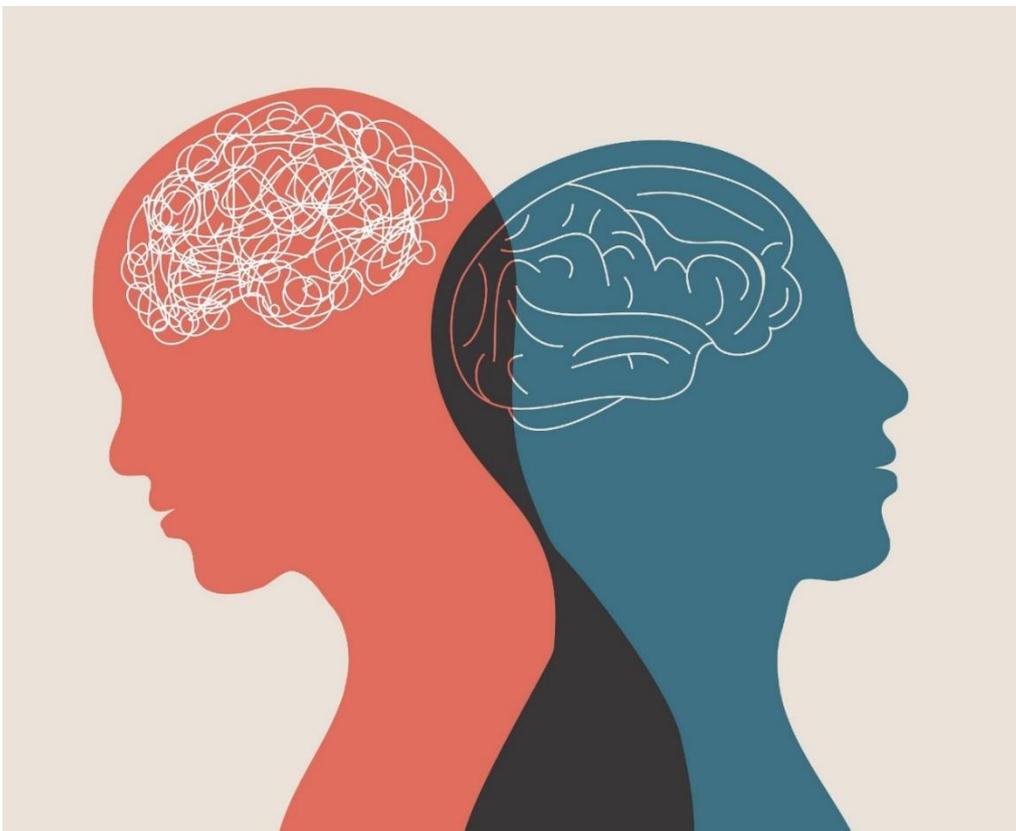


## **GCSE Psychology**



# **Psychological Problems Knowledge Organiser**

Name:

Teacher:

# PSYCHOLOGICAL PROBLEMS

## KEY DEBATES

- NATURE (biological) vs. NURTURE (learned/society)
- REDUCTIONISM (nature theories) vs. HOLISM
- FREE WILL (ABC Model) vs. DETERMINISM (Social Rank)



**SCHIZOPHRENIA**  
**DEFINITION**  
 A psychotic disorder where people lose their sense of reality. Covers 1% of the population.

### SYMPTOMS

- Hallucinations (see/hear things that aren't there)
- thought disturbances
- Disorganised speech
- Catatonic behaviour (doesn't respond)
- Delusions (errors in reality)



### BIOLOGICAL THEORY

#### Dopamine Hypothesis

- Dopamine system is overactive - high levels of dopamine binding to receptors

#### Brain dysfunction

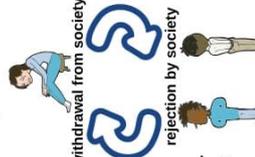
- Less blood flow in frontal lobe (responsible for logic, reasoning, problem solving etc.)
- Reduced volume of hippocampus (poor cognitive functioning & accessing/processing memories)

### SOCIAL DRIFT THEORY

- 'Label' of schizophrenia could lead to the condition worsening - due to the associated stigma around mental illness -> discrimination

- Person withdraws from society (due to symptoms & fear of discrimination) then...

- Leads to rejection by society -> leads to further deterioration of mental health



### LIMITATIONS

- ignores nature - biological factors (brain dysfunction & hormones)
- doesn't explain cause & effect - just effect of diagnosis

### CLINICAL DEPRESSION

#### DEFINITION

A mood disorder where people have persistent feelings of sadness over a long period of time.

#### SYMPTOMS

- Low mood (sadness)
- Feeling hopeless
- Low self-esteem
- No motivation/lack of interest in things
- Suicidal thoughts

### SOCIAL RANK THEORY (Evolution)

- We behave in a certain way for survival reasons  
 - When we lose a level of status we can lose confidence in our abilities (depressed state).  
 - If we try to regain our rank we may suffer further losses which would be detrimental for our survival (be rejected from the social group).  
 Therefore depression allows us to accept a subordinate role & reduces further conflict.



### ABC MODEL

- Depression is the result of an **Activating event**, which leads to **irrational Beliefs**, which then cause **negative Consequences**.

- According to Ellis the 'B' is the most important part of the model.

- Depression = result of irrational beliefs, individuals who are prone to depression will perceive events in a more negative way than other people.

### KEY CONCEPTS

- Good mental health = high self-esteem, autonomy, self-actualisation, accurate perception of reality
- Mental Health Act (1959) - aims to reduce stigma & discrimination
- Difficult to measure as not all problems diagnosed. Statistics: 1 in 4 in UK, affects both sex equally, but men develop sz. earlier than women. Asians more likely to develop depression.

### MENTAL HEALTH CONTINUUM

Healthy	Mild Disruption	Moderate Disruption	Severe Disruption
Normal functioning	Common and reversible distress	Significant functional impairment	Severe and persistent functional impairment

### APPLICATIONS OF RESEARCH

#### NEUROPSYCHOLOGICAL TESTS & SCANS

- Wisconsin Card Sort test (WCST)- frontal lobe function
- Beck Depression Inventory (BDI) – severity of depression
- PET scan - shows blood flow in the brain

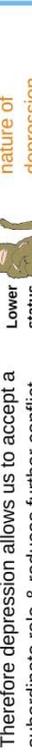
#### USE OF DRUGS TO TREAT CONDITIONS

**Depression:** anti-depressant drugs increase the number of neurotransmitters in the brain (serotonin or noradrenaline). Excess serotonin helps the neurons communicate better, which helps people feel less depressed.

**Schizophrenia:** anti-psychotic drugs act by blocking some of the dopamine receptors. By reducing the level of dopamine, it reduces the effects of the psychotic episode.

#### PSYCHOTHERAPY – talking therapies (no drugs)

CBT – aims to change how the individual thinks & behaves- to confront the negative irrational thoughts and how they impact on the individual.  
 Uses Ellis' A-B-C model and adds D= Disputing (questioning) the persons irrational beliefs and E= Effect of changing the interpretation of an event.



### DANIELS ET AL. (1991) STUDY INTO THE EFFECTS OF AMPHETAMINES ON SCHIZOPHRENIA

To see whether amphetamines affect PFC and WCST performance.

#### SAMPLE FINDINGS & CONCLUSION

- No difference in BAR task (control)
- Small difference between amphetamine & placebo in the WCST as some areas of the prefrontal cortex were active

#### AMPHETAMINES shown to increase the ability of the prefrontal cortex to focus in the WCST.

#### LIMITATIONS OF STUDY

- Sample too small (can't be generalised) & culturally biased (unrepresentative)
- Ethical issues: using brain scans for research not medical reasons.

