İSTANBUL TİCARET ÜNİVERSİTESİ

ENGLISH PREP.PROGRAM

EXTRA ARTICLES ON PSYCHOLOGY FOR SUMMER

TEXT I What is Psychology?

Psychology is the study of **cognitions, emotions, and behavior**. Psychologists are involved in a variety of tasks. Many spend their careers designing and performing research to better understand how people behave in specific situations, how and why we think the way we do, and how emotions develop and what impact they have on our **interactions with others**. These are the research psychologists who often work in research organizations or universities. Industrial-organizational psychologists work with businesses and organizations to help them become more **productive, effective, and efficient**, and to assist them in working with their employees and their customers. Practitioners, typically counseling and clinical psychologists, work with individuals, couples, families, and small groups to help them feel less depressed, less anxious, become more productive or motivated, and **overcome issues** which prevent them from living up to their potential.

The study of psychology has five basic goals:

1. Describe –

The first goal is to observe behavior and describe, often in minute detail, what was observed as objectively as possible

2. Explain –

While descriptions come from **observable data**, psychologists must go beyond what is obvious and explain their observations. In other words, why did the subject do what he or she did?

3. Predict –

Once we know what happens, and why it happens, we can begin to speculate what will happen in the future. There's an old saying, which very often holds true: "the best predictor of future behavior is past behavior."

4. Control –

Once we know what happens, why it happens and what is likely to happen in the future, we can excerpt control over it. In other words, if we know you choose abusive partners because your father was abusive, we can **assume** you will choose another abusive partner, and can therefore intervene to change this negative behavior.

5. Improve –

Not only do psychologists attempt to control behavior, they want to do so in a positive manner, they want to improve a person's life, not make it worse. This is not always the case, but it should always be the intention.

Source: [https://allpsych.com/psychology101]

TEXT II)

Introducing Psychology

Psychology is the scientific study of mind and behavior. The word "psychology" comes from the Greek words "psyche," meaning life, and "logos," meaning explanation. Psychology is a popular major for students, a popular topic in the public media, and a part of our everyday lives. Television shows such as Dr. Phil feature psychologists who provide personal advice to those with personal or family difficulties. Crime dramas such as CSI, Lie to Me, and others feature the work of forensic psychologists who use psychological principles to help solve crimes. And many people have direct knowledge about psychology because they have visited psychologists, for instance, school **counselors,** family **therapists**, and religious, marriage, or bereavement counselors. Because we are frequently exposed to the work of psychologists in our everyday lives, we all have an idea about what psychology is and what psychologists do. In many ways I am sure that your conceptions are correct. Psychologists do work in forensic fields, and they do provide counseling and therapy for people in distress. But there are hundreds of thousands of psychologists in the world, and most of them work in other places, doing work that you are probably not aware of. Most psychologists work in research laboratories, hospitals, and other field settings where they study the behavior of humans and animals. For instance, my colleagues in the Psychology Department at the University of Maryland study such diverse topics as **anxiety** in children, **the interpretation** of dreams, the effects of caffeine on thinking, how birds recognize each other, how people from different cultures react differently in negotiation. Other psychologists study such topics as alcohol and drug addiction, memory, emotion, hypnosis, love, what makes people aggressive or helpful, and the psychologies of politics, prejudice, culture, and religion. Psychologists also work in schools and businesses, and they use a variety of methods, including observation, questionnaires, interviews, and laboratory studies, to help them understand behavior.

Psychology vs. Psychiatry: Do You Know the Difference?

Because psychologists and psychiatrists often work together for the well-being of the client, their job descriptions overlap. However, there are several crucial differences between a psychologist and psychiatrist, the most critical being the nature of treatment within the two professions. Learn the differences between the two professions.

Psychology vs. Psychiatry Treatment

Because psychiatrists are trained medical doctors, they can prescribe medications, and they spend much of their time with patients on medication management as a course of treatment.

Psychologists focus extensively on psychotherapy and treating emotional and mental suffering in patients with behavioral intervention. Psychologists are also qualified to conduct psychological testing, which is critical in assessing a person's mental state and determining the most effective course of treatment.

The professions of psychiatry and psychology also differ greatly in terms of education. Psychiatrists attend medical school and are trained in general medicine. After earning an MD, they practice four years of residency training in psychiatry. Their experience typically involves working in the psychiatric unit of a hospital with a variety of patients, from children and adolescents with behavior disorders to adults with severe cases of mental illness.

Psychologists must obtain a PhD or PsyD doctoral degree, which can take up to four or six years. Throughout their education, psychologists study personality development, the history of psychological problems and the science of psychological research. Graduate school provides rigorous preparation for a career in psychology by teaching students how to diagnose mental and emotional disorders in varying situations.

After graduate school, psychology students are required to complete an internship that can last one to two years. The internships give them exposure to:

After the internship, to become licensed, most states also require one or two years of practical work experience supervised by an authorized mental health professional.

Psychology vs. Psychiatry in Practice

After seeing a primary physician for a referral, a patient might work regularly with a psychologist addressing behavioral patterns. That psychologist may refer the patient to a psychiatrist who can prescribe and monitor medication. The psychologist and psychiatrist work in tandem to treat patient symptoms from both a behavioral and clinical standpoint.

