

question no 1:

Explain what is meant by 'unipolar depression'.

answer of question no 1:

Unipolar depression refers to an affective disorder characterised by low mood. It can cause lack of energy. A major symptom is also hopelessness. There is a persistent low mood in the long term. No mania is experienced by the patient.

question no 2:

Describe two drug treatments for depression.

answer of question no 2:

Similarities: Identification: They're both useful treatments. Explanation: Both the medical treatments and cognitive restructuring are useful in curing depression and have had high success rates as patient's ratings on depression psychometrics would improve after undergoing either. Moreover, medicine is easily available too (especially in third world countries) which makes it more useful as well. OR Identification: Both treatments require a professional. Explanation: A professional is required to perform each treatment. Patients cannot take unprescribed medication as a therapist would have to understand the particular symptoms and provide/prescribe medication best fit for that particular patient. The same happens in cognitive restructuring where the thought and behaviour patterns have to be understood by a professional who would then explain and walk the patient through the process of improvement. Differences: Identification: Medication can have side effects that cognitive restructuring would not. Explanation: Different medical treatments like SSRIs, MOA inhibitors, and tricyclic antidepressants all have their respective side-effects which may worsen on others but may have very little impact on some people. Opposed to this, cognitive restructuring has little to no side-effects, it does not chemically imbalance the brain or removes/add anything physically which would upset the functioning of the body. OR Identification: Patients have to be more involved and motivated for therapy as compared to drug treatments. Explanation: Patients have to do follow-ups and their given homework during cognitive restructuring which would only happen if they consciously and actively take part in therapy, whereas patients need not put this much effort for drug treatments. They can simply get medication prescribed and consume it to deal with the disorder.

question no 3:

Describe the causes of impulse control disorders and non-substance addictive disorder.

answer of question no 3:

Psychologists have offered three explanations of impulse control and non-substance addictive disorders. The Biochemical explanation focuses most on the functions and chemical balances of the brain. 1) The brain registers all kinds of pleasure the same way, by a flush in the nucleus accumbens, the pleasure centre of the brain. 2) This leads to high arousal and satisfaction causing the brain to store the memory in the amygdala creating a stored response to the stimuli. 3) Moreover, the memory would also be stored in the hippocampus due to simple classical conditioning. 4) Over time, the addicts may suffer from the Reward Deficiency Syndrome. 5) If the action is not performed for a while, it would cause the addicts to return back to their old habits to get the reward hence increasing the addiction or causing a relapse. The Behavioural model believes that addictions are formed due to simple operant and classical conditioning. 1) The reward a person gets is positively reinforcing which motivates them to repeat the action constantly. 2) Over time, the person forms a pairing between the reward and the action (like winning a game when played for the fifth time) which also classically conditions both the action and the feeling. 3) Moreover, there are schedules of reinforcement. 4) Where rewards are not always present but are rather given at intervals which makes the addict believe that pay out would happen if they repeated the action just once more. The Cognitive model then emphasises on Miller's Feeling State Theory. 1) The Feeling State Theory says that once a person has an emotional experience which is most rewarding, they store it as the most pleasurable experience and keep trying to go back to it. 2) This is the feeling state where any emotion can be linked with any action creating an addiction. 3) However, Miller stated that this state has underlying negative feelings, where it stems from feelings of lowness and worthlessness. 4) The addiction rewards the person and creates a feeling of happiness which feels rewarding and gives them some sense of self-control. 5) This provides short-term happiness, but the person eventually spirals out of control causing the negative feelings to return.

question no 4:

Explain one similarity and one difference between drug treatments for depression and cognitive restructuring treatment for depression (Beck, 1979).

answer of question no 4:

Similarities: Identification: They're both useful treatments. Explanation: Both the medical treatments and cognitive restructuring are useful in curing depression and have had high success rates as patient's ratings on depression psychometrics would improve after undergoing either. Moreover, medicine is easily available too (especially in third world countries) which makes it more useful as well. OR Identification: Both treatments require a professional. Explanation: A professional is required to perform each treatment. Patients cannot take unprescribed medication as a therapist would have to understand the particular symptoms and provide/prescribe medication best fit for that particular patient. The same happens in cognitive restructuring where the thought and behaviour patterns have to be understood by a professional who would then explain and walk the patient through the process of improvement. Differences: Identification: Medication can have side effects that cognitive restructuring would not. Explanation: Different medical treatments like SSRIs, MOA inhibitors, and tricyclic antidepressants all have their respective side-effects which may worsen on others but may have very little impact on some people. Opposed to this, cognitive restructuring has little to no side-effects, it does not chemically imbalance the brain or removes/add anything physically which would upset the functioning of the body. OR Identification: Patients have to be more involved and motivated for therapy as compared to drug treatments. Explanation: Patients have to do follow-ups and their given homework during cognitive restructuring which would only happen if they consciously and actively take part in therapy, whereas patients need not put this much effort for drug treatments. They can simply get medication prescribed and consume it to deal with the disorder.

