

# MR K

A-LEVEL PSYCHOLOGY A\* RESOURCES

## **Complete Syllabus Breakdown That You NEED To Ace A-Level Psychology**

**Topic Covered:**

Paper 1 Topic D:  
Psychopathology

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# Psychopathology

## 1. Definitions of Abnormality

### Overview

What is deviation from social norms?

What is failure to function adequately?

What is statistical infrequency?

What is deviation from ideal mental health?

## 2. Phobias

### Overview

What are the behavioural characteristics of phobias?

What are the emotional characteristics of phobias?

What are the cognitive characteristics of phobias?

What is the two-process model?

Outline a study into the acquisition of phobias through classical conditioning

What is systematic desensitisation?

Outline a study into the effectiveness of systematic desensitisation

What is flooding?

## 3. Depression

### Overview

What are the behavioural characteristics of depression?

What are the emotional characteristics of depression?

What are the cognitive characteristics of depression?

What is Beck's negative triad?

What is Ellis's ABC model?

What is Cognitive Behavioural Therapy (CBT)?

Outline a study into the effectiveness of CBT for depression

## 4. Obsessive-Compulsive Disorder (OCD)

### Overview

What are the behavioural characteristics of OCD?

What are the emotional characteristics of OCD?

What are the cognitive characteristics of OCD?

What is the genetic explanation for OCD?

Outline a study into the genetic explanation for OCD

What is the neural explanation for OCD?

Outline a study into the neural explanation for OCD

What are SSRIs and how do they treat OCD?

What are alternative drug treatments for OCD?

Outline a study into the effectiveness of drug treatment for OCD

# AQA A-Level Psychology: Psychopathology

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## Complete Specification Guide

This comprehensive guide covers all required content for the AQA A-Level Psychology specification on Psychopathology. Each section includes detailed AO1 knowledge, three-level AO3 evaluation with clear "SO" statements showing the significance of each point, exam question plans, and AO2 application tips.

### 1. Definitions of Abnormality

#### AO1: Knowledge and Understanding

##### Overview

Defining abnormality is challenging because there's no universal agreement on what constitutes "abnormal" behaviour. Psychology uses four main definitions, each with distinct strengths and limitations. Understanding these definitions is crucial for diagnosing mental disorders and determining who needs treatment.

##### What is deviation from social norms?

**Definition:** Behaviour that violates unwritten social rules and expectations about how people should behave in society. What's considered "normal" is defined by social standards, and deviation from these norms is judged abnormal.

**Key features:**

- Based on society's implicit and explicit rules about acceptable behaviour
- Varies across cultures and historical periods
- Includes moral, legal, and social standards
- Abnormality judged by degree of deviation and context

**Examples:**

- Antisocial personality disorder - violates social norms around respecting others' rights, lacking empathy, aggression
- Historically: homosexuality was classified as mental disorder (DSM until 1973) because it violated social norms
- Wearing pyjamas to work, talking to yourself loudly in public, standing too close to strangers

## What is failure to function adequately?

**Definition:** Inability to cope with everyday living - when someone's behaviour prevents them from maintaining basic standards of nutrition, hygiene, work, relationships, or personal safety. Abnormality is judged by how much the behaviour interferes with daily functioning.

**Key features (Rosenhan & Seligman, 1989 identified characteristics):**

- **Personal distress:** Experiencing significant psychological or physical suffering
- **Maladaptive behaviour:** Behaviour preventing goal achievement or interfering with normal life
- **Unpredictability:** Displaying unexpected or uncontrolled behaviour
- **Irrationality:** Behaviour doesn't make logical sense to others
- **Observer discomfort:** Behaviour causes distress or discomfort to others
- **Violation of moral standards:** Behaviour goes against prevailing moral expectations
- **Unconventionality:** Behaviour is unusual or statistically rare

**Examples:**

- Depression - can't get out of bed, maintain hygiene, go to work, maintain relationships
- Schizophrenia - inability to maintain employment, self-care, or distinguish reality from hallucinations
- Severe phobias - avoidance prevents normal activities (e.g., can't leave house due to agoraphobia)

## What is statistical infrequency?

**Definition:** Behaviour is abnormal if it's numerically rare or statistically uncommon in the population. Uses mathematical cut-offs to determine abnormality - behaviours more than 2 standard deviations from the mean are considered abnormal.

