AQA Psychology A-Level

Topic 4: Psychopathology

Essay Plans

This work by PMT Education is licensed under CC BY-NC-ND 4.0

Describe and evaluate two definitions of abnormality. (16 MARKS)

AO1	• Abnormal behaviour can be classified as any behaviour that goes against societal expectations about how to and not to behave, in other words, deviation from social norms. Often these social expectations are rooted in a desire to make society more pleasant.. • However, what is considered socially acceptable or normal is constantly changing, and with it, some behaviours previously seen as abnormal are now normal and vice versa. • Another way that abnormality can be defined is an inability to cope with everyday life- a failure to function adequately. • This is especially if this failing is causing the individual or others around them distress. In some instances, the individual may not be aware that their behaviour is causing distress to others, like if they are schizophrenic
AO3	1. Judgement on whether an individual is failing to function adequately can be made by them. However, if the individual suffers from a psychosis that prevents them from recognising that their behaviour is abnormal, then the judgement must be made by someone else. As a result, what constitutes as failing to function adequately depends on who is making the judgement- an individual may be content with their behaviour, but another person could see it as abnormal. 2. Unlike defining abnormality according to adherence to social norms, defining abnormality according to failure to function adequately removes subjectivity from classification. This is because WHODAS has comprised a list of functional behaviours, so those not displaying these behaviours can be identified objectively according to the list. 3. Society's views on certain behaviours are constantly changing, but often groups that do not adhere to social norms face persecution, depending on the time period and area that they live in. Homosexuality was previously a criminal offence and classified as a mental disorder. Whilst this is no longer true here, at present in other parts of the world this still occurs. This shows how defining abnormality in this way can make 'abnormal' individuals susceptible to abuse. 4. Unlike the definition of abnormality according to statistical infrequency, abnormality according to deviance from social norms makes a distinction between desirable and undesirable behaviour. That being said, it does so inadvertently- social norms exist generally to encourage desirable behaviour, so any deviation from these can be classified as undesirable. But there is subjectivity involved with social norms, which may not always make this definition the most appropriate to use.

CC BY NC ND

Describe and evaluate the behavioural approach to explaining phobias. (16 MARKS)

<table>
<tr><td>AO1</td><td>

Phobic disorder is classified as an anxiety disorder, and involves extreme anxiety related to a phobic stimulus causing avoidance of the stimulus.
Mowrer devised the ‘two-process model’ to explain how phobias are learned. Classical conditioning was investigated by Watson and Rayner (1920) who conditioned a fear of fluffy white objects in a young boy- Little Albert.
Classical conditioning says that phobias are learned through pairing a neutral stimulus with a feeling of anxiety, causing the unconditioned stimulus to become an conditioned stimulus.
Phobias are maintained through operant conditioning. If a behaviour produces a favourable outcome, it is likely to be repeated. As a result, for phobic individuals, avoiding their phobic stimulus reduces anxiety, so they are likely to continue to avoid it.
The SLT suggests that phobias may be acquired through modelling the behaviour of others.

</td></tr>
<tr><td>AO3</td><td>

Bandura and Rosenthal (1966) provided evidence for the SLT explanation for phobias. Participants watched a model act pained when a buzzer sounded, and later displayed a reaction to the sound of the buzzer- suggesting acquisition of a fear response.
Di Nardo et al (1988) suggests that a phobia will be induced in an individual following a fearful experience, only if that individual has a genetic vulnerability causing a predisposition for them developing a phobia.
Seligman suggests that biological preparedness explains why we are preprogrammed to have fears of things that were potentially life threatening to our ancestors. This is why we tend to have fears of things like animals, but not of inanimate objects.
The two-process model fails to explain cognitive factors, such as irrational thinking which are involved with phobias. This alternative explanation is particularly good as it explains why phobic individuals are often impervious to the effects of reasoning.

</td></tr>
</table>

CC BY NC ND

Describe and evaluate the behavioural approach to the treatment of phobias. (16 MARKS)

<table>
<tr><td>AO1</td><td>

Phobic disorder is classified as an anxiety disorder, and involves extreme anxiety related to a phobic stimulus causing avoidance of the stimulus. Systematic desensitisation was developed by Wolpe as a treatment for phobias that attempts to replace the association between fear and the phobic stimulus with an association between relaxation and the phobic stimulus.
The treatment begins with the patient being taught to relax their muscles. Each stage of a desensitisation hierarchy devised by the patient should cause more distress to them than the last. Alongside their therapist, the patient moves through each stage of their hierarchy, employing the relaxation technique as they go along. Once they have mastered one stage of the hierarchy- they can move on to the next stage. Mastery of all the stages means the individual has been treated for the phobia that they sought treatment for.
Flooding is an alternative to systematic desensitisation in which the phobic individual is completely exposed to their most feared stimulus in an immersive single session lasting 2-3 hours.