question no 5:

Evaluate the causes of impulse control disorders and non-substance addictive disorder, including a discussion of reductionism.

answer of question no 5:

Format 1 Paragraph 1: Reductionism refers to reducing a complex phenomenon down to a single factor whereas holism is taking all points into consideration and looking at the bigger picture. The most reductionist would be the behavioural explanation since that only takes into consideration classical conditioning. It reduces the complex explanation of impulse control disorders to mere conditioning and the reward feeling. Moreover, it does not consider any thoughts or other feelings relying solely on behaviour that can be outwardly observed. The most holistic would be the cognitive explanation since that takes multiple aspects into account. It talks about the feeling state and considers thoughts and behaviour patterns. Moreover, it also talks about underlying beliefs and the long-term response to an addiction. However, the cognitive model can also be reductionist as it only talks about the mental processes and not the biological ones or those related to chemical imbalances. And the behavioural model can be seen as holistic as it considers both the pairing and reward system taking into account multiple theories. The advantage of holism is that it takes all aspects into account making it more applicable to different scenarios. A disadvantage of reductionism is that it only takes one factor into account while studying an explanation of a disorder which makes it less applicable and valid. Paragraph 2: Validity refers to how accurately a study or tool measures what it is supposed to measure. The most valid explanation can be biochemical. The explanation is based on scientific evidence gathered over time after conducting extensive research in this field. Moreover, since the functioning of the brain (as opposed to the mind) is explained here there is little to no subjectivity and bias of the researcher since the explanation cannot be influenced by subjectivity. The least valid can be the behavioural explanation. The whole explanation is based on actions that can be observed. These actions can be exaggerated and also hidden or lied about which would influence the results. On the other hand, the behavioural method can also be valid as the theory was introduced after multiple trial and errors and has had successful results and follow-up treatments as well. However, the biological method can also be lesser valid as the process talks about chemical imbalances but does not provide in-depth insight into the mental functioning of the person. The advantage of validity is that it makes sources more applicable. A disadvantage of validity is that it is not applicable to everyone due to individual differences. Reductionism refers to reducing a complex phenomenon down to a single factor whereas holism is taking all points into consideration and looking at the bigger picture. The behavioural explanation is pretty reductionist since that only takes into consideration classical conditioning. It reduces the complex explanation of impulse control

disorders to mere conditioning and the reward feeling. Moreover, it does not consider any thoughts or other feelings relying solely on behaviour that can be outwardly observed. The biochemical explanation can be reductionist as well since it only takes one aspect into account. The whole cause focuses on the brain and its functioning and chemical balance/imbalance. This causes the explanation to ignore other factors that may be impacting the person and the disorder as well like simple conditioning or other thought/belief patterns. The cognitive explanation on the other hand is holistic. It considers multiple perspectives to formulate an explanation for impulse control disorders. It accounts for the person's feelings, their thoughts and even their behaviour combining multiple viewpoints. This makes them more valid as well since underlying beliefs and long-term responses are also considered. Paragraph 2: Applicability refers to how applicable or useful an explanation is in examining the causes of impulse control disorders. The biochemical explanation can be considered applicable. It focuses on the brain and its different functions and since the physical structure of the brain and its chemical balance is the same for all the explanation is applicable. Moreover, the cause has less subjectivity and researcher bias which leads to more validity which also makes the cause more applicable. The cognitive explanation cannot be considered applicable. The whole cause depends on the most pleasurable experience one person has had and depends on each person's thought and belief process. This makes it less applicable since there is greater variance from person to person. The behavioural application is also relatively applicable. The cause is based on the reward system and feelings generated by positive reinforcement. These concepts are usually standard since positive reinforcement majorly works on the population and is a means of motivation as well. This makes the explanation applicable as the concepts used, like conditioning and rewards, are applicable to most of the population.

question no 6:

Explain what is meant by the term 'personal space'.

answer of question no 6:

The idea of personal space was identified by Katz and defined by Somner. It is an area or invisible boundary, surrounding a person's body, into which intruders may not come. It is a bubble around us and expands and contracts depending on the people we are interacting with.

question no 7:

Describe two findings of the study by Milgram et al. (1986) on defending a place in a queue.

answer of question no 7:

Findings: The queueers behind the confederate objected more as compared to those in front of the confederate. Identification: The difference in the number of intruders created an impact. Explanation: Two intruders provoked far more reaction than one. Identification: Buffers standing in the queue had an impact on the reaction of the queueers. Explanation: Buffers dampened the queueers' response to the intruders. Identification: Physical action happened against the intruders 10% of the time. Explanation: This included tugging the sleeve, tapping the shoulder, and even physically pushing the intruder out of the line. Identification: Verbal objections were the most common and happened 21.7% of the times. Explanation: These ranged from polite to hostile comments, but they all asked the confederate to leave. Identification: Non-verbal objection happened in 14.7% of the queues. Explanation: This included dirty looks, hostile glares and gestures for the intruder to get in line instead of cutting it.