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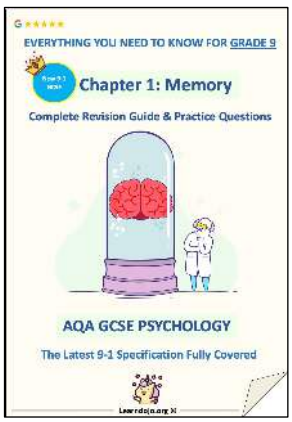

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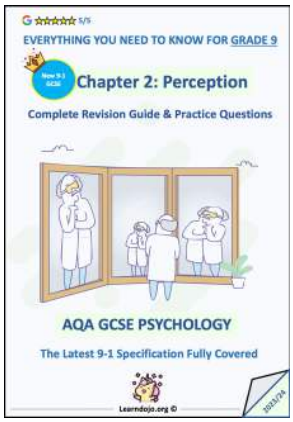

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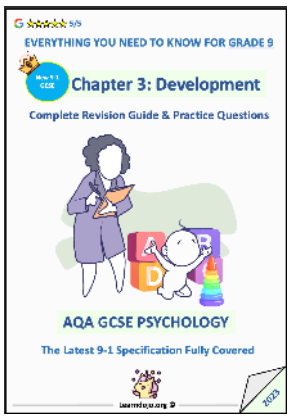

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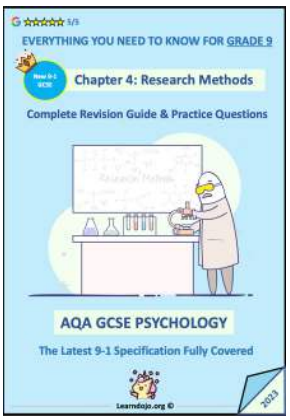

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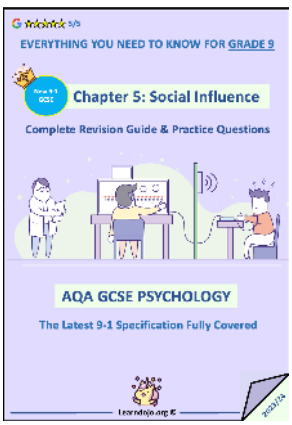

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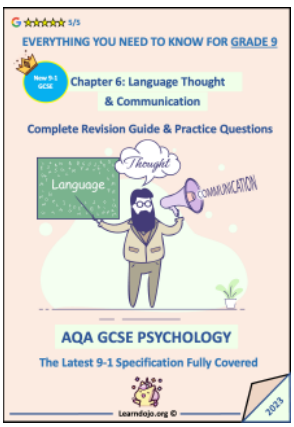

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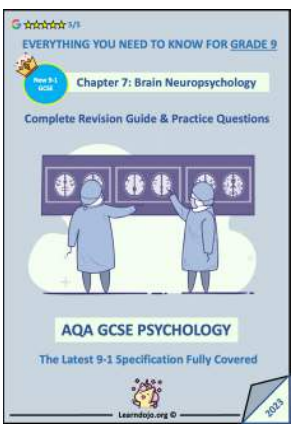

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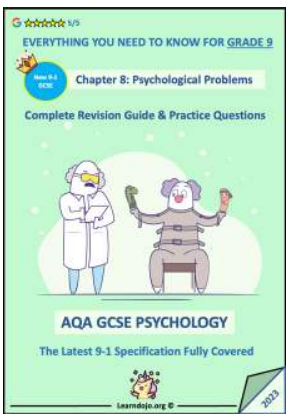

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This resource covers AQA GCSE Psychology and the **psychological problems topic**. Everything in this pack follows the specification exactly so it should provide you with everything you need to know to master this topic.

If you find an error or mistake, please do contact us and let us know.

If this resource pack is helpful, be sure to check out our other resources.

Useful links for this subject are also here:

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What the specification says you need to know for Brain Neuropsychology

Content	Additional Info
An introduction to mental health How the incidence of significant mental health problems changes over time	Characteristics of mental health, e.g. positive engagement with society, effective coping with challenges. Cultural variations in beliefs about mental health problems. Increased challenges of modern living, e.g. isolation. Increased recognition of the nature of mental health problems and lessening of social stigma.
Effects of significant mental health problems on individuals and society	Individual effects, e.g. damage to relationships, difficulties coping with day to day life, negative impact on physical wellbeing. Social effects, e.g. need for more social care, increased crime rates, implications for the economy.
Characteristics of clinical depression	Differences between unipolar depression, bipolar depression and sadness. The use of International Classification of Diseases in diagnosing unipolar depression: number and severity of symptoms including low mood, reduced energy levels, changes in sleep patterns and appetite levels, decrease in self-confidence.
Theories of depression Interventions or therapies for depression	Biological explanation (influence of nature): imbalance of neurotransmitters, e.g. serotonin in the brain. Psychological explanation (influence of nurture): negative schemas and attributions. Use of antidepressant medications. Cognitive behaviour therapy (CBT). How these improve mental health, reductionist and holistic perspectives. Wiles' study of the effectiveness of CBT.
Characteristics of addiction	The difference between addiction/dependence and substance misuse/abuse. The use of International Classification of Diseases in diagnosing addiction (dependence syndrome), including a strong desire to use substance(s) despite harmful consequences, difficulty in controlling use, a higher priority given to the substance(s) than to other activities or obligations.