The fields of psychology and psychiatry are both essential in researching and developing treatment for improving mental and emotional health. Differences aside, psychologists and psychiatrists share a common goal: helping people feel better.

Despite the differences in their interests, areas of study, and approaches, all psychologists have one thing in common: They rely on scientific methods. Research psychologists use scientific methods to create new knowledge about the causes of behavior, whereas psychologist practitioners, such as clinical, counseling, industrial-organizational, and school psychologists, use existing research to enhance the everyday life of others. The science of psychology is important for both researchers and practitioners. In a sense all humans are scientists.

Source: [www.saylor.org/books]

https://www.allpsychologyschools.com/psychology/psychology-vs-psychiatry/,

TEXT III

PSYCHOLOGICAL PRINCIPLES

Stimulation

- When people are stimulated, they are more alert, more creative and more productive
- People are stimulated by an environment which is interesting, varying, changing.
- You can change color, angles, shapes, direction, etc.
- Changes can be made by regular revision.
    - Changing pictures on the walls
    - Changing lights.
- Other people are stimulating in their conversation and actions.
- If stimulation is exaggerated, it can cause shock or confusion.
    - Too sudden or changes with too much contrast.
    - Too bright or too many colors.

Socialization

- We have a strong need for a sense of belonging.
    - This is one reason many people become unhappy if they only work at home.
- There are many ways of belonging.
    - Sitting near people.
    - Being able to look at one another.
    - Receiving the same benefits and services.
- The sound of other people talking reminds us that we are not alone.
- Talking face-to-face with others is very powerful socialization.
    - We will start a conversation only if we feel sufficiently safe and uninhibited.
    - In a formal environment, people feel inhibited.

Identity

- We have a need for a sense of identity, of who we are.
    - This is why many people decorate their desks with pictures of their families, etc.
- Our sense of identity is increased by belonging, esteem of others (recognition and praise), success.
- We may also associate with our friends and work colleagues, as well as the company brand.
- Reminders of the company brand help keep people loyal.
    - This can be done with color, logos, slogans, messages, as well as services and other benefits.
    - As with anything, it can be overdone (exaggerated).

Control

- We have a fundamental need for a sense of control.
- Choice increases our sense of control.
    - Too much choice, however, causes confusion and uncertainty, decreasing our sense of control.
- Control is increased by certainty and predictability.

TEXT IV : AREAS OF SPECIALIZATION IN PSYCHOLOGY

Clinical Psychology

Clinical Psychology is the study, diagnosis and treatment of mental diseases and other emotional and behavioral disorders. In hospitals, clinics, schools and in private practice, psychologists use interviews and tests to diagnose depression, anxiety disorder, schizophrenia and other mental illnesses. People with these psychological disorders often suffer terribly. They experience disturbing symptoms that make it difficult for them to work, relate to others, and cope with the demands of everyday life.

Clinical psychologists also study the normal human personality and the ways in which individuals are different from each other. They use some psychological tests, including intelligence tests and personality tests. These tests are given to individuals in the workplace or in schools to assess their interests, skills and level of functioning. Clinical psychologists also use tests to help them diagnose people with different types of psychological disorders.

Counseling Psychology

Counseling psychology is closely related to clinical psychology. Counseling psychologists may treat mental disorders, but more commonly they treat people with less severe adjustment problems related to marriage, family, school, or career.

Developmental Psychology

Are people programmed by inborn inclinations? Or is an individual's fate formed (or shaped) by culture, family, friends and other influences within the environment? These questions about the nature or nurture are important to the study of human development.

Developmental Psychology focuses on the changes that come with age. By comparing people of different ages and by tracking individuals over time, researchers in this area study how people mature and change over the lifespan. In this area, those who have specialized in child development or child psychology study physical, intellectual and social development in fetuses, infants, children and adolescents. Developmental psychologists know that "human development" is a lifelong process. They study the changes that occur throughout adulthood. They also specialize in the study of old age, even the process of dying.

Experimental Psychology

This area includes a diverse group of psychologists who do research in the most basic areas of psychology (e.g. learning, memory, cognition , understanding, motivation and language). Experimental psychology is an area of psychology that uses scientific methods to research the mind and behavior. While students are often required to take experimental psychology courses during undergraduate and graduate school, you should really think of this subject as a methodology rather than a singular area within psychology. Many of these techniques are also used by other fields of psychology to conduct research on everything from childhood development to social issues.

Experimental psychologists work in a wide variety of settings including colleges, universities, research centers, government and private businesses. Some of these professionals may focus on teaching experimental methods to students, while others conduct research on cognitive processes, animal behavior, neuroscience, personality and many other subject areas.

Educational Psychology

Psychologists in all branches of educational psychology help us with the understanding of teaching, learning and education. Some psychologists help develop standardized tests that are used to measure academic aptitude and achievement. Some psychologists study the ages when children can gain various cognitive skills , the effects of rewards on their motivation to learn, computerized education, bilingual education, and learning abilities.

Two fields within psychology focus exclusively on:

1) educational psychology,

2) school psychology.