### TANDOC ET AL. (2015) STUDY INTO FACEBOOK & DEPRESSION

To see whether Facebook use predicted depression.

#### SAMPLE FINDINGS & CONCLUSION

- 854 journalism students from US university (68% female)
- Heavy Facebook users = stronger feelings of envy.
- Size of the network of FB friends not related to envy. FB envy was a predictor of depression.

#### USE OF FB- not directly lead to depression. But, FB envy can lead to depression.

#### LIMITATIONS OF STUDY

- Sample culturally biased (unrepresentative & can't be generalised)
- Self-report: participants could have lied due to social desirability.

### PROCEDURE

Completed questionnaire:

- Facebook usage and surveillance
- Envy Scale
- Depression symptoms

\*Facebook surveillance involves looking at friends' status' but not commenting or posting own information.



### Reminder of Assessment Objectives

**AO1** – Learners must demonstrate knowledge and understanding of psychological ideas, processes and procedures

**AO2** – Learners must apply knowledge and understanding of psychological ideas, processes and procedures

**AO3** – Learners must analyse and evaluate psychological information, ideas, processes and procedures to make judgements and draw conclusions

### Key Terminology

<b>Anti-depressants</b>	These substances are used to influence brain chemistry and the most common classes of these are selective serotonin reuptake inhibitors (SSRIs),
<b>Anti-psychotics</b>	Also known as neuroleptics or major tranquilizers are a class of medication primarily used to manage psychosis.
<b>Brain imaging techniques</b>	Use of technology to view the structure and activity of the brain.
<b>Clinical Depression</b>	Mental illness characterised by persistent sadness or low mood and a loss of interests or pleasure.
<b>Cognitive</b>	Area of psychology, concerning internal mental processes.
<b>Cognitive Behavioural Therapy</b>	Short-term treatment which helps people to change how they think ('cognitive') and what they do ('behaviour'). These changes can help them to feel better.
<b>Delusions</b>	Persistent thoughts or beliefs of any kinds which are inappropriate and completely impossible.
<b>Discrimination</b>	When someone is treated unfairly because of their mental health.
<b>Evolutionary psychology</b>	Key assumption of evolutionary psychology is that all human behaviours have evolved through <b>natural selection</b> – they helped ancestors survive and reproduce.
<b>Hallucination</b>	Unusual sensory experience of any mode (auditory or visual)
<b>Incidence</b>	The number of newly diagnosed cases of mental health problems occurring in a time period,
<b>Irrational thinking</b>	Illogical, distorts reality and importantly, leads to unhealthy emotions.
<b>International Classification of Diseases (ICD)</b>	Used to diagnose disorders, is on its 11th edition. It details the characteristics of different disorders and guides psychologists as to how to diagnose mental health conditions.
<b>Mental Health</b>	Defined by the WHO ' <i>as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life,</i>

	<i>can work productively and fruitfully, and is able to make a contribution to her or his community.'</i>
<b>Mental health continuum</b>	The mental health continuum is a range of wellbeing with mental health and mental illness at the two extreme ends.
<b>Neuron</b>	Nerve cell in the brain, releases neurotransmitters to communicate with other neurons.
<b>Neuropsychological test</b>	Tests designed to measure how well the brain is functioning
<b>Neurotransmitter</b>	Chemical messengers. Their job is to carry chemical signals ("messages") from one neuron (nerve cell) to the next target cell.
<b>Psychotherapy</b>	A term used to describe the process of treating psychological disorders and mental distress by the use of verbal and psychological techniques.
<b>Prevalence</b>	The 'prevalence' of mental health conditions refers to how many people have the condition.
<b>Schizophrenia</b>	Severe mental health condition where people lose their sense of self and reality.
<b>Stigma</b>	Negative attitudes around a group, which creates prejudice which leads to negative actions and discrimination.
<b>Synapse</b>	Liquid-filled gap between two neurons.
<b>Wisconsin Card Sorting Task (WCST)</b>	This measures the functioning of the frontal lobe of the brain. The task measures how well people can adapt to the changing rules.
<b>World Health Organisation (WHO)</b>	A governmental agency that work side by side with multiple governments and other partners to ensure the highest attainable level of health for all people.

## Unit Summary

### Introduction to Psychological Problems

#### Defining mental illness

Some people would define mental illness by ‘failure to function adequately’, this means you would see someone as mentally ill if their psychological problems prevented them from carrying out normal, everyday tasks.

Some psychologists define mental health using the ‘mental health continuum’  
The mental health continuum is a range of wellbeing with mental health and mental illness at the two extreme ends. Depending on the circumstances of any individual at any time, they may find themselves at one point of the continuum and shift position as their situation improves or deteriorates.

MENTAL HEALTH CONTINUUM MODEL			
HEALTHY	REACTING	INJURED	ILL
Normal fluctuations in mood Takes things in stride Good sense of humour Consistent performance Physically & socially active Confident in self & others Drinking in moderation	Nervousness, irritability Sadness, overwhelmed Displaced sarcasm Procrastination Forgetfulness Trouble sleeping Low energy Muscle tension, headaches Missing an occasional class or deadline Decreased social activity Drinking regularly or in binges to manage stress	Anxiety, anger Pervasive sadness, tearfulness, hopelessness, worthlessness Negative attitude Difficulty concentrating Trouble making decisions Decreased performance, regularly missing classes/deadlines, or over work Restless, disturbed sleep Avoidance, social withdrawal Increase used of alcohol-hard to control	Excessive anxiety Panic attacks Easily enraged, aggressive Depressed mood, numb Cannot concentrate Inability to make decisions Cannot fall asleep/stay asleep Constant fatigue, illness Absent from social events/classes Suicidal thoughts/intent Unusual sensory experiences (hearing or seeing things) Alcohol or other addiction
Nurture support systems.	Recognize limits, take breaks, identify problems early, seek support.	Tune into own signs of distress. Talk to someone, ask for help. Make self-care a priority. Don't withdraw.	Seek professional care. Follow recommendations.

#### Prevalence

‘Prevalence’ refers to how common something is. Therefore, the ‘prevalence’ of mental health conditions refers to how many people have the condition.

In general:

- 1 in 4 British adults report having been diagnosed with a mental health condition
- Each year, 1 in 10 British children (5-16) are diagnosed
- The WHO estimates 450 million people worldwide suffer from a mental health disorder

Statistics show that prevalence of mental health conditions varies based on age, gender and sexual orientation. Women between the ages of 16-24 are most likely to have a mental health condition, men above the age of 75 are least likely.

1 in 5 women report experiencing symptoms for mental health problems, compared to 1 in 8 men.

Evidence shows that those identifying as lesbian, gay, bisexual or transgender (LGBT) are at greater risk of developing mental health conditions.