Specification continued…

Content	Additional Info
Theories of addiction Interventions or therapies for addiction	Biological explanation (influence of nature): hereditary factors/genetic vulnerability. Kaij's twin study of alcohol abuse. Psychological explanation (influence of nurture): Peer influence. Aversion therapy. Self-management programmes, e.g. self-help groups, 12 step recovery programmes. How these improve mental health, reductionist and holistic perspectives.

Mental Health

We've covered everything you need to know For GCSE Psychology and the psychological problems chapter and broken this down in a more friendly way.

This first section under the heading of mental health covers an introduction to mental health as well as how the incidence of significant mental health problems changes over time.

The GCSE psychology specification says you need to learn the following:

- Characteristics of mental health, e.g. positive engagement with society, effective coping with challenges.
- Cultural variations in beliefs about mental health problems.
- Increased challenges of modern living, e.g. isolation.
- Increased recognition of the nature of mental health problems and lessening of social stigma.

Characteristics of Good Mental Health

Good mental health is more than simply not having a mental health problem. A person with good mental health will display some (not necessarily all) of these characteristics:

- Not being overcome by difficult feelings
- Able to have good relationships with other people
- Able to deal with disappointments and problems they face
- Able to cope with the stresses and demands of everyday life
- Being able to make decisions
- Being able to cope effectively with difficulties or challenges
- Positive engagement with society
- Functioning as part of society

When people suffer from mental health problems, these affect the way they think, feel and behave. There are many different types of mental health problems with some more common than others, such as depression and anxiety. Other mental health problems such as schizophrenia and bipolar disorder occur less often.

Mental health problems are diagnosed using two recognised ways:

- The World Health Organization's (WHO) International Classification of Diseases (ICD-10)
- The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

See Video On **Characteristics of Mental Health Problems**: https://youtu.be/FB49AezFJxs

Cultural Variations in Beliefs About Mental Health Problems

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Challenges of Modern Living and it's Effects on Mental Health

Research suggests that living in more populated (modern) areas can increase stress levels. Brain scans have shown that people who live in cities also have a more active amygdala compared to people living in less populated areas. One of the roles of the amygdala is responding to threats, which suggests a link to increased stress levels. Other factors such as loneliness and isolation can also contribute to mental health problems such as depression and anxiety.

A survey for the Mental Health Foundation found that one in ten people in the UK report feeling lonely and this is increasing amongst young people. Changes in the way people live may be a possible cause of increasing levels of loneliness. More people may also be living on their own away from family and friends due to the demands of work, family breakdown or simply people living longer.

The advancements of technology and social media have also changed how people interact. Although people can connect with one another all over the world, there are also concerns that such technology is replacing the need for face-to-face interaction. In the survey for the Mental Health Foundation, 18% of people reported that they thought they spent too much time communicating with family and friends online rather than in person.

Increased Recognition of Mental Health Problems

Although mental health problems have been recognised throughout history, they have been viewed as having various different causes.

For example, the current western understanding of biological and psychological causes began to develop during the nineteenth century when classification systems were first developed and psychiatry became a specific area within medicine. The twentieth century saw the development of psychoanalysis and the mid-twentieth saw drugs being increasingly common as a way of treating mental health problems.

The traditional explanations of mental health problems have focused on the supernatural and spiritual causes. Today, biological and psychological causes are more accepted however myths and misconceptions are still widespread, particularly in rural areas within developing countries.

As the biological and psychological nature of mental health problems become more recognised, this is likely to lead to increases in worldwide diagnosis rates as they subsequently seek medical and psychiatric treatment.

Reducing Social Stigma with Mental Health

The term “mental health” was first coined in the early twentieth century in an attempt to reduce the stigma associated with it by focusing on health, rather than illness.

Despite almost a hundred years later, being diagnosed with a mental health problem can still be hugely stigmatising. Recent findings in the National Attitudes to Mental Illness survey show that opinions are in the UK are changing. This could be attributed to various reasons including campaigns such as “Time to Change” as well as celebrities also speaking about their own personal experiences.

The World Health Organisation (WHO) views stigma and discrimination towards those suffering from mental health issues as one of the worlds most important health issues.

A possible explanation for increasing levels of diagnosis may be due to the lessening of social stigma attached to it thus people feel more confident in seeking treatment to address their issues.

The Effects of Mental Health Problems

The next section focuses on the Effects of significant mental health problems on individuals and society.

For this GCSE Psychology chapter of psychological problems, you need to know the following:

- Individual effects, e.g. damage to relationships, difficulties coping with day to day life, negative impact on physical wellbeing.
- Social effects, e.g. need for more social care, increased crime rates, implications for the economy.

The Effects of Mental Health Problems

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For this GCSE Psychology chapter of psychological problems, you need to know the following:

- Individual effects, e.g. damage to relationships, difficulties coping with day to day life, negative impact on physical wellbeing.
- Social effects, e.g. need for more social care, increased crime rates, implications for the economy.

The Effects of Mental Health Problems on Individuals

Mental health problems can result in people struggling to cope with everyday life. This may manifest itself through trouble sleeping, low energy levels and even poor concentration which can make work or education difficult.

If an individual develops a mental health problem earlier in life, this can stop them from finishing their education or training. People diagnosed with a mental health problem in the UK are four times more likely to also be out of work. Unemployment and low income can increase stress and anxiety levels and may well make mental health problems worse. Poor mental health can also have a detrimental effect on physical wellbeing.

For example, due to their mental health problem, they may find it difficult to follow treatment programmes. Individuals may feel anxious about the side effects of their medication, feel too depressed to attend appointments or also forget to take their medication due to concentration difficulties. The changes in appetite or side effects from medication can result in weight gain or weight loss, low energy and mood can also reduce exercise levels. Individuals with mental health problems also have higher rates of drug and alcohol abuse although it is difficult to fully establish cause and effect for this.