**Key features:**

- Based on normal distribution and standard deviations
- Objective, quantifiable approach using statistics
- Requires measurable characteristics (IQ, symptom frequency, severity scores)
- Typically uses 5% of population as cut-off (beyond 2 SD from mean)

**Examples:**

- Intellectual disability - IQ below 70 (affecting ~2% of population)
- Clinical depression - requires specific number and severity of symptoms occurring for minimum duration
- Average IQ is 100 with SD of 15 - scores below 70 or above 130 are statistically rare

## What is deviation from ideal mental health?

**Definition:** Abnormality defined by absence of positive mental health criteria rather than presence of negative symptoms. Similar to medical model defining physical illness as absence of health signs. Based on Jahoda's (1958) criteria for optimal mental health.

**Jahoda's criteria for ideal mental health:**

- **Positive self-attitude:** High self-esteem, strong sense of identity, self-acceptance
- **Self-actualisation:** Reaching full potential, personal growth, development (Maslow)
- **Autonomy:** Independence, self-reliance, able to make own decisions
- **Resistance to stress:** Effective coping mechanisms, stress management
- **Accurate perception of reality:** Realistic view of world, not distorted by anxiety/depression

- **Environmental mastery:** Competence in life areas (love, work, relationships, leisure), ability to meet life's demands

**Application:** Absence of these criteria suggests poor mental health. Someone lacking multiple criteria would be considered abnormal.

## AO3: Evaluation of Definitions

### Deviation from Social Norms - Evaluation

**Strength:** Considers social context and cultural norms - recognises that abnormality is relative to social/cultural standards rather than universal.

*SO: This cultural sensitivity is important for avoiding ethnocentric bias in diagnosis, though it also means definitions vary across societies, questioning whether there can be objective standards for mental disorder.*

**Limitation:** Culturally relative - what's abnormal in one culture may be normal in another. Hearing voices is abnormal in Western cultures but valued spiritual experience in some cultures.

*SO: This cultural relativity questions whether diagnosis based on social norms can be valid across different societies, risking ethnocentric bias where Western norms are imposed on non-Western populations.*

**Limitation:** Changes over time - homosexuality was psychiatric disorder until 1973. Social norms evolve, questioning whether definitions based on current norms genuinely identify mental disorder.

*SO: This historical shift demonstrates that social norm-based definitions may reflect prejudice rather than genuine psychopathology, raising ethical concerns about labelling norm-violating behaviour as mental illness.*

**Limitation:** Can be used for social control - labelling non-conformists as mentally ill can suppress dissent or alternative lifestyles, as in Soviet political dissidents being diagnosed with schizophrenia.

*SO: This abuse potential shows definitions based on social norms can be misused politically or socially to pathologize difference, questioning the ethical validity of this approach.*

### Failure to Function Adequately - Evaluation

**Strength:** Patient-centred approach - focuses on individual's distress and inability to cope, respecting their subjective experience and need for help.

*SO: This makes it practical and humane - people seek help when they can't function, so this definition aligns with when treatment is actually needed and wanted.*

**Strength:** Observable and measurable - Rosenhan & Seligman's criteria provide specific signs clinicians can assess, making definition more objective than subjective judgements alone.

*SO: This operationalisation enables more reliable diagnosis as clinicians can use standardised criteria rather than personal opinions about what constitutes "functioning."*

**Limitation:** Subjective thresholds - who decides what level of functioning is "adequate"? Some people function at lower levels by choice (artists, monks, alternative lifestyles) without being abnormal.

*SO: This questions whether failure to meet society's functional expectations genuinely indicates mental disorder or just reflects unconventional but valid lifestyle choices.*

**Limitation:** Not all dysfunctional behaviour is abnormal - substance abuse affects functioning but may not indicate mental disorder. Bereavement causes dysfunction temporarily but isn't pathological.

*SO: This shows dysfunction alone isn't sufficient for abnormality diagnosis - context and causes matter, suggesting this definition needs supplementing with other criteria.*

### Statistical Infrequency - Evaluation

**Strength:** Objective and quantifiable - uses mathematical criteria rather than subjective judgements, enabling more reliable and consistent diagnosis across clinicians.