<p><b>Incidence</b></p>	<p>‘Incidence’ refers to the number of newly diagnosed cases of mental health problems occurring in a time period, e.g. a year.</p> <p>There is a general agreement incidence of mental health problems is increasing in the UK.</p> <p>One reason for the increase is due to <b>changing classifications</b></p> <p>We can see changes in attitudes to mental health in the way that psychiatrists have changed how psychological disorders are diagnosed. The <b>The International Classification of Diseases (ICD)</b> may change how it diagnoses a particular mental health condition, which could affect the number of people diagnosed. Changes might include what counts as a symptom, how long it has been present for; or whether it has to be present at all. For example, if the requirements for what would be labelled as depression are lowered, this would result in more people being diagnosed with depression. It may also add new mental health conditions, for example, the ICD-11 introduced ‘gaming disorder’ as an addictive disorder.</p>
<p><b>Changing attitudes: Mental Health Act (1959)</b></p>	<p>Since the early 1900s, there have been significant changes in the attitudes towards mental health conditions. Historically, there has been stigma (strong sense of disapproval) surrounding mental illness, where people with mental illnesses as abnormal, strange and potentially dangerous.</p> <p>The Mental Health Act (1959) was significant in changing attitudes towards mental health problems. For example:</p> <ul style="list-style-type: none"> <li>• More appropriate terminology: It was the first time ‘mental health disorder’ was used officially, which allowed mental illness to be discussed in less stigmatised ways (e.g. as opposed to lunatic, insane, mad).</li> <li>• More rights: The Act aimed to ensure people with psychiatric illnesses were treated similarly physical illnesses</li> <li>• More support: It made local councils responsible the social care of those with mental health problems</li> </ul> <p>Other positive changes in the attitudes towards mental health include:</p> <ul style="list-style-type: none"> <li>• The media breaking the ‘taboo of silence’ around mental health in the 1960s by running programmes and writing articles on mental health</li> <li>• Increase in mental health charities.</li> </ul> <p>As a result of these factors, attitudes towards the mentally ill have improved, with less stigma and discrimination, meaning people feel more able to seek support for mental health conditions.</p> <div data-bbox="1177 1290 1495 1608" data-label="Image"> </div>
<p><b>Impact of mental illness on individuals and society</b></p>	<p><b>Stigma</b></p> <p>Whilst we have better understanding of mental health conditions, there is still stigma attached to being mentally ill. There is still a common negative feeling surrounding those with mental illness, where people may feel distressed by those who are mentally ill, may see them as mentally weak or even dangerous.</p> <p>Stigma can affect the individual both before and after diagnosis:</p>

- Before: Someone with a developing mental health disorder, who is acting 'abnormally' may be viewed negatively and seen as 'crazy' or 'weird'. Importantly, the stigma surrounding mental health may prevent people from seeking help as they are worried how others will perceive them, should they get a diagnosis.
- After: Mental health stigma can take the form of social stigma, whereby prejudicial attitudes are directed towards individuals with mental health problems. People who are labelled these ways are the subject of stigma, which can lead to a 'self-fulfilling prophecy', when they begin to behave in a way an assumption about them expects them to. (E.g. a schizophrenic individual becomes violent as this is the expectation of them).

### **Discrimination**

Discrimination specifically refers to how we are treated. Being discriminated against means you are being treated differently because of a real or perceived reason – e.g. having a mental illness. The overwhelming majority of people with mental health problems report being misunderstood by family members, shunned and ignored by friends, work colleagues and health professionals, called names and much worse by neighbours.'

Examples of mental health discrimination include:

- Rowan has bipolar disorder. They ask their employer if they can apply for a new role doing work they feel more able to do. Their employer says they cannot apply because of their mental health problem.

### **Impact on Public Services**

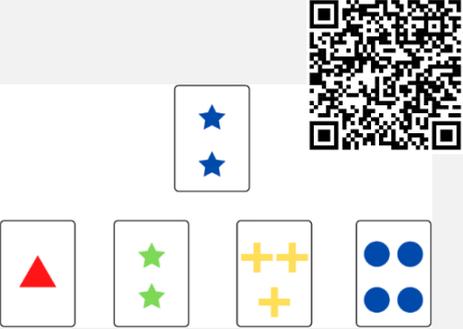
If the prevalence of mental health problems is increasing, this will obviously lead to more demand on health and social care services which are there to support individuals with those problems. For example, the taxpayer may need to contribute more to fund services or it may mean the existing funds need to be shared out more between different types of services, meaning all services become stretched.

Once better, patients will be discharged from hospital and supported through **care in the community**. The purpose of care in the community is to help people manage their mental health problems in the community, in which they live, support offered include, counselling, social work support and workplace opportunities. This enables people recovering from mental illness to be integrated into the community, rather than being isolated in a mental institution and therefore normalising mental illness.

### **Impact on the law**

Because of issues surrounding discrimination, laws have been passed to protect people with mental illnesses. E.g. The Equality Act (2010) states that those with mental illnesses have the right to get their employer to make reasonable adjustments to enable them to do their job. Reasonable adjustments could include:

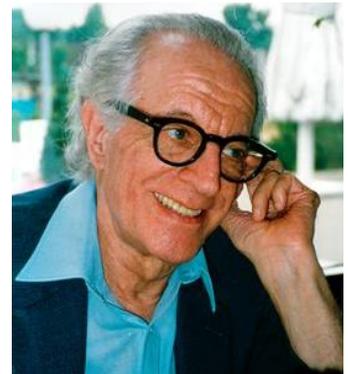
- agreeing a preferred communication method to help reduce anxiety – for example by avoiding spontaneous phone calls

<p><b>The development of neuropsychology</b></p>	<p><b>Neuropsychology</b> refers to the study of how the brain is involved in human behaviour.</p> <p><b>Neuropsychological tests</b></p> <p>These are tests designed to measure how well the brain is functioning. This will help psychologists support the patient in the best and most appropriate way.</p> <p><i>Beck's depression inventory (BDI)</i></p> <ul style="list-style-type: none"> <li>• Multiple-choice, self-report test which measures different aspects of depression like feelings of irritability and hopelessness and symptoms like tiredness and weight-loss.</li> </ul> <p><i>Wisconsin Card Sorting Task (WCST)</i>  <a href="https://www.brainturk.com/cardsorting">https://www.brainturk.com/cardsorting</a></p> <p>This measures the functioning of the frontal lobe of the brain. The task measures how well people can adapt to the changing rules. If participants struggle to adapt to the new rule, this suggests they find cognitive tasks difficult, which is a symptom of schizophrenia.</p> 
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### Clinical Depression

<p><b>Symptoms and characteristics</b></p>	<p>The ICD identifies 10 symptoms of depression:</p> <ul style="list-style-type: none"> <li>• <b>persistent sadness or low mood</b></li> <li>• <b>loss of interests or pleasure</b></li> <li>• reduced concentration</li> <li>• beliefs of low self-worth or excessive guilt</li> <li>• hopelessness about the future</li> <li>• recurring thoughts of death/suicide or attempted suicide</li> <li>• disrupted or excessive sleep</li> <li>• changes to appetite and weight</li> <li>• reduced energy/fatigue</li> <li>• psychomotor agitation</li> </ul> <p>For a diagnosis, someone must experience at least five of these symptoms most of the day, nearly every day, for at least 2 weeks. One of these symptoms must be 'persistent low mood' or 'loss of interests or pleasure' (in bold).</p>
<p><b>Key Statistics</b></p>	<p>8.6% of adults had been diagnosed with depression in 2014</p> <p>According to the Mental Health Foundation, 4-10% of people in England will experience depression at some point in their lives</p> <p><b>Ethnicity</b></p> <ul style="list-style-type: none"> <li>• Asian participants were more likely to experience depression than Black participants. Highest rates of depression were reported by Indian respondents.</li> </ul> <p><b>Sex</b></p>

