

# POSSIBLE PSYCHOLOGY QUESTIONS

## Stress

### 1. Outline the pituitary-adrenal system.

It is activated under conditions of chronic stress. The hypothalamus communicates with the pituitary gland causing it to release ACTH which is detected in the bloodstream by the adrenal cortex which then releases corticosteroids such as cortisol. The corticosteroids have a range of effects on the body including causing the liver to release glucose stored in the body raising blood glucose and fatty acid levels and a suppression in immune functioning.

### 2. Outline the sympathomedullary pathway.

It is activated as a response to acute stressors. The hypothalamus activates the sympathetic nervous system and so autonomic centres stimulate the adrenal medulla to release the hormones adrenaline and noradrenaline. This gets the body ready for fight or flight which raises heart rate, blood pressure and breathing rate. Unimportant processes such as digestion are slowed.

A study by Taylor found that the activation of this pathway was different in men and women as women have higher levels of Oxytocin which promotes relaxation and so helps them recover quicker from acute stress.

### 3. Outline and evaluate studies into the impact of stress on the immune system.

Cohen et al investigated general life stress and the impact it had on vulnerability to the common cold. Participants rated how stressed they were to give an overall stress score. They were then exposed to the cold virus and 82% became infected showing that the higher stress ratings were correlated with the chance of developing a cold and thus they had a lower immune functioning. The problem with this study is the ethical issues of exposing to a virus, lacking internal validity as required participants to recall stressful events and therefore relied on memory, they did not actually measure immune functioning and there is no causal relationship.

A study by Kiecolt-Glaser et al used medical students who were about to take their final exam. They took blood samples one month before the exam to measure the amount of natural killer cells and then another sample during the exam period. They also completed questionnaires about negative experiences and social isolation. They found that natural killer cells, and hence immune functioning, were lower in the high stress examination period samples and the greatest reduction in killer cells was in those experiencing high levels of social isolation. With this study they did directly measure immune functioning however they did not assess actual illness outcomes, they only used medical students so it cannot be generalised and natural killer cells are only one component of the immune system.

Dollard and Miller carried out a meta-analysis and found that a reduction in immune functioning is linked with chronic stressors and acute stressors may actually increase immune functioning.

It has also been found that hormones released in the pituitary-adrenal system reduce t-lymphocytes and shrink the thymus gland which directly suppresses the immune system.

#### **4. Describe research studies that have investigated stress in the workplace.**

Stress from the workplace can include the environment, the home-work interface, the control and the demand of work.

Marmot et al wanted to investigate the link between workplace stress and illness; he argued that jobs with high demand and low control created the most stress (job strain model). He used civil servants. They answered questionnaires and observations to measure their job control and demand and were checked for signs of cardiovascular disease. Participants were reassessed five years later, and throughout the five years records of stress related illnesses were kept. They found that those who were 'higher up' in the profession and so had high job control had the fewest heart problems and those with low control were 3 times more likely to die of heart attacks. This study concluded that low control is associated with higher levels of stress and therefore stress related illnesses. The problem, however is that they found little to support the claim that high demand was associated with stress. To evaluate, the study is largely based on self-reports so could be biased, lower grade jobs could include people who smoke more which is a factor of CHD, and they used a biased sample.

Marmot's study is supported by Fox and also by Johansson who studied Swedish sawmill workers whose job required a lot of repetitiveness and a high workload. This led him to conclude that jobs like this increased the risk of stress related illness.

#### **5. Outline and evaluate evidence which suggests that personality can affect our experience of stress.**

Type A personalities are associated with being time pressured (work to deadlines, multitasking...), competitive and hostile (easily irritated and directs anger inwards) these personality traits make people with type A behaviour more vulnerable to stress. Friedman and Rosenman interviewed middle aged men and categorised them as either type A or type B (opposite behaviour to type A) using structured interviews and observations. After following up for 8 1/2 years 257 men had had heart attacks and 69% of them had type A personalities and it was found that there was double the chance of CHD in type A than in type B showing that Type A is correlated with heart disease. This study lacked population validity and it was gender biased, there was no causal relationship and a study by Shekelle found that in fact there was no difference in the amount of CHD in type A or type B.