*SO: This scientific approach reduces clinician bias and disagreement, making diagnosis more standardised and potentially more valid through clear, testable criteria.*

**Limitation:** Infrequent doesn't always mean abnormal - high IQ is statistically rare but desirable, not a disorder. Genius, exceptional athletic ability are infrequent but not pathological.

*SO: This shows statistical rarity alone doesn't define abnormality - requires judgement about whether the rarity is undesirable, reintroducing subjectivity that definition aims to avoid.*

**Limitation:** Where to draw the cut-off line is arbitrary - why 2 standard deviations rather than 1.5 or 2.5? Different cut-offs classify different people as abnormal.

*SO: This arbitrariness questions whether statistical definition genuinely identifies objective abnormality or creates artificial categories that label substantial proportions of normal population as disordered.*

**Limitation:** Some common behaviours are maladaptive - depression and anxiety are statistically common but still disorders. Frequency doesn't determine whether treatment is needed.

*SO: This demonstrates that statistical approach misses many people needing help whilst including some who don't, questioning its validity as primary definitional criterion.*

### Deviation from Ideal Mental Health - Evaluation

**Strength:** Positive, comprehensive approach - focuses on what's desirable (mental health) rather than just pathology, providing holistic view of psychological wellbeing.

*SO: This shifts focus to promoting positive mental health rather than just treating illness, potentially enabling prevention and early intervention before disorders develop.*

**Limitation:** Criteria are culture-bound - autonomy and self-actualisation valued in individualistic Western cultures but not in collectivist cultures that prioritise group harmony over individual achievement.

*SO: This cultural bias means definition based on Western values of ideal health may pathologize normal behaviour in non-Western cultures, raising validity concerns for global application.*

**Limitation:** Unrealistic standards - few people meet all Jahoda's criteria; most would be classified abnormal. Setting such high bar makes definition impractical.

*SO: This over-inclusive nature means nearly everyone could be diagnosed as mentally unwell, undermining definition's utility for identifying who genuinely needs treatment versus normal struggles.*

**Limitation:** Criteria are vague and subjective - "self-actualisation" and "accurate perception of reality" are difficult to define and measure objectively, reducing reliability.

*SO: This subjectivity means different clinicians might disagree on whether someone meets criteria, reducing diagnostic consistency and questioning whether definition can be applied reliably in practice.*

## Exam Questions

**6-mark question: "Outline two definitions of abnormality." [6 marks: AO1 = 6]**

**Answer should include:**

- Two definitions from: deviation from social norms, failure to function adequately, statistical infrequency, deviation from ideal mental health
- Clear explanation of each definition with key features
- Examples to illustrate each definition
- Approximately 3 marks per definition (balanced)

**8-mark question: "Describe and evaluate one definition of abnormality." [8 marks: AO1 = 4, AO3 = 4]**

**AO1 Plan (4 marks):**

- Choose one definition (e.g., failure to function adequately)
- Clear explanation of definition
- Key features (Rosenhan & Seligman's criteria if FFA)
- Examples to illustrate

**AO3 Plan (4 marks):**

- 2 strengths OR 2 limitations OR 1 of each
- Each point should be developed with explanation
- Consider: cultural/temporal validity, practical applications, objectivity, comprehensiveness



### AO2 Application Tips

**Key skill:** Identify which definition best applies to a given scenario and justify your choice.

**Example:** "Maria believes everyone is watching her and discussing her behaviour. She has stopped going to work and leaves her house only at night when fewer people are around. She reports feeling extremely distressed."

**Answer:** Maria's behaviour demonstrates **failure to function adequately** - she cannot maintain employment (maladaptive behaviour preventing goal achievement), experiences personal distress, and displays behaviour that interferes with daily living. Her beliefs also show **deviation from ideal mental health** - inaccurate perception of reality (paranoid beliefs), lack of environmental mastery (unable to cope with work/social situations), and low autonomy (behaviour controlled by fears). The behaviour could also be considered **deviation from social norms** as paranoid beliefs violate expectations about rational thinking. However, failure to function adequately is most applicable as the primary issue is her inability to cope with normal life demands, causing significant distress and impairment.