	<ul style="list-style-type: none"> <li>• Research shows that women are twice as likely to experience depression as men.</li> </ul> <p><b>Age</b></p> <ul style="list-style-type: none"> <li>• The Workplace Health Report (2023) looked at the percentage of people in the workplace experiencing depressive symptoms, they found 61% of 16-24 year olds, compared to 44% of 55-65 year olds.</li> </ul> <p><b>Recovery rates</b></p> <ul style="list-style-type: none"> <li>• In 2011, 42% of people with depression who completed an NHS treatment no longer showed symptoms of depression after the treatment</li> </ul>
<p><b>Explanation 1</b></p> <p><b>Ellis' ABC Model</b></p>	<p>The ABC model is a cognitive explanation of depression – this means it focuses on or thought processes.</p> <p>Ellis (1962) suggested that depression is the result of <b>irrational thinking</b>, specifically in response to different events in our life.</p> <p>According to Ellis, an irrational belief would be one which is illogical, distorts reality and importantly, leads to unhealthy emotions. Irrational beliefs include catastrophising which is the belief that something is far worse than it actually is. On the other hand, a rational belief is logical, consistent with reality and leads to positive emotions.</p> <p><b>AO1: Ellis's ABC model</b></p> <p>Ellis used the ABC model to explain how irrational thoughts affect our behaviour and emotional state</p> <p><b>A: Activating Event</b></p> <p>Ellis argues that irrational thoughts are triggered by external events. For example, you pass a friend in the corridor at school and they ignore you, despite the fact you said 'hello'...</p> <p><b>B: Beliefs</b></p> <p>Your belief is your interpretation of the event, which can either be rational or irrational.</p> <p>A rational interpretation of the event might be that your friend is very busy and possibly stressed, and they simply didn't see or hear you.</p> <p>An irrational interpretation of the event might be that you think your friend dislikes you and never wants to talk to you again.</p> <p><b>C: Consequences</b></p> <p>According to Ellis, rational beliefs lead to healthy emotional outcomes (for example, I will talk to my friend later and see if they are okay), whereas irrational beliefs lead to unhealthy emotional outcomes, including depression (for example, I will ignore my friend and delete their mobile number, as they clearly don't want to talk to me).</p> <p style="text-align: center;"><b>CRITICISMS</b></p> <ul style="list-style-type: none"> <li>• <u>Free Will: ignores this idea of 'determinism' and doesn't consider factors beyond the individual's control. Instead, it emphasises free will, as it suggests that people are able to take control over their thoughts and think in a more rational way, as opposed to the irrational thinking which causes their depression. This highlights a criticism of the model – if it suggests that people have a choice over rational or irrational thinking, this may be seen to make</u></li> </ul>



	<p><u>the sufferer responsible for their illness. This may make the sufferer feel it is their fault that they are ill, which could lead to them feeling more depressed.</u></p> <ul style="list-style-type: none"> <li>• Sometimes depression seemingly comes out of nowhere and is not triggered by a particular activating event, this is known as ‘endogenous depression.’ Therefore, the ABC model may only explain ‘reactive depression’ (in response to life events) but not endogenous depression.</li> <li>• Reductionist: The model may be seen as reductionist as it takes the complex condition of depression and attempts to explain it by focusing just on irrational thinking. In doing so, it may ignore other important factors, for example biology.</li> </ul>
<p><b>Explanation 2</b></p> <p><b>Social Rank Theory of depression</b></p>	<p>Evolutionary psychology is from the <b>biological area</b> of psychology. The key assumption of evolutionary psychology is that all human behaviours have evolved through <b>natural selection</b> – they helped ancestors survive and reproduce.</p> <p>When we lose a level of status or rank we can lose confidence in our abilities to regain it. If we were to fight to try and regain our rank we may suffer further losses which would be detrimental for our survival. Therefore depression allows us to accept a subordinate role. Symptoms of depression such as loss of energy or motivation and low mood will prevent the defeated individual loser from competing further and reduce their ambitions; this will prevent the loser from suffering further defeat in a conflict. Outward symptoms of depression such as sadness and crying signal to others that the loser is not fit to compete, and they also discourage others from attempting to restore the loser’s rank.</p> <p><b>How does this depression aid survival?</b></p> <ul style="list-style-type: none"> <li>• Due to the way they are feeling, the ‘depressed loser’ does not attempt to fight back, the depressive symptoms further reassures the winner that the conflict has ended with no further damage to the loser.</li> <li>• Prevents the loser from attempting to gain status again – keeping them out of harm</li> <li>• Allows them to stay in the group, meaning they get protected from predators/other humans (being low rank and unpopular is better than being rejected)</li> <li>• Low status is more secure as fewer people will try to compete with you</li> <li>• It reduces overall conflict in the group, allowing more stability</li> </ul> <p style="text-align: center;"><b>CRITICISMS</b></p> <ul style="list-style-type: none"> <li>• <u>Reductionism: The theory has been criticised for failing to consider the complex nature of depression and reducing the explanation to an outdated evolutionary view, rather than considering the holistic view that depression can be caused by a wide variety of factors. It ignores other factors which may affect depression, for example, other biological factors like an imbalance in the neurochemicals serotonin and dopamine – which have been linked to depression. It also ignores individual differences which affect how we respond to being defeated – for example, some people may respond to losing (e.g. failing to get a job) by seeing it as a challenge to tackle again the future and something which motivates them to work harder and improve.</u></li> <li>• If depression is an evolved behaviour, to help us survive, this cannot explain why some depressed people commit, or attempt to commit suicide.</li> </ul>

	<ul style="list-style-type: none"> <li>• Other life experiences may lead to depression, such as having to look after a relative with an illness (e.g. dementia), having an illness yourself or bereavement.</li> </ul>
<p><b>Core Study:</b></p>	<p><b>Tandoc (2015) - A study into facebook use among college students: Is Facebook causing depression?</b></p> <p><b>Aim</b></p> <ul style="list-style-type: none"> <li>• The aim of this study was to contribute to the growing area of research into Facebook usage and depression by examining whether or not heavy Facebook use leads to depression among college students.</li> <li>• Tandoc et al. aimed to use the framework of the social rank theory of depression to show that feelings of subordination can trigger depression. They therefore assumed that Facebook use can lead to depression when it triggers the feeling of envy among users.</li> </ul> <p><b>Hypotheses</b></p> <ul style="list-style-type: none"> <li>• H1: Heavy Facebook users tend to feel higher levels of Facebook envy than light Facebook users.</li> <li>• H2: Facebook users with a big network of friends tend to feel higher levels of Facebook envy than users with a small network of friends.</li> <li>• H3: Those who report feeling higher levels of Facebook envy tend to report more symptoms of depression than those who feel lower levels of Facebook envy.</li> </ul> <p><b>Procedure</b></p> <p><u>Research method/design</u></p> <ul style="list-style-type: none"> <li>• This study used the <b>self-report method</b> to gather data about Facebook usage and depression. Participants completed an online survey.</li> <li>• Survey research ‘collects information by asking people questions’ and coding their responses in numerical form ‘suitable for statistical analysis’ (Shoemaker &amp; McCombs,2003).</li> <li>• The survey may also be considered a <b>questionnaire</b>.</li> </ul> <p><u>Sample</u></p> <ul style="list-style-type: none"> <li>• <b>854 students</b> from four sections of introduction to journalism courses in a <b>large Midwestern university</b> in the USA were invited to participate by researchers going to their classes and sending out email invitations.</li> <li>• <b>736</b> students actually participated in the survey.</li> <li>• <b>68%</b> (500) of the participants were <b>female</b>, <b>32%</b> (235) were <b>male</b>.</li> <li>• The average age was about 19 years.</li> <li>• <b>78%</b> (574) were White Americans.</li> <li>• All participants used Facebook for an average of 2 hours per day.</li> </ul> <p><b>Results</b></p> <ul style="list-style-type: none"> <li>• H1: This was supported as findings showed that heavy Facebook users experienced stronger feelings of envy than light Facebook users.</li> <li>• H2: This was not supported as findings showed that the size of a Facebook user’s network did not matter.</li> <li>• H3: This was supported as findings showed that those who reported feeling higher levels of Facebook envy also reported more symptoms of depression than those who felt lower levels of Facebook envy.</li> </ul>

### Conclusion

- Facebook use on its own does not directly lead to depression.
- Facebook envy can be linked to depression symptoms.
- The effect of surveillance use of Facebook on depression is mediated by Facebook envy.
- When Facebook envy is controlled for, Facebook use can actually lessen depression.
- Social rank theory is a useful framework to understand the complex process of depression among college students.

