

AQA

AS and A-LEVEL

Psychology

BRILLIANT MODEL ANSWERS

Psychopathology

- ✓ Provides the key knowledge and skills for exam success
- ✓ All types of questions covered
- ✓ Grade A model answers
- ✓ Written by examiners

*Do brilliantly in your
Psychology exam!*



Nicholas Alexandros Savva

Proven exam
success

Written by
examiners

Concise, detailed and
clearly written model answers

Brilliant Model Answers

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Content for model answers

Important information	3
Exam skills	4
Specification: Psychopathology	7
Definition of abnormality	8
The behavioural, emotional and cognitive characteristics of phobias, depression and obsessive-compulsive disorder (OCD)	20
Behavioural approach to explaining phobias.....	26
Behavioural approach to treating phobias.....	32
The cognitive approach to explaining depression.....	38
The cognitive approach to treating depression	43
The biological approach to explaining obsessive-compulsive disorder (OCD).....	46
The biological approach to treating obsessive-compulsive disorder (OCD)	51
Answers to identification questions.....	55

Please note: this book is not endorsed by or affiliated to the AQA exam board.

Important information



■ The 'unpredictable' exam is more 'predictable' than you think

This guide is part of Psychologyzone's Brilliant Model Answers series covering A-level Psychology. Use it alongside the Psychologyzone series Brilliant Exam Notes to get the best out of your learning.

This guide covering the topic of Social Influences provides a full set of exam-style questions and model answers to help you do well in the exam. After all, your psychology exam is based on answering questions – what better than to have a book that already has the answers for you!

The exam board has deliberately developed the A-level Psychology specification so that the questions are to some extent 'unpredictable' in order to discourage students from attempting to rote-learn (memorise answers) using pre-prepared questions. This makes it difficult to predict what's going to be asked.

We have tried to make the unpredictable 'predictable'...

There are over 100 model answers in this book. We have covered most of the different types of question they can ask you for each topic on the specification. You can adapt the model answers provided to most types of questions set in the exam.

■ Some of your model answers seem very long. Why?

Some of the answers are much longer responses than you are expected to write in the exam to get top marks. **This is deliberate.** We have written them in this way to enable you to have a better understanding of the theories, concepts, studies and so on. If you do not write as much, don't panic; you don't need all of the content to achieve a good grade.

As you may be using this as a study book, we thought we'd write the model answers in a way that you can also revise from them, so we sometimes expand on explanations or give an example to help you understand a topic better.

Many of the model answers start by repeating the question; in the real exam you do not need to waste time doing this – just get stuck in!

Remember - in your exam, your answers will be marked according to how well you demonstrate the set assessment objectives (AOs); therefore, we have tried to provide model responses that show you how to demonstrate the required know-how for these AOs. Each example provides you with 'indicative content': in other words, the response gives you an idea of points you could make to achieve maximum marks; it doesn't mean these are points you must make. The purpose of these model answers is to inspire you and demonstrate the standard required to achieve top marks.

Exam skills

■ How will your answer be assessed?

Your teachers will have explained that your answers in the examination will be assessed on what examiners call **assessment objectives (AO)**. If you can familiarise yourself with these AO, this will help you write more effective answers and achieve a higher grade in your exam. There are three assessment objectives called **AO1**, **AO2** and **AO3**.

By now, your teachers should have given you a lot of practice exam questions and techniques on how to answer them. The aim of this book is not to teach you these skills, but to show you how this is done – to model the answers for you.

Just to remind you, below are the AQA assessment objectives:

AO1 Knowledge and understanding

Demonstrate knowledge and understanding of scientific ideas, processes, techniques and procedures

What does this mean?

The ability to describe psychological theories, concepts, research studies (e.g. aim, procedures, findings and conclusions) and key terms. The exam questions can cover anything that is named on the specification.

Example

Explain the process of synaptic transmission. **[5 marks]**

Outline the role of the somatosensory centre in the brain. **[3 marks]**

AO2 Application

Apply knowledge and understanding of scientific ideas, processes, techniques and procedures:

- in a theoretical context
- in a practical context
- when handling qualitative data
- when handling quantitative data.

What does this mean?

Application questions require you to apply what you have learnt about in Psychology (theories, concepts and studies) to a scenario (situation) often referred to as 'stem' material. A scenario will be a text extract or quote given in the question. You are treated as a psychologist and you need to explain what is going on in the situation from what you have learnt.

Example

Chris suffered a stroke to the left hemisphere of his brain, damaging Broca's area and the motor cortex.

Using your knowledge of the functions of Broca's area and the motor cortex, describe the problems that Chris is likely to experience. **[4 marks]**

AO2 Evaluation

Analyse, interpret and evaluate scientific information, ideas and evidence, including in relation to issues, to:

- make judgements and reach conclusions
- develop and refine practical design and procedures.

