

A-Level Psychology

Core Topics · Key Studies

AQA Psychology (7182)

Key Studies

40 entries

The named studies, theories and explanations you must be able to quote across AQA's four compulsory Year 1 topics - Social Influence, Memory, Attachment and Psychopathology. Each entry gives the essentials (aim, method, findings, conclusion) plus a quick strength and limitation ready to drop into a 16-mark answer.

Social Influence

Asch (1951) - Conformity to a majority

Aim: to test whether people conform to an obviously wrong majority on an unambiguous task. **Method:** lab experiment; 123 male US students judged which of three comparison lines matched a standard line while sitting with 6-8 confederates who gave the same wrong answer on 12 of 18 critical trials. **Findings:** the genuine participant conformed on 36.8 percent of critical trials and about 75 percent conformed at least once; only 25 percent never conformed. In interviews most cited normative pressure - they knew the answer was wrong but went along to avoid disapproval. **Conclusion:** majority influence produces conformity even on a clear, factual task, largely through fear of rejection. **Evaluation:** + highly standardised and replicable, isolating group size, unanimity and task difficulty as variables; - low ecological validity (a trivial line task), a biased androcentric and culturally specific sample, and possible demand characteristics weaken generalisability.

Asch variations - Group size, unanimity, task difficulty

Aim: to identify which variables raise or lower conformity. **Method:** systematic variations of the baseline procedure. **Findings:** conformity rose with group size up to about three confederates then levelled off; a single dissenting confederate (breaking unanimity) cut conformity by around three quarters even if the ally gave a different wrong answer; making the lines more similar (greater task difficulty) increased conformity, suggesting informational influence when the answer is uncertain. **Conclusion:** conformity depends on the size and unanimity of the majority and on how ambiguous the task is. **Evaluation:** + isolating one variable at a time gives clear cause-and-effect evidence; - the artificial setting means the percentages may not transfer to real-world conformity pressures.

Conformity to social roles - Zimbardo (1973) Stanford Prison

Aim: to test whether brutality in prisons is due to situational roles rather than dispositional factors. **Method:** 24 screened, stable male volunteers were randomly assigned guard or prisoner in a mock prison; prisoners were arrested at home, deindividuated with smocks and numbers, while guards wore uniforms and mirrored glasses. **Findings:** guards quickly grew abusive and prisoners passive and distressed; the study was stopped after six of a planned fourteen days as participants conformed strongly to their roles. **Conclusion:** people readily conform to social roles, and situational forces can override disposition. **Evaluation:** + control over selection (emotionally stable volunteers) supports the situational interpretation; - serious ethical issues (harm, unclear right to withdraw) and demand characteristics, since only about a third of guards were consistently brutal, challenge the conclusion.

Obedience - Milgram (1963)

Aim: to test how far ordinary people obey an authority figure who orders them to harm another.
Method: 40 male volunteers acting as 'teacher' were ordered by an experimenter to give a confederate 'learner' increasing fake shocks to 450 volts, with four standardised prods.
Findings: 65 percent continued to the full 450 volts and all reached at least 300 volts, despite visible distress (sweating, trembling). **Conclusion:** ordinary people will obey destructive orders from a legitimate authority - situational pressure, not evil personalities, drives obedience.
Evaluation: + standardised and replicable, with supporting field evidence (Hofling, Bickman); - low internal validity if participants saw through the set-up (Orne and Holland), plus deception and lack of a clear right to withdraw.

Situational variables in obedience - Milgram variations

Aim: to identify situational factors affecting obedience. **Method:** proximity, location and uniform were varied. **Findings:** obedience fell to 40 percent when teacher and learner were in the same room and to 30 percent in the touch-proximity condition; it dropped to 47.5 percent in a run-down office rather than Yale; and when the experimenter was replaced by an ordinary man in everyday clothes it fell to 20 percent. **Conclusion:** proximity, the legitimacy of the setting and the uniform of authority all shape obedience. **Evaluation:** + cross-cultural replications (e.g. Miranda in Spain) support the variables; - the artificial task and possible demand characteristics limit how far the findings explain real atrocities.