### Criticisms

- There may have been **social desirability bias** where participants underplayed their use of social media, the level of envy and their experience of depression, giving invalid results.
- It was **culturally biased**, as the participants were all well-educated journalism students from the USA. These factors may influence how Facebook is used, and also how participants deal with feelings.
- Findings may lack **construct validity** as complex behaviours were reduced to numbers by the rating scale and this may not give a true representation of people's experiences.
- There are difficulties establishing **cause and effect** with this study. Where there were relationships between variables, we cannot be sure of the cause. For example, does using Facebook increase feelings of envy, or does envy draw people to Facebook?

### Treating depression

#### Biological treatment: Antidepressants

For mental disorders, drug therapies aim to increase or decrease levels of neurotransmitters in the brain or to increase/decrease their activity.

As serotonin is the neurotransmitter believed to be primarily involved in depression, specifically low levels of it, drug therapies aim to increase the level of serotonin in the brain.

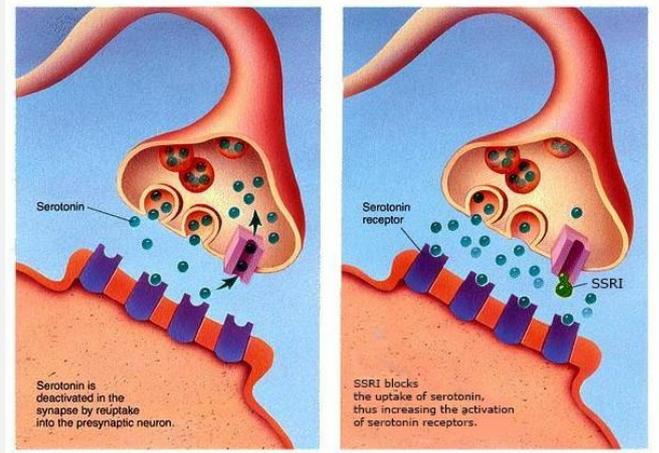
One example of an anti-depressant is SSRIs (selective serotonin reuptake inhibitors).

When serotonin is released from the neuron into the synapse, it travels to the receptor sites on the next neuron.

Serotonin which is not taken in by the receptor sites is reabsorbed into the sending cell (the neuron which released them).

However, SSRIs increase the level of serotonin available in the synapse by preventing it from being reabsorbed into the sending cell.

This increases level of serotonin in the synapse and results in more serotonin being received by the receiving cell. Higher levels of serotonin are associated with people feeling happier and calmer – therefore, reducing the symptoms of depression.



### **Psychotherapy: Cognitive Behavioural Therapy (CBT)**

CBT can help people to change how they think ('cognitive') and what they do ('behaviour'). These changes can help them to feel better.

CBT is a short-term treatment, which can last between 5 and 20 sessions. It can take place 1-to-1 or in groups. CBT can also be delivered online.

#### **The Cognitive element**

CBT begins with an assessment where the therapist and the client work together to clarify the client's problems.

One of the central tasks is to identify where there might be **negative or irrational thoughts** that will benefit from being challenged. The therapist will help them to re-evaluate their irrational thoughts, to turn them into rational ones. The therapist may talk through the thoughts with the client to help them view them from a more positive and rational perspective

#### **Behavioural element**

CBT then involves working to change negative and irrational thoughts and put more effective behaviours into place.

This involves setting homework for the client to do and other tasks that will help them challenge their own irrational beliefs. For example, if the client believes that no one likes them, they may be set a homework task to ask people if they would like to meet up.

By completing this homework, they are also providing the therapist with evidence to use to challenge them in future sessions.

## Schizophrenia

<b>Symptoms and characteristics</b>	<p>Schizophrenia is a severe mental health condition where people lose their sense of self and reality.</p> <p>Symptoms of schizophrenia are split into positive symptoms and negative symptoms</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">Positive symptoms</td> <td>Atypical symptoms experienced IN ADDITION to normal experiences. E.g. hallucinations.</td> </tr> <tr> <td>Negative symptoms</td> <td>Atypical experiences which represent a LOSS in normal experiences. E.g. lack of motivation,</td> </tr> </table> <p>Symptoms:</p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: center;"><i>Positive</i></th> <th style="text-align: center;"><i>Negative</i></th> </tr> </thead> <tbody> <tr> <td> <p><b>Delusions</b> – persistent thoughts or beliefs of any kinds which are inappropriate and completely impossible.</p> <p><b>Hallucinations</b> – Unusual sensory experience of any mode (auditory or visual).</p> </td> <td> <p><b>Poverty of speech</b> – losing the ability to speak coherently or form comprehensible sentences.</p> <p><b>Flat affect</b> - May not show the signs of normal emotion, perhaps may speak in a monotonous voice, have diminished facial expressions, and appear extremely apathetic.</p> <p><b>Thought disorder</b> in which there are breaks in the train of thought and the person appears to make illogical jumps from one topic to another (loose association).</p> </td> </tr> </tbody> </table>	Positive symptoms	Atypical symptoms experienced IN ADDITION to normal experiences. E.g. hallucinations.	Negative symptoms	Atypical experiences which represent a LOSS in normal experiences. E.g. lack of motivation,	<i>Positive</i>	<i>Negative</i>	<p><b>Delusions</b> – persistent thoughts or beliefs of any kinds which are inappropriate and completely impossible.</p> <p><b>Hallucinations</b> – Unusual sensory experience of any mode (auditory or visual).</p>	<p><b>Poverty of speech</b> – losing the ability to speak coherently or form comprehensible sentences.</p> <p><b>Flat affect</b> - May not show the signs of normal emotion, perhaps may speak in a monotonous voice, have diminished facial expressions, and appear extremely apathetic.</p> <p><b>Thought disorder</b> in which there are breaks in the train of thought and the person appears to make illogical jumps from one topic to another (loose association).</p>
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<b>Key Statistics</b>	<p><b>Prevalence:</b> 1% of the population</p> <p><b>Ethnicity:</b> British people of Caribbean and African origin are more likely (than average) to be diagnosed with schizophrenia. People of Asian origin have lower rates of diagnosis.</p> <p><b>Sex:</b> Schizophrenia affects men and women equally. However, men are normally diagnosed earlier – in their 20s. Whereas women are generally diagnosed in their 30s.</p> <p><b>Age:</b> Generally affects adults. In most people with schizophrenia, <b>symptoms generally start in the mid- to late 20s</b>, though it can start later, up to the mid-30s. Most people are diagnosed before the age of 40. Onset of schizophrenia in children younger than age 13 is extremely rare.</p> <p><b>Recovery rates:</b> 10 years after diagnosis:</p> <ul style="list-style-type: none"> <li>• 25% fully recover</li> <li>• 25% much improved</li> <li>• 25% need support</li> <li>• 15% hospitalised</li> <li>• 10% deceased (mainly through suicide).</li> </ul>								

## Explanation 1

### Biological explanation

Despite schizophrenia generally emerging in adulthood, some psychologists suggest that it is the result of neurological damage as the result of an infection whilst the individual is developing in the womb. Other factors that may affect the brain and cause schizophrenia could include malnutrition and using drugs such as cannabis and LSD as a teenager.

#### How is a schizophrenic brain different to a 'normal' brain?

##### Frontal lobe

Psychologists have carried out brain scans on individuals diagnosed with schizophrenia when performing tasks such as the **Wisconsin Card Sort Test (WCST)** and have found **low levels of activity** in the frontal lobe; this suggests that abnormal brain activity in the frontal lobes may cause symptoms of schizophrenia. This area also appears to be **smaller in volume**.

