

AQA A Level Psychology

TOPIC: Paper 1 Psychopathology

Psychopathology is the scientific study of mental/psychological disorders. The Psychopathology topic considers different explanations for various psychological disorders (e.g. depression, phobias and obsessive-compulsive disorder), including biological, psychological and social explanations. This lesson I want to focus on DEPRESSION:

NOTE: this topic addresses very sensitive issues surrounding mental health. Please be mindful that some of the following material may trigger emotions you may or may not be familiar with. If this is something that is a concern or you want to talk about, please let an adult know e.g. parents/carers/form tutor or head of year.

Task 1:

Watch the following video created by the world health organisation (WHO). Please be mindful that this video may trigger some emotions of discomfort or stress. Please inform an adult if you feel this affects you in a significant way.

<https://www.youtube.com/watch?v=XiCrniLQGYc>

Task 2:

There are two major types of depression which are characterised by changes in mood. Use Google help you define the following:

Major depressive disorder

Bipolar Disorder

Task 3:

Read over the behavioural, emotional and cognitive **characteristics and symptoms of depression**. Not everyone will experience all the symptoms and individuals will experience different combinations of symptoms. For a diagnosis, symptoms must persist for over several weeks and everyday lives must be significantly disrupted before a diagnosis can be accurately made (not going to work). There are a few steps before diagnosis e.g. GP, mental health screening and testing.

Behavioural characteristics and symptoms

Disruption to sleep

Sufferers may experience reduced sleep (insomnia), or an increased need for sleep (hypersomnia)

Aggressive and Self harm

Sufferers often become irritable & can become verbally or physically aggressive. Some may become physically aggressive to themselves. This includes self-harm or suicide attempts.

Activity levels

Many individuals experience reduced energy or activity levels, a sense of tiredness and a wish to sleep all the time. Some may increasingly agitated and restless

Emotional characteristics and symptoms

Sadness, low self-esteem & mood

Sadness is most common symptom along with feeling lethargic. Sufferers also feel empty, worthless, hopeless, self-defeating and experience low self-esteem from this

Anger

Sufferers frequently experience extreme anger. This can be directed at the self or others which can lead to aggressive or self-harming behaviour.

Cognitive characteristics and symptoms

Poor concentration

Unable to stick with a task as they usually would, or might find it difficult to make decisions

Attending to, and dwelling on the negative

Pay more attention to negative aspects of a situation & ignore the positives. Sufferers also have a bias towards recalling unhappy events rather than happy.

Absolutist thinking

Most situations are not all-good or all-bad, but when a sufferer is depressed, they tend to think in these terms – 'black and white thinking'. E.g. an unfortunate situation is seen as an absolute disaster

Task 4

Below are some case studies of depression.

1. For each one, list any **behavioural**, **emotional** and **cognitive** symptoms under the three separate headings in the table on the second sheet. Remember:
 - a. **Behavioural** symptoms refer to the way people **act**.
 - b. **Emotional** symptoms refer to the way people **feel**.
 - c. **Cognitive** symptoms refer to the ways in which people **think** (or process information).

Kristen is a 38 year-old divorced mother of two teenagers. She has had a successful, highly paid career for the past several years in upper-level management. Even though she has worked for the same, thriving company for over 6 years, she's found herself worrying constantly about losing her job and being unable to provide for her children. This worry has been troubling her for the past 8 months. Despite her best efforts, she has not been able to shake the negative thoughts. Ever since the worry started, Kristen has found herself feeling restless, tired, and tense. She often paces in her office when she's there alone. She's had several embarrassing moments in meetings where she has lost track of what she was trying to say. When she goes to bed at night, it's as if her brain won't shut off. She finds herself mentally rehearsing all the worst-case scenarios regarding losing her job, including ending up homeless.

Josh is a 27 year-old male who moved back in with his parents after his fiancée was killed three months ago by a drunk driver mounting the pavement when they were walking together. No matter how hard he tries to forget, he frequently finds himself reliving the entire incident as if it was happening all over. He is angry not only with the driver but with the world – he feels he had everything and now it's all been taken away through no fault of his. Since the accident, Josh has been plagued with nightmares about it almost every night. He had to quit his job because his office was located in the building right next to the little café where he and his fiancée used to meet for lunch. He has since avoided that entire area of town. Normally an outgoing, fun-loving guy, Josh has become increasingly withdrawn, 'jumpy' and irritable since his fiancée's death. He's stopped working out, playing his guitar, or playing basketball with his friends – all activities he once really enjoyed. His parents worry about how detached and emotionally flat he's become.

Jessica is a 28 year-old married female. She has a very demanding, high-stress job as a second year medical resident in a large hospital. Jessica has always been a high achiever. She graduated with top honours in both college and medical school. She has very high standards for herself and can be very self-critical when she fails to meet them. Lately, she has struggled with significant feelings of worthlessness and shame due to her inability to perform as well as she always has in the past. For the past few weeks Jessica has felt unusually fatigued and found it increasingly difficult to concentrate at work. Her co-workers have noticed that she is often irritable and withdrawn, which is quite different from her typically upbeat and friendly disposition. She has called in sick on several occasions, which is completely unlike her. On those days she stays in bed all day, watching TV or sleeping. At home, Jessica's husband has noticed changes as well. She has had difficulties falling asleep at night. Her insomnia has been keeping him awake as she tosses and turns for an hour or two after they go to bed. He's overheard her having frequent tearful phone conversations with her closest friend, which have him worried. When he tries to get her to open about what is bothering her, she pushes him away with an abrupt 'everything's fine'. Although she hasn't ever considered suicide, Jessica has found herself increasingly dissatisfied with her life. She gets frustrated with herself because she feels like she has every reason to be happy yet cannot seem to shake the sense of doom and gloom that has been clouding each day as of late.

	Behavioural symptoms	Emotional symptoms	Cognitive symptoms
Kirsten			
Josh			
Jessica			