Explanations for obedience - Agentic state and legitimacy of authority

Theory: Milgram argued obedience occurs when a person enters the agentic state - acting as an instrument for an authority figure and shifting responsibility upward - rather than the autonomous state where they feel personally responsible. Moral strain signals the shift. People obey those with legitimate authority granted by an agreed social hierarchy, and destructive authority can exploit this. **Support:** Blass and Schmitt found observers blamed the experimenter (legitimate authority) for harm, supporting agency; cross-cultural variation in obedience rates supports legitimacy. **Evaluation:** + explains why obedience persists even under distress and accounts for real-world atrocities such as My Lai; - the agentic shift cannot explain why some participants disobeyed in identical conditions, and offers a limited, partial account that ignores disposition.

Dispositional explanation - The Authoritarian Personality (Adorno 1950)

Aim: to test whether obedience stems from a personality type formed by harsh parenting. **Method:** over 2,000 mostly white middle-class Americans completed the F-scale (potential for fascism) plus interviews on childhood and attitudes. **Findings:** high scorers were obedient to authority, hostile to those of lower status, rigid in thinking and reported strict, punitive upbringing; they showed scapegoating of out-groups. **Conclusion:** a dispositional authoritarian personality, rooted in childhood, predisposes some people to obedience and prejudice. **Evaluation:** + Elms and Milgram found highly obedient participants scored higher on the F-scale, supporting the link; - correlational data cannot show upbringing causes obedience, the F-scale suffers acquiescence and researcher bias, and it cannot explain whole-society obedience.

Resistance to social influence - Social support and locus of control

Concept: resistance is aided by social support (a dissenting ally breaks the unanimity of the majority and models independence, as in Asch's ally and Milgram's disobedient confederate condition where obedience fell to 10 percent) and by an internal locus of control (LOC) - believing you control your own outcomes, so you take responsibility and resist pressure. **Support:** Holland found internals were more likely to resist obedience in a Milgram-type task; Allen and Levine showed even invalid social support reduced conformity. **Evaluation:** + research evidence supports both routes to resistance, with real-world value for promoting independence; - the LOC link is overstated, only applying to new situations, and resistance is also shaped by morality and situation, so LOC is not the whole story.

**Minority influence -
Moscovici (1969) and
conversion**

Aim: to test whether a consistent minority can influence a majority. **Method:** groups of six (four naive, two confederates) judged the colour of unambiguous blue slides; the minority called them green either consistently (every trial) or inconsistently. **Findings:** in the consistent condition the majority agreed with the wrong minority answer on 8.4 percent of trials and 32 percent did so at least once; inconsistency produced almost no influence. **Conclusion:** minorities exert influence through consistency, which makes the majority reconsider and can lead to internalised, private change (conversion). **Evaluation:** + supports the roles of consistency, commitment (the augmentation principle) and flexibility, and explains social change; - the artificial colour task lacks realism and the biased female sample limits generalisability.

**Social change through
minority influence**

Process: social change occurs when a consistent, committed and flexible minority draws attention to an issue, creating cognitive conflict; deeper processing leads to gradual conversion (the snowball effect), and once the minority view becomes the majority, social cryptomnesia means people forget where the idea began. Conformity research aids change via normative messages (e.g. correcting misperceptions of what most people do). **Example:** the suffragettes and civil-rights movement show consistency, commitment and the augmentation principle in action. **Evaluation:** + research support from Moscovici and Nemeth shows minorities provoke deeper, divergent thinking; - social change through minorities is usually very slow and indirect, and being seen as 'deviant' can limit a minority's influence.

