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Summary of the Section

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Area** | Requirements | **Evaluation** | **Key Study** | **Evaluation of the Key Study** | Application |
| **Historical context of mental health** | **Historical views of mental illness**   * humorism * trepanning * asylums   **Defining abnormality**   * 4 definitions (DFIMH, DFSN, SI, F2FA) * a limitation of each * cultural relativism   **Categorising mental disorders**   * DSM-V * ICD-10 | * Validity * Reliability * Subjective opinions of the psychiatrist * differential diagnosis | **Rosenhan (1973)**  **On being sane in insane places.** | * The research methodology * The diagnosis and key results for the original and follow up study * The experience of psychiatric hospitalisation * The stickiness of psycho-diagnostic labels * Powerlessness and depersonalisation | Characteristics of   1. **affective disorder (bipolar depression)**  * Mania - increased rate of speech, psychomotor agitation * Depression: to persist for >2 weeks, feelings of worthlessness or guilt, thoughts of suicide  1. **a psychotic disorder (schizophrenia)**  * **Positive symptoms**: 2+ to persist for 1 month, delusions, hallucinations * **Negative symptoms**: Alogia – speech stops being fluent, avolition – no willpower or care * and an anxiety disorder (OCD) * Obsessions - Recurrent and intrusive bad thoughts, product of their own mind * Compulsion - overt behaviours like washing hands, mental acts like counting, acts are repetitive, time consuming and rigid |
| **The medical model** | **Biochemical explanation of mental illness**   * Due to too many / few neurotransmitters binding to receptors. * Neurotransmitters are either excitatory or inhibitory. * Excitatory (e.g. serotonin) make the next cell more likely to fire. * Inhibitory (e.g. GABA) make them less likely to fire. * The cause of **specific phobias** is too little GABA   **The genetic explanation of mental illness**   * All humans have inherited, through natural selection, certain fears e.g. heights. * Seligman says that those who did not fear / avoid them, died, so their genes were not passed on   **Brain abnormality explanation of mental illness**   * Localisation of function - different brain parts are over / under-active * Specific Phobias - PFC inhibits the fear response. If it is not functioning effectively, it no longer stops fearful urges being sent from the amygdala. * **Empirical evidence: Ahs et al (2009)** PET scans showed increased activity in the amygdala and reduced in the PFC for snake phobics | **Biochemical**   * Aetiological fallacy * Medicating problematic behaviour * Palliative v curative   **Genetic**   * Correlation not causation * Nature v nurture   **Brain abnormality**   * Psychology as a science * Correlation not causation | **Gottesman et al. (2010)**  **Disorders in offspring with two psychiatrically ill parents.** | * Valid over time from ICD-8 to ICD-10 * Representative sample but may only apply to Denmark * Ethical – anonymity assured, but may be unethical to use results to stop people having kids * Useful to advise people on risks associated with having children - genetic counselling * Difficult to rule out influence of shared environment | **Biological treatment of phobias: medication**   * The cause of specific phobias is too little GABA * GABA is an inhibitory neurotransmitter * Benzodiazepines are prescribed for specific phobias, such as Valium (diazepam) and Xanax (alprazolam). * BZs are a depressant – they help to reduce anxiety by increasing the levels of GABA   **Evaluation**   * **Empirical Evidence: Pande et al (1999)** - BZs are effective in treating specific phobias * **Appropriateness**: BZs are available on the NHS for short periods of time * Palliative not curative * Can be used alone or in **combination** with other therapies * Side effects of chemotherapies should ONLY be referred in relation to ‘**treatment compliance’**. Side effects of low doses include: impaired memory, depression, drowsiness |
| **Alternatives to the medical model** | **The behaviourist explanation of mental illness**   * Learnt through classical conditioning, operant conditioning or SLT (D.A.R.R.M.) * Specific phobias are **initiated** by classical conditioning or SLT and then **maintained** through operant conditioning. * **Empirical evidence: Watson & Rayner (1920)** Little Albert to fear white furry objects through **ass**ociation with a loud noise.   **The cognitive explanation of mental illness**   * **F**aulty / irrational thinking (cognitions) cause abnormal behaviour. * **Attentional bias** - selectively focus on the fear – hypervigilance * **Negative appraisal bias** - specific phobics exaggerate the risk of danger and **under-estimate (appraise)** their own ability to cope. * Pflugshaupt (2005) eye tracking people with specific phobias   **The psychodynamic explanation of mental illness**   * Tripartite personality – specific phobias = too much superego * 5 Psychosexual stages – fixation at the phallic stage (Little Hans) * Overuse of the ego defence mechanisms (e.g. catastrophizing) | **Behaviourist**   * Not all behaviour is learnt (e.g. hallucinations in Sz)   **Cognitive explanation**   * Research relies on self-reports   **Psychodynamic** Explanatory power   * Psychology as a science | **Szasz (2011)**  **The myth of mental illness: 50 years later.** | * Psychology as a science * Free will v determinism * Ethics * Reliability of diagnosis * Nature v nurture | **Non-biological treatment of phobias = flooding**   * Flooding intends to extinguish the unreasonable fear response. * No relaxation techniques or step by step build up. * Individual is exposed repeatedly and in an intensive way with their phobia. * Fear response cannot be maintained for more than 20 minutes   **Evaluation of Flooding**   * It is cost-effective * It is curative * It is less effective for some types of phobia like social phobias * The treatment is traumatic for patients * It is not available on the NHS |