What does this mean?

Evaluation simply means assessing the 'value' (hence 'evaluation' of a theory or study you have been describing. There are many ways you can evaluate theories or studies. For students, evaluation often takes the form of the strengths and weaknesses of the theory and/or study, but evaluation can also be in a form of 'commentary' (neither strength nor weakness but more in the form of an 'analysis' – which is still an evaluation).

Example

Outline one strength and one limitation of post-mortem examination. **[2 marks + 2 marks]**

The different types of exam questions

We have grouped the exam questions into four different types:

Identification questions	Multiple-choice questions, match key words with a definition, tick boxes or place information in some order or in a box.
Short-response questions	Questions worth up to 6 marks (e.g. 1, 2, 3, 4, 5 or 6 marks). These are often questions asking you to 'outline', 'explain', or 'evaluate' a theory or a study.
Application questions	These require you to apply the psychological knowledge you have learnt (theories, concepts and studies) to a real-life scenario given in the exam question.
Long-response question	These deal with long answers worth over 6 marks (8, 12 or 16 marks). The long-response answers found in this book will be mainly for 16-mark questions.

Specification: Psychopathology

Psychopathology

AQA

- Definitions of abnormality, including deviation from social norms, failure to function adequately, statistical infrequency and deviation from ideal mental health.
- The behavioural, emotional and cognitive characteristics of phobias, depression and obsessive-compulsive disorder (OCD).
- The behavioural approach to explaining and treating phobias: the two-process model, including classical and operant conditioning; systematic desensitisation, including relaxation and use of hierarchy; flooding.
- The cognitive approach to explaining and treating depression: Beck's negative triad and Ellis's ABC model; cognitive behaviour therapy (CBT), including challenging irrational thoughts.
- The biological approach to explaining and treating OCD: genetic and neural explanations; drug therapy.

Definition of abnormality

Identification questions

Q1 Read the four definitions of abnormality below (A-D)

- A. Failure to function adequately
- B. Deviation from social norms
- C. Statistical infrequency
- D. Deviation from ideal mental health

Below is a description of abnormal behaviour. Choose the definition from above that best matches the description and place the A or B or C or D in the box at the end of the statement. **[1 mark]**

Behaviour which is rare and not exhibited by many people.

Q2 Read the four definitions of abnormality below (A-D)

- A. Failure to function adequately
- B. Deviation from social norms
- C. Statistical infrequency
- D. Deviation from ideal mental health

Below is a description of abnormal behaviour. Choose the definition from above that best matches the description and place the A or B or C or D in the box at the end of the statement. **[1 mark]**

Behaviour which shows an inability to cope with everyday life.

Q3 Read the four definitions of abnormality below (A-D)

- A. Failure to function adequately
- B. Deviation from social norms
- C. Statistical infrequency
- D. Deviation from ideal mental health

Below is a description of abnormal behaviour. Choose the definition from above that best matches the description and place the A or B or C or D in the box at the end of the statement. **[1 mark]**

Behaviour which does not fit the rules of expected behaviour.

Q4

Below, identify two examples of Jahoda's criteria for 'ideal mental health'.

Circle only two letters.

[2 marks]

- A. Being dependent on others
- B. Being rational
- C. Resistance to stress
- D. Adaptation to the environment
- E. Hardy personality

Q5

Below, identify two statements that describe the deviation from 'ideal mental health definition of abnormality'.

Circle only two letters.

[2 marks]

- A. Not following the expected standards set by society
- B. Not being able to cope with stress
- C. Causing distress or discomfort to others
- D. Not achieving your full potential (self-actualisation)
- E. Behaviour that is different from the way most people in society behave
- F. Behaviour that interferes with everyday routine tasks

Short-response questions

Q6

Explain what is meant by 'deviation from social norms' in the context of abnormality. **[3 marks]**

Social norms are expectations or unwritten social rules of what is acceptable behaviour set by society. Anyone who deviates (departs) from these expectations is considered abnormal according to the 'deviation from social norms'. For example, not laughing at a funeral would be the social norm, so a person who laughs at a funeral would be considered abnormal.

A limitation of deviation from ideal mental health as a definition of abnormality is that it is prone to cultural relativism. What is 'ideal' in one culture may not be in another. For example, individualistic cultures (Western culture, e.g. the UK) place greater emphasis on personal autonomy and self-actualisation, which are Western values. In a collectivist culture (non-Western, e.g. Asian culture), this would be seen as unhealthy behaviour, as this culture emphasises behaviour that shows inter-dependency and collective responsibility within the family unit. This means some cultures will fall short of Jahoda's criteria of ideal mental health, which may wrongly indicate abnormality when behaviour is really a difference in cultural values.

