder, it is a very real and ugly blight on their body. Hoarding disorder is another serious disorder with an obsessive component. Hoarders form an emotional attachment to objects, and often collect them in massive quantities. This leads to disorder and chaos in their personal lives, and often causes unsafe living conditions.

The causes of OCD and related disorders is thought to be largely biological. There are 24 genes that are associated with these disorders, and a person with a family history of these disorders is far more likely to develop one themselves. The orbitofrontal cortex is also thought to play a major role in these disorders. Environment may also play a factor, as children and even adults who are abused are far more likely to acquire OCD behaviors.

Posttraumatic-stress disorder (PTSD) is a disorder characterized by anxiety, stress, and panic attacks after a traumatic event. A sound, sight, or even smell may trigger the panic, and can lead sufferers to avoid situations where the might be triggered. A good example of PTSD would be a soldier who has seen combat. Many, if not all, veterans have some form of PTSD, or at least some lasting effect after being deployed. Something as mundane as a ceiling fan's blades may trigger a soldier to remember helicopters on the battlefield, and cause them to have a panic attack. PTSD is not something to be taken lightly, and must be treated in order for healing to take place.

A mood disorder is a disorder characterized by abnormal moods. Perhaps the best known mood disorder is depression, which is marked by a constant feeling of sadness, crying spells, persistent fatigue, and even thoughts or actions of self-harm and suicide. Another well-known disorder is bipolar disorder, which is characterized by severe and extreme mood swings, erratic behavior, and prolonged periods of extreme depression and extreme mania (ecstatic and irrational joy). Both of these disorders come with the risk of suicide. People are also at a higher risk of suicide after the death of a loved one, particularly by suicide, or if there is a family history of suicide.

Schizophrenia is a devastating disorder characterized by major disturbances in thoughts, perception, and behavior. The main symptoms are hallucinations, disorientation, and disorganized thoughts and speech. Sufferers may also become paranoid. Schizophrenia is thought to be caused largely by genes, and can emerge at any point in life. It is a very serious disorder, and must be treated by professionals.

Dissociative disorders are disorders characterized by a mental “ absence.” People may forget stretches of their day, which is also called “ losing time,” such as in dissociative amnesia disorder. People may also feel severely detached, almost as if they are dreaming. This is called depersonalization/derealization dissociative disorder. Perhaps the most famous of dissociative disorders is dissociative identity disorder, more commonly known as multiple personality disorder. This disorder occurs when a person is so detached that they manifest two or more completely separate and unique personalities.

Speaking of personalities, let’s talk about personality disorders. It is impossible to summarize every single disorder in a concise fashion, so some key characteristics will be discussed, as well as a brief description of each. A personality disorder is characterized by atypical personality traits that begin in childhood and persist into adulthood. They are divided into three clusters. Cluster A includes paranoid, schizoid, and schizotypal. This group tends to be odd or eccentric in their behaviors. Cluster B includes antisocial, histrionic, narcissistic, and borderline. This group is impulsive, dramatic, and overly emotional. Cluster C includes avoidant, dependent, and obsessive-

compulsive (not to be confused with obsessive compulsive disorder). This group tends to be nervous and fearful. Personality disorders can be managed through awareness and proper treatment.

The most common disorders in childhood are attention deficit/hyperactivity disorder (ADHD) and autistic spectrum disorder. ADHD is more common in boys than girls, who tend to lean toward the ADD end of the scale. ADHD is characterized by hyperactivity and excitability, and great difficulty concentrating. ADD shares these symptoms barring the hyperactivity. Autism spectrum disorders range from Asperger's to severe autism. These disorders are characterized by delays in social development, deficits in communication, and repetitive patterns of behavior or interest. One must show signs of all three in order to be ranked on the autistic spectrum.

In chapter 16 the writers of Psychology (2014) wrote about therapy and treatment. The chapter discussed mental health treatment: past and present, types of treatment, treatment modalities, substance-related and addictive disorders: a special case, and the sociostructural model and therapy utilization.

Mental health has had a rocky road to its present status and methodology. Prior to the 17th century those suffering from mental illness were considered possessed, the victims or proprietors of witchcraft, or even the subject of an angry god's wrath. People were exorcised, killed, burned at the stake, or simply shunned for their illness. With the arrival of the 18th century came the introduction of the mental institution, though not as we know them today. "Asylum" was a glorified term for a building in which the odd or sick

were disposed of, and they often died malnourished, unloved, abused, and covered in their own waste. This continued until the 1940s, when electroshock therapy and lobotomies were introduced. Asylums were not quite so filthy and overcrowded, but they were just as brutal.

There was some push for reform, but not much was actually done until the 1960s when antipsychotics were introduced. Today mental health institutions carry the same standards of cleanliness and humane treatment as any traditional hospital, and patients are treated just as that: patients.

There are two main types of psychological treatment. Psychotherapy involves several different techniques designed to help someone overcome personal problems. Psychotherapy methods include psychodynamic therapy, play therapy, behavior therapy, cognitive therapy, cognitive-behavioral therapy, and humanistic therapy. The second type of therapy is biomedical therapy, which involves medication or even medical procedures. The three major groups of medication are antipsychotics, atypical antipsychotics, and antidepressants.

There are four different modalities of therapy. The first is individual treatment, which is the patient one on one with the treating psychologist. The second is group therapy, which involves a group of people facing similar struggles guided by a psychologist. The third type is couples therapy, which is often used when couples are considering divorce, but is also a great tool for couples to learn how to communicate. The fourth and final type is family therapy. Family therapy is a good tool for families who have experienced loss



or crisis, and is also used when a step-parent joins a family to help blend the family ties together.

Addiction disorders are serious conditions that involve a person becoming reliant on a harmful substance, such as alcohol or drugs. Often addictions are born out of “ self-medication,” when someone does not know how to deal with their emotions, and simply tries to numb them. This often happens after a death, divorce, loss of a job, or other difficult changes in life. Addiction to pills may also happen after an injury. There are many drug-addicts who get hooked on prescription pain medication after being prescribed one for an injury or after surgery. Addiction is not an easy thing to overcome, and must be dealt with first by dealing with the emotional issues that caused the addiction.

The sociocultural model of therapy and utilization is the term used to describe how psychologists look at a person’s age, culture, background, and religion. For instance, Jose is an 18-year-old Hispanic boy who is struggling with depression. During therapy it is revealed that he is gay, but he feels ashamed and is afraid to tell his Catholic family. Knowing this about Jose will help his therapist to appropriately treat him.

I have now covered the main points of chapter 15 and 16. In chapter 15 we learned about anxiety disorders and OCD, mood disorders and disorders in childhood. In chapter 16 we learned about the different types of treatment available, and how they are used to help the patient.