Memory**The multi-store model -
Atkinson and Shiffrin
(1968)**

Theory: memory has three unitary stores - sensory register, short-term memory (STM) and long-term memory (LTM) - differing in coding, capacity and duration. Information passes from the sensory register to STM through attention and is transferred to LTM through maintenance rehearsal; without rehearsal it decays or is displaced. **Support:** serial position effects (primacy and recency) and brain-damage cases such as HM (intact LTM for old memories, impaired transfer to LTM) point to separate stores; Glanzer and Cunitz showed an interference task removed only the recency effect. **Evaluation:** + double dissociation from case studies supports separate STM and LTM; - the stores are not unitary (working memory shows STM has parts), and rehearsal alone does not explain transfer to LTM (deeper processing matters), so the model is oversimplified.

**Coding, capacity and
duration - Baddeley,
Jacobs, Miller, Peterson**

Coding (Baddeley 1966): participants recalled acoustically similar words worse immediately (STM is mainly acoustic) but semantically similar words worse after 20 minutes (LTM is mainly semantic). **Capacity:** Jacobs' digit-span task gave a mean STM span of about 9.3 digits and 7.3 letters; Miller proposed 7 plus or minus 2 items, extendable by chunking. **Duration:** Bahrick found LTM for classmates' names lasted up to 47 years (very long), while STM is brief. **Conclusion:** STM and LTM differ systematically in coding, capacity and duration, supporting separate stores. **Evaluation:** + tightly controlled lab methods give reliable, replicable measures; - artificial stimuli (digits, consonant trigrams) lack ecological validity, so the figures may underestimate everyday memory.

**Duration of STM -
Peterson and Peterson
(1959)**

Aim: to measure the duration of STM without rehearsal. **Method:** lab experiment; 24 students recalled consonant trigrams (e.g. THX) after counting backwards in threes (to prevent rehearsal) for retention intervals of 3 to 18 seconds. **Findings:** recall fell sharply - about 80 percent correct after 3 seconds but under 10 percent after 18 seconds. **Conclusion:** STM has a very short duration of roughly 18-30 seconds when rehearsal is prevented, supporting a separate, fragile STM store. **Evaluation:** + standardised and easily replicated, giving reliable results; - meaningless trigrams lack mundane realism and recall failure may reflect displacement by the counting task rather than decay, so it lacks validity.