People with mental health problems can also see their relationships become damaged. Research suggests that around 50% of family members with someone with mental health problems also develop a disorder too. This may be because family members end up as carers which increases stress levels and leads to conflict. The effect on household income can also increase stress levels. Children may also subsequently be affected as they are not cared for adequately by parents who have mental health problems.

For example, some children may end up in the care system or become carers for their parents which places a huge amount of stress and anxiety on them. People with mental health problems may also become isolated due to the stigma of having a mental health problem and thus struggling to talk about their problems. This may lead to them withdrawing into themselves even further.

The Effects of Mental Health Problems on Society

One of the main social effects of mental health problems is the implication this has for the economy.

A study by WHO (World Health Organisation) found that in the UK, 15% of the cost of all health economic issues can be attributed to mental health problems. According to the Sainsbury Centre for mental health, over £15 billion pounds are lost every year due to decreased work productivity.

Although most individuals with mental health problems do not commit violent crimes, a significant portion of prisoners are found to suffer from mental health problems. A Ministry of Justice study found that 49% of females and 23% of males in prison were suffering from anxiety and depression. This is significantly higher when compared to the general population where 19% of females and 12% of males suffer from mental health issues. These findings suggest a link between mental health problems and crime or at least, a link between imprisonment and mental health problems.

The impact of mental health problems on society feeds through with increased social care costs. A person with mental health issues may require a variety of different needs being met to function. In a welfare state such as the UK, this can result in increased spending in areas such as the health system social housing and benefit payments to sufferers. This would then translate into high levels of tax for workers and businesses.

What Are The Clinical Characteristics Of Depression?

For this section of Psychological Problems and Clinical Characteristics of Clinical Depression, you need to know the following:

- The Differences between unipolar depression, bipolar depression and sadness.
- The use of International Classification of Diseases in diagnosing unipolar depression: number and severity of symptoms including low mood, reduced energy levels, changes in sleep patterns and appetite levels, decrease in self-confidence.

Before we try and look at the characteristics of depression, it is best to try to understand exactly what depression is.

Depression is classified as a mood disorder under DSM-IV-TR. Mood disorders include depressive disorder (depression) and bipolar disorder. While some people only suffer depression, others experience states of mania which alternate with their depression (bi-polar disorder). In its mildest form, depression can involve a person being in low spirits however in its most severe form, major depression can be life-threatening.

The Global Burden of Disease Project (Lopez et al 2006) established depression as first among the top 10 causes of worldwide disability.

See Video On Depression: https://youtu.be/z-IR48Mb3W0

What Are The Differences Between Unipolar Depression, Bipolar Depression and Sadness?

Depression is often linked with the main symptoms of sadness or general low mood which makes it difficult for people to distinguish the difference between them.

Sadness is a normal emotional reaction to certain situations or events, while depression occurs without any obvious trigger. Sadness may seem like it goes on for a long time however it is not a continuous feeling that lasts for weeks or months. Depression, on the other hand, affects every part of our daily lives and often does not get better without medical or therapeutic intervention.
Unipolar depression is also known as clinical depression or just depression. People suffering from unipolar depression have a continuous low mood and loss of enjoyment and energy. The word “uni” is derived from Latin and means “one”. This is used to define unipolar depression because someone experiencing this changes their mood only in one direction.

The medical term for bipolar depression is bipolar affective disorder and is also known as manic depression. The term “Bi” comes from Latin also and means “two”. It is described as such because someone with bipolar depression experiences two types of mood changes.

For example, although they may display depressive type symptoms involving low moods, they will also experience high moods known as mania. During these manic episodes, they may experience increased energy, feelings of extreme excitement and struggle to sleep, talk excessively or engage in risky or extreme behaviours.

How Do You Diagnose Unipolar Depression?

In order for a doctor to diagnose depression, they ask a number of standardised questions based on the diagnostic criteria set out in the ICD-10 or DSM-5. As some medical conditions have very similar symptoms to depression, a doctor may also do a physical examination as well as blood tests and urine tests.

The ICD-10 gives a number of possible symptoms for depression. The number and severity of symptoms an individual experiences determines whether a depressive episode is considered mild, moderate or severe. Symptoms would usually need to be continuously present for at least two weeks for a diagnosis of depression to be made.

The ICD-10 outlines the symptoms for a depressive episode as:

- Low Mood
- Reduced energy and activity levels
- Changes in sleep pattern
- Changes to appetite levels
- Decreased self-confidence
- Lack of interest and enjoyment
- Reduced concentration and focus
- Feelings of guilt and worthlessness
- Negative thoughts about the future
- Suicidal thoughts

Theories of Depression

This section of Psychological Problems chapter will focus on Theories of depression as well as interventions or therapies for depression.

For these two sections you will need to know the following:

- Biological explanation (influence of nature): imbalance of neurotransmitters, e.g. serotonin in the brain.
- Psychological explanation (influence of nurture): negative schemas and attributions.
- Use of antidepressant medications.
- Cognitive behaviour therapy (CBT).
- How these improve mental health, reductionist and holistic perspectives. Wiles' study of the effectiveness of CBT.

Research into the explanations of depression suggests that a mixture of biological, psychological and social causes can be attributed to its onset.

Each of these factors and the relationship between them is complex which is why it makes it difficult to determine a definitive cause for depression.

Biological Explanations for Depression

When we refer to “nature” we are talking about inherited biology and genetics.