Educational psychologists try to understand and improve the learning process in the classroom. Educational psychologists study topics such as intelligence and ability testing; student motivation; discipline and classroom management; curriculum plans; and grading. They also test general theories about how students learn most effectively.

School psychologists work in elementary and secondary schools give tests, make placement recommendations, and counsel children with academic or emotional problems.

Environmental Psychology

Environmental psychologists focus on the relationship between people and the physical environment they live in. They are interested in the effects of the physical environment on a person's behavior and mental processes. For example, they examine how environmental effects such as noise, temperature and weather affect a person's emotions, cognitive processes, performance and social interactions; the effects of the social environment, crowding, personal space; and the psychological effects of environmental disaste**rs.**

Forensic Psychology

Forensic psychologists study the questions and subjects relating to law and legal systems. Forensic psychologists evaluate various areas, such as expert testimony, jury selection, child testimony, repressed memories, the death penalty, battered women syndrome, domestic violence, drug dependence, and sexual disorders.

Most forensic psychologists provide services which are both clinical and forensic in nature. When a psychologist treats an individual who was emotionally traumatized by an accident, the treatment is clinical in nature, planned to help the individual in recovering from the trauma. But, when the psychologist is asked to provide a report for the court about the extent of the trauma, and to find out how much psychological damage this trauma caused, the psychologist provides forensic services.

Health Psychology

Today, many psychologists work in the area of health psychology. Health psychology is the application of psychology to the improvement of physical health and the prevention and treatment of illness. Researchers in this area have shown that human health and well-being depends on both biological and psychological factors.

Many psychologists in this area study psycho-physiological disorders (also called psychosomatic disorders). These conditions are caused or influenced by psychological states, often stress. These disorders include high blood pressure, headaches, asthma, and ulcers. Researchers have discovered that chronic stress is associated with a high risk of heart disease. In addition, stress can weaken the body's immune system and increase susceptibility to illness.

Health psychologists also study how people cope with stress. They have found that people who have a family, friends, and other forms of social support are healthier and live longer than people who are isolated. Other researchers in this area examine the psychological factors that cause smoking, drinking and drug abuse, and other behaviors harmful to health.

Neuropsychology

Experimental neuropsychology uses methods from experimental psychology to find out about the relationship between the brain and behaviors. The majority of work involves studying healthy humans in a laboratory setting.

Clinical neuropsychology is the assessment, management, and rehabilitation of people who have suffered illness or injury (particularly to the brain). Clinical neuropsychologists often work in hospitals.

Cognitive neuropsychology tries to understand the mind and brain by studying people who have suffered brain injury or neurological illness.

Social Psychology

Social psychology is the scientific study of how people think, feel and behave in social situations. Researchers in this field ask questions such as “How do we form impressions of others?” “How do people change their attitudes or beliefs?” “What causes people to conform in group situations?” “What leads someone to help or ignore a person in need?” “Under what circumstances do people obey or resist orders?”

By observing people in real-world social settings, and by carefully doing experiments to test people’s social behavior, social psychologists learn how people influence, perceive and interact with one another, how they start to know and evaluate one another, and the origins of prejudice.

Sport Psychology

Sports psychologists study the psychological factors associated with participation and performance in sport, exercise and other types of physical activity. Sports psychologists focus mainly on two areas.

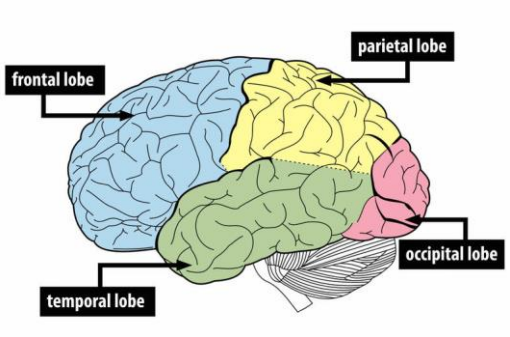
They focus on helping athletes use psychological principles and skills to achieve optimal mental health and to improve performance.

They want to learn more about how an individual’s participation in sport, exercise and physical activity affects their psychological development and health.

School Psychology

School psychologists are involved in enhancing the development of children and adults in educational settings. They assess children’s psychoeducational abilities and recommend actions to facilitate student learning. These psychologists work in public school systems. They are often consultants to parents, teachers, and administrators to improve the learning environments of students.

TEXT V)



The Brain and Nervous System

The nervous system is broken down into two major systems: Central Nervous System and Peripheral Nervous System. We'll discuss the Central Nervous System first.

