**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 Albert  Demonstrated 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 event  B- Beliefs  C - 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** genes  COMT 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 |