One explanation for depression suggests it is nature (the genetics and biology of a person) which pre-determines whether a person may be likely to suffer from depression.
One biological explanation suggests an imbalance of neurotransmitters (chemicals) may be the cause. The brain uses neurotransmitters to communicate within itself and with the nervous system and body. These chemical messages are received and sent by the brain’s nerve cells (neurons). Neurons are communicating constantly with one another using neurotransmitters and this is very important for the brain to function properly. The two main neurotransmitters linked with depression are serotonin and norepinephrine.

Serotonin helps control a person’s biological functions such as sleep patterns, aggression levels, appetite and mood. Researchers have used PET scans to study the link between serotonin and depression, comparing people suffering from depression with those who are not. The levels of a serotonin receptor found in the hippocampus are measured. The hippocampus is part of the temporal lobe and is involved in the storing of memories and connecting them to our emotions. MRI scans have also found that people who are depressed also have a smaller hippocampus.

Norepinephrine is released during the fight and flight response and gets the body and brain ready for action. Autopsy studies conducted on people with depressive episodes have found they have fewer neurons that release norepinephrine.

Other research has found that in some people, low levels of serotonin may cause lower levels of norepinephrine. Research seems to suggest a link between neurotransmitters and depression however it is difficult to measure the actual levels within the brain. The brain is complex with many chemical reactions affecting mood and it is therefore unlikely an imbalance of one neurotransmitter can explain why depression occurs.

Psychological Explanations for Depression

When we refer to “nurture”, this refers to the life experiences and environment a person experiences which can affect them as they grow up.

One psychological explanation for depression is the cognitive explanation (cognitive theory). Cognitive theory is a psychological approach that proposes our thought processes determine our behaviour. The cognitive theory for depression proposes our behaviours and emotions are influenced by the way people explain the things that happen to them and the views they have about the world and themselves. The theory is based on the idea of Schemas, which were first introduced by Piaget. Schemas are based on our previous experiences and are developed and changed to fit new experiences and information. Having negative schemas have been linked to the development of depression.

For example, traumatic events in childhood may contribute to the development of negative schemas which affect the way people view themselves and the world.

People who have developed negative schemas are thought to perceive situations negatively to an exaggerated degree. For example, if something bad happens in their life, they may exaggerate how bad things are or will get when presented with such situations. The cumulative effects of this negative type of thinking and perception are applied to all aspects of their life and world. This is then believed to contribute to the onset of depression.

How Attributions Influence Depression

Attributions have also been linked to depression. Attributions are the way in which people explain the causes of behaviours and situations.

Two dimensions of attributions are internal-external and stable-unstable.

- With an internal attribution, people explain situations or behaviours as being caused by dispositional factors such as personality or ability.
- People with external attribution tendencies would explain situations or behaviours as being caused by situational factors, such as the weather or the economy.

People who make a stable attribution would explain situations or behaviours as being caused by factors that do not change i.e. gender. When people make an unstable attribution, they explain the behaviour or situation as being caused by factors that are temporary i.e. tiredness.
So a working example would be: Someone who fails an exam and believes they are not clever enough to pass or do anything about this would explain the failed exam as internal and stable.
However, someone who fails the exam and believes it is because they did insufficient revision or illness, would explain the failed exam as external and unstable.

Linking this back to depression, research has found that people who are more likely to be depressed have attributions that are internal and stable. People who have attributions that are external and unstable will see negative things as being caused by factors beyond their control and only temporary and thus less likely to be depressed.

Treatments For Depression

Antidepressants are drugs which are used to treat depression.

Antidepressants work by increasing the levels of the neurotransmitters such as serotonin and noradrenaline. There are over approximately 30 different types of antidepressants with the most commonly prescribed for the UK as being Serotonin Reuptake Inhibitors, also known as SSRIs. SSRIs stop the reuptake of serotonin. After a neurotransmitter has communicated its message to the neuron, the message needs to be prevented from being constantly communicated. To achieve this, the neuron reabsorbs the neurotransmitter it released. This process is called reuptake; stopping this reuptake process increases the levels of serotonin which contributes to the reduced effects of depression.

Antidepressants first became available in the 1950s and their usage as increased since then. Between 2000 and 2010, statistics show that the use of antidepressants has increased each year by 20 per cent. The UK has the fourth-highest level of antidepressant use in Europe with more than 50 million prescriptions written every year. Despite the high number of people being prescribed antidepressants, there are questions about exactly how effective they are. People generally report some improvement due to taking antidepressants and this is more apparent in cases of severe depression.

However, research suggests antidepressants are not as effective for people suffering from mild depression. The Royal College of Psychiatrists says 50-65% of people with depression who take antidepressants will show improvement. However, 25-30% of people will also report improvements when taking a placebo (fake pill). Research into the effectiveness of treating depressed children and adolescents with antidepressants concluded that almost all antidepressants show a similar effect to what is seen when a placebo is taken. Antidepressants also have a number of side effects including weight gain, insomnia, dry mouth or increased aggression and suicidal thoughts.

Treatments for depression: Cognitive Behaviour Therapy

Cognitive behaviour therapy (CBT) is based on cognitive theory and the assumption that our thought processes affect our behaviour and emotions. CBT is a "talking therapy" that looks to help people change their thinking patterns, such as negative schemas which may have developed. CBT tackles depression by getting people to focus on the "here and now" problems rather than those from the past or imagined ones. CBT sessions will attempt to get sufferers to identify their thought patterns and challenge them on how rational, logical or pragmatic (helpful) they are. CBT can be run by a therapist in one-to-one sessions or it can be run in groups. Wiles' effectiveness of CBT study (2013) showed positive results for the use of CBT in treating depression.