The Central Nervous System consists of the brain and the spinal cord. The Cerebral Cortex, which is involved in a variety of higher cognitive, emotional, sensory, and motor functions, is more developed in humans than any other animal. It is what we see when we picture a human brain, the gray matter with a multitude of folds covering the cerebrum. The brain is divided into two symmetrical hemispheres: left (language, the 'rational' half of the brain, associated with analytical thinking and logical abilities) and right (more involved with musical and artistic abilities). The brain is also divided into four lobes:

Frontal –
(motor cortex) motor behavior, expressive language, higher level cognitive processes, and orientation to person, place, time, and situation

Parietal –
(somatosensory Cortex) involved in the processing of touch, pressure, temperature, and pain

Occipital –
(visual cortex) interpretation of visual information

Temporal –
(auditory cortex) receptive language (understanding language), as well as memory and emotion

Typically the brain and spinal cord act together, but there are some actions, such as those associated with pain, where the spinal cord acts even before the information enters the brain for processing. The spinal cord consists of the Brainstem which is involved in life sustaining functions. Damage to the brainstem is very often fatal. Other parts of the brainstem include the Medulla Oblongata, which controls heartbeat, breathing, blood pressure, digestion; Reticular Activating System (Reticular Formation), involved in arousal and attention, sleep and wakefulness, and control of reflexes; Pons – regulates states of arousal, including sleep and dreaming.

Cerebellum –
balance, smooth movement, and posture

Thalamus –
"central switching station" – relays incoming sensory information (except olfactory) to the brain

Hypothalamus –
controls the autonomic nervous system, and therefore maintains the body's homeostasis, which we will discuss later (controls body temperature, metabolism, and appetite. Translates extreme emotions into physical responses.

Limbic System –
emotional expression, particularly the emotional component of behavior, memory, and motivation

Amygdala –
attaches emotional significance to information and mediates both defensive and aggressive behavior

Hippocampus –
involved more in memory, and the transfer of information from short-term to long-term memory

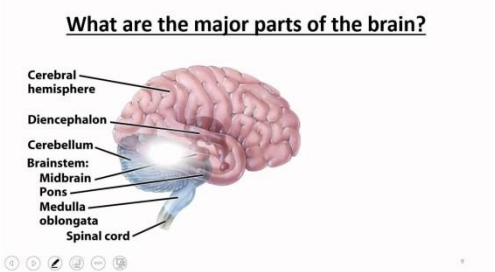
The Peripheral Nervous System is divided into two sub-systems. The Somatic Nervous System – primary function is to regulate the actions of the skeletal muscles. Often thought of as mediating voluntary activity. The other sub-system, called the Autonomic Nervous System, regulates primarily involuntary activity such as heart rate, breathing, blood pressure, and digestion. Although these activities are considered involuntary, they can be altered either through specific events or through changing our perceptions about a specific experience. This system is further broken down into two complimentary systems: Sympathetic and Parasympathetic Nervous Systems.

The Sympathetic Nervous System controls what has been called the "Fight or Flight" phenomenon because of its control over the necessary bodily changes needed when we are faced with a situation where we may need to defend ourselves or escape. Imagine walking down a dark street at night by yourself. Suddenly you hear what you suspect are footsteps approaching you rapidly. What happens?

Your Sympathetic Nervous System kicks in to prepare your body: your heart rate quickens to get more blood to the muscles, your breathing becomes faster and deeper to increase your oxygen, blood flow is diverted from the organs so digestion is reduced and the skin gets cold and clammy and rerouted so to speak to the muscles, and your pupils dilate for better vision. In an instant, your body is prepared to either defend or escape.

Now imagine that the footsteps belong to a good friend who catches up to you and offers to walk you home. You feel relief instantly, but your body takes longer to adjust. In order to return everything to normal, the Parasympathetic Nervous System kicks in. This system is slow acting, unlike its counterpart, and may take several minutes or even longer to get your body back to where it was before the scare.

These two subsystems are at work constantly shifting your body to more prepared states and more relaxed states. Every time a potentially threatening experience occurs (e.g., someone slams on their breaks in front of you, you hear a noise in your house at night, you hear a loud bang, a stranger taps you on the shoulder unexpectedly), your body reacts. The constant shifting of control between these two systems keeps your body ready for your current situation.



Source: [https://allpsych.com/psychology101]

TEXT VI)