Another personality type that shows how personality affects our experience of stress is the hardy personality. The main traits include a sense of control over one's life including stressors, commitment and involvement in life and viewing life and stressors as a challenge. Kobasa carried out questionnaires on business executives using the SRRS and the hardiness test to find that having a hardy personality lowered arousal to stressors and so the stress response wasn't activated as often and there was a reduction in stress related illnesses.

## 6. Discuss methods of psychological stress management

Psychological stress management includes CBT and hardiness training.

CBT aims to understand thoughts and change behaviours due to this faulty thinking. One method of CBT includes Meichenbaums stress inoculation training which aims to change reactions to a stressor and to develop new skills so a person can become 'inoculated' against a stressor. SIT consists of three stages; the first is conceptualisation. Here the patient will try to identify sources of stress and think of them as problems that can be solved. The next is skills training where the patient will find coping skills such as relaxation (to reduce physical arousal) and will rehearse them in real life settings. The last stage is application in the real world and the the therapist and client will reflect on how it went. This therapy is time consuming however is effective with both acute and chronic stressors and meichenbaum found it to be effective when dealing with snake phobias.

With hardiness training the aims will be with focusing on and recognising the physical symptoms, reconstructing and reliving previous situations to analyse and develop better methods and self-improvement.

## 7. Discuss methods of physiological stress management.

Drugs help with the high levels of anxiety associated with stress. There are two main types. Benzodiazepines (such as Valium) work directly on the brain by increasing the action of the inhibitor GABA which reduces the activity of serotonin and noradrenaline (stress inducing chemicals) which makes the person feel more relaxed. BZ's are relatively safe in overdose and are easy and cost effective however they only target the symptoms, can be addictive and may lead to memory loss and aggression.

Beta-blockers (such as propranol) act directly on the heart and autonomic nervous system by binding to and blocking receptors on the body that are stimulated during arousal to stressors and so heart rate is reduced as is blood pressure and arousal is controlled. Beta-blockers act rapidly to treat fatal stress cases, are not addictive and are cost effective however they only target the symptoms and have sometimes been linked to hallucinations and diabetes.

## 8. Outline and evaluate research into life changes as sources of stress

Holmes and Rahe developed the social readjustment rating scale. Rahe et al then studied 2500 naval personnel who filled in the SRRS and were assessed for stress related illness to give them a total life change units and an illness score. They found a small positive correlation between life changing units and illness scores.

In evaluation, it was only a correlation so no causal effect can be concluded, there are individual differences as to how life events are interpreted as the scale does not distinguish between positive stress and negative stress, the scale is completed retrospectively and memory is not very reliable and they only recorded illness not what specific illnesses.

It has also been found by Kanner that it is better to look at small daily events than the less common but larger ones as they seem to provide more stress and have more damaging effects on the body.

## 9. Outline and evaluate research into daily hassles as sources of stress

Lazarus found that major life events are rare and so day to day stress (hassles) have more of an effect on health. Kanner et al developed the hassle scale containing negative daily hassles and positive daily hassles which are known as uplifts. They found that scores on the hassle scale were correlated with stress related problems and that uplifts could counteract the damaging effects on your health. De Longis et al compared scores on the SRRS and the hassle scale to find that daily hassles were more associated with health problems and so are a better predictor of stress related illnesses.

# Social influence

## 10. Outline and evaluate explanations of conformity.

Conformity is the tendency to change how we behave or think due to the influence of others. The three main types of conformity, as proposed by Kelman, are compliance, identification and internalisation.

Compliance is the most superficial type as the person will conform publicly but disagree inside and so is only displayed in the presence of the group. It is usually because the person wants to gain approval and fit in which is why it is linked with normative social influence. A study into compliance was done by Asch. He wanted to see what would happen when confronted with the majority who States an obviously wrong answer. He used 123 male volunteers who were told they were taking part in a 'vision test' and were placed into groups. Each group contained confederates and each group had 18 trials. They were shown 3 lines in which two were the same length and one was obviously not. They needed to identify which lines were of the same length. However, in 12 of the 18 trials confederates gave the same obviously wrong answer. Asch found that the overall conformity rate was 37% and 5% conformed on every trial. 25% never conformed. When asking the participants why they conformed some said it was because they did not want to stand out and other said it was because it truly made them doubt their eyes. The problem with this study is that it lacks validity over time, it has ethical issues and is an unrepresentative sample.