In particular, the **pre-frontal cortex**, which controls decision making, appears to be defective in schizophrenia sufferers.

##### Hippocampus

Studies have found **reduced volume** of this part of the brain which can explain the poor levels of cognitive functioning. Heckers (2001) also **reports abnormal levels of hippocampal activity** when individuals are experiencing auditory hallucinations (hearing voices).

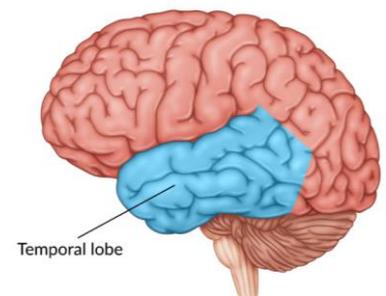
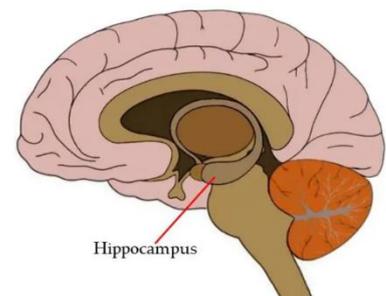
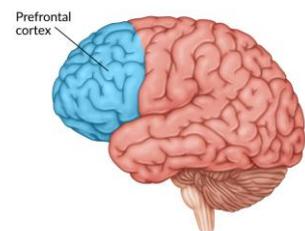
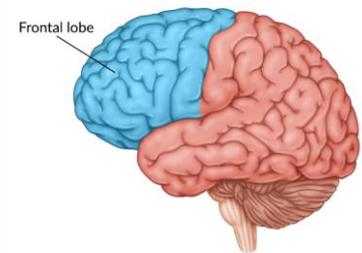
##### Temporal lobe

Another area of the brain associated with hallucinations in those with schizophrenia is the **temporal lobes**, researchers have also found this to be **overactive**. This brain dysfunction is also thought to adversely affect emotions (negative symptoms) and cause delusions, hallucinations and disordered thinking (Mandal, 2002).

##### The Dopamine Hypothesis

The Dopamine Hypothesis of Schizophrenia proposes that this mental illness is caused by high levels of dopamine.

The theory states that the **dopamine system is overactive**, therefore **dopaminergic neurons** (brain cells which release dopamine) transmit signals more often than normal, causing **excessive dopamine in the brain**, which leads to **high levels of dopamine binding to receptors**.



	<p>Furthermore, it is also thought that there are <b>more dopamine receptors</b> than normal in certain people's brains, therefore making it more likely that dopamine will bind to receptors.</p> <p>Excess dopamine and excess dopamine receptors means that dopamine is more likely to bind to neurons and cause these brains areas to become overactive and send too many signals. These high number of signals could explain positive symptoms like delusions and hallucinations.</p> <p style="text-align: center;"><b>CRITICISMS</b></p> <ul style="list-style-type: none"> <li>• <u>Nature: The theory focuses too much on nature and fails to consider environmental factors which may affect schizophrenia such as family upbringing</u></li> <li>• Theories which focus on neuropsychology are often criticised due to it being <b>difficult to establish cause and effect</b>. How do we know that a brain dysfunction is causing a mental illness/behaviour, rather than the mental illness/behaviour causing the brain dysfunction? In the case of schizophrenia, brain scans and post-mortems may show that a schizophrenic individual has excess dopamine or an overactive temporal lobe – however, how do we know if this came before or after the schizophrenia? <i>These brain abnormalities may actually be caused by schizophrenia</i> (essentially as symptom).</li> <li>• Reductionism: the theory reduces the complex condition of schizophrenia to the simple idea of excess dopamine in the brain/abnormalities in brain structures.</li> <li>• Determinist: suggests that schizophrenia is inevitable in some people with no room for free will. This may be seen as a negative outlook.</li> </ul>
<p><b>CORE STUDY</b></p>	<p style="text-align: center;"><b>Daniel et al (1991) - A study into the effect of amphetamines on regional cerebral blood flow during cognitive activation in schizophrenia.</b></p> <p>Aim: To see whether a substance that stimulated dopamine activity would increase activity in the prefrontal cortex during a cognitive task using SPECT scan</p> <p>Hypothesis: Participants with schizophrenia who have been given a dose of amphetamine will show improved performance on the WCST cognitive task compared to participants with schizophrenia who are not given amphetamine</p> <p><b>Design</b>  IV – given amphetamine or not  DV – performance on the Wisconsin Card Sorting Task (WCST)  Repeated measures design</p> <p><b>Sample</b>  10 in-patients from the National Institute of Mental Health research wards in Washington USA. Each patient had chronic schizophrenia and had been stabilised for at least 6 weeks on medication (haloperidol). They were free from illness that affect blood flow in the brain plus free from alcohol or non-prescription drugs  The study had ethical approval and all participants gave informed consent</p>

## Materials

- SPECT scan
- Test of sensori-motor control – done on a computer (BAR)
- WCST test – done on a computer

## Procedure

- Participants had two SPECT scans, 2 to 4 days apart
- They were seated in a comfortable chair with their head held in position using foam rubber with their head in the scanner
- 5 did the simple sensori-motor test first, the other 5 did the WCST first
- On the first test day 5 were given the amphetamine, the other 5 no drug

On the second test day those who had no drug on test 1 were given the drug, whilst those who had the drug test 1 were given no drug

## Results

### SPECT results:

- Amphetamine had little effect on cerebral blood flow during both BAR and WCST
- No significant differences amphetamine vs no amphetamine during BAR
- *Some significant differences between amphetamine and placebo during WCST in part of the prefrontal cortex (If the individual took amphetamines, they had reduced blood flow in the pre-frontal cortex when completing the WCST, compared to when they took a placebo.)*
- Amphetamines increased brain activity of the prefrontal cortex, despite reducing blood flow.

### Wisconsin Card Sorting Task and other behaviour measures

- *Amphetamine had small but significant positive effect on WCST performance, despite reduced blood flow to the prefrontal cortex. Therefore showing how amphetamines increased brain activity of the prefrontal cortex, despite reducing blood flow.*

### Main conclusion:

- Amphetamine (i.e. more dopamine) appeared to **enhance the ability of the cortex to focus activity in response to the WCST task.**
- This therefore **suggests that increasing dopamine activity resulted in reduced cognitive symptoms of schizophrenia** (e.g. lack of concentration and focus).
- This suggests that some symptoms of schizophrenia can be explained by low dopamine levels.
- This supports the idea that schizophrenia is caused by neuropsychological abnormalities, supporting the biological theory.

### CRITICISMS

- The sample size was too small to be representative.
- The task that the participants did was too artificial to relate to real life.
- The drug used to stabilise symptoms may have been an extraneous variable.
- The findings can be seen as outdated as schizophrenia is being diagnosed differently nowadays.