Types of LTM - Tulving (1985)	Theory: Tulving argued LTM is not unitary but has three stores. Episodic memory stores personal events ('time-stamped', conscious recall, e.g. a recent meal). Semantic memory stores knowledge and facts about the world (less personal, less time-stamped). Procedural memory stores skills and actions performed without conscious effort (e.g. riding a bike). Support: case studies HM and Clive Wearing had badly impaired episodic memory but largely intact semantic and procedural memory; brain scans show episodic and semantic memories are associated with different regions (prefrontal cortex), supporting separate stores. Evaluation: + clinical and neuroimaging evidence backs the distinction, with real-world value for targeting memory therapies; - case studies lack control of variables and some argue episodic and semantic memory should be combined, so the categories may not be fully distinct.
The working memory model - Baddeley and Hitch (1974)	Theory: STM is an active system of components. The central executive (limited capacity, modality-free) directs attention and allocates tasks to slave systems. The phonological loop deals with auditory information (phonological store plus articulatory process). The visuo-spatial sketchpad handles visual and spatial data (visual cache plus inner scribe). Baddeley later added the episodic buffer (2000), a general store integrating information across the systems. Support: dual-task studies show two tasks using the same component interfere but two different ones do not; KF had impaired auditory but intact visual STM, supporting separate stores. Evaluation: + strong dual-task and case-study evidence and an explanation of STM detail the multi-store model lacks; - the central executive is vague and hard to measure, weakening the model's explanatory power.
Explanations for forgetting - Interference theory	Theory: forgetting in LTM occurs because memories disrupt one another, especially when similar. Proactive interference: old learning blocks new (e.g. an old phone number intrudes). Retroactive interference: new learning blocks old. Support: McGeoch and McDonald found recall was worst when a second list of synonyms was learned (greatest similarity), showing similarity increases interference; Baddeley and Hitch found rugby players forgot more matches when they had played more games in between (time held constant), supporting real-world interference. Evaluation: + controlled lab and field evidence supports interference effects; - it mainly explains forgetting only when memories are similar, the artificial word-list tasks lack validity, and cues can restore 'lost' memories, suggesting availability is intact (favouring retrieval failure).
Explanations for forgetting - Retrieval failure and cues	Theory: forgetting happens because cues present at encoding are absent at recall (the encoding specificity principle). Context-dependent forgetting (Godden and Baddeley 1975): divers who learned and recalled words in matching environments (land/water) recalled about 40 percent more than in mismatched ones. State-dependent forgetting (Carter and Cassaday 1998): recall was worse when internal state (e.g. drowsy from antihistamines) differed between learning and recall. Conclusion: memories are available but not accessible without the right cue. Evaluation: + strong supporting evidence with real applications (e.g. context reinstatement in the cognitive interview); - cues may not work for complex meaningful material, and the encoding specificity principle risks being unfalsifiable.
EWT and misleading information - Loftus and Palmer (1974)	Aim: to test whether leading questions distort eyewitness memory. Method: Experiment 1 - 45 students watched car-crash clips and estimated speed when asked 'how fast were the cars going when they [hit/smashed/collided/bumped/contacted]?' Experiment 2 - participants were later asked whether they saw broken glass (there was none). Findings: 'smashed' gave a mean of 40.5 mph versus 31.8 mph for 'contacted'; in Experiment 2, those given 'smashed' were more than twice as likely to report (false) broken glass. Conclusion: the wording of a leading question distorts recall via response bias and substitution, showing memory is reconstructive. Evaluation: + controlled lab procedure isolating the question variable, with real-world reform value; - watching a clip lacks the emotion of a real crash and a student sample may be inexperienced, so it may overstate distortion.

**EWT and anxiety -
Johnson and Scott;
Yuille and Cutshall**

Concept: anxiety can reduce or improve EWT accuracy. **Weapon focus (Johnson and Scott 1976):** witnesses to a man holding a bloodied knife identified him correctly only 33 percent of the time versus 49 percent when he held a pen, suggesting anxiety narrows attention onto the weapon. **Positive effect (Yuille and Cutshall 1986):** real witnesses to a shooting were accurate and resistant to misleading questions five months later, suggesting high anxiety in a real event can aid recall. **Resolution:** the Yerkes-Dodson inverted-U law - moderate anxiety improves recall but very low or very high anxiety impairs it. **Evaluation:** + field studies support the positive effect, raising validity; - weapon focus may reflect surprise rather than anxiety (Pickel), and the inverted-U is hard to test as anxiety is multidimensional.

**Improving EWT - The
cognitive interview
(Fisher and Geiselman
1987)**

Technique: a police interview based on memory theory with four parts - **report everything** (even trivial detail), **reinstate the context** (mentally return to the scene, using cues), **reverse the order** (recall events in different sequences to reduce expectation), and **change perspective** (recall from another viewpoint). The enhanced version (ECI) adds rapport and minimal interruption. **Support:** Kohnken's meta-analysis found a 34 percent increase in correct information from the CI versus standard interviews. **Evaluation:** + meta-analytic evidence shows it boosts accurate recall, with practical value for justice; - it also increases incorrect details, it is time-consuming and hard to train, and not all four elements are equally effective (context reinstatement and report everything are strongest).

Attachment

**Caregiver-infant
interactions - Reciprocity
and interactional
synchrony**

Concept: early attachment forms through coordinated interaction. **Reciprocity** is a turn-taking, two-way 'conversation' where caregiver and infant respond to each other's signals (Brazelton described an 'alert phase'). **Interactional synchrony** is when caregiver and infant mirror actions and emotions in a coordinated, simultaneous way. **Support (Meltzoff and Moore 1977):** infants as young as two to three weeks imitated adult facial and hand gestures more than chance, suggesting synchrony is innate. **Importance:** Isabella et al. found higher synchrony predicted better-quality attachment. **Evaluation:** + controlled, filmed observations (judged blind) give reliable, replicable data and the babies are not aware of being watched; - it is hard to know what an infant's imitation means (intentional or not), and observing behaviour does not show its developmental purpose.

