



Knowledge Organiser: Year 12

Psychology; PSYCHOPATHOLOGY

Leave blank to allow students to glue.

DEFINITIONS OF ABNORMALITY

1

STATISTICAL INFREQUENCY:

Numerically unusual behaviour or characteristics.

STRENGTH – real-world application.

WEAKNESS – unusual characteristics can be positive.

DEVIATION FROM SOCIAL NORMS:

Social judgements about what is acceptable.

STRENGTH – real-world application.

WEAKNESS – cultural and situational relativism

FAILURE TO FUNCTION ADEQUATELY:

Inability to cope with demands of everyday life.

STRENGTH – represents a threshold for help.

WEAKNESS – discrimination and social control.

DEVIATION FROM IDEAL MENTAL HEALTH:

Jahoda considered normality rather than abnormality.

STRENGTH – comprehensive definition.

WEAKNESS – might be culture-bound.

DEPRESSION - EXPLANATIONS

2

CHARACTERISTICS:

- Behavioural – low activity levels and difficulty sleeping/eating.
- Emotional – low mood and anger.
- Cognitive – poor concentration.

BECK'S THEORY:

- Faulty information processing – thinking negatively about all situations.
- Negative self-schema – negative information about ourselves.
- Negative triad – negative views of self, world and future.

EVALUATION:

- Research support
- Real-world application

ELLIS' ABC MODEL:

- A – activating event
- B – belief
- C – consequence

EVALUATION:

- Real-world application
- Reactive and endogenous depression.

DEPRESSION – TREATMENTS

3

COGNITIVE BEHAVIOURAL THERAPY:

- Beck's cognitive therapy – aims to identify negative thoughts and challenge them.
- Ellis' REBT – ABC + D (dispute) and E (effect).
- Behavioural activation – encouraging the depressed person to engage in enjoyable activities.

EVALUATION:

- Evidence for effectiveness
- Suitable for diverse clients
- Relapse rates

PHOBIAS – EXPLANATION

4

CHARACTERISTICS:

- Behavioural – panic and avoidance.
- Emotional – anxiety and fear.
- Cognitive – irrational beliefs.

TWO-PROCESS MODEL:

- Phobia is developed through classical conditioning. UCS is linked to NS and produces UCR (fear).
- Little Albert is supportive research.
- Phobia is maintained through operant conditioning – avoidance of phobic stimulus reinforces the fear (negative reinforcement).

EVALUATION:

- Real-world application
- Fails to account for cognitive aspects of phobias.
- Phobias are linked to past trauma.



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PHOBIAS – TREATMENT

5

SYSTEMATIC DESENSITISATION:

- Create a anxiety hierarchy from least to most anxious situation.
- Learn and complete relaxation techniques at all levels.
- It’s a gradual exposure through the hierarchy.

EVALUATION:

- There is evidence of effectiveness.
- Less traumatic than other treatments.

FLOODING:

- Exposes clients to a very frightening situation immediately.
- This aims to extinguish the fear response.

EVALUATION:

- This method is cost-effective
- This method can be traumatic for patients

OCD - EXPLNATIONS

6

CHARACTERISTICS:

- Behavioural – compulsions are repetitive behaviours.
- Emotional – anxiety and distress.
- Cognitive – obsessive thoughts.

GENETIC:

- Candidate genes – genes might be involved in producing symptoms of OCD.
- OCD is polygenic – different combinations of up to 230 genetic variations.

EVALUATION:

- There is research support for genetics
- There could be environmental risk factors involved.

NEURAL:

- The role of serotonin – low levels of serotonin linked to OCD.
- Decision-making systems – frontal lobes and parahippocampal gyrus could be malfunctioning.

EVALUATION:

- There is research support.
- There are no unique neural systems.

OCD - TREATMENTS

7

DRUG THERAPY:

- SSRI’S: Antidepressants that increase levels of serotonin in the synapse.
- Combining SSRI’S with other treatments – most effective when offered alongside CBT.
- Alternatives to SSRI’S – tricyclics.

EVALUATION:

- Evidence for effectiveness.
- Cost-effective and non-disruptive
- Serious side effects.

Leave blank to allow students to glue.