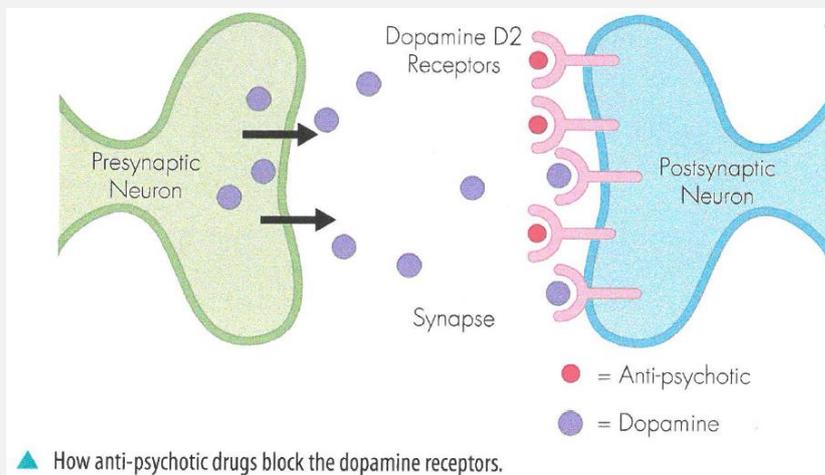
	<ul style="list-style-type: none"> <li>• There are ethical concerns about using scanning equipment for research purposes alone as it is potentially dangerous.</li> </ul>
<p><b>Explanation 2</b></p> <p><b>Social Drift Theory</b></p>	<p>Being labelled as someone with a mental illness can automatically lead to a downward shift in social class (e.g. someone who is initially middle class, will often have moved to being working class) as a result of <b>rejection by society</b>, where the majority actively excludes them. This may include employers and friends.</p> <p>People may experience a lack of appropriate support which may in turn result in the loss of their job and even their home.</p> <p>This is because their illness may stop them from holding down a job, which leads to unemployment and therefore not being able to pay their mortgage or afford rent. This may be because they are frequently off ill or their rejection from society makes them lose interest in what would normally motivate people (money, affording to live) as they have been rejected by society.</p> <p>If they tried to find a new job, the stigma surrounding schizophrenia may prevent them from getting one.</p> <p>The person with Schizophrenia may then choose to <b>disengage from society</b> (withdraw from groups and activities) even further because of this fear of discrimination and/or poor treatment. This can then lead to a deterioration of their mental health.</p> <p><b>Downward spiral</b></p> <p>The label of schizophrenia causes people to feel stigmatised. This makes them disengage from society and stop behaving 'normally'.</p> <p>This causes people to reject them even more. This makes them disengage from society more. This makes them get even more rejected... and so on...</p> <p>Overall this leads to their symptoms becoming even more severe. Therefore, their rejection from society has led to their schizophrenia worsening.</p> <div style="text-align: right;">  </div> <p style="text-align: center;"><b>CRITICISMS</b></p> <ul style="list-style-type: none"> <li>• <u>Problems establishing cause and effect: the theory fails to explain what causes the individual to develop schizophrenia in the first place. Also, the theory suggests that being diagnosed with schizophrenia causes people to become disengaged with society which drives them into a lower social class. However, an alternative theory, 'social causation' suggests that being in a lower social class causes people to develop schizophrenia. This suggests that factors associated with being in a low social class (poverty, living in deprived areas, likelihood to become a victim of crime).</u></li> <li>• The theory can be criticised for taking too strong a 'nurture' perspective in the nature and nurture debate. There is a lot of evidence which suggests that brain and our biology is involved in the development of schizophrenia</li> <li>• Critics say that social drift theory focuses too heavily on the role of society, and ignores other important environmental factors in the onset of schizophrenia. For example, psychologists suggest that schizophrenia may be caused by an individual's family.</li> </ul>

## Treatments for schizophrenia

### Biological: Anti-psychotics

Psychologists argue that schizophrenia is caused by an over-production of dopamine in the brain, which results in too many messages being sent around the brain during a psychotic episode. **Anti-psychotics block the 'D2' dopamine receptors, which prevents dopamine binding with these receptors.**

By blocking the receptors with anti-psychotics, this **reduced transmission of messages in the brain will stop or reduce the psychotic episode** (a period of hallucinations and delusions).



### Psychotherapy: Cognitive Behavioural Therapy (CBT)

In CBT, patients may be taught to recognise examples of dysfunctional or delusional thinking, then may receive help on how to avoid acting on these thoughts.

To begin with, the therapist will meet with the patient to assess their needs and the severity of their symptoms. This will include:

- Describing delusions
- Laying out what they hope to achieve through the therapy.

Then therapist then wins the trust of the patient, so they can work together. This requires honesty, patience and unconditional acceptance.

The therapist will then try to deal with the patient's irrational thoughts. For example, someone with paranoid schizophrenia may think that when their friends are inviting them to do something, they are trying to lure them into a trap and harm them. The therapist could tackle these faulty beliefs by offering alternative explanations (e.g. their friends just want to see them), they could do this by challenging the patient's logic.

Patients may also be taught coping skills to help them manage their symptoms. These might include things as simple as turning up the TV to drown out the voices they were hearing!

**Example exam section (2018)**

**16 (a)** Identify the research method used in Tandoc et al.'s (2015) study into Facebook use and depression.

- A online surveys
- B postal surveys
- C questionnaires published in a magazine
- D street surveys

Your answer

**[1]**

**(b)** Identify the number of female participants in Tandoc et al.'s (2015) study, in which 68% of the 736 who chose to participate were female.

- A 480
- B 500
- C 520
- D 540

Your answer

**[1]**

**(c)** Identify **one** way Tandoc et al. (2015) measured envy.

- A using an agree / disagree rating scale
- B using multiple choice
- C using a number rating scale
- D using yes or no responses

Your answer

**[1]**

Raj loves playing football and recently applied to play for a professional team. He wasn't successful. Ever since, he has lost all interest in playing and is spending a lot of time in his bedroom alone. He says he is feeling tired even though he is sleeping more than normal. His mum is worried he may be depressed.

Using the source:

**(a)** Identify **two** clinical characteristics of depression that Raj is experiencing.

- 1 .....
- 2 ..... **[2]**

**(b)** Briefly outline how the Social Rank Theory can explain Raj's depression.

.....  
.....  
.....  
.....  
..... **[2]**

**18** Suggest **two** criticisms of the Social Rank Theory of Depression.

- 1 .....
- .....
- .....
- .....
- .....
- 2 .....
- .....
- .....
- ..... **[4]**





Question		Answer	Marks
16	(a)	A	1
	(b)	B	1
	(c)	C	1
17	(a)	1 mark for '(he has) lost all interest in playing'. 1 mark for 'tired even though he is sleeping more than normal'.	2
	(b)	1 mark for demonstrating an understanding of the Social Rank Theory of Depression. 1 mark for contextualising the explanation to the source.  For example: 'Social Rank Theory says that depression is the result of our inability to accept that we have not achieved our position of seniority [1] so Raj may be experiencing depression as he didn't get chosen for the football team.' [1]	2
18		For each criticism: 1 mark for the mere identification of a criticism of the Social Rank Theory of Depression. 1 further mark for an elaborated response explaining how or why the identified is a criticism.  For example: 'the Social Rank Theory is considered reductionist [1] as it does not consider individual differences in responses to loss' [1] or 'the Social Rank Theory is isolated to loss [1] and ignores depression that results from other life experiences such as illness' [1].	4

Question	Answer	Marks	Guidance
19	<p>AO1 description marks can be awarded for knowledge and understanding of: the biological explanation of schizophrenia and any other topic where neuropsychology is used to explain behaviour.</p> <p><b>AO1</b></p> <p><b>Level 3 (5-6 marks)</b> The response demonstrates a <b>thorough</b> knowledge and understanding of the limitations of using neuropsychology to explain human behaviour which is linked throughout to <b>both</b> the biological explanation of schizophrenia <b>and</b> at least one other topic which uses neuropsychology to explain a behaviour. This is done with accuracy and clarity. There is a well-developed line of reasoning which is clear and logically structured.</p> <p><b>Level 2 (3-4 marks)</b> The response demonstrates a <b>good</b> knowledge and understanding of the limitations of using neuropsychology to explain human behaviour which has some links to <b>both</b> the biological explanation of schizophrenia <b>and</b> at least one other topic which uses neuropsychology to explain a behaviour. This is done with accuracy. There is a line of reasoning presented with some structure. The information presented is in the most-part relevant and supported by some evidence.</p> <p><b>Level 1 (1-2 marks)</b> The response demonstrates only a <b>basic</b> knowledge and understanding of the limitations of using neuropsychology to explain human behaviour. Links to the biological explanation of schizophrenia and/or another topic which uses neuropsychology to explain a behaviour are vague/very weak. The information has some relevance and is presented with limited structure. The information is supported by limited evidence.</p>	13	<p><b>For AO1:</b> to be placed in Level 2 or above, the response must refer to <b>both</b> the biological explanation of schizophrenia <b>and</b> at least one other topic which uses neuropsychology to explain a behaviour.</p> <p><b>For AO3:</b> to be placed in Level 2 or above, the evaluation must refer to <b>both</b> the biological explanation of schizophrenia <b>and</b> at least one other topic which uses neuropsychology to explain a behaviour.</p>