**Stages of attachment -
Schaffer and Emerson
(1964)**

Aim: to identify stages in the development of attachment. **Method:** longitudinal observation of 60 Glasgow babies and their mothers studied monthly for the first year and again at 18 months; attachment was measured via separation and stranger anxiety reported by mothers. **Findings:** attachments developed in stages - asocial (0-6 weeks), indiscriminate (6 weeks to 7 months), specific attachment (around 7 months, to one main caregiver), and multiple attachments (soon after). By one year most infants had multiple attachments; the primary attachment was to the most responsive caregiver, not always the one present most. **Conclusion:** attachment develops in a fixed sequence driven by sensitive responsiveness. **Evaluation:** + high external validity (everyday home setting) and a longitudinal design avoiding individual differences; - the asocial stage relies on unreliable mother reports and the sample was biased (working-class Glasgow, 1960s), limiting generalisability.

Role of the father

Concept: fathers can be attachment figures but research suggests a distinctive role. Schaffer and Emerson found most infants attached to the mother first and to the father later (by 18 months 75 percent had attached to the father). Grossmann (2002) found the quality of fathers' play, not their sensitivity, predicted later attachment, suggesting fathers have a role in stimulation and play rather than nurturing. **However**, when fathers are the primary caregiver they can adopt nurturing, mother-like behaviours (Field 1978 - primary-caregiver fathers showed more smiling and holding), suggesting the role is flexible. **Evaluation:** + real-world value in advising parents and reducing stereotypes; - findings are inconsistent (different research questions) and may reflect social or biological expectations (e.g. lower oestrogen) rather than a fixed paternal role.