Historical Context of mental health

Describe one historical view of mental illness. [3]

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Writing structure

1. Name one of the views
2. Explain this view
3. Link the view to behaviour

Outline one definition of abnormality. [4]

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Writing structure

1. Name one of the 4
2. Explain how this shows whether a person is abnormal
3. Detail one of the criteria / characteristics
4. Link the explanation to behaviour

Explain how mental illness is categorised and diagnosed. [8]

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Writing structure

1. State how mental illness is categorised (into different types of disorders – e.g. affective, anxiety, psychotic)
2. **Explain** thispoint
3. **Example** of a disorder which shows this
4. **Conclude** why having categories for mental health matters / ishelpful
5. State how mental illness is diagnosed (using the characteristics listed in the DSM-V and / or ICD 10)
6. **Explain** thispoint
7. **Example** of a disorder which shows this
8. **Conclude** why having ‘diagnostic tools’ like the DSM-V and / or ICD 10 matters / ishelpful

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Applying the Debates to the Background

Assess the validity and reliability of the categorisation and diagnosis of mental illness. [10]

POINT: There is significant overlap between disorders

EVIDENCE: e.g. loss of pleasure is a factor in depression and schizophrenia, whilst bipolar disorder and schizophrenia can feature delusions and disordered actions. Anxiety is also somewhat common amongst people who are depressed, due to feelings of worthlessness and pessimistic depressive thought patterns.

CHALLENGE: However it is useful to categorise symptoms for different disorders as it can help to direct the most effective treatment and support.

CHALLENGE: On the other hand, if participants are diagnosed with a disorder they do not have, it could create issues of self-fulfilling prophecy, or the effectiveness of the support and treatments provided.

POINT: Another difficulty in identifying disorders is that it can be highly subjective.

EXPLAIN: This can lead to individuals being diagnosed incorrectly. Therefore disorders may be interpreted.

EVIDENCE: For example in Rosenhan – sane in insane places. It was found that fake participants were diagnosed with schizophrenia in a reliable manner but they were diagnosed with schizophrenia, when they did not have any mental health issues.

CHALLENGE: However, the DSM has now adapted the criteria to make it clearer and therefore less likely to misdiagnose.

POINT: When identifying disorders it requires self-report from individuals who may not perceive their behaviour as abnormal or dysfunctional, or who may be prone to lying/disordered thoughts and social desirability.

EXPLAIN: This may mean that again individuals are diagnosed incorrectly.

EVIDENCE: In the DSM the symptoms include delusions, hallucinations, and must be apparent for 6 months. If individuals do not put forward all their symptoms it may be difficult for a doctor to diagnose disorders accurately.

CHALLENGE: However, information from family and friends could potentially be collected to collect a more holistic view of the patient and therefore more accurately identify the characteristics of a disorder.

CHALLENGE: But again this may not always be an option when they do not have friends and family.