Wile's Study of the Effectiveness of CBT

Aim: The aim of the study was to investigate the effectiveness of cognitive behavioural therapy (CBT) in treating depressed people who did not show improvement from taking medication.

Study type: The study was a longitudinal field experiment carried out in the real-life environment of participants with limited control over extraneous variables. Participants lived in the UK and were aged between 18-75 years old. They had been taking antidepressants for at least 6 weeks with little or no improvement.

Method: Participants were randomly allocated to one of two groups. An experimental group of 234 participants were allocated to receive CBT as well as antidepressant medication along with other medical care for depressed patients. A control group of 235 participants were allocated to continue to take only antidepressants and normal medical care. The only significant difference between the two groups was the second group did not receive CBT. Participants in the CBT group received 12 individual one-hour sessions of CBT from a trained therapist with regular follow-ups.

Results: After 6 months, 90% of participants were followed up. Researchers found 46% of the group who received CBT showed a notable improvement in symptoms compared to only 22% of the control group. At the 12 month stage, the perceived improvements to the quality of life were found to be greater for participants who were receiving CBT.

Conclusion: When CBT is used in addition to antidepressants and normal medical care, it is an effective way of reducing the symptoms of depression for those people who do not respond well to antidepressants alone.

Evaluating Wile's CBT Study

Wiles CBT study showed that CBT could be an effective way of reducing symptoms of depression in people not responding to antidepressants. Although Wiles research showed CBT was effective. it also highlighted that antidepressants were effective, especially those with severe depression.

Other research conducted into the effectiveness of CBT saw participants take antidepressants, a placebo or CBT. After four months, people whose symptoms had improved after taking antidepressants either kept taking the medication or began taking a placebo. Participants who improved after having CBT were stopped from having regular sessions and were only allowed 3 follow-up sessions. Of the participants given a placebo, 76% relapsed and their symptoms returned. This is compared to only 31% of the participants who had CBT. This demonstrates CBT having a lasting effect that is not found with antidepressants.

Although almost half of the participants in Wiles' study showed improvement after having CBT, 54% of participants did not. The study was a longitudinal study that took place over a period of 12 months (1 year). 32% of participants did not attend all 12 sessions of CBT which lead to a decreased sample size making generalisations difficult. It may be that those who did not attend still had symptoms that would have greatly affected the results. Longitudinal studies such as this useful as they show the changes and effects over a period of time.

As the study was a field experiment, it is not possible to control for extraneous variables that may be influencing the results. It can be difficult for researchers to know for certain what factors contribute to improvement or detriment as they are exposed to a number of unknown variables as they go about their life.

There are some ethical concerns raised as the research meant some people suffering from depression were not able to receive appropriate care as they were in the control group that prevented CBT intervention.

Characteristics of Addiction

What the GCSE psychology specification says you need to learn for this section:

- The difference between addiction, dependence and substance misuse/abuse.
- The use of the International Classification (ICD) in diagnosing addiction (dependence syndrome), including a strong desire to use substances despite harmful consequences, difficulty in controlling use, a higher priority given to the substances than other activities or obligations.

The Differences Between Substance Misuse and Substance Abuse

A number of substances that have an addictive quality are used by people. Examples of such include caffeinated drinks such as coffee or energy drinks to even legal drugs such as alcohol, tobacco or pain killers. This may even include illegal drugs such as heroin, cocaine or even cannabis to name a few. Some substances are more addictive than others and more harmful however they can all be misused and abused. Substance misuse refers to using a substance for purposes or in amounts that may be harmful and different from the way the drug is meant to be used.

For example, a person misusing medication may not follow the instructions on its usage, perhaps taking more painkillers than they are meant to in an effort to address some pain they are experiencing. A common problem in the UK is the misuse of alcohol where people drink more than the recommended limits which exceed 14 units per week. Substance misuse may lead to substance abuse and even addiction if it is something that begins to happen on more than one occasion.

Substance abuse is when a person uses a substance is used in a way that will be harmful or dangerous for the user. Substance abuse can affect family members too and individuals may abuse substances so they can feel an altered state or as a coping mechanism to deal with difficult emotions. Abusing substances usually leads to side effects such as dependency and addiction.

The Differences Between Addiction and Dependence

Addiction has biological and behavioural effects on a person. Continued substance abuse causes biochemical changes in the brain as well as changes in behaviour. Using the substance becomes the main focus of the addicted individual, regardless of the harm they may cause to themselves or others. Addicts then need to "use" regularly in order to avoid the effects of withdrawal symptoms. A person can be dependent without necessarily being addicted however the two generally go hand in hand.

Dependence is a biological effect that is caused when a person repeatedly uses a substance. The body can then only function normally when the substance is present. If the substance is not present, the person may experience withdrawal symptoms which can include headaches, irritability, nausea, anxiety, tiredness and even trouble sleeping.

Diagnosing Dependence Syndrome

The actual medical term for addiction is dependence syndrome.
The ICD-10 describes this as when using a substance becomes more important than other behaviours and there is a strong and overwhelming need to take a substance. Dependence syndrome maybe for just one substance or it may be for a group of substances such as opioid drugs, alcohol or cannabis. The ICD-10 sets out criteria for diagnosis as the occurrence of three or more symptoms being present within the past year.

The symptoms identified in the ICD-10 for dependence syndrome are:

- A strong desire to use a substance despite harmful consequences.
- Difficulty in controlling use.
- A higher priority given to substance use than other activities or obligations.
- Experiencing withdrawal symptoms when substance use is reduced or stopped.
- Increased tolerance to the substance requiring increasingly larger amounts for the same effects to be experienced.