Identification involves taking on the views of a group the person is in or admires. It is mainly temporary as is not maintained outside the group. Zimbardo studied this by setting up a mock prison in which participants, who were found to have no violent tendencies, were given the role of guard or prisoner. During the study prisoners rebelled and the punishments exposed by the guards escalated until the study was called off early. The study shows that the situation and identification to a group has a big influence on conformity and that stable individuals can abuse power if placed in a situation that facilitates this. The problem with this study was the ethical issues and, as found in more recent studies that have had contradictory findings, the study lacks social and cultural validity.

Internalisation is a deeper kind of conformity and involves truly altering behaviour and changing both the public and private view. It is likely to be a permanent change. It can be linked to informational social influence as people conform due to a guidance from others when not knowing what to do. Clark studied internalisation. He carried out studies based on the film '12 angry men' to see if the minority could influence the majority. Participants had to take the role of jurors in which they were given evidence for the boy being guilty and had to decide whether he was innocent of a killing or not. One juror set about

convincing the others of this boy's innocence and was given evidence to persuade the others. Clark found that the minority could exert influence on the majority if they provided strong evidence and that defectors had an effect also. He noted that after 4 defectors a "ceiling of influence" was reached and so after 4 defectors it didn't matter if there were 4 or 7 they would still have the same effect and impact. This study had hardly any ethical issues, they were not misled and it was a realistic scenario though the cost of making an error was lower than in real life jury service so cannot fully be generalised.

### 11. Outline explanations about why people conform.

People may conform due to the majority influence or due to the minority influence. With the majority influences 2 main frameworks as to why people conform has been put forward. Firstly there is the dual process dependency model which consists of normative social influence and informational social influence. Normative social influence states that people conform due to their need to be accepted and therefore is linked with compliance. Informational social influence is when people are unsure what to do and so conform to the majority as they genuinely believe them to be right. This is similar to internalisation as seen in Sheriffs' study. Secondly there is the social identity explanation which describes conforming due to referent social influence. This means that we conform because we believe we are a part of a certain social group and favour one's own group. The ideas of the group are internalised.

As for minority influence Clark argued that it brings about influence by providing evidence and showing defective behaviour. Explanations for minority influence include the social impact theory which believes that the amount of influence the minority has depends on the strength and power of the people providing the influence, the immediacy (distance) and the number of people providing the influence. This theory believes in social cryptoamnesia which is when, as the number of people converting increases, the pace of converting also increases until the minority becomes the majority.

### 12. Outline and evaluate research into obedience.

Milgram aimed to investigate at what stage decent people would obey to act in an inhumane way. In his original study he used 40 male volunteers who he told were taking part in a "memory and learning" experiment. They were taken into a room at Yale university and were assigned to the roles of 'teacher' and 'learner' (the participant was always the 'teacher' and the confederate was the 'learner'). When the learner got the answer wrong the teacher was told to give them an electric shock which started at 15V and increased in 15V intervals to 450V. The shocks were not real and the screams were pre-recorded however the participant believed them to be real and if the person did not want to continue they were given prods urging them to continue. It was predicted beforehand that only 1% of people would go to the full 450V. However, the results showed that 100% went up to 300V and 65% went up to the 450V. He concluded that the main reasons for the obedience was so to the use of small increases in voltage and the diffusion of responsibility as the experimenter assured the participant that they would take all blame. Milgram later replicated his study using different variations and found that the main factors that affect obedience are the setting, the experimenter status, the proximity to both the victim and the authority figure, not having to take responsibility, directly seeing the consequences and having another person who disobeys.

The strengths of this study include that it was a lab study so can be replicated (as it was replicated by Derren Brown with the same results). However a major weakness was its ethical issues; the participant

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could not give fully informed consent (however milgram argued that they were fully debriefed after and met the 'learner' so they knew they had not hurt him), they felt immense stress and guilt and so were not protected from harm and it was hard for them to withdraw due to the 'prods' given. Additionally it could lack population validity as the participants were all volunteers, it lacked internal and external validity as some could have been fooled by the fakeness and not fully believed they were administering shocks (however Milgram argued this by stating that some were seen to shake so they obviously were not just 'putting it on'). Lastly it could lack mundane realism and ecological validity as giving shocks is not an everyday occurrence and it is a very artificial environment.