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Rosenhan, D. (1973) ‘Being sane in insane places’

**Aim:**

To test the reliability of diagnoses of psychological abnormality

**Part 1:**

**Sample:** 8 sane people acted as ‘pseudo-patients’ – 5M and 3F of various ages and occupations, including Rosenhan

**Design & Procedure**

* + 12 hospitals in 5 states - pseudo-patients called for an appointment
  + On arrival they said they had been hearing voices including words: ‘empty’, ‘hollow’, and ‘thud’
  + When on the psychiatric ward, they behaved as normal

**Results**

* + 7 out of 8 admitted.
  + When released it was with the label ‘schizophrenia in remission’
  + Length of stay ranged from 7 to 52 days (average 19 days)
  + Notes by nursing staff show that the pseudo-patients ‘exhibited no abnormal indications’
  + Some of the patients were aware of the sanity of the pseudo-patients and said: ‘You’re not crazy. You’re a journalist…You’re checking up on the hospital.’
  + Normal behaviour was misinterpreted and described by staff as abnormal (e.g. Writing notes described as ‘The patient engaged in writing behaviour’)

**Part 2:**

**Sample:** hospital staff who knew results of the 1st study

**Design & Procedure**

* + Ps told some time in next 3 months, 1 or more pseudo-patients would attempt to be admitted
  + Each member of staff to rate all patients for the likelihood that person was a pseudo-patient
  + During the 3 months 193 patients were judges on the 10-point scale

**Results**

* None were pseudo-patients
* but 41 were confidently judged to be pseudo- patients by at least one staff member
* 23 were suspected by at least one psychiatrist
* 19 were suspected by a psychiatrist and a staff member

**Conclusions:**

* Doctors are more inclined to call a healthy person sick (false positive Type 1 error)
* This suggests that diagnoses cannot be very reliable.
* Diagnostic labels tend to ‘stick’ even if they are wrong.
* ‘It is clear that we are unable to distinguish the sane from the insane in psychiatric hospital.’

Evaluation Issues

* Psychology as a science
* Reductionism
* Determinism
* Ethics
* Qualitative data
* Conducting socially sensitive research

Outline Rosenhan’s study. [5]

Draft this so that you can write the answer in detail but concisely for just 5 marks.

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Applications of the Topic

Writing structure

1. Explain what this **type** of disorder is

* Affective – affects your mood
* Anxiety – causes greater than reasonable levels of anxiety
* Psychotic – where the perception of reality is distorted.

1. **Name** the disorder

* Affective – bipolar depression
* Anxiety – OCD, specific phobias
* Psychotic – schizophrenia.

1. **Characteristics** from 1 side of the disorder
2. **Characteristics** from the other side of the disorder
3. Mention a **timescale**

* Depression: to persist for >2 weeks
* Obsessions are recurrent
* 2+ Positive symptoms to persist for 1 month

Outline the characteristics of an affective disorder. [5]

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Outline the characteristics of an anxiety disorder. [5]

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Outline the characteristics of a psychotic disorder. [5]

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Characteristics of

**An affective disorder (bipolar depression)**

* Mania - increased rate of speech, psychomotor agitation
* Depression: to persist for >2 weeks, feelings of worthlessness or guilt, thoughts of suicide

**An anxiety disorder (OCD)**

* Obsessions - Recurrent and intrusive bad thoughts, product of their own mind
* Compulsion - overt behaviours like washing hands, mental acts like counting, acts are repetitive, time consuming and rigid

**A psychotic disorder (schizophrenia)**

* Positive symptoms: 2+ to persist for 1 month, delusions, hallucinations
* Negative symptoms: Alogia – speech stops being fluent, avolition – no willpower or care

The 6 explanations of Mental Illness

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Brain abnormality | Biochemical | Genes | Behaviourist | Cognitive | Psychodynamic |
| Mental Illness is caused by … | Abnormal activity in specific brain regions | Disrupted levels of neurotransmitters | Inheritance in general and specific genes | Learning by classical conditioning, operant conditioning or SLT | Cognitive biases | Fixation at one of the 5 psychosexual stages or the overuse of ego defence mechanisms |
| Specific phobias are caused by | Prefrontal cortex is underactive and amygdala is overactive | Lower levels of GABA | Phobias have an evolutionary value – it helps people to survive | Phobias are learnt by classical conditioning and maintained by operant conditioning | Attentional bias causing hypervigilance and negative appraisal bias where people under-estimate their own ability to cope. | Fixation at the phallic stage |
| Research to prove this | Ahs - PET scans of snake or spider phobics | Pande - medication to increase GABA in social phobics | Gottesman | Little Albert – classical conditioning to acquire phobia | Pflugshaupt - eye tracking to show attentional bias | Little Hans |
| Treatment | ECT | Medication to adjust neurotransmitter levels | Gene counselling | Flooding | CBT | Psychoanalysis |
| Freewill vs determinism | Deterministic | Deterministic | Deterministic | Deterministic | Free Will | Deterministic |
| Individual vs situational | Individual | Individual | Individual | Somewhat situational | Individual | Individual |
| Nature vs nurture | Nature | Nature | Nature | Nurture | Nurture | Interactionist |
| Psychology as a science | Scientific | Scientific | Scientific | Scientific | Scientific | Not scientific |
| Reductionism and holistic | Reductionist | Reductionist | Reductionist | Reductionist | Reductionist | Holistic |