		<p><b>0 marks</b> – No creditworthy response.</p> <p>AO3 marks for critical evaluation points relating to the completeness of neuropsychology in explaining human behaviour in relation to schizophrenia and at least one other topic. Most likely responses will include the Social Rank Theory.</p> <p><b>AO3</b></p> <p><b>Level 3 (5-7 marks)</b> There is a <b>thorough</b> evaluation which offers breadth and/or depth covering <b>both</b> the biological explanation of schizophrenia <b>and</b> at least one other topic which uses neuropsychology to explain a behaviour. Points are coherent and relevant and the response is developed in order to reach a substantiated judgement in response to the question.</p> <p><b>Level 2 (3-4 marks)</b></p> <p>There is a <b>good</b> evaluation which offers breadth and/or depth covering <b>both</b> the biological explanation of schizophrenia <b>and</b> at least one other topic which uses neuropsychology to explain a behaviour. Points may be brief but should still be relevant and used to reach a supported judgement in response to the question.</p> <p><b>Level 1 (1-2 marks)</b></p> <p>There may be some <b>basic</b> attempt at evaluation but it will be weak and consideration of other topics may be inaccurate. Judgements will be either unclear or absent.</p> <p><b>0 marks</b> – No creditworthy response.</p>		
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## HOMEWORKS

Homework	Pages	Due Date
<b>Key term revision:</b> Use your research methods resources to complete the key terms table	<b>28</b>	
<b>Essay:</b> Complete the essay question. The plan is optional.	<b>29-31</b>	
<b>Design a study:</b> Complete all the 'design a study' questions. You will need to use research methods resources to help with this.	<b>32-33</b>	
<b>Essay:</b> Complete the essay question. The plan is optional.	<b>34-36</b>	
<b>Essay:</b> Complete the essay question. The plan is optional.	<b>37-39</b>	
<b>Design a study:</b> Complete all the 'design a study' questions. You will need to use research methods resources to help with this.	<b>40-41</b>	

**EXTRA PAGES AT THE BACK**

## Homework 1: Key term revision

<b>Validity</b>		<b>Repeated measures design</b>	
<b>Ecological validity</b>		<b>Unstructured interview</b>	
<b>Construct validity</b>		<b>Secondary data</b>	
<b>Population validity</b>		<b>Primary data</b>	
<b>Reliability</b>		<b>Qualitative data</b>	
<b>Internal reliability</b>		<b>Extraneous variable</b>	
<b>External reliability</b>		<b>Non-participant observation</b>	
<b>Independent measures design</b>		<b>Overt observation</b>	
<b>Standardisation</b>		<b>Behavioural categories</b>	
<b>Third variable</b>		<b>Correlation</b>	

## Homework 2: Essay

Use your knowledge and understanding from across the psychology course to explain how far you agree with the following statement:

“Psychology should pay more attention to the idea of Free Will.”

In your answer, you should refer to Ellis’ ABC model of depression and at least one other area of psychology you have studied. [13]

<b>A01:</b> Outline of the debate/issue being discussed	
<b>A01:</b> Description of Theory/research study named in the question	
<b>A03:</b> Evaluation Point Explain in context Therefore/this means... (link back to the question)	
<b>A01:</b> Description of Theory/research study from a different area of psychology	
<b>A03:</b> Evaluation Point Explain in context Therefore/this means... (link back to the question)	
<b>Conclusion:</b> Make a reasoned judgement based on the arguments you have presented in your answer. Refer back to the question.	





### Homework 3: Design a study

You have been asked to carry out an experiment to see whether anti-depressants or CBT is a more effective treatment for depression.

Plan your investigation here:

1) Describe the experimental design you will use.

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[2]

2) Explain one strength of your choice.

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[2]

3) (a) State the dependent variable for your investigation.

Dependent variable.

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[1]

(b) Explain how you will measure your dependent variable in your investigation.

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[2]

4) Give one extraneous variable you will control in your study

\_\_\_\_\_ [1]

5) Explain how you would control the extraneous variable you have identified in Q3.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ [2]

6) Outline the procedure you will use in your study

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ [4]

4) State an alternative hypothesis for your investigation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ [2]

5) Describe one weakness of using an experiment in your investigation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ [2]

## Homework 4: Essay

Use your knowledge and understanding from across the psychology course to explain how far you agree with the following viewpoint:

‘Neuropsychology is of limited use when explaining human behaviour.’

In your answer, you should refer to the biological explanation of schizophrenia and at least one other topic where you have studied neuropsychology to explain a behaviour. [13]

<b>AO1:</b> Outline of the debate/issue being discussed	
<b>AO1:</b> Description of Theory/research study named in the question	
<b>AO3:</b> Evaluation Point Explain in context Therefore/this means... (link back to the question)	
<b>AO1:</b> Description of Theory/research study from a different area of psychology	
<b>AO3:</b> Evaluation Point Explain in context Therefore/this means... (link back to the question)	
<b>Conclusion:</b> Make a reasoned judgement based on the arguments you have presented in your answer. Refer back to the question.	





## Homework 5: Essay

Plan this essay (2018), you will complete it for homework:

Use your knowledge and understanding from across the psychology course to explain how far you agree with the following viewpoint:

‘Experiments are the most valid way of measuring human behaviour.’

In your answer, you should refer to Daniel et al.’s study into schizophrenia and at least one other topic you have studied. [13]

<b>AO1:</b> Outline of the debate/issue being discussed	
<b>AO1:</b> Description of Theory/research study named in the question	
<b>AO3:</b> Evaluation Point Explain in context Therefore/this means... (link back to the question)	
<b>AO1:</b> Description of Theory/research study from a different area of psychology	
<b>AO3:</b> Evaluation Point Explain in context Therefore/this means... (link back to the question)	
<b>Conclusion:</b> Make a reasoned judgement based on the arguments you have presented in your answer. Refer back to the question.	





## Homework 6: Design a study (2021)

You have been asked to carry out a **correlation** to investigate whether there is a relationship between how much exercise people do and how happy they are. The theory is that the more exercise people do, the happier they are.

Plan your investigation here:

1) Identify the **two** co-variables in your investigation.

1. \_\_\_\_\_
2. \_\_\_\_\_

[2]

2) Based on the theory you are investigating, give the direction of correlation you would predict.

Show your answer by ticking **one** of the boxes below.

[1]

Negative  Positive  Zero

3) Outline the procedure you will use in your study

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[3]

4) Identify one ethical issue that could arise in your investigation and briefly explain how you would deal with it.

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[3]

5) Outline **one** way you would avoid age bias in your investigation

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[2]

6) Name the type of graph you would use to present the results from your investigation

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[1]

7) Outline **one** way you would try to ensure your investigation is reliable

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[3]

8) Explain one weakness of using a correlation for this investigation.

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[3]