Theories of Addiction

Like most theories or explanations in psychology, we will focus on biological and psychological explanations.

- Biological explanations will focus on hereditary factors, genetic vulnerability and we will review Kaij's twin study of alcohol abuse.
- Psychological explanations will examine the role of peer influence in addiction.

A Biological Explanation for Addiction

Biological explanations for addiction suggest people may inherit a genetic vulnerability towards addiction.
This would then pre-dispose them as more likely to develop an addiction compared to others although this does not necessarily mean they will definitely become addicted (simply they have a higher chance when trying substances).

Evidence supporting genetic explanations for addiction comes from Kaij's twin study (1960) which is detailed below. Twin and adoption studies strongly suggest that addiction to alcohol, tobacco and drugs all have a hereditary element that is passed through genes. One issue with genetic explanations is there is thought to be hundreds to thousands of possible genetic variations involved with addiction.

Other factors such as environmental influences may still be involved in the development of addiction.

Research suggests environmental factors have a stronger effect on someone starting substance use while hereditary factors have a stronger effect on a persons likelihood of progressing from a regular user to an addict.

Kaij's Alcohol Abuse in Twins Study (1960)

Aim: The aim of the study was to see if hereditary factors influence the development of alcohol addiction.

Study type: The research was a case study which included questionnaires, interviews of twins and family members, psychological testing. Information was also gathered from birth records and a public register of alcohol abusers to identify participants for the study.

- A total of 174 pairs of participants were gathered.
- 48 of the pairs were identical twins (also known as monozygotic) and 126 pairs were non-identical twins (known as dizygotic).
- All the participants were male and born in southern Sweden after 1880.

Method: Using information gathered from the methods outlined, Kaij categorised each twin dependent on their level of alcohol usage. In total there were 5 categories ranging from not drinking at all to a chronic alcoholic.

Results: Kaij's results of the study found that 54% of identical twins were in the same category of alcohol use compared to only 28% of non-identical twins. Also, as the level of alcohol usage increased, there was a higher concordance rate between identical twins with 72% of chronic alcoholic twins being in the same category as their co-twin.

Conclusion: Kaij concluded that herediatry factors were involved in the levels of alcohol usage in alochol addiction.

Evaluating Kaij's Alcohol Abuse Study

- Kaij's study was important as it provided supporting evidence for hereditary factors being involved in alcohol addiction and levels of alcohol usage.
- Limitations however were that the information on alcohol usage was provided by the participant and family members which is largely subjective and difficult to verify. The information may be inaccurate for a number of reasons from wanting to please researchers (demand characteristics) to lying about levels of alcohol consumption to appear more socially desirable or acceptable.
- The study focused primarily on alcohol abuse and therefore could not be generalised to include addiction to other substances.
- The samples were limited because all the people involved were twins, male and Swedish. This means the findings can not be generalised to females, people who are not twins or even outside of Swedish nationals.
- The higher concordance rates between twins can just as easily be attributed to nurture and the environment. Twins may be treated in a very similar way by those around them as they appear identical and it is highly likely they are exposed to the same environmental influences (similar peer groups, friends and environment). This could be the actual cause rather than any biological link as the study suggests.

Psychological Explanations For Addiction

The influence of nurture provides possible psychological explanations for addiction.

For example, psychologists have studied the role of social influence and conformity and have found that we alter our behaviour due to social pressure and peer influence. People do this because they may wish to avoid rejection and also to feel part of a group with research indicating that age is a factor that affects conformity with young people being more likely to conform than older.

A report by the National Institute on Drug Abuse found that 90% of smokers in the united states reported starting smoking in their teens with many of them believing they were strongly influenced by seeing friends around them smoking.

Peer influence has also been found to be a key factor in the use of drugs during the teenage years. One study found that individuals who had friends who started ti use drugs were more likely to begin using them too. A key mitigating factor however was family members attitudes towards drug use. Another research study found that peer influence amongst teenagers also influenced them not to use drugs. Anti-alcohol views, particularly among popular members of their peer groups, had an influencing factor.

Evaluating Psychological Explanations for Addiction

A criticism that peer influence affects the development of addiction fails to take into consideration that people generally have the free will to choose which groups they wish to be a part of. Peoples personal thoughts and views on substances are likely to affect the peer groups they choose to join so it is therefore difficult to establish causes and effects between these two variables and conclude one causes the other.

While peer influence may have a role in influencing whether someone starts using substances, other factors such as genetics, mental health issues, personality, social and cultural norms, as well as environment and experiences of trauma may all play a mitigating role that needs to be considered. It is therefore difficult to say with certainty where one factor begins or ends in its role.

Therapies For Addiction

This section of the Psychological Problems chapter focuses on the following:

- Aversion therapy.
- Self-management programmes, eg self-help groups, 12 step recovery programmes.
- How these improve mental health, reductionist and holistic perspectives.

Aversion Therapy

One treatment for addiction is aversion therapy.

Aversion therapy attempts to help people stop their addictive behaviours by pairing the behaviour with some unpleasant stimuli (which results in unpleasant feelings). This results in them learning to connect the addictive behaviour with the unpleasant feeling instead of the enjoyable feelings they had previously associated with the behaviour i.e. feelings of being "high".

One way aversion therapy is implemented with addicts is through the affected individual taking some medication or substance that causes an unpleasant reaction when drugs, tobacco or alcohol are consumed. This is usually an emetic that causes vomiting. The emetic used with alcoholics is usually disulfra, (also known as Antabuse) and consuming alcohol after its consumption results in instant and severe hangover type symptoms even if small amounts of alcohol are consumed.