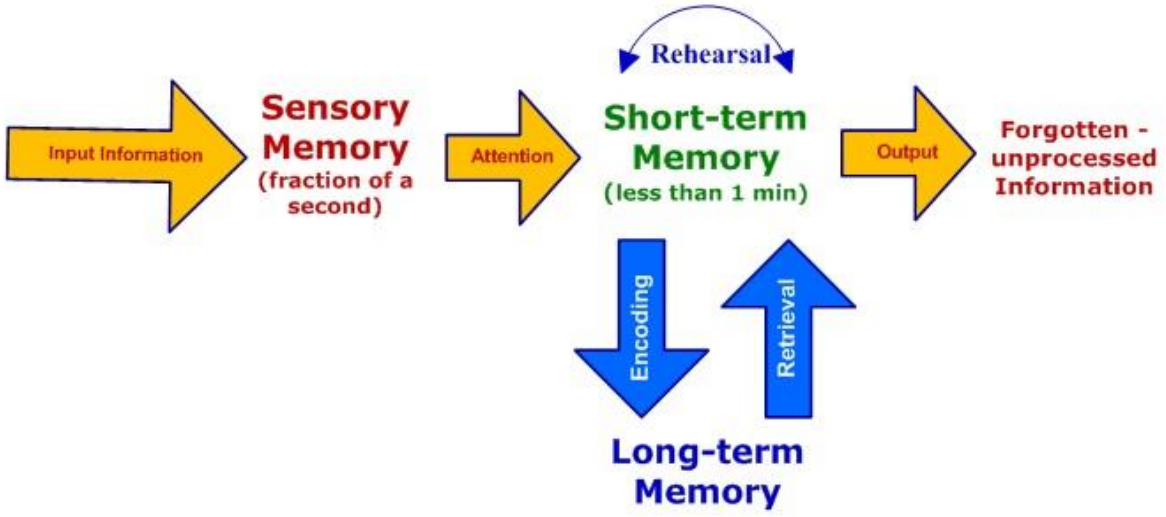
Stages of Memory

Encoding Storage and Retrieval

Memory is essential to all our lives. Without a memory of the past, we cannot operate in the present or think about the future. We would not be able to remember what we did yesterday, what we have done today or what we plan to do tomorrow. Without memory, we could not learn anything.

Memory is involved in processing vast amounts of information. This information takes many different forms, e.g. images, sounds or meaning.

For psychologists the term memory covers three important aspects of information processing:



1. Memory Encoding

When information comes into our memory system (from sensory input), it needs to be changed into a form that the system can cope with, so that it can be stored.

Think of this as similar to changing your money into a different currency when you travel from one country to another. For example, a word which is seen (in a book) may be stored if it is changed (encoded) into a sound or a meaning (i.e. semantic processing).

There are three main ways in which information can be encoded (changed):

1. Visual (picture)

2. Acoustic (sound)

3. Semantic (meaning)

For example, how do you remember a telephone number you have looked up in the phone book? If you can see it then you are using visual coding, but if you are repeating it to yourself you are using acoustic coding (by sound).

Evidence suggests that this is the principle coding system in short-term memory (STM) is acoustic coding. When a person is presented with a list of numbers and letters, they will try to hold them in STM by rehearsing them (verbally).

Rehearsal is a verbal process regardless of whether the list of items is presented acoustically (someone reads them out), or visually (on a sheet of paper).

The principle encoding system in long-term memory (LTM) appears to be semantic coding (by meaning). However, information in LTM can also be coded both visually and acoustically.

2. Memory Storage

This concerns the nature of memory stores, i.e., where the information is stored, how long the memory lasts for (duration), how much can be stored at any time (capacity) and what kind of information is held.The way we store information affects the way we retrieve it. There has been a significant amount of research regarding the differences between Short Term Memory (STM) and Long Term Memory (LTM). Most adults can store between 5 and 9 items in their short-term memory. Miller (1956) put this idea forward and he called it the magic number 7. He though that short-term memory capacity was 7 (plus or minus 2) items because it only had a certain number of "slots" in which items could be stored.

However, Miller didn't specify the amount of information that can be held in each slot. Indeed, if we can "chunk" information together we can store a lot more information in our short-term memory. In contrast, the capacity of LTM is thought to be unlimited. Information can only be stored for a brief duration in STM (0-30 seconds), but LTM can last a lifetime.

3. Memory Retrieval

This refers to getting information out storage. If we can't remember something, it may be because we are unable to retrieve it. When we are asked to retrieve something from memory, the differences between STM and LTM become very clear.

STM is stored and retrieved sequentially. For example, if a group of participants are given a list of words to remember, and then asked to recall the fourth word on the list, participants go through the list in the order they heard it in order to retrieve the information.

LTM is stored and retrieved by association. This is why you can remember what you went upstairs for if you go back to the room where you first thought about it.

Organizing information can help aid retrieval. You can organize information in sequences (such as alphabetically, by size or by time). Imagine a patient being discharged from hospital whose treatment involved taking various pills at various times, changing their dressing and doing exercises.

TEXT VI)

4 Types of Anger and Their Destructive Impact



Most people feel angry from time to time. Many may also find themselves on the receiving end of those who lash out in anger. How we handle anger (be it our own or someone else's) can make the difference between calmness versus agitation, proactive versus reactive, and equanimity versus suffering.

There are many ways to de-escalate, reduce, or dissolve anger. In this article, we will focus on four categories of anger and their impact on our lives.

(It is important to note that the four types of anger identified below are largely psychologically based. Chronic, persistent anger may also be the result of brain injury, chemical imbalance, substance abuse, PTSD, etc.)

1. Justifiable Anger

Justifiable anger is having a sense of moral outrage at the injustices of the world — whether it's the destruction of the environment, oppression of human rights, cruelty towards animals, violence in the community, or an abusive relationship at home. Justifiable anger may have benefits in the short-term, as its intensity can be channeled into passion and action for change. However, any type of anger over time is inherently unhealthy, as it robs us of our peace of mind and causes suffering within. Feeling angry on a regular basis, over any reason, only hurts oneself in the long run.

"Don't wait for things to change around you. Don't believe that shouting for one thousand years will bring you relief. You have to practice liberating yourself. Then you will be equipped with the power of compassion and understanding, the only kind of power that can help transform an environment full of injustice and discrimination." — Thich Nhat Hanh

2. Annoyance Anger

For most people, this is the most common type of anger. Annoyance anger can arise from the many frustrations of daily life: A driver cuts you off on the road, your partner said something insensitive, the kids aren't listening, your boss is a real jerk, etc. The list can go on and on. When we focus on the negative and personalize/internalize other people's words and actions, it's easy to experience annoyance anger on a regular basis. Worse yet, by becoming upset and getting triggered, we unwittingly allow other people's problems to become our own.