Q10 Abnormality can be defined as the 'failure to function adequately'. Explain how this can be used to define abnormality. **[4 marks]**

Failure to function adequately (FFA) is when an individual cannot perform a range of expected day-to-day tasks that society would expect from them and would therefore be seen as abnormal behaviour. Rosenhan and Seligman (1989) identified seven characteristics related to failure to function adequately that may signify abnormality. These include personal suffering, maladaptive behaviour, observer discomfort, and unpredictability, amongst others. For example, a person with depression may stay in bed all day or a person with a social phobia may avoid going to social events. Both these examples show personal suffering and maladaptive behaviour, and so according to the FFA criteria, this would be considered abnormal.

Q11 Give two limitations associated with 'failure to function adequately' as a definition of abnormality. **[3 marks + 3 marks]**

1. One limitation of this definition is that it relies on a subjective interpretation of failing to function adequately. A clinician may wrongly classify people as abnormal. For example, a person who displays personal distress due to a bereavement in the family would be having a normal reaction. At what point does the suffering become abnormal personal suffering? The person may see this as part of the process of mourning, which may take longer than expected. This shows that 'functioning adequately' or 'not functioning adequately' are difficult to diagnose, because they are based on subjective criteria used by clinicians.
2. Failure to function adequately (FFA) as a definition of abnormality has its limitations as it is prone to cultural relativism. What is considered as 'adequate' functioning behaviour in one culture may not be so in another culture. For example, in Muslim cultures, women who remain completely housebound are considered normal or even virtuous. In Western cultures, this display of behaviour would meet some of the characteristics of FFA, such as maladaptive and irrational behaviour, which can indicate mental disorder such as agoraphobia (fear of public places). This means it is difficult to establish a universal definition as each culture has a different view of what is normal or abnormal behaviour.

Q12 Abnormality can be defined as 'statistical infrequency'. Explain how this can be used to define abnormality. **[3 marks]**

Statistical infrequency defines 'normal' and 'abnormal behaviour' in terms of the number of times

Failure to function adequately as a definition of abnormality has also been criticised for being prone to cultural relativism. What is considered as 'adequate' functioning behaviour in one culture may not be so in another culture. For example, in Muslim cultures, women who remain completely housebound are considered normal or even virtuous. In western cultures, this display of behaviour would meet some of the characteristics of FFA, such as maladaptive and irrational behaviour, which can indicate mental disorder such as agoraphobia (fear of public places). This means it is difficult to establish a universal definition as each culture has a different view of normal and abnormal behaviour.

Q21

Outline and evaluate 'statistical infrequency' and 'deviation from ideal mental health' as definitions of abnormality.

[16 marks]

Statistical infrequency defines 'normal' and 'abnormal behaviour' in terms of the number of times that behaviour or trait is observed numerically (statistically). Behaviour/traits that are common can be thought of as statistically 'normal'. Behaviour that is uncommon/extremely rare is defined as abnormal— statistically infrequent. For example, about 1 in 100 people suffer from schizophrenia, which makes it statistically rare and thus seen as an abnormality.

A strength of statistical infrequency used to define abnormality is that it can determine a clear cut-off point between what is normal and abnormal. This makes it useful for clinicians to diagnose some psychological disorders, for example, when diagnosing mental retardation. When an individual's IQ is below 70, their intellectual functioning is considered abnormal and is classified as mentally retarded.

However, others have criticised the cut-off points of what is normal or abnormal because it is subjectively determined. For example, does someone need to be more depressed than 90% of the population, 95% of the population, or 99% of the population to be diagnosed as abnormal? It is impossible to provide a clear answer to this question. This means that disagreements about cut-off points make it difficult to define abnormality in this way.

A further criticism of statistical infrequency as a definition of abnormality is that it fails to account for behaviour that is statistically rare but considered desirable. For example, it is rare to have a high IQ such as 130+ and therefore, abnormal; but a quality that is desirable for the majority of people and not seen as something that requires treatment. Therefore, criticism of classifying anything that differs from the majority as abnormal is that this fails to take into account the desirability of the behaviour. This indicates that it is not an effective way of diagnosing abnormality as it is reductionist (oversimplified).

Jahoda (1958) defines abnormality as a 'deviation from ideal mental health'. Jahoda identified six criteria that constitute an 'ideal' state of positive mental health. The presence of these qualities indicates psychological health and well-being. These qualities include positive self-attitude (high self-esteem), personal autonomy (behaving independently from others), self-actualisation (reaching one's potential), and resistance to stress (coping with stress). If someone lacks several of (deviates from) these criteria, this may indicate abnormal behaviour and they may be prone to mental disorders. For example, someone who constantly has low worth about themselves and is unhappy shows they do not have positive self-attitude and could be more prone to abnormal behaviour, e.g. depression.