Another treatment of addiction is electrical aversion therapy which involves a safe but painful electrical shock that is given to the individual when they carry out the unwanted addictive behaviour. Research into aversion therapy shows it to be effective but only in the short term. When aversion therapy is combined with other support such as counselling or self-management programmes, it is seen to be the most effective. A major issue with aversion therapy is the unpleasant treatment people experience. Due to this, there is a high dropout rate but it also raises ethical concerns as individuals are harmed in various ways with unwanted stimuli.

- Aversion therapy is a reductionist approach because the therapy only deals with an individuals learned desire to use substances and doesn't consider other factors involved in addiction which can include biological, environmental or social factors.
- Aversion therapy is also focused on the 'here and now' aspect of the problem rather than problems of the past that may be contributing that have influenced or triggered the individual to resort to substances.

Self-Management Programmes

Self-management programmes are interventions designed to give addicts the help they need to manage their addictions. The programmes provide peer support, accountability and opportunities to develop greater self-awareness. The groups may be facilitated by a psychologist, therapist or relevant expert. Also referred to as “self-help” groups, they consist of people with a problem in common they all share and involve them sharing their experiences so they can gain support from others and see they are not alone in their problem. Members of the groups who are experienced can also provide a positive example to new members.

Two well-known groups are Alcoholics Anonymous (AA) and Narcotics Anonymous and consist of a 12-step recovery programme for addiction.

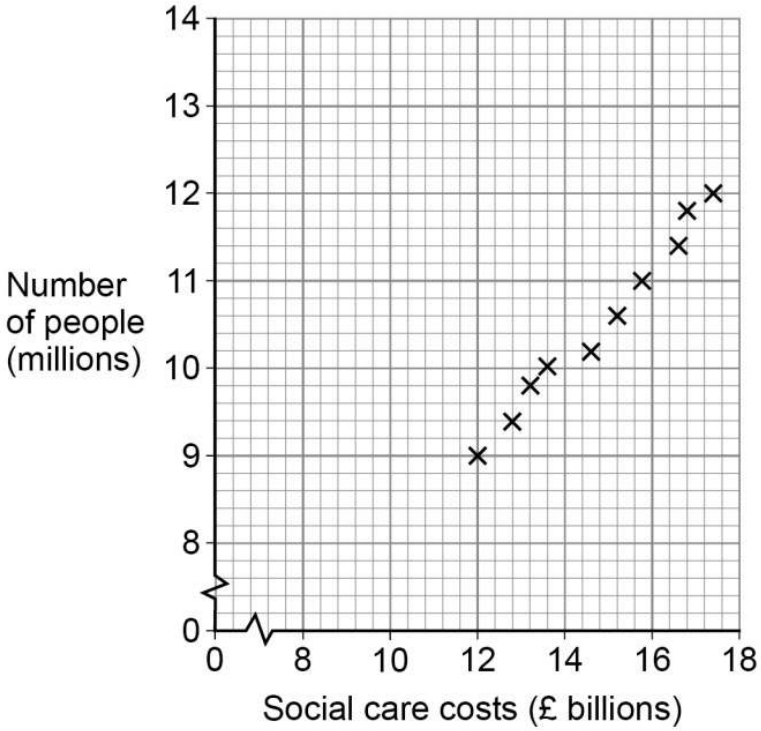
The 12-steps provide addicts with guidelines to help them move towards and through recovery. The 12-step programmes have a strong spiritual element, but they allow for a personal understanding of God rather than any set religious beliefs. Research has found non-religious people have found the programme helpful however people who have no belief in a god at all are less likely to continue this treatment. The programme also provides a 12-step programme without the religious or spiritual component underpinning it.
Studies into the effectiveness of self-management programmes are difficult to compile because of the need to allow group members anonymity. Also, control groups cannot be used for ethical and methodological reasons.

- However, research available has found these programmes have similar success rates to other treatments and are most effective for those who attend regularly and for longer periods of time. Self-management programmes are a holistic approach to dealing with the addiction as they help people deal with other factors involved in their addiction too such as environmental and social factors. They also provide an opportunity for individuals to explore issues from the past, present and future that may contribute to their addiction.

Past Paper Questions 2021

A researcher wanted to find out if there was any relationship between the number of people diagnosed with significant mental health conditions and the amount of money needed to pay for social care costs. He looked at the statistics published by the Office of National Statistics for the past 10 years. The scatter graph in **Figure 1** shows the results of his research.

Figure 1: The annual number of people diagnosed with significant mental health conditions and the amount of money needed to pay for social care costs for each of the past 10 years.



1) Identify the type of correlation the researcher found.

Circle **one** answer only.

a) Negative correlation

b) No correlation

c) Positive correlation

d) Weak correlation

2) State whether the data collected by the researcher was primary or secondary.

Explain your answer.

[2 marks]

3) Outline **two** weaknesses of correlations

[4 marks]

Read the following conversation.

Two people were talking about how they felt during the long summer holiday between sitting their GCSE exams and starting year 12.

Fareed: I quite enjoyed the extra time at home, but I did miss seeing my friends each day.

Noah: I didn't enjoy it at all – I found it tough to get out of bed in the morning and I almost never laughed. I felt so bad about myself that I came off social media.

4) According to the International Classification of Diseases, which **three** symptoms of unipolar depression was Noah experiencing?