“Don't take anything personally…What others say and do is a projection of their own reality.” — Miguel Angel Ruiz

“For every minute you remain angry, you give up sixty seconds of peace of mind.” — Ralph Waldo Emerson

3. Aggressive Anger

Aggressive anger is often used in situations where one individual attempts to exercise dominance, intimidation, manipulation, or control over another. When expressed repeatedly in relationships, aggressive anger becomes bullying, oppression, psychological violence, and emotional abuse.

Source : https://www.psychologytoday.com/intl/blog/communication-success/201905/4-types-anger-and-their-destructive-impact

TEXT VII)

Psychiatric Disorders

A psychiatric disorder is a mental illness diagnosed by a mental health professional that greatly disturbs your thinking, moods, and/or behavior and seriously increases your risk of disability, pain, death, or loss of freedom.

In addition, your symptoms must be more severe than an expected response to an upsetting event, such as normal grief after the loss of a loved one.

Examples of Psychiatric Disorders

A large number of psychiatric disorders have been identified. Chances are that, whether or not you or someone close to you has been diagnosed with a psychiatric disorder, you know something about one or more of the following examples:

- Depression
- Personality disorders
- Anxiety disorders
- Schizophrenia
- Eating disorders
- Addictive behaviors

Symptoms of Psychiatric Disorders

Examples of ongoing signs and symptoms of psychiatric disorders include:

- Confused thinking
- Reduced ability to concentrate
- Deep, ongoing sadness, or feeling “down”
- Inability to manage day-to-day stress and problems
- Trouble understanding situations and other people
- Withdrawal from others and from activities you used to enjoy
- Extreme tiredness, low energy, or sleeping problems
- Strong feelings of fear, worry, or guilt

- Extreme mood changes, from highs to lows, often shifting very quickly
- Detachment from reality (delusions), paranoia (belief that others are "out to get you,") or hallucinations (seeing things that aren't there)
- Marked changes in eating habits
- A change in sex drive
- Drug or alcohol abuse
- Excessive anger, hostility, and/or violence
- Suicidal thinking

A psychiatric disorder may also cause physical symptoms, such as a headache, back pain, or stomach pain. If you're being evaluated for a psychiatric disorder, be sure to tell your doctor about any physical symptoms you're having, including unexplained aches and pains.

Types of Psychiatric Disorders

The following list describes the main types (often called classes or categories) of psychiatric disorders.

- Neurodevelopmental Disorders. The many psychiatric disorders in this group usually begin in infancy or childhood, often before a child starts school. Examples include attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, and learning disorders.
- Schizophrenia Spectrum and Other Psychotic Disorders. Psychotic disorders cause detachment from reality. People with these diagnoses experience delusions, hallucinations, and disorganized thinking and speech. Schizophrenia is probably the best known of these illnesses, although detachment from reality can sometimes affect people with other psychiatric disorders.
- Bipolar and Related Disorders. This group includes disorders in which episodes of mania (periods of excessive excitement, activity, and energy) alternate with periods of depression.
- Depressive Disorders. These include disorders characterized by feelings of extreme sadness and worthlessness, along with reduced interest in previously enjoyable activities. Examples include major depressive disorder and premenstrual dysphoric disorder (PMDD), which is more severe than the more widely known premenstrual syndrome (PMS). PMS is not classified as a psychiatric disorder.
- Anxiety Disorders. Anxiety involves focusing on bad or dangerous things that could happen and worrying fearfully and excessively about them. Anxiety disorders include generalized anxiety disorder (GAD), panic disorder, and phobias (extreme or irrational fears of specific things, such as heights).

- Obsessive-Compulsive and Related Disorders. People with these disorders experience repeated and unwanted urges, thoughts, or images (obsessions) and feel driven to taking repeated actions in response to them (compulsions). Examples include obsessive-compulsive disorder(OCD), hoarding disorder, and hair-pulling disorder (trichotillomania).

- Trauma- and Stressor-Related Disorders. These psychiatric disorders develop during or after stressful or traumatic life events. Examples include posttraumatic stress disorder (PTSD) and acute stress disorder.

- Dissociative Disorders. These are disorders in which a person's sense of self is disrupted, such as dissociative identity disorder and dissociative amnesia.

- Somatic Symptom and Related Disorders. A person with one of these disorders may have distressing and incapacitating physical symptoms with no clear medical cause. ("Somatic" means "of the body.") Examples include illness anxiety disorder, somatic symptom disorder (previously known as hypochondriasis), and factitious disorder.

- Feeding and Eating Disorders. These psychiatric disorders are disturbances related to eating, such as anorexia nervosa, bulimia nervosa, and binge eating disorder.

- Elimination Disorders. Psychiatric disorders in this group relate to the inappropriate elimination (release) of urine or stool by accident or on purpose. Bedwetting (enuresis) is an example.