Another study into obedience was by Bickman. He carried out a field experiment in New York where passer-by's were asked to carry out orders by strangers (such as picking up rubbish). To test obedience the stranger wore different outfits. Most people obeyed when he was dressed as a security guard but just under half obeyed when the stranger was dressed normally. Therefore he concluded that people are more likely to obey those who they perceive as having legitimate authority and power.

Further studies into obedience include one by Hofling. He aimed to investigate obedience in a hospital setting. Here a pretend doctor phoned 22 nurses in different hospitals and told them to check for a fictional drug and administer a high dose of it to a patient. This would have broken hospital rules. 21 out of the 22 nurses obeyed. He concluded that people will obey and disregard the rules if told to do so by a perceived authority figure.

### **13. Explain one or more reasons why people obey authority**

People may obey due to situation factors or due to personality factors.

As for situational factors, people may obey because the person giving the instruction has LEGITIMATE AUTHORITY. Therefore we may obey because we trust them or because they have the power to punish us. This was seen in Bickman's study as more people obeyed when the man was wearing a uniform and so they perceived him to have legitimate authority. Another factor is the AUTHORITY FIGURE TAKING RESPONSIBILITY. Milgram saw this clearly in his studies and he developed the 'agency theory' which states that people shift from an autonomous state (where they are conscious and feel responsible for their actions) to an agentic state (where they see themselves as merely agents for carrying out orders from others). A further situational factor is GRADUAL COMMITMENT which is when there seems to be no difference in one order to the next so the person is more likely to obey than if there were clearly big and dramatic difference between orders. This was also seen in Milgram's study.

As for personality factors there is the AUTHORITARIAN PERSONALITY. This personality will give the person a deep respect for authority and so they will be very obedient. Adorno believed that this type of personality lay in childhood and so those who had had harsh upbringings were very obedient.

### **14. What factors affect obedience?**

The factors that affect obedience were put forward by Milgram when he replicated his study using different variations. He believed setting was very important as when carrying out his electric shock experiment in a 'seedy office' obedience was lower. The experimenter's status and proximity also had an effect as when the experimenter just gave the orders over the phone obedience dropped. If a confederate who disobeys was added obedience dropped as it did when there was more a distance from the 'victim'. This similarly links with the fact that less people obeyed when they directly see the consequences. Lastly if others take responsibility obedience rates increased.

## Discuss one or more explanations of why people resist the pressure to conform.

People may resist the pressure to conform due to having an internal locus of control and so feel responsible for their own actions and so are less likely to obey to something they do not agree with. Having a confident personality, as Crutchfield believed that those who did not conform had higher self esteem, were more intelligent and were more self confident. Additionally, prior commitment also may be why some people resist the pressure to conform as they may have committed to another group or have committed to the views of that group and so would not go against it. The social support of those around them also help resist the pressure as was similarly seen when an extra confederate 'teacher' was added to Milgram's study. Reactance may also have an effect; this is the response of doing the exact opposite if someone does not agree or feels that their freedom of choice is limited. Other explanations include systematic processing; if a person is given time to think about the order they are less likely to conform as they have considered the consequences of their actions.

## 15. Outline and evaluate research relating to independent behaviour

Gamson aimed to understand the extent to which situational factors (such as the importance of the group, reactance and systematic processing) had on resistance to conformity. He wanted to see if someone would rebel against an unjust authority. Participant's volunteered to take part in a discussion on "standards of behaviour". They were placed in groups and met the consultant of an oil company who wanted to take legal action against a manager who was sacked with the reason being that his 'lifestyle was offensive' but the consultant claimed that it was because he had spoken out about high petrol prices. Participants took part in a filmed discussion about the sacking and were asked to argue in favour of the company and then were asked to sign a consent form stating that the film could be used in court. 32 out of the 33 groups rebelled and 25 groups refused to sign. 9 group's threatened to use legal action. Gamson concluded that to rebel against the authority the three main situational factors had to be challenged and the study showed this as they took part in a discussion (allowing for systematic processing), they were placed in groups of nine (importance of a group) and many refused to sign (due to strong reactance). This study was high in mundane realism however it lacked population validity as it was only done in America and had ethical issues such as deceiving and thus no informed consent.