[3 marks]

5) Describe **one** difference between unipolar depression and bipolar depression

[2 marks]

6) Evaluate **one** study that has investigated whether or not hereditary factors are a possible explanation for alcohol abuse.

[4 marks]

7) You have been asked to research the effectiveness of self-management programmes as an intervention for addiction.

Explain how you would use interviews to do this research.

You need to include the following information in your answer:

- who your target population would be
- what your sampling method would be **and** how you would select your sample using this method
- an appropriate interview question you could use in your research.

[4 marks]

8) Anonymity means that a person cannot be identified and the information they share cannot be connected to them. Self-management programmes for addiction usually allow the people who attend them to be anonymous.

People often do not want to take part in research if their identity is going to be revealed.

Identify an appropriate way of dealing with the ethical issue of anonymity in the research you described in the previous question.

[1 mark]

Anonymity means that a person cannot be identified and the information they share cannot be connected to them. Self-management programmes for addiction usually allow the people who attend them to be anonymous.

People often do not want to take part in research if their identity is going to be revealed.

9) Identify an appropriate way of dealing with the ethical issue of anonymity in the research you described in the previous question.

[1 mark]

10) Evaluate self-management programmes as an intervention for addiction.

[4 marks]

Past Paper Questions 2021

Read the following article:

Effects of significant mental health problems

A report looking at the effects of significant mental health problems has been published today. The report suggests that one of the most worrying effects is the negative impact on the physical well-being of people with mental health problems. Not only can this increase the number of visits made to doctors and other healthcare professionals, it can also decrease productivity due to people missing work. The report also looks at other effects, such as the higher costs of policing due to increases in crime rates and the damage caused to relationships.

The article gives a number of examples of effects of significant mental health problems.

11) Identify **two** examples of effects on individuals and **two** examples of effects on society that the article refers to.

Write your answers in the correct boxes on the following page.

[4 marks]

Effects on individuals	Effects on society

12) The number of people with significant mental health problems has changed over time.

Use your knowledge of psychology to suggest **two** reasons for this change.

[2 marks]

1.

2.

Researchers used an online questionnaire to investigate a possible link between the amount of time spent on social media and depression. Only people who regularly spend at least nine hours a day on social media were asked to complete the questionnaire. Fifty questionnaires were completed and returned.

One of the questions asked participants if they thought that their sleep patterns were affected by spending time on social media. **Table 3** shows the results.

Table 3 Responses of participants to the question: 'Do you think your sleep patterns are affected by the amount of time you spend on social media sites?'

Response 1 – YES	Response 2 – NO
28	22

13) Calculate the percentage of participants who said their sleep patterns were affected.

Show your workings.

[2 marks]

= _____%

Changes in sleep patterns is listed in the International Classification of Diseases (ICD) as a symptom of unipolar depression.

14) Identify **two other** symptoms of unipolar depression listed in the ICD.

[2 marks]

1.

2.

The researchers used **opportunity sampling** to select the participants who answered the questionnaire.

15) Explain **one weakness** of using opportunity sampling in psychological research.

[2 marks]

16) Briefly **evaluate** the use of antidepressant medications as an intervention for depression.

[3 marks]

17) One characteristic of addiction is dependence.

What is meant by dependence?

[2 marks]

Read the following conversation.

Two people were having a conversation about why they started smoking cigarette's when they were teenagers.

David: 'I started smoking because most of my family did.'

Georgie: 'I started smoking because my best friends did and so did some of my favourite celebrities.'

18) Use your knowledge of theories of addiction to suggest why **both** David and Georgie started smoking. Use the conversation to explain your answer.

[5 marks]

19) Identify **one** intervention **or** therapy for addiction that could be viewed as holistic.

Explain your answer.

[3 marks]

Kaij carried out a study into genetic vulnerability and alcohol abuse.

20) Identify the target population from which Kaij selected his sample of participants.

Circle **one** answer.

[1 mark]

a) Identical male twins from Sweden

b) Male twins from Sweden

c) Swedish males who drink

d) Twins from Sweden

21) Which of the following methods for collecting data was used by Kaij in his study?

Circle **one** answer.

[1 mark]

a) Field experiment

b) Interviews

c) Laboratory experiment

d) Observation study

Read the following article:

Psychologists believe that social media can make us feel lonely!

Researchers claim they have discovered that spending more time on social media sites can actually make us feel less connected to other people. This increases our sense of isolation. Researchers say that this is having a negative effect on our mental health and could be damaging to our relationships. It may also have a negative effect on our physical wellbeing and lead to an increased need for social care.

22) Identify **one** characteristic of mental health

[1 mark]

23) Briefly explain how significant mental health problems can affect **both** individuals **and** society. Refer to the article in your answer.

[4 marks]

24) Identify **one** intervention or therapy for depression.

[1 mark]

25) Evaluate the intervention or therapy for depression that you have identified in your answer to the previous question.

[4 marks]

A researcher is going to carry out a questionnaire to find out if university students are addicted to harmful substances. All the students have been given full details about the study and have consented to take part.

26) Use your knowledge of psychology to:

- write **one** appropriate question that the researcher could ask the university students
- identify **one** ethical issue, apart from informed consent, that the researcher needs to address in this study. Explain how he could deal with the issue you identify.

[4 marks]

Question:
Ethical issue:

27) Use your knowledge of psychology to discuss peer influence **and** conformity to majority influence as possible explanations for addictive behaviours.

[9 marks]

Revision Timetable	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	Subject or topic
9am								
10am								
11am								
12pm								
1pm								
2pm								
3pm								
4pm								
5pm								
6pm								
7pm								
8pm								

The Legal Stuff

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