PSYCHOLOGICAL ASSUMPTIONS

SOCIAL APPROACH	• behaviour, cognitions and emotions can be influenced by other individuals	• behaviour, cognitions and emotions can be influenced by groups or social contexts
BIOLOGICAL APPROACH	• behaviour, cognition and emotions can be explained in terms of the working of the brain and the effect of hormones	• similarities and differences between people can be understood in terms of biological factors and their interaction with other factors
COGNITIVE APPROACH	• behaviour and emotions can be explained in terms of the role of cognitive processes such as attention, language, thinking and memory	• similarities and differences between people can be understood in terms of individual patterns of cognition
LEARNING APPROACH	• conditioning helps to explain changes in behaviour	• social learning helps to explain changes in behaviour.

REVIEW ON APPROACHES

Feature	Behaviourist	Cognitive	Biological	Psychodynamic	Humanistic
Main focus/ Assumption	All behaviour is learnt. Animal and humans learn the same. The mind is irrelevant. (Nurture/ Determinism)	We are like a computer. The focus is on mental processes (input-process-output) (Nature & Nurture/ Freewill)	Behaviour is caused by hormones, genetics, evolution and the CNS. (Nature/ Determinism)	Our childhood influences our behaviour unconsciously. We have innate drives and motivations. (Nature/ Determinism)	An individual should be seen as a whole and are driven to their full potential. Considers feelings and choices. (Nurture/Free will)
What does it ignore?	Complex learning; genetics; personality; cognitive processes + structures.	Genetics, personality, motivation; long term goals	Environmental issues and cognitive structure and processing.	Positive emotions; 'normal' individuals; biological factors (neurochemistry, genetics)	Biological factors.; childhood and development; limited interest in cognitive structure
Who does it test on?	Humans + animals (Pavlov, Skinner, Bandura)	Human only	Humans + animals	Humans only (Anna O, Little Hans)	Human only.
Preferred method of testing:	Experiments – only observable behaviour to be measured.	Experiments (Laboratory, field and natural)	Experiