**AQA A Level Psychology – Psychopathology Knowledge Organiser – Term 1**

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| **Key Words** | **Definitions of Abnormality** | **Phobias: Clinical Characteristics** |
| **Psychopathology** – scientific study of mental disorders**Depression** – category of a mood disorder**Bipolar** – manic-depression**OCD** -obsessive compulsive disorder**Phobia** – irrational fear**Classical conditioning** – learning by association**Systematic desensitisation**- treatment used to unlearn maladaptive behaviour**Flooding** – behavioural therapy exposing a person to phobic stimulus**COMT Gene** – associated with production of dopamine**Dopamine** -Dopamine is a type of neurotransmitter**Neurotransmitte**r - a chemical substance which is released at the end of a nerve fibre by the arrival of a nerve impulse**Antidepressant** – drug therapy to treat chemical imbalances | Psychologists and health professionals have put forward different definitions of abnormality in an attempt to understand abnormal behaviour:* **Failure to function adequately**: person considered abnormal if they are unable to cope with demands of everyday life
* **Deviation from social norms:** an unwritten rule about acceptable behaviour in society- a person is seen abnormal if thinking or behaviour violates these social norms
* **Statistical infrequency:** behaviour is seen abnormal if it is statistically uncommon or not seen very often
* **Deviation from ideal mental health**: Jahoda (1958) – abnormal behaviour should be defined by absence of a particular characteristic.
 | **Phobias**: categorised as an anxiety disorder which cause an irrational fear of a particular object of situation. There are three categories: simple, social and agoraphobia.**Simple:** most common type of phobias (fear of snakes, for example)**Social:** phobias involving anxiety in social situations (performance, interaction)**Agoraphobia**: fear of open or public spaces and sufferers may experience panic attacks and anxiety.**Key characteristics of phobias:****Emotional** – excessive and unreasonable fear, anxiety or panic**Cognitive** – selective attention and irrational beliefs**Behavioural –** rituals they may take out (e.g washing hands, not getting up early) |
| **PHOBIAS - BEHAVIOURAL** | **DEPRESSION- COGNITIVE** | **OCD - BIOLOGICAL** |
| *Understand the behavioural approach to explaining and treating phobias*.**The Two Process Model -** phobias can be acquired through classical conditioning and associative learning.Classical Conditioning: process of learning by associating two stimuli together to condition (learn) a response.Key Study: Watson and Rayner (1920) – Little AlbertDemonstrated the process of classical conditioning in formation of a phobia. Little Albert was conditioned to fear white rats. | *Cognitive approach to exploring and treating depression.*Cognitive distortions (irrational thinking)* Beck’s Cognitive Triad
* Ellis’ irrational Thinking (ABC model)

**Beck’s Cognitive Triad (1963)**Claimed depression is caused by negative self-schemas maintaining a cognitive-triad: negative views of ourselves, future and world around us.**Schema** – a package of knowledge which stores information and ideas about our self.**Eliss’s ABC Model**Good mental health is result of rational thinking which allows people to be happy and pain free. Depression is irrational thinking.A – Activating eventB- BeliefsC - Consequences | Biological approach to explaining and treating depression.**Genetic Explanations**Focus on candidate genes which implicate OCD. OCD is a Polygenic conditions -🡪 several genes are involved.Taylor (2003) suggests more than 230 genes – **COMT** and **SERT** genesCOMT Gene: associated with production of dopamine.SERT Gene: linked to serotonin and affects transportation of neurotransmitter**Neural Explanations****Neural Transmitters**: Serotonin is believed to play a role in OCD. Serotonin relates to mood and lower levels of his are associated with mood disorders. Low levels of serotonin could be linked to the SERT genes.Brain Structure: believed several regions in frontal lobes of brain have abnormal activity: **basal ganglia** and **orbitofrontal cortex** |
| **Treating Phobias** | **Treating Depression** | **Treating OCD** |
| Two behavioural treatments for phobias: **systematic desensitisation** and **flooding.** Both therapies use principles of classical conditioning to replace a person’s phobia with a new response – ***relaxation.*****Systematic Desensitisation**: uses counter-conditioning to unlern the maladaptive response. **3 components**🡪 *fear hierarchy, relaxation training and reciprocal inhibition.***Gilroy et al (2002) –** examined 42 patients with arachnophobia; 45 minute systematic desensitisation examined 3 months and 33 months later. **Flooding:** behavioural therapy which rather than exposing a person to their phobic stimulus gradually, exposes to the individual to the anxiety inducting stimulus immediately.* Cost effective but highly traumatic
 | Cognitive treatments for depression are based on the assumption that faulty thinking processes make a person vulnerable to depression.**CBT – Cognitive Behavioural Therapy**1. Initial assessment
2. Goal setting
3. Identifying negative/irrational thoughts and challenging these using ABC or Beck’s model
4. Homework

**Strengths**: Lots of research to support its effectiveness***March et al (2002***) – CBT as effective as antidepressants**Limitations:*** Requires motivation
* Overemphasis on role of cognitions
 | Biological treatments aim to restore chemical imbalances in the brain since this is assumed to be the main cause of the disorder:1. Antidepressant drugs
2. Anti-anxiety drugs
3. Serotonin released from pre-synaptic cell into synapse
4. Travels to receptor sites on post-synaptic neuron
5. Serotonin which is not absorbed into post-synaptic neuron is reabsorbed into the sending sells
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