- Sleep-Wake Disorders. These are severe sleep disorders, including insomnia disorder, nightmare disorder, sleep apnea, and restless legs syndrome.

- Gender Dysphoria. These disorders stem from the distress that goes with a person's stated desire to be a different gender. The diagnostic criteria in this group differ somewhat among children, adolescents, and adults.

- Disruptive, Impulse-Control, and Conduct Disorders. People with these disorders show symptoms of difficulty with emotional and behavioral self-control. Examples include kleptomania (repeated stealing) and intermittent explosive disorder.

- Substance-Related and Addictive Disorders. People with these diagnoses have problems associated with excessive use of alcohol, opioids (for example, oxycodone and morphine), recreational drugs, hallucinogens, and six other types of drugs. This group also includes gambling disorder.

- Neurocognitive Disorders. These psychiatric disorders affect people's ability to think and reason. The disorders in this group include delirium as well as disorders of thinking and reasoning caused by such conditions or diseases as traumatic brain injury or Alzheimer's disease.

- Personality Disorders. A personality disorder involves a lasting pattern of emotional instability and unhealthy behaviors that seriously disrupt daily living and relationships. Examples include borderline, antisocial, and narcissistic personality disorders.

- Paraphilic Disorders. Many sexual-interest disorders are included in this group. Examples include sexual sadism disorder, voyeuristic disorder, and pedophilic disorder.

- Other Mental Disorders. This group includes psychiatric disorders that are due to other medical conditions or that don't meet all the requirements for any of the other psychiatric disorder groups.

When Does a Mental Health Concern Become a Psychiatric Disorder?

If you're like most people, you've probably had a mental health concern from time to time, such as depression following the loss of a job. These concerns are typically time-limited, and eventually, you start to feel better.

That's not true of a psychiatric disorder, in which your symptoms are ongoing and frequently upsetting to you and the people around you. A psychiatric disorder also interferes with your ability to do day-to-day tasks. When the stress of trying to cope with your symptoms becomes more than you can handle, treatment typically involves a combination of medications and psychotherapy (also called talk therapy).

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TEXT VIII

Types and Problems of Personality Testing

Personality testing refers to techniques that are used to accurately and consistently measure personality.

Personality is something that we informally assess and describe every day. When we talk about ourselves and others, we frequently refer to different characteristics of an individual's personality. Psychologists do much the same thing when they assess personality but on a much more systematic and scientific level.

How Are Personality Tests Used?

For assessing theories

To look at changes in personality

To evaluate the effectiveness of therapy

Diagnosing psychological problems

Screening job candidates

Personality tests are also sometimes used in forensic settings to conduct risk assessments, establish competence and in child custody disputes.

Types of Personality Assessment

There are two basic types of personality tests: self-report inventories and projective tests.

Self-report inventories involve having test-takers read questions and then rate how well the question or statement applies to them. One of the most common self-report inventories is the Minnesota Multiphasic Personality Inventory or MMPI.

Projective tests involve presenting the test-taker with a vague scene, object, or scenario and then asking them to give their interpretation of the test item. One well-known example of a projective test is the Rorschach Inkblot Test.

Potential Problems With Personality Testing

Each of these approaches has its own unique set of strengths, weaknesses, and limitations. The greatest benefit of self-report inventories is that they can be standardized and use established norms. They are also relatively easy to administer and have much higher reliability and validity than projective tests.

One of the biggest disadvantages of self-report inventories is that it is possible for people to engage in deception when answering questions. Even though techniques can be used to detect deception, people can still successfully provide false answers often in an effort to "fake good" or appear more socially acceptable and desirable.

Another potential problem is that people are not always good at accurately describing their own behavior. People tend to overestimate certain tendencies (especially ones that are viewed as socially desirable) while underestimating other characteristics. This can have a serious impact on the accuracy of a personality test.

Self-report personality tests can also be quite long, in some cases taking several hours to complete. Not surprisingly, respondents can quickly become bored and frustrated. When this happens, test-takers will often answer questions as quickly as possible, often without even reading the test items.

Projective tests are most often used in psychotherapy settings and allow therapists to quickly gather a great deal of information about a client. For example, a therapist can look not only at the client's response to a particular test item; they can also take into account other qualitative information such as the client's tone of voice and body language. All of this can be explored in greater depth as the client progresses through therapy sessions.

However, projective tests also have a number of disadvantages and limitations. The first problem lies in the interpretation of the responses. Scoring test items are highly subjective and different raters might provide entirely different viewpoints of the responses.

These tests also tend to lack both reliability and validity. Remember, reliability refers to the consistency of a test while validity involves whether the test is really measuring what it claims to measure.

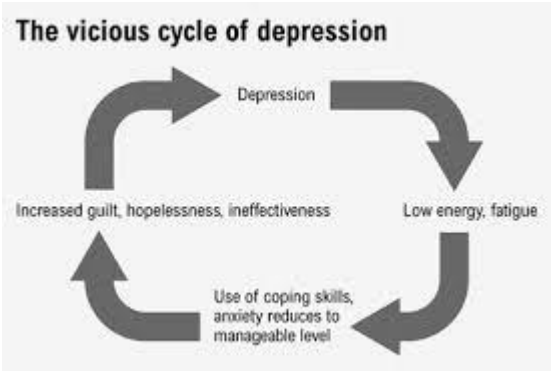
Personality Testing: Scientific vs. Entertaining

As you start looking at all of the different personality assessments that are available, you will probably notice one thing quite quickly: there are a lot of "informal" tests out there! Just a simple online search will turn up an enormous range of quizzes and tests designed to tell you something about your personality.