Other studies were done by Crutchfield by using questionnaires. He suggested that people who showed independent behaviour did so because of personality characteristics. He concluded that those who demonstrated independent behaviour are most likely to have high self-esteem and high intelligence.

Oliner & Oliner carried out interviews on people who had protected the Jews from the Nazis and compared them against interviews with those who did not help the Jews. They found that those who did help had a strong sense of social responsibility and a high internal locus of control. Concluding that those with an internal locus of control are more likely to remain independent.

It was also found by Elms & Milgram that those who disobeyed in Milgram's experiments also had a high internal locus of control.

The problem with many of these studies is that many were lab-based and so may lack ecological validity. There is also the problem that locus of control appears to be linked to culture and historical time.

## 16. How has social influence research helped our understanding of social change?

Social change is the change that occurs in a society and not at the individual level. It relates to the range of strategies that groups use to improve their social status and so society will adopt a new belief as the norm. Social influence can bring about social change.

Minorities can bring about social change by being consistent, flexible and non-dogmatic. In Clark's study he found that the minority can also bring about change by providing evidence and defectors. Using social cryptoamnesia and the snowball effect gradually the minority can become the majority .

Dictators can bring about social change through their power and through the process of obedience.

## 17. Explain how a minority can bring about social change

A minority can challenge the beliefs held by the majority and therefore bring about social change if they are consistent, flexible and non-dogmatic. Over time, due to the snowball effect, the minority becomes the majority and so their beliefs become widely held. Through social cryptoamnesia the original source of the influence is forgotten.

# Abnormality

## 18. Outline and evaluate the biological approach to psychopathology. What are the therapies involved.

The biological approach perceives mental disorders as illnesses with physical causes. The approach focuses on genetics, neurotransmitters and brain structure and so argues that mental disorders are related to the physical structure and functioning of the brain as well as seeing all behaviour, abnormal or not, being related to changes in brain activity. It is very much on the 'nature' side of the 'nature-nurture' debate.

In evaluation, there are research that supports the approach as it has been found that low levels of serotonin in the brain occurs with people who have depression and, as drug treatments are effective with depression it seems likely for there to be a physical cause to this disorder. It is also seen as humane as it doesn't label sufferers as responsible. However, it is reductionist as it ignores environmental and developmental factors and so does not take into account any concept such as the 'diathesis-stress model' which proposes that people may have a susceptibility to abnormality but it is only brought on by high stress. Some disorders may not seem to have physical causes, such as some phobias, and therefore are better explained by other approaches, such as the behavioural approach. In addition it labels people as mentally 'ill' including the stigma that comes with that.

As for therapies for this approach there are drugs, psychosurgery and electro convulsive therapy.

Charlie cooper

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Drugs act directly on brain neurotransmitters. Drugs for schizophrenia (e.g. Chlorpromazine and other anti-psychotics) reduce the neurotransmitter dopamine which was found to significantly reduce the key symptoms such as hallucinations, delusions and the loss of contact with reality. Drugs for depression include the main antidepressants called selective serotonin reuptake inhibitors, such as Prozac. These raise serotonin levels. To evaluate drugs, it was found that antipsychotics were effective for 60% of patients with schizophrenia, antidepressants were better than placebos and drugs are easy and cost effective. However phobias, panic disorders and eating disorders are not very responsive to drugs, it only treats the symptoms, it may have side effects and they don't work for all patients.

Psychosurgery involves systematically damaging the brain in order to change behaviour. The problem with this is that there is no evidence that it improved symptoms of schizophrenia (though it could make patients more manageable), it is so rare now and therefore it is hard to judge its effectiveness and it's unlikely that those with severe disorders can give fully informed consent.