Alternatives to the Medical Model

The Medical Model

The Medical Model

Outline the biochemical explanation of mental illness. [6]

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**Writing structure**

1. Point: mental illness is caused by inherited genetic factors
2. Explain this: genes …are passed down …
3. Example: Gottesman showed a genetic component in Sz and Bipolar depression
4. Point: People have evolved to have specific phobias
5. Explain this: it is ‘adaptive’
6. Example: Seligman suggests that if you did not evolve to fear heights, snakes, fire, you would have died out and your genes would die out with you.

**Writing structure**

1. Point: unbalanced neurotransmitter levels cause mental illness
2. Explain this: too low / too high …
3. Example: low levels of GABA means that there is too much activity in the brain, causing greater levels of fear
4. Point: adjusting and regulating neurotransmitter levels helps to alleviate mental illness
5. Explain this – getting the levels right
6. Example: increasing levels of GABA using benzodiazepines helps lower the levels of anxiety in a person with specific phobias

Outline the genetic explanation of mental illness. [6]

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Explain the brain abnormality explanation of mental illness. [6]

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**Writing structure**

1. Point: mental illness is caused by under / over activity in specific brain areas (localisation of function)
2. Explain this: if the area of the brain is under / over active, then abnormal behaviour will follow
3. Example: PFC is underactive and amygdala is overactive in phobics
4. Point: Brain scans can be used to evidence that areas are under / over active
5. Explain this: scans which show activity (fMRI and PET) can be used to see where there is …
6. Example: Ahs - PET scans of snake or spider phobics

Applying the Debates to the Background

To what extent does the Medical Model adopt the nature view of the nature / nurture debate? [10]

**Writing Structure**

* Point
* Explanation
* Evidence
* Conclusion
* Challenge

**Example for 5 marks**

* *Being on the nature side of the debate, the Medical Model takes the nature view and states that physiology / biology causes the mental illness.*
* *This is because it considers biochemistry, brain abnormality and/or genes are the cause of behaviour.*
* *For example, Gottesman showed a strong concordance between Sz parents having children who also have this disorder.*
* *Adopting this reductionist view is helpful because it offers useful applications, such as advising 2 Sz parents not to have children.*
* *However you cannot change a person’s genes so the applications will not be useful individually.*

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Gottesman et al. (2010) *‘Disorders in offspring with two psychiatrically ill parents’*

**Aim**

* To calculate the risk to offspring of having both parents with a psychiatric disorder
* Specifically, to determine the risks in offspring of receiving a diagnosis of schizophrenia, bipolar disorder, unipolar depressive disorder, or any diagnosis from parents who both have received a diagnosis of schizophrenia or bipolar disorder

**Sample:**

* Population-based cohort of 2.7million persons born in Denmark
* Alive in 1969 or born later than 1968, with a register link to their mother and father
* Aged 10 years or older in 2007

**Design & procedure:**

* The study was a national register-based cohort study in Denmark looking at the risk of schizophrenia or bipolar disorder, calculated as cumulative incidences by age 52 years

**Results:**

* Risk of schizophrenia in 270 offspring of 196 parent couples who were both admitted to a psychiatric facility with a diagnosis of schizophrenia was 27.3% compared with 7.0%
* The risk of bipolar disorder was 24.9% in 146 offspring of 83 parent couples who were ever admitted with bipolar disorder (increased to 36.0% when unipolar depressive disorder was included) compared with 4.4% with only 1 parent ever admitted and 0.48% with neither parent ever admitted
* The risk of schizophrenia and bipolar disorder in offspring of couples with 1 parent with schizophrenia and the other with bipolar disorder were 15.6% and 11.7% respectively
* The maximum risks of any psychiatric disorders in the offspring of parents born with schizophrenia or both with bipolar disorder were 67.5% and 44.2% respectively