Animal studies - Lorenz (1935) imprinting	Aim: to investigate imprinting in goslings. Method: Lorenz divided goose eggs - half hatched with the natural mother, half in an incubator where the first moving thing they saw was Lorenz. Findings: the incubator group imprinted on Lorenz and followed him everywhere, while the control followed the mother; imprinting occurred only within a critical period (a few hours to days) and was irreversible. He also noted sexual imprinting, where birds later courted the species/object they had imprinted on. Conclusion: imprinting is an innate, rapid form of attachment fixed within a critical window. Evaluation: + supported by later research on imprinting and influenced Bowlby's critical-period idea; - findings on birds may not generalise to the more complex, emotional attachments of mammals, and some imprinting effects have been shown to be reversible.
Animal studies - Harlow (1958) contact comfort	Aim: to test whether attachment is based on food or comfort. Method: infant rhesus monkeys were raised with two wire 'mothers' - one bare wire dispensing milk and one cloth-covered without milk. Time spent with each and behaviour when frightened were recorded. Findings: monkeys spent most time clinging to the cloth mother and went to her for comfort when frightened, only using the wire mother to feed; maternally deprived monkeys grew up socially and sexually abnormal and were poor mothers themselves, effects worst if deprived beyond about 90 days. Conclusion: attachment is based on contact comfort, not food, and there is a critical period for normal development. Evaluation: + important real-world value for understanding child care and animal welfare; - severe ethical issues (lasting harm) and the question of generalising monkey findings to humans.
Learning theory of attachment - 'Cupboard love'	Theory: behaviourists argue attachment is learned. Classical conditioning: food (UCS) produces pleasure (UCR); the caregiver (NS) becomes associated with food and becomes a conditioned stimulus producing pleasure, forming attachment. Operant conditioning: crying brings food, which is rewarding (positive reinforcement) and removes discomfort (negative reinforcement of the caregiver too); food is the primary reinforcer and the caregiver a secondary reinforcer. Evaluation: - undermined by Harlow (monkeys attached to the comfort mother, not the feeding one) and Schaffer and Emerson (infants often attached to the most responsive caregiver, not the one who fed them), showing attachment is not based on food; + conditioning and reinforcement may still play some role, and a more credible learning account focuses on the reinforcing nature of attention and responsiveness rather than food alone.
Bowlby's monotropic theory	Theory: attachment is innate and adaptive (it aids survival). Bowlby proposed monotropy - one special, primary attachment that is most important; the more time with this figure the better (law of continuity and accumulated separation). Social releasers (smiling, cooing) are innate cues that trigger caregiving and build the bond. There is a critical period of around 6 months to 2.5 years for forming attachment. The first attachment forms an internal working model, a template for future relationships and later parenting (the continuity hypothesis). Support: Bailey et al. found mothers with poor attachments to their own parents tended to have poorly attached infants, supporting the internal working model. Evaluation: + the IWM is testable and supported; - monotropy is socially sensitive (placing blame on mothers) and the idea of a single special attachment is challenged by evidence for equally important multiple attachments.
The Strange Situation - Ainsworth (1970)	Aim: to measure attachment type by observing infants' responses to mild stress and novelty. Method: a controlled observation with eight 3-minute episodes (including separations, a stranger and reunions), assessing proximity-seeking, exploration (secure base), stranger anxiety, separation anxiety and reunion behaviour. Findings: three types emerged - secure (Type B, around 66 percent): explores using the caregiver as a base, moderate distress on separation, easily comforted at reunion; insecure-avoidant (Type A, around 22 percent): explores freely, little distress, avoids contact at reunion; insecure-resistant (Type C, around 12 percent): little exploration, high distress, seeks yet resists comfort at reunion. Conclusion: attachment quality differs and reflects caregiver sensitivity. Evaluation: + high inter-rater reliability and good predictive validity (secure infants have better later outcomes); - it may be culture-bound (an 'imposed ethic'), measuring only the mother-infant bond.

Cultural variations - Van IJzendoorn and Kroonenberg (1988)

Aim: to examine cultural variation in attachment types. **Method:** a meta-analysis of 32 Strange Situation studies across eight countries (around 2,000 infants), comparing the distribution of attachment types within and between cultures. **Findings:** secure attachment was the most common type everywhere (highest in Britain, 75 percent; lowest in China, 50 percent). Insecure-avoidant was most common in individualist Germany; insecure-resistant was highest in collectivist countries such as Israel and Japan. Variation within countries was about 1.5 times greater than between countries. **Conclusion:** secure attachment may be a universal norm, but child-rearing practices create cultural and sub-cultural variation. **Evaluation:** + large combined sample increases internal validity; - the Strange Situation is an imposed etic developed in the US and may misclassify infants raised differently (e.g. Japanese infants rarely separated from mothers).

Maternal deprivation and institutionalisation - Bowlby (1944); Rutter ERA

Bowlby's 44 thieves: 14 of 44 juvenile thieves showed 'affectionless psychopathy' (lack of guilt and empathy) and most of these had experienced prolonged early maternal separation, versus almost none of a non-criminal control - supporting maternal deprivation. **Romanian orphan studies (Rutter ERA 2011):** Romanian orphans adopted into the UK before six months caught up to a normal IQ, but those adopted after six months showed lasting effects - lower IQ and disinhibited attachment (over-friendly, attention-seeking). **Conclusion:** early separation and institutional deprivation can cause lasting emotional and intellectual harm, but effects depend on the age of adoption (sensitive period). **Evaluation:** + the prospective ERA design tracked children over time, with real-world value for adoption policy; - Bowlby's study was retrospective and correlational, and confounds (poor institutional care quality) limit firm conclusions.