ECT involves passing a small electric current through the brain to cause an epileptic-like seizure which violent behavioural convulsions which is thought to affect the activity of neurotransmitters. When evaluating ECT it was found by Comer that it helped 70% of people with depression, it is relatively quick and cost effective and it was found by Coffey that it did not actually incur brain damage. However, research suggests it could lead to long term memory impairment, severely depressed people may not be able to give fully informed consent, improvements seemed to be short lived as 84% of patients' symptoms returned after 6 months and the ethical issue of it being frightening and being viewed as a punishment for being mentally ill.

## **19. Outline and evaluate the cognitive approach to explaining psychopathology. What are the therapies involved.**

The cognitive approach emphasises the role of cognitive processes and believes that abnormality stems from faulty cognitions about others, ourselves and our world and future as the approach believes that all our behaviours are directed by cognitions. Ellis suggested that it is through irrational thinking that disorders occur and Beck proposed that it is due to the negative cognitive triad that disorders occur.

Ellis's A-B-C model explains this approach further as it states that an **A**ctivating event can bring about a **B**elief (which can be rational or irrational) and this belief has **C**onsequences. If this belief is irrational and it leads to irrational consequences there will be abnormal behaviour.

Beck's model of depression can also be used to explain illnesses like depression. Beck believed that depression was a result of underlying negative schemas (core beliefs). He believed that depression was caused by the cognitive triad. This triad are forms of negative thinking such as a negative view of the self, the world and the future.

To evaluate this approach, it has clear evidence such as the study by Rachman. It is also a positive approach as it sees people as having free will and the ability to change thoughts for the better and it focuses on the present thoughts, not the past like psychodynamic, which is good as memory is not always reliable. The problems, however, are that it blames the patient for the disorder as it believes their thoughts are the cause of it, it is reductionist as it ignores situational, biological and genetic factors (and there is plenty of evidence to show the genetic transmission of some disorders) and it reduces complex disorders to simply 'bad thinking'. It is also not very clear how irrational thoughts are defined and measured and there is the problem of depressive realism as negative thoughts may actually be a realistic

view of the world and the problem that it is unsure whether faulty thinking is caused by disorders or consequences of them.

Therapies based on this approach involve CBT as CBT aims to challenge irrational thoughts. The two main CBT approaches in this model include Beck's cognitive therapy and Ellis' rational emotive behavioural therapy.

Beck's cognitive therapy aims to identify the negative thoughts in which the client will then draw into the positive aspects and put the thoughts through reality testing (comparing thoughts to the real world to expose their irrationality) and lastly the client will be given techniques and skills training to make them more positive.

Ellis' rational emotive behavioural therapy aims to challenge and replace irrational dysfunctional thoughts with rational ones. It involves identifying the negative thoughts which the therapist will then challenge and, through heated debates, their irrationality will be exposed. The client will then also compare their irrational thoughts against the real world and the therapist will demand proof of their thoughts which, as they are irrational, will not be able to be provided further exposing their irrationality.

To evaluate the cognitive therapies, they are usually limited to a number of sessions so are quite cost effective, they have been found to be very effective in treating depression and also have longer lasting effects than drugs that are used to treat depression and it may empower the patient as they feel in control and involved in curing themselves. However, it may not be able to help all disorders as an insight into the condition is needed, the self-analysis might be seen as threatening, the client may feel to blame as if they are unable to change they may feel like it was their fault, therapy may be pointless as some depressive thoughts are quite true reflections of reality and they are still not as quick and cheap as antidepressants.

## **20. Outline and evaluate the psychodynamic approach to explaining psychopathology. What are the therapies involved.**

The psychodynamic approach is based around the theories of Sigmund Freud. According to this approach abnormality is a result of unresolved, unconscious childhood conflicts. This approach assumes that all adult thinking and behaviour can be traced back to childhood. Freud devised two main ideas; the structure of personality and psychosexual development.

With the structure of personality, Freud believed that the mind had three main elements. There was the Id (this part of the mind strives to receive pleasure and gratify sexual and aggressive drives. It is present from birth), the Ego (this part of the mind is the rational part which develops during early childhood and is concerned with doing what is socially acceptable and balances the Id's satisfaction of urges and the moral rules set by the superego) and finally the Superego (the conscience. It develops later during childhood and contains the moral ideas about right and wrong).