**Conclusions:**

* There are genetic explanations for some mental illness
* There is a genetic overlap for categories of mental illness

**Evaluation Issues**

**Strengths**

* High in ecological validity. Valid - diagnosis over time from ICD-8 to ICD-10 was valid
* Representative sample
* Ethical – records were available. Anonymity assured
* Useful to advise people on risks associated with having children, adopting and genetic counselling

**Weaknesses**

* Difficult to rule out influence of shared environment
* May be unethical to use results to discriminate people from having children, adopting or for increasing health insurance premiums
* May only apply to Denmark

Outline Gottesman’s study. [5]

Draft this so that you can write the answer in detail but concisely for just 5 marks.

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Applications of the Topic

Explain one Medical Model treatment for one specific mental health disorder. [8]

**Ideas for your answer**

1. Name the treatment - medication / chemotherapy
2. Name the disorder
3. Explain the cause of disorder it wants to address (specific phobias is too little GABA)
4. Explain its ‘mode of action’ – how it works

* GABA is an inhibitory neurotransmitter
* Benzodiazepines are prescribed for specific phobias,
* Examples of these are as Valium (diazepam) and Xanax (alprazolam).
* BZs are depressants – they help to reduce anxiety
* by increasing the levels of GABA

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Evaluate one Medical Model treatment for mental health. [8]

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**Evaluation Points**

* **Empirical Evidence: Pande et al (1999)** - BZs are effective in treating specific phobias
* **Appropriateness**: BZs are available on the NHS for short periods of time
* **Palliative** not curative
* Side effects of chemotherapies should ONLY be referred in relation to ‘**treatment compliance**’. Side effects of low doses include: impaired memory, depression, drowsiness

Alternatives to the Medical Model

Outline the behaviourist explanation of mental illness. [6]

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* Learnt through classical conditioning, operant conditioning or SLT (D.A.R.R.M.)
* Specific phobias are **initiated** by classical conditioning or SLT and then **maintained** through operant conditioning.
* **Empirical evidence: Watson & Rayner (1920)** Little Albert to fear white furry objects through **ass**ociation with a loud noise.

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Outline the cognitive explanation of mental illness. [6]

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* Faulty / irrational thinking (cognitions) cause abnormal behaviour.
* **Attentional bias** - selectively focus on the fear – **hypervigilance**
* **Negative appraisal bias** - specific phobics exaggerate the risk of danger and under-estimate (appraise) their own ability to cope.
* **Empirical evidence: Pflugshaupt** (2005) eye tracking people with specific phobias.

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Explain the psychodynamic explanation of mental illness. [6]



* **Tripartite** personality – specific phobias = too much **superego**
* 5 **Psychosexual** stages – fixation at the **phallic** stage (Little Hans)
* Overuse of the **ego defence mechanisms** (e.g. catastrophizing)

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Applying the Debates to the Background

**Writing Structure**

* Point
* Explanation
* Evidence
* Conclusion
* Challenge

To what extent do alternatives to the Medical Model adopt the nurture view of the nature / nurture debate? [10]

Example for 5 marks

* *Being on the nurture side, the alternatives to the medical model suggest that behaviour is acquired through upbringing.*
* *Mental illness is learnt through childhood and shown in the adult’s thinking.*
* *For example, Szasz suggested that sometimes abnormal behaviours are just ways people are coping with a very difficult environment around them, such as depression and difficult life circumstances.*
* *Adopting this reductionist view is helpful because it offers practical applications, such as advising parents on how to avoid stress in their children’s lives.*
* *However this suggests that parents and the community are to blame for mental illness.*

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Szasz (2011) *The myth of mental illness: 50 years later*

In 1960 the essay ‘The myth of mental illness’ was published and the 2011 article is an update of his views.

* There is a ‘conceptual error’ in the way unwanted behaviours are defined as mental illness.
* Psychiatry is based on a set of beliefs which are false. For example, the causes of mental illness are assumed to be biological or genetic, when families, institutions and the state have just as much influence. Diagnosis is based on a subjective judgement by a psychiatrist, not verifiable like taking a temperature or blood test.
* Mental illness is treated as a disease like any other but they are not like biological diseases.
* Diagnosis is not based on scientific research.
* Diagnosis is used to hospitalise and control people without their consent unfairly.
* Mental hospitals and treatment are more like prisons not medical care.
* There is an ever growing list of diseases that can be diagnosed and deprive people of their freedom.
* Szasz’s suggestion is to try and understand the reasons behind patient’s behaviour, to respect, understand and try to help them.
* Patients should have the right to control and define their own lives – psychiatrists should not even deprive people of the freedom to take their own lives.
* Since Szasz’s original article, the latest DSM gives patients more rights and power, large institutions have closed and many inhumane treatments such as frontal lobotomies have stopped.