Let's make one thing clear — the vast majority of these quizzes that you'll encounter online are just for fun. They can be entertaining and they might even give you a little insight into your personality, but they are in no way formal, scientific assessments of personality.

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TEXT IX



Is Depression Really On The Rise? If So, Why?

If you look at depression statistics spread over several years, a very worrying trend becomes immediately apparent. Cases of depression begin to rise extremely sharply in around 2005, and continue to escalate at an alarming pace. Should the problem continue in this vein, it seems that everyone in the world will before long be suffering from depression, or some form of anxiety disorder. Not good. Science and psychiatry are, it seems, a little divided on the issue. Various theories as to the source of the problem have been put forward, but there is as yet no real consensus. Some do not even believe that the problem is real, attributing the statistical rise to diagnostic improvements and a change in culture. So what, if anything, is going on? What do people think is behind this problem?

The Internet

One of the most common theories holds that the rise in internet usage has - directly or indirectly - brought a host of mental health problems in its wake. The theorized abilities of the internet to change our brains and trigger neurosis are multiform, and a whole book could be written on the phenomenon. Briefly, however, here are some of the more common points made:

The internet causes addiction. Many scientists, particularly in Asia (where it's a big problem) believe that the dopamine surge caused by receiving information, validation, and 'rewards' through gameplay via the internet can cause pathological usage and addiction. This naturally alters the brain's chemistry, predisposing many heavy internet users to anxieties and depressive states. It's an as-yet little understood phenomenon, but people are taking it seriously - so much so that many health insurers are adding internet addiction to the list of things they cover.

The internet reduces our 'mental downtime'. Instead of relaxing when we get home, we log immediately into the internet, over-stimulating our brains with both work and leisure, and effectively preventing them from getting the vital rest they need to start processing the emotions and experiences of the day. This ultimately leads to mental health problems like depression.

The internet feeds us a lot of depressing news, and makes us periodically angry (more on that later).

The internet (and social media in particular) puts us under subliminal pressure to achieve a standardized 'perfection' - showing us the carefully tailored social media streams of our friends, which appear to show a 'perfect' life to which we cannot possibly live up. This is all of course heavily edited and a 'glossy' version of the actual (more mundane) truth, but it nonetheless causes a good deal of insecurity and feelings of worthlessness.

Urbanization

The world has reached an unprecedented landmark. By 2017, it's thought that the majority of people will be living in urban areas. In the past, the majority of people worldwide have always lived in small rural communities - with urban centres making up a significant population proportion, but never greater than the whole sum of humanity. Now, however, the cities are expanding and more people are moving to them. This, it is thought, increases depression risk in a number of ways:

Lack of access to 'green spaces'. It's by now well known that our mental health is significantly boosted by time spent outdoors, preferably in green, leafy spaces. The urban environment and lifestyle makes doing this much harder - and even those who regularly enjoy parks may lack the kind of distraction-free experience gained by those in the countryside, due to the presence of lots of other people.

Anonymity. In small, rural communities, people are known to one another, and are often cared for by the community should things go wrong. While many urban communities are very cohesive, it is nonetheless more common to experience 'anonymity' in cities. When nobody really knows who you are, and you lack a sense of 'place', 'tribe', or general human connection, it is easy to succumb to feelings of worthlessness and depression.

Stress. Everyday urban life tends to be more 'high powered' and stressful than rural life. Negotiating traffic, constant noise, enhanced crime rates, busy jobs... all of these enhance an urban-dweller's risk of stress, which in turn raises their risk of developing depression.

Lifestyle

It's no secret that we're becoming increasingly sedentary, and eating an increasingly poor diet. Without good cardiovascular health (as is bestowed by regular exercise), our brains are less able to receive nourishment from the blood. And without the right kind of diet, that nourishment which they do receive is sub-par and unable to fulfil all of the brain's requirements to keep our mental and emotional health at a reasonable equilibrium. It's thought that dietary and general lifestyle improvements could make an enormous difference to the global mental health situation.

Fear

There has been much talk recently about the 'politics of fear'. Media and political campaigns designed to elicit sales and votes by scaremongering have become much more common in recent years, and the stress, hatred, and anger provoked by these can have an extremely negative effect on mental health. What is more, the internet provides us with access to negative news stories in unprecedented amounts. All of this serves to make us more anxious, and renders our ruminations rather more negative than would otherwise be the case.

Statistics

Some, however, believe that all of the above is simply an illusion, and that the real problem is not a problem at all. In recent years, we have become far better at accepting, seeking help for, and diagnosing mental health problems - all over the world. Perhaps we've always been this depressed - it's just that we're more self-aware about it now.

Source : https://www.psyarticles.com/emotion/depression.htm

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