If the balance between the Id and Superego is not achieved mental disorders could occur; if the Id dominates it could lead to destructive behaviours but if the Superego dominates it could lead to a person unable to feel pleasurable gratification. Conflict between the three components creates anxiety. To protect itself against this anxiety the Ego uses Ego Defence Mechanisms such as repression of unpleasant memories, regression (reverting back to an earlier stage in their development), displacement and denial. If these defence mechanisms are unsuccessful then clinical disorders can come about.

Freud also believed in psychosexual development and that there was a strong link between childhood experiences and adult functioning. Freud devised childhood as consisting of four stages of development where the Id looks for gratification in different bodily areas and, if there is a fixation at stages, abnormality may occur when they grow up. These four stages include the **oral stage** (0-18 months. Fixation at this stage may lead to an adult who is gratified by oral activities such as smoking and eating), the **anal stage** (18 months – 3. Fixation may lead to obsessions with hygiene and perhaps OCD), the **phallic stage** (3-5. Fixation may lead to narcissism and even homosexuality. At this stage gender differences are noticed as the boys go through the Oedipus complex and the girls the Electra complex) and the last stage is the **latency period** (5-puberty the development enters a latent period and re-emerges at puberty).

To evaluate this approach, it puts no blame on the sufferer and so is a humane and ethical approach and some studies support it such as Ainsworth who found that childhood experiences (attachments) could influence adult behaviour (attachments). However, it blames other people, particularly the parents which can put guilt and distress on the family, it is unscientific as it is impossible to test the unconscious mind, it is deterministic and so sees humans as not having free will when it comes to choosing how we behave. It also was developed in the 19<sup>th</sup> century and so lacks historic validity.

Therapies on this approach (psychoanalysis) include free association and dream analysis and aim to uncover the repressed material to give an understanding of the origins of the patient's problems and, if they are then conscious of why their abnormality occurred they can eventually cure it. Free association involves having the client say whatever comes into their heads. The therapist will then offer interpretations and try to get around the ego defence mechanisms in order to bring the repressed material into the conscious mind. Dream analysis was important to Freud as he believed dreams were the 'road to the unconscious' and so dreams are symbolic of unconscious material as ego defences are lowered during dreams. The patient will describe recent dreams (manifest content) and the therapist will interpret everything to reveal the hidden meaning (latent content). Projective tests were not Freud's original idea but were added later as another part of psychoanalysis.

To evaluate psychoanalysis, it is very time consuming and so is quite expensive and requires motivation, clients may discover painful memories that had been repressed thus causing more stress, this type of therapy does not work for all people and for all types of disorders and it has been found in some studies such as one by Eysenck that this therapy did not work. It also requires insight into the condition, it is based on the Freudian theory which lacks evidence itself and it is based on the past so there is the problem of false memory syndrome. However, there has been some evidence that it may be effective for depression and anxiety disorders.

## **21. Outline and evaluate the behavioural approach to explaining psychopathology. What are the therapies involved.**

The behavioural approach assumes that all behaviours, normal and abnormal, are learnt through conditioning and experience. This approach focuses on classical conditioning, operant conditioning and social learning as forms of learning.

Classical conditioning (learning through association) involves unconditioned responses which, through association, new conditioned stimulus-response reflexes can be learnt. Watson et al demonstrated how people can develop phobias through classical conditioning. They classically conditioned 'little Albert' to fear fluffy white things by showing him a white rat and presenting a sudden noise that scared him. Albert

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was therefore conditioned to associate the rat with fear and, because of stimulus-generalisation, he feared all other fluffy animals.

Operant conditioning (learning by reinforcement) demonstrates that abnormal behaviour may be learnt if the behaviour is reinforced and rewarded. For example people who lose weight may be praised which is positively reinforcing so they continue and this could eventually lead to an eating disorder.

The social learning theory (vicarious learning) is where people learn by imitating role-models. If the person seen is praised and gets positive reinforcement we are more likely to imitate them. This could also be applied to eating disorders.

To evaluate this approach, it does not blame sufferers and therefore is humane and ethical, it is also extremely scientific as it only focuses on observable behaviour which is easily defined and measured and it focuses on present behaviour not the past which is good as memory is not always reliable. However, it is reductionist as it ignores cognitive and genetic influences and there is lots of evidence to show the genetic transmission of some disorders, it is deterministic as it assumes that people do not have free will to decide their behaviours for themselves and it cannot determine why some phobias may be present but not stem from a traumatic encounter.