**Evaluation Issues**

* Psychology as a science
* Free will v determinism
* Ethics
* Reliability of diagnosis
* Nature v nurture

Outline Szasz’s study. [5]

Draft this so that you can write the answer in detail but concisely for just 5 marks.

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Applications of the Topic

Explain one treatment for mental health from alternatives to the Medical Model. [8]

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**Ideas for your answer**

1. Name the treatment - flooding
2. Name the disorder – specific phobias
3. Explain the cause of disorder it wants to address (specific phobias have been learnt through classical conditioning and are maintained through operant conditioning)
4. Explain its ‘mode of action’

* Flooding intends to extinguish the unreasonable fear response.
* No relaxation techniques or step by step build up.
* Individual is exposed repeatedly and in an intensive way with their phobia.
* Fear response cannot be maintained for more than 20 minutes
* New association is made between the object and calmness

Evaluate one treatment for mental health from alternatives to the Medical Model. [8]

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**Evaluation Points**

* It is cost-effective
* It is curative
* It is less effective for some types of phobia like social phobias
* The treatment is traumatic for patients
* It is not available on the NHS

To what extent does the Medical Model adopt the nature view of the nature / nurture debate? [10]

**Writing Structure**

* Point
* Explanation
* Evidence
* Conclusion
* Challenge
* Being on the nature side of the debate, the Medical Model takes the nature view and states that physiology / biology causes the mental illness.
* This is because it considers biochemistry, brain abnormality and/or genes are the cause of behaviour.
* For example, Gottesman showed a strong concordance between Sz parents having children who also have this disorder.
* Adopting this reductionist view is helpful because it offers useful applications, such as advising 2 Sz parents not to have children.
* However you cannot change a person’s genes so the applications will not be useful individually.
* The Medical Model also takes an interactionist approach to mental illness.
* This means following the diathesis stress model, genes may predispose the abnormal behaviour but something from their environment / upbringing is needed to trigger or precipitate it.
* For example, the variant MAOA gene makes crime and aggression more likely, but Caspi showed that you would also need to have abuse during childhood for this behaviour to be shown.
* Taking this interactionist approach is helpful so holistic treatments can be found for individuals.
* However, holistic treatments will be person specific, rather than working generally for most people, like using BZs for people with specific phobias.

Consequently, the Medical Model adopts the nature view to a greater extent.

Summarise this model answer into single phrases

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To what extent do alternatives to the Medical Model adopt the nurture view of the nature / nurture debate? [10]

* Being on the nurture side, the alternatives to the medical model suggest that behaviour is acquired through upbringing.
* Mental illness is learnt through childhood and shown in the adult’s thinking.
* For example, Szasz suggested that sometimes abnormal behaviours are just ways people are coping with a very difficult environment around them, such as depression and difficult life circumstances.
* Adopting this reductionist view is helpful because it offers practical applications, such as advising parents on how to avoid stress in their children’s lives.
* However this suggests that parents and the community are to blame for mental illness.

**Writing Structure**

* Point
* Explanation
* Evidence
* Conclusion
* Challenge
* The Cognitive explanation of mental illness is neither nature or nurture
* Because your way of thinking which causes your abnormality is your choice
* For example, having a specific phobia is shown through an attentional bias - selectively focusing on the fear and being hypervigilant, as well as a negative appraisal bias – exaggerating the risk of danger and under-estimating (appraise) their own ability to cope.
* It is helpful to take neither side on the debate, so you can generate holistic therapies, such as CBT which changes both the thinking and the behaviours which follow.
* However, having adopting the Cognitive explanation of mental illness does blame the person themselves (rather than their bodies / nature or their environment and upbringing / nurture), which can lead to the ‘What the hell effect’ causing people not to bother with their treatment.

Consequently the alternatives to the Medical Model adopt the nurture view to a lesser extent.

Summarise this model answer into single phrases

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