Psychopathology

Definitions of abnormality

Four definitions: (1) **Statistical infrequency** - behaviour rare in the population (e.g. an IQ below 70 in the bottom 2 percent). + objective and useful for diagnosis; - rare can be desirable (high IQ) and the cut-off is arbitrary. (2) **Deviation from social norms** - behaviour that breaks unwritten societal rules (e.g. antisocial personality disorder). + has real-world use; - norms are culturally and historically relative and risk social control. (3) **Failure to function adequately** (Rosenhan and Seligman) - cannot cope with everyday living, shown by distress, unpredictability or irrationality. + considers the patient's perspective; - 'failing to function' is subjective and some abnormality does not impair function. (4) **Deviation from ideal mental health** (Jahoda) - lacking criteria such as self-actualisation, autonomy and accurate perception of reality. + comprehensive and positive; - the criteria are unrealistically demanding and culturally biased toward Western individualism.

Phobias - behavioural, emotional and cognitive characteristics

Behavioural: panic (crying, freezing), avoidance of the phobic stimulus, and endurance with high anxiety when avoidance is impossible. **Emotional:** anxiety and fear (an immediate, unpleasant high-arousal response) that is unreasonable and disproportionate to the actual danger. **Cognitive:** selective attention to the phobic stimulus (hard to look away), irrational beliefs about it, and cognitive distortions (a distorted perception, e.g. seeing a spider as huge). **Use:** these characteristics let you describe a phobia precisely in an exam answer before explaining or treating it. **Note:** AQA uses the DSM categories of specific phobia, social phobia and agoraphobia, but you only need the general characteristics above.

Phobias - the behavioural (two-process) explanation

Theory (Mowrer 1960): phobias are acquired by classical conditioning and maintained by operant conditioning. **Acquisition:** a neutral stimulus is paired with an unconditioned fear response and becomes a conditioned stimulus - as in Watson and Rayner's Little Albert, who learned to fear a white rat paired with a loud noise, with the fear generalising to other furry objects. **Maintenance:** avoiding the phobic stimulus reduces anxiety, which negatively reinforces the avoidance, so the phobia persists. **Evaluation:** + explains how phobias begin and persist and has clear therapeutic application (it underpins exposure therapies); - it ignores cognitive factors (irrational beliefs), not all phobias follow a trauma, and biological preparedness (Seligman) explains why we more easily fear evolutionary dangers (snakes) than modern ones (cars).