In the same way this approach believes abnormal behaviour can be learnt, it also believes that abnormal behaviour can also be unlearned and so the therapies based on this approach include systematic desensitisation, flooding, aversion therapy, token economy and the social learning theory.

Systematic desensitisation was developed by Wolpe and works specifically on phobias and anxieties. The aim is to use classical conditioning to counter-condition the fear response and replace it with a harmful, relaxation response. The therapy is based on the idea that it is impossible to feel fear and relaxation at the same time and therefore fear must be eliminated. The client is asked to construct a fear hierarchy, the therapist will then teach the client relaxation techniques in which the client will use during every stage of the hierarchy until they have mastered the highest most fearful level while still remaining in a calm state.

Another therapy based on classical conditioning is flooding. Here the client is exposed to an inescapable experience of the feared object or situation until the fear response disappears. The idea behind this is that high levels of fear cannot be sustained and so they will eventually fall.

A last therapy based also on classical conditioning is aversion therapy where the aim is to associate the undesirable behaviour with an undesirable stimulus.

Therapies based on the behavioural approach but are more specific to operant conditioning include token economy. This is when desirable behaviours are increased through reward positive reinforcement. And also the use of the social learning theory by using a role model who will be rewarded for a certain behaviour, such as coping with a phobic object, and so the observer is more likely to copy.

To evaluate therapies based on the behavioural approach, it is found that the therapies are highly successful with phobias as 75% of people with spider phobias were helped through systematic desensitisation and it is quite quick compared to other therapies and therefore is more cost effective but still not as cost effective as drugs and it doesn't help other disorders as well and therefore is not as flexible as the other approaches. It also assumes that all behaviour is learnt and therefore cannot help with some phobias that people seem to be born with and it also only focuses on the symptoms and not the underlying causes.

## 22. Outline and evaluate the three definitions of defining abnormality.

Abnormality can be defined as a deviation from social norms. This definition defines abnormality as any behaviour that violates and deviates from the social rules. For example a person with schizophrenia often hears voices and this is not the norm for most people. The problem with this definition is that some behaviours, such as eccentricity, does deviate from the social norms but is not a sign of abnormality and so the context must also be considered, social norms vary over time and there is also the problem of cultural relativity as social norms are specific to different cultures.

Abnormality can also be defined as a failure to function adequately. This definition defines a person who has an inability to cope with day-to-day living as being abnormal. For example the delusions a person with schizophrenia experiences would make it hard for them to hold down a job. Rosenhan et al suggested that characteristics of abnormal behaviours that affect functioning include observer discomfort, unpredictability, irrationality and maladaptive behaviour. The problems with this definition is that it depends on the context as behaviour that looks like a failure to function might represent normal behaviour, a failure to function may not be due to a mental disorders but perhaps economic problems, some people have mental disorders and yet appear to function adequately and there is also the problem of cultural relativity.

Abnormality can be defined as a deviation from ideal mental health. This definition assumes that a failure to meet the criteria for perfect psychological well-being results in disorders. Jahoda listed the characteristics which indicate ideal mental health of which some include being focused on the future, being in touch with one's own feelings and being resistant to stress. The problem with this definition is that the characteristics listed are rooted in western societies, few people meet all the criteria for ideal mental health and so the majority of people would be classed as abnormal, the characteristics are vague and therefore are hard to measure and of course there is the problem of cultural relativity.

## 23. What have studies that compared treatments concluded?

Some studies that have tried to compare treatments include one by Elkin et al. who used 240 patients with depression who were treated with either CBT, psychotherapy or drugs and there was also a placebo group. Treatment lasted for 4 months. They found that 40% actually felt better with the placebo but all therapies were better than the placebo. They found that drugs were better for severe depression and that there was a big influence from the therapist. 30-40% did not respond to anything.

Another study includes one by Davidson et al. They used 295 patients with social anxiety who were treated with either CBT, drugs or a combination of both. They found that all therapies were better than the placebo, after 14 weeks there was no difference between CBT or drugs and that by combining them made no difference.