</td></tr>
<tr><td>AO3</td><td>

Flooding is a highly traumatic form of treatment, so some patients find themselves unable to persist with the treatment, limiting its overall effectiveness as a treatment.
For those who are able to complete the flooding session, it is a highly effective form of treatment- much quicker than SD and CBT, and more effective than SD.
Behavioural therapies such as flooding and SD, are suitable to treat children who lack insight into their emotions like disabled children. Making it a more suitable form of treatment that others like CBT.
SD was found to be 75% at treating phobias, but the key to this success seemed to be ensuring real life exposure rather than imaginary to the stimulus.
SD is able to be self-administered- Humphrey(1973) found it to be just as effective when self-administered.

</td></tr>
</table>

CC BY NC ND

Describe and evaluate the cognitive approach to explaining depression. (16 MARKS)

<table>
<tr><td>AO1</td><td>

Depression is a mood disorder, and a distinction must be made between major depressive disorder and and persistent depressive disorder, which is longer term and recurring.
Ellis (1962), developed the ABC Model to explaining depression. Within the model, A refers to an activating event, B to the belief that arises from this event and C to the consequences of these beliefs. Rational beliefs result in healthy emotions, irrational beliefs result in unhealthy emotions.
Irrational beliefs are caused by musturbatory thinking- the idea that certain things must be true for an individual to be happy. Having assumptions like ‘everyone must like me’ can cause individuals to feel depressed when these assumptions are shown not to be true.
The ‘cognitive triad’ was developed by Beck (1967) who believed that depressed people have cognitions that are negatively skewed which are based on negative schemas that an individual acquires when they are young.
These lead to cognitive biases as whenever an individual encounters a situation similar to the one they acquired the schema in, they hold certain beliefs before even attempting anything. This helps to maintain a ‘negative triad’, this is a pessimistic belief system of a depressed individual- they have negative views of the self, the world and of the future.

</td></tr>
<tr><td>AO3</td><td>

Depressed people were found in a study by Hammen and Krantz to show more errors in logic than non-depressed individuals, supporting the idea that depression is caused by irrational thinking.
Bates found that depressed individuals became more depressed when they were given negative thought statements. But this could be due to depressed individuals thinking negatively because of their depression, not that they are depressed because of their negative thoughts.
This approach assumes the client is at fault for their own mental state. This can be beneficial, but it can also result in other factors, like family/work life being ignored and not resolved.
Alloy and Abrahmson suggested that depressed people do not think irrationally, but rather tend to be realists. They called this the ‘sadder but wiser effect’.
The biological explanation is the depression is caused by low levels of serotonin. The success of SSRIs in treatment support this. A compromise explanation is the diathesis-stress model, which suggests that depression manifests in individuals who have a genetic vulnerability to it.

</td></tr>
</table>

BY NC ND

Describe and evaluate the cognitive approach to treating depression. (16 MARKS)

AO1	• Depression is a mood disorder, and a distinction must be made between major depressive disorder and and persistent depressive disorder, which is longer term and recurring. • CBT was developed by Ellis and was initially called REBT- standing for 'rational emotive behavioural therapy', as he believed that depression was caused by irrational beliefs. • The ABC model was extended to ABCDEF, in which D referred to disputing irrational thoughts, E the effects of doing so and F the feelings that arise from this. Ways of disputing irrational beliefs include: logical, empirical and pragmatic disputing. • This prevents individuals from catastrophising, and causes them to think rationally. Clients may be asked to complete 'homework' between sessions to test irrational beliefs against reality. Clients are also encouraged to become more physically active by engaging in pleasurable activities. • Ellis realised that clients need to be given unconditional positive regard as clients who feel worthless are unlikely to persist in treatment.
AO3	1. Partaking in physical activity has been shown by Babyak (2000) to effective in reducing the relapse rates in adult volunteers after 6 months. 2. Ellis claimed that REBT has 90% success rate, but as this is a self-assessment, it may not be entirely accurate. He later admitted that the treatment may not always be effective, suggesting that the clients not putting their revised beliefs into practice. 3. CBT is ineffective for individuals who lack insight into their motivations, such as disabled children, as well as individuals who are resistant to change, as suggested by Elkin. This limits the effectiveness of the therapy. 4. Drug therapies require a lot less effort on the part of the depressed individuals, and they have been proven effective at treating depression.

