

ASSESSMENT CHECK 13:

4.1 Psychopathology – Definitions of abnormality (page 153)

- 1 The failure to function adequately definition sees abnormality as an inability to cope with everyday life. David fits this definition as he is often absent from work, probably because he is feeling rather low and can't face the demands of work. He is also displaying irrationality, such as suddenly having his hair dyed purple, which fits the definition. It is also unconventional, which again fits the definition. His outbursts of rage also fit the criteria of unpredictability and irrationality.
- 2 One strength of the deviation from social norms definition is that it considers the social dimension to the idea of abnormality and thus offers an alternative to the idea of someone who is abnormal being 'sick in the head'.

One limitation to the definition is that social norms are not real, they are subjective and based on the opinions of ruling elites in society rather than majority opinion, and they can be used to 'control' those seen as a threat to social order.

- 3 Deviation from social norms definition = B
Deviation from ideal mental health definition = E
Failure to function adequately definition = C
Statistical infrequency definition = A

- 4 There are 6 marks available here for outlining definitions of abnormality and 10 marks available for the evaluation of them. About 20 minutes should be spent constructing the answer, of which about 7½ minutes should be spent on the outline and 12½ minutes on the evaluation. For the average student this equates to about 150 to 185 words for the outlining and 250 to 310 words for the evaluation.

Probably the best way to construct an answer would be to outline a definition of abnormality and then evaluate it, then to repeat this procedure for other definitions.

The outline should focus on describing individual definitions of abnormality in terms of how they see abnormality as occurring. The deviation from social norms sees behaviour that violates accepted social norms as being abnormal; the failure to function adequately definition sees an inability to cope with day-to-day living as abnormal; the deviation from ideal mental health definition sees failure to meet the criteria for perfect psychological wellbeing as being abnormal; and the statistical infrequency definition sees behaviours that are rare as abnormal. Marks awarded would depend on the accuracy, relevance and clarity of the descriptions and the degree of elaboration (detail), for instance description of Rosenhan & Seligman's features of personal dysfunction for the failure to function adequately definition.

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The evaluation would best be compiled from a consideration of the strengths and weaknesses of each definition. For example, that the deviation from social norms definition allows the development of situational norms (what is seen as normal in a given situation), but is based on social norms that are subjective (not real, but based on the opinions of a ruling elite).

Additional evaluation could come from a more general appraisal of the definitions, such as that they are all culturally relative and so should not be applied to members of other cultures. Also some consideration of which definitions are more favoured, such as the failure to function adequately definition being the one that most people use to self-diagnose themselves and seek clinical help.

It should be remembered that the most effective evaluation is created from a number of evaluative points being woven together to form a sophisticated commentary, rather than being a series of unconnected evaluative points.

- 5 There are 6 marks available here for outlining the statistical infrequency and deviation from ideal mental health definitions of abnormality and 6 marks available for the evaluation of them. About 15 minutes should be spent constructing the answer, of which about 7½ minutes should be spent on the outlines and 7½ minutes on the evaluations. For the average student this equates to about 150 to 185 words for the outlining and similar for the evaluation.

Probably the easiest way to construct an answer would be firstly to outline one of the definitions and then evaluate it, then to repeat the process for the other definition.

The outline would focus on describing the statistical infrequency definition (that behaviours which are rare are abnormal) and the deviation from ideal mental health definition (that failure to meet the criteria for perfect psychological wellbeing is abnormal). Marks awarded would depend on the accuracy, relevance and clarity of the descriptions and the degree of elaboration (detail), for instance detailing Jahoda's characteristics of ideal mental health.

The evaluation would best be constructed from a consideration of the strengths and weaknesses of the definitions. For example, that the deviation from ideal mental health definition identifies target areas of dysfunction, but uses criteria that most people cannot achieve, while the statistical infrequency definition has objective criteria, but not all infrequent behaviours are abnormal.

Other evaluation could centre on general criticisms, such as both definitions being culturally relative (not appropriate to all cultures). It would also be creditworthy to compare the definitions with others, such as the failure to function adequately and deviation from social norms definitions, but only if they were used to identify strengths and weaknesses of the definitions under discussion.

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It should be remembered that the most effective evaluation is created from a number of evaluative points being woven together to form a sophisticated commentary, rather than being a series of unconnected evaluative points.

- 6 One strength of conducting such interviews is that any question that is ambiguous or not understood by a participant can be explained by the interviewer as they are present. Therefore more meaningful answers can be gained.

One weakness of conducting such interviews is that answers given by participants may not be accurate. For example, interviews can be affected by idealised answers, where participants give answers relating to how they would like to be rather than how they actually are.

ASSESSMENT CHECK 14:

4.2 Psychopathology – Characteristics of phobias, depression and OCD (page 161)

- 1 A behavioural characteristic of phobias that is evident in the situation is how Betty makes sure she doesn't go near rivers or any other source of running water. An emotional characteristic is how Betty gets very fearful if she feels she might be placed in a situation where there's a risk there will be running water. A cognitive characteristic is how Betty knows her fear is unreal, but it will not go away.
- 2 One behavioural component of OCD is how the condition hinders everyday functioning, such as not being able to work effectively. A cognitive characteristic of OCD is attentional bias, where perception tends to become focused on anxiety-generating stimuli.
- 3 Behavioural: Phobias = Avoidant response; Unipolar depression = Loss of energy
Cognitive: Phobias = Recognition of exaggerated anxiety; Unipolar depression = Delusions
- 4 A behavioural characteristic of unipolar depression is loss of energy, while for bipolar depression it is high energy levels. A cognitive characteristic of both unipolar and bipolar depression is delusions, such as auditory hallucinations (unipolar) or delusions of persecution (bipolar). An emotional characteristic of unipolar depression is loss of enthusiasm, while for bipolar depression it is elevated mood states.

A behavioural characteristic of OCD is the hindering of everyday functioning, for both obsessions and compulsions, such not being able to successfully complete work tasks. A cognitive characteristic could be recurrent and persistent thoughts for obsessions, and uncontrollable urges for compulsions. An emotional characteristic of OCD would be extreme anxiety for obsessions, due to the persistence of forbidden ideas, and distress for compulsions, as they cannot be consciously controlled.
- 5 (i) Inter-observer reliability is important as all observers need to make consistent recordings of the behavioural characteristics of OCD.
(ii) Inter-observer reliability could be established by setting up clear, separate behavioural categories of OCD before the study commences and making sure these categories don't overlap in any way.

ASSESSMENT CHECK 15:

4.3 Psychopathology – The behavioural approach to explaining and treating phobias (page 171)

- 1 Classical conditioning explains how phobias are acquired by a natural response that causes fear to become associated with a neutral stimulus, so that the neutral stimulus by itself causes a fear response. For Seumas, the man grabbing him and swinging a punch at him caused a fear response that became associated with the neutral stimulus of the dark, so that he now has a fear of the dark and cannot sleep unless the light is on.
- 2 The relaxation component of systematic desensitisation works by patients learning in stages to replace fear responses with feelings of calm by using relaxation strategies, such as slowing their breathing.

A hierarchy is constructed before systematic desensitisation commences. This involves creating a scale of feared types of contact with a phobic object/situation and patients then working through the hierarchy, from the least to the most feared scenarios, using relaxation strategies to create sensations of calm.

- 3 Involves a stimulus becoming associated with a response = C
Involves learning through the consequences of behaviour = O
Involves the use of reinforcements = O
Explains the acquisition of phobias = C

- 4 There are 6 marks available here for outlining systematic desensitisation as a treatment for phobias and 10 marks available for the evaluation of it. About 20 minutes should be spent constructing the answer, of which about 7½ minutes should be spent on the outline and 12½ minutes on the evaluation. For the average student this equates to about 150 to 185 words for the outlining and 250 to 310 words for the evaluation.

Possibly the best way to construct an answer would be to outline the treatment first and then to evaluate it.

The outline should focus on describing the treatment in terms of the behaviourist principles on which it is based and detailing the procedure by which it is administered. Marks awarded would depend on the accuracy, relevance and clarity of the descriptions and the degree of elaboration (detail), for instance how the treatment uses classical conditioning to replace fear responses with feelings of calm.

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The evaluation would probably centre on the extent to which research has found the treatment to be effective. Brosnan & Thorpe's (2006) study into the treatment of technophobia would be an excellent source of modern-day evidence, while other relevant studies could include Jones' (1924) study of a boy with a phobia of white fluffy animals and objects, and Rothbaum's (1998) study of virtual reality exposure therapy.

Additional evaluation could be formed from comparisons with other treatments, but only if such comparisons were used to highlight strengths and weaknesses of systematic desensitisation. More general criticism would also be relevant, such as the treatment being suitable only for those who can learn and use relaxation strategies. A consideration of the behaviourist approach on which the treatment is based could also be made relevant, as long as the material was shaped to the effectiveness of the treatment.

Evaluative material focused on methodological and ethical criticisms, such as the danger of harm from administering the treatment, would also be relevant only if focused on the effectiveness of the treatment.

It should be remembered that the most effective evaluation is created from a number of evaluative points being woven together to form a sophisticated commentary, rather than being a series of unconnected evaluative points.

- 5 There are 6 marks available here for outlining the behavioural approach to explaining phobias and 6 marks available for the evaluation of it. About 15 minutes should be spent constructing the answer, of which about 7½ minutes should be spent on the outline and 7½ minutes on the evaluation. For the average student this equates to about 150 to 185 words for the outlining and similar for the evaluation.

Probably the easiest way to construct an answer would be to firstly outline the approach and then to evaluate it.

The outline would focus on describing the approach in terms of the principles on which it is based: that phobias are acquired through environmental learning processes. Marks awarded would depend on the accuracy, relevance and clarity of the descriptions and the degree of elaboration (detail). For instance, by detailing the two-process model, where phobias are acquired via classical conditioning and then maintained by operant conditioning.

The evaluation would probably best centre on the level of research support there is for the explanation. Watson & Rayner's (1920) study of inducing fear in an infant would be a useful source of evidence here, as would Bagby's (1922) study of a woman acquiring a phobia of running water from being stuck in rocks near a waterfall and Di Gallo's (1996) study of the origin of car phobias.

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Additional evaluation could be achieved by comparison of the approach with other explanations, such as the evolutionary explanation, but only if this was used to draw out strengths and weaknesses of the behaviourist approach. Material focused on practical applications, namely therapies based on the behaviourist approach (systematic desensitisation and flooding), could also be shaped to the question.

Evaluative material focused on methodological and ethical criticisms, such as the harm incurred from Watson & Rayner's (1920) study, would be relevant only if focused on the effectiveness of the approach.

It should be remembered that the most effective evaluation is created from a number of evaluative points being woven together to form a sophisticated commentary, rather than being a series of unconnected evaluative points.

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- (i) The mean = 6
 - (ii) The median = 6
 - (iii) The mode = 7

ASSESSMENT CHECK 16:

4.4 Psychopathology – The cognitive approach to explaining and treating depression (page 183)

- 1 The negative triad consists of three types of pessimistic thought patterns about the self, the world and the future. Oonagh shows two of these thought patterns; the self is represented by the fact she feels that nobody really likes her, and the world is represented by the fact that she does not think things will improve, as she will always be useless.
- 2 Cognitive behavioural therapy helps patients identify irrational and maladaptive thoughts and alter them. Therapists challenge patients' thinking to show them how irrational their thoughts actually are. Patients have to practise positive and optimistic thinking. The ABC method is used: A = Activating event, where patients record events leading to disordered thinking; B = Beliefs, where patients record negative thoughts associated with an event; C = Consequence, where patients record negative thoughts and the behaviours that follow.
- 3 The self = 1
The future = 3
The world = 2
- 4 There are 6 marks available here for outlining the cognitive approach to explaining depression and 10 marks available for the evaluation of it. About 20 minutes should be spent constructing the answer, of which about 7½ minutes should be spent on the outline and 12½ minutes on the evaluation. For the average student this equates to about 150 to 185 words for the outlining and 250 to 310 words for the evaluation.

Probably the best way to construct an answer would be first to outline how the approach explains depression and then to evaluate it.

The outline should focus on describing the approach in terms of the principles on which it is based, namely that depression is determined through maladaptive thought processes. Marks awarded would depend on the accuracy, relevance and clarity of the description and the degree of elaboration (detail). For instance, giving details of Beck's negative triad, which sees three pessimistic thought patterns as underpinning depression, and Ellis' ABC model, which sees depression as occurring through an activating agent, a belief and a consequence.

The evaluation would probably centre on what research has found about the validity of the approach in explaining the causation of depression. Beevers *et al.*'s (2010) study focusing on brain areas involved in the cognitive control of emotion would be

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most useful here, as would McIntosh & Fischer's (2000) study of the negative triad and Boury's (2001) study of how depressives misinterpret information in a negative fashion.

Additional evaluation could be achieved by comparison of the approach with other explanations, such as the genetic explanation, but only if this is used to draw out strengths and weaknesses of the cognitive approach. Material focused on practical applications, namely therapies based on the cognitive approach (for instance cognitive behavioural therapy), could also be shaped to the question.

Evaluative material focused on methodological and ethical criticisms, such as the possibility of cognitive behavioural therapists forcing patients into certain ways of thinking, would be relevant only if focused on the effectiveness of the approach.

It should be remembered that the most effective evaluation is created from a number of evaluative points being woven together to form a sophisticated commentary, rather than being a series of unconnected evaluative points.

- 5 'Discuss' means to outline and evaluate, in this instance cognitive behavioural therapy (CBT) as a means of treating depression. There are 6 marks available here for outlining the therapy and 6 marks available for the evaluation of it. About 15 minutes should be spent constructing the answer, of which about 7½ minutes should be spent on the outline and 7½ minutes on the evaluation. For the average student this equates to about 150 to 185 words for the outlining and similar for the evaluation.

Probably the easiest way to construct an answer would be firstly to outline the therapy and then to evaluate it.

The outline could focus on describing the principles (centred on the cognitive approach) on which the therapy is based and detailing the procedures by which the therapy is administered to patients. Marks awarded would depend on the accuracy, relevance and clarity of the descriptions and the degree of elaboration (detail). For instance, by detailing rational emotive behavioural therapy as an example of a type of CBT.

The evaluation would probably best be achieved by using research evidence to assess the effectiveness of the therapy in treating depression. Embling's (2002) study of which patients most benefit from CBT would be most useful here, as would Whitfield & Williams' (2003) study of the effectiveness of CBT and David's (2008) study that compared CBT with drug therapy.

Additional evaluation could be formed from comparisons with other treatments, but only if such comparisons were used to highlight the strengths and weaknesses of CBT. More general criticism would also be relevant, such as the cost-effectiveness of the treatment. A consideration of the cognitive approach on which the treatment is

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based could also be made relevant, as long as the material was shaped to the effectiveness of the treatment.

Evaluative material focused on methodological and ethical criticisms, such as the difficulties in assessing the treatment due to the use of different measurement scales, would be relevant only if focused on the effectiveness of the treatment.

It should be remembered that the most effective evaluation is created from a number of evaluative points being woven together to form a sophisticated commentary, rather than being a series of unconnected evaluative points.

- 6 One ethical issue that needs to be considered when conducting research using patients with depression is protection from harm; depressed patients feel very low about themselves and so are vulnerable to harm. Therefore efforts must be made to ensure that patients are not psychologically damaged by the research. Reminding them that they have a right to withdraw at any time can assist here.

Another ethical issue is that of inducement to take part. Depressed patients should not be offered any incentives to take part in research, such as being given money, as this might affect their ability to give informed consent or to withdraw from the research if they wish to.

ASSESSMENT CHECK 17:

4.5 Psychopathology – The biological approach to explaining and treating OCD (page 194)

- 1 The genetic explanation for Roscoe's OCD may be correct, as several members of his family have had the condition, which indicates it might be genetically transmitted. The neural explanation might also be apt, as Roscoe's throat infection might be linked to a breakdown in his immune system functioning that led to damage in neural mechanisms, which in turn triggered the disorder. The fact that medication that increases serotonin levels in Roscoe's brain has led to a decrease in symptoms also suggests a neural explanation.
- 2 The neural explanation sees OCD as resulting from abnormally functioning brain mechanisms. Breakdowns in immune functioning resulting from conditions like Lyme disease (transmitted by ticks) and influenza have been linked to reductions in immune system functioning, which result in damage to neural mechanisms that triggers the condition.
- 3 Sees OCD as occurring due to faulty brain mechanisms – N
Sees OCD as linked to abnormal levels of serotonin – N
Is tested by the use of twin studies – G
Sees OCD as an inherited condition – G
- 4 There are 6 marks available here for outlining drug therapy as a treatment for OCD and 10 marks available for the evaluation of it. About 20 minutes should be spent constructing the answer, of which about 7½ minutes should be spent on the outline and 12½ minutes on the evaluation. For the average student this equates to about 150 to 185 words for the outlining and 250 to 310 words for the evaluation.

Possibly the best way to construct an answer would be first to outline the treatment and then to evaluate it.

The outline should focus on describing the treatment in terms of the biological approach it is based on and by detailing the procedure by which it is administered. Marks awarded would depend on the accuracy, relevance and clarity of the descriptions and the degree of elaboration (detail), for instance detailing the different types of drugs used.

The evaluation would probably centre on the extent to which research has found the treatment to be effective. Koran *et al.*'s (2000) study of drug treatment of treatment-resistant forms of OCD would be very useful here, as would Pigott &

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Seay's (1999) study of the effectiveness of different types of drugs and Soomro's (2008) study of drug treatment compared to placebo treatment.

Additional evaluation could be formed from comparisons with other treatments, but only if such comparisons were used to highlight strengths and weaknesses of drug therapy. More general criticism would also be relevant, such as the treatment incurring side-effects. A consideration of the biological approach on which the treatment is based could also be made relevant, as long as the material was shaped to the effectiveness of the treatment.

Evaluative material focused on methodological and ethical criticisms, such as the danger of enhanced suicide risk, would be relevant only if focused on the effectiveness of the treatment.

It should be remembered that the most effective evaluation is created from a number of evaluative points being woven together to form a sophisticated commentary, rather than being a series of unconnected evaluative points.

- 5 'Discuss' means to outline and evaluate, in this instance the biological approach to explaining OCD. There are 6 marks available here for outlining the biological approach to explaining OCD and 6 marks available for the evaluation of it. About 15 minutes should be spent constructing the answer, of which about 7½ minutes should be spent on the outline and 7½ minutes on the evaluation. For the average student this equates to about 150 to 185 words for the outlining and similar for the evaluation.

Probably the easiest way to construct an answer would be firstly to outline the approach and then to evaluate it.

The outline would focus on describing the approach in terms of the principles on which it is based, namely that OCD is determined by physiological means. Marks awarded would depend on the accuracy, relevance and clarity of the descriptions and the degree of elaboration (detail). For instance, detailing different types of biological explanation, such as genetics and neural explanations.

The evaluation would probably best centre on the level of research support there is for the approach. Groothoest *et al.*'s (2005) meta-analysis of twin studies would be most useful here, as would Lenane's (1990) study into the prevalence of OCD among related family members and Pichichero's (2009) study of throat infections and OCD, as well as Saxena & Rauch's (2000) study of scanning techniques and OCD.

Additional evaluation could be achieved by comparison of the approach with other explanations, such as the cognitive explanation, but only if this was used to draw out strengths and weaknesses of the biological approach. Material focused on practical applications, namely therapies based on the biological approach (drug therapies), could also be shaped to the question.

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Evaluative material focused on methodological and ethical criticisms, such as the problems sorting out hereditary from environmental factors in twin studies, would be relevant only if focused on the effectiveness of the approach.

It should be remembered that the most effective evaluation is created from a number of evaluative points being woven together to form a sophisticated commentary, rather than being a series of unconnected evaluative points.

- 6
- (i) A bar chart would be appropriate.
 - (ii) One feature of a bar chart is that the bars used to represent the data should not touch, as the data is not continuous.
- A second feature of a bar chart is that the columns of the bar chart should be the same width.