Phobias - behavioural treatments (SD and flooding)	Systematic desensitisation (SD): based on counterconditioning and reciprocal inhibition - you cannot feel fear and relaxation at once. The client builds an anxiety hierarchy, learns relaxation, then works up the hierarchy staying relaxed until the phobic stimulus no longer triggers fear. Flooding: immediate, prolonged exposure to the most feared stimulus, without escape, until anxiety naturally subsides (extinction) because exhaustion of the fear response shows no harm occurs. Evidence: Gilroy et al. found SD effective for spider phobia at 33 months; flooding is quicker and cheaper. Evaluation: + SD is effective and suitable for those who cannot cope with flooding, with low refusal rates; - flooding is highly traumatic (ethical issues and high dropout), and both treat the symptom, working less well for phobias with a strong cognitive component (e.g. social phobia).
Depression - behavioural, emotional and cognitive characteristics	Behavioural: reduced activity levels (loss of energy, withdrawal), disruption to sleep (insomnia or hypersomnia) and eating (increase or decrease in appetite), and sometimes aggression or self-harm. Emotional: persistent low mood (lowered self-esteem and a sense of worthlessness) and anger directed at the self or others. Cognitive: poor concentration and indecisiveness, dwelling on the negative (attending to and recalling unhappy events), and absolutist 'black-and-white' thinking. Use: the AQA category is depressive disorder; these characteristics let you describe it before explaining or treating it. Note: these characteristics map directly onto Beck's negative triad and Ellis's irrational beliefs in the cognitive explanation.
Depression - the cognitive explanation (Beck and Ellis)	Beck's cognitive triad: depression results from faulty thinking - a negative view of the self, the world and the future - driven by negative self-schemas and cognitive biases such as overgeneralisation and catastrophising. Ellis's ABC model: an Activating event triggers irrational Beliefs (e.g. 'I must always succeed' - mustabatory thinking) which produce emotional Consequences such as depression; faulty beliefs, not events, cause distress. Support: Grazioli and Terry found cognitively vulnerable mothers were more likely to suffer post-natal depression, supporting the role of negative thinking. Evaluation: + strong research support and practical application (it underpins CBT, the leading treatment); - it does not easily explain all aspects (e.g. anger and biological factors) and cannot establish whether negative thinking causes depression or is a symptom of it.
Depression - cognitive treatment (CBT)	Treatment: Cognitive Behaviour Therapy combines cognitive and behavioural elements. The therapist helps the client identify and challenge irrational or negative thoughts. Beck's cognitive therapy tests the negative triad as a 'hypothesis', using the client as a 'patient as scientist' to gather evidence against negative beliefs, plus behavioural activation (re-engaging in enjoyable activity). Ellis's REBT extends the ABC to ABCDE - Dispute irrational beliefs (logical and empirical disputing) to produce Effective new beliefs - and may add unconditional positive regard. Evidence: March et al. found CBT as effective as antidepressants and better when combined. Evaluation: + strong evidence of effectiveness, especially with drugs; - it may not suit severe cases or those who lack motivation, it can overemphasise cognition over a client's real-life circumstances, and success may depend on the therapist relationship.
OCD - behavioural, emotional and cognitive characteristics	Behavioural: compulsions - repetitive actions (e.g. hand-washing, checking) performed to reduce anxiety - and avoidance of situations that trigger anxiety. Emotional: anxiety and distress (obsessive thoughts are frightening and compulsions bring only temporary relief), accompanying low mood/depression, and guilt or disgust. Cognitive: obsessive, recurrent intrusive thoughts; an awareness that the thoughts and behaviour are irrational (insight); hypervigilance; and the use of cognitive coping strategies (e.g. praying or counting) to manage the obsessions. Use: OCD involves a cycle - obsessions create anxiety, compulsions reduce it temporarily, and the relief reinforces the compulsion. Note: these characteristics set up the biological explanation and drug treatment below.

OCD - the biological explanation (genetic and neural)

Genetic: OCD is polygenic and runs in families - Lewis found 37 percent of OCD patients had a parent with OCD; 'candidate genes' (e.g. the COMT and SERT genes affecting dopamine and serotonin regulation) create a vulnerability, and the diathesis-stress model says environmental triggers are also needed. **Neural:** low serotonin is linked to OCD (it may reduce the transmission of mood-relevant information), and abnormal functioning of brain regions such as the basal ganglia and an overactive orbitofrontal cortex (the 'worry circuit') is associated with obsessive thoughts and repetitive behaviour. **Support:** antidepressants that raise serotonin reduce OCD symptoms, supporting the serotonin link. **Evaluation:** + twin and drug evidence support a biological basis; - concordance is never 100 percent (so environment matters), the serotonin link may be a co-effect rather than a cause, and the explanation may be biologically reductionist.

OCD - biological treatment (drug therapy)

Treatment: drugs aim to correct the biochemical imbalance. **SSRIs** (selective serotonin reuptake inhibitors, e.g. fluoxetine) block the reabsorption of serotonin in the synapse, increasing its levels and effect; they take three to four months to work and are often combined with CBT. **Alternatives:** if SSRIs are ineffective, tricyclics (e.g. clomipramine) or SNRIs may be used; benzodiazepines (BZs) can reduce accompanying anxiety. **Evidence:** Soomro et al.'s review found SSRIs significantly more effective than placebo. **Evaluation:** + drugs are effective, cheap and non-disruptive compared with psychological therapy, with good supporting evidence; - they treat symptoms not cause (relapse on stopping), have side effects (nausea, insomnia), and some evidence is criticised for publication bias and sponsorship by drug companies.