Describe and evaluate the biological approach to explaining OCD. (16 MARKS)

AO1	• OCD (Obsessive Compulsive Disorder) is an anxiety disorder and is comprised of two components- obsessions (intrusive thoughts) and compulsions (recurrent behaviours). • High levels of dopamine have been implicated in the onset of the disorder. A gene called COMT is involved with the production of COMT which regulates dopamine levels. An allele of COMT that lowers the activity of COMT is more common in OCD sufferers. • Similarly, low levels serotonin have been implicated in OCD, with a gene called SERT lowering its levels in the body. A mutation of this gene was found by Ozaki et al (2003) in different families in which a majority of them had OCD. • Neural explanations of OCD onset involve the orbitofrontal cortex, which has its signals suppressed by the caudate nucleus. The OFC normally sends signals about worrying things to the thalamus. But in an abnormal worry circuit, these signals are not suppressed by the caudate nucleus, causing anxiety about minor things- which can result in OCD.
AO3	1. Nestadt compared individuals with OCD and their relatives to those without OCD and their relatives. Sufferers of OCD were five times more likely to develop the disorder, but concordance was not 100%, suggesting that there are factors other than genetic contributing to OCD onset. 2. An alternative explanation is the diathesis-stress model which suggest that OCD manifests in genetically vulnerable individuals following an activating event that triggers the disorder. 3. Due to these explanation, screening can be done for the COMT and SERT genes- mothers can choose if they want to proceed with their pregnancy. But this assumes that OCD is directly caused by the mutated genes, when these children may not actually develop it in later life. 4. Another alternative explanation is the behaviourist one, which applies the two process model to OCD. This explanation is supported by the success of behavioural therapies like exposure response prevention therapy. 5. MRIs were used by Menzies et al (2007) who found that OCD patients and their families had reduced grey matter in the region of the brain surrounding the OFC. This suggests there are anatomical differences in the brains of OCD sufferers.

cc BY NC ND

PMT •resources•tuition•courses

Describe and evaluate the biological approach to treating OCD. (16 MARKS)

<table>
<tr><td>AO1</td><td>

OCD (Obsessive Compulsive Disorder) is an anxiety disorder and is comprised of two components- obsessions (intrusive thoughts) and compulsions (recurrent behaviours).
SSRIs are given to OCD sufferers, as low levels of serotonin have been implicated in OCD. They work by binding to the presynaptic membrane, preventing serotonin in the synapse from being reuptaken, allowing it to continue to stimulate its receptors.
Tricyclics like clomipramine were the first antidepressants used to treat OCD, and work by blocking receptors that allow the reuptake of serotonin and noradrenaline. These target two different neurotransmitters, but cause more side effects, so are only used on those unresponsive to SSRIs.
Benzodiazepines (BZs) are used to reduce anxiety, they do this by increasing the activity of GABA which slows down the activity of the CNS, by increasing the flow of chloride ions which inhibits the stimulation of neurons by neurotransmitters.
An antibiotic for tuberculosis called D-Cycloserine has been shown to reduce anxiety and so is prescribed for OCD sufferers. According to Kushner et al (2007), it enhances the activity of GABA similarly to BZs.

</td></tr>
<tr><td>AO3</td><td>

Drug therapies were found to be more effective than placebos art reducing the symptoms of OCD for 3 months post treatment as found by Soomro et al (2008). Buat, as noted by Koran et al, not many studies explore the long term effectiveness of drug therapies, so their efficacy in that aspect is unknown.
Maina (2007) noted that although drug therapies are effective, symptoms return after patients stop taking the drugs, suggesting that drug therapy is not an effective long-term cure.
Drug therapies are quick forms of treatment, requiring less effort on the part of the patient than other forms of therapy such as CBT. Also, drug therapies are considerably cheaper than other forms of therapy, as therapists are not required to be trained for this therapy to carried out.
Drug therapies run the risk of side effects, particularly tricyclics which can cause palpitations and hallucinations. Conversely, SSRIs run a lesser risk, but this may be enough to deter people from completing the treatment, lowering the overall effectiveness of drug therapy as a treatment.
Alternative forms of treatment that have proven just as effective include exposure response prevention therapy, which is a behaviourist treatment. This involves exposing the patient to their obsessive stimulus and preventing them from carrying out the associated compulsive behaviour.

</td></tr>
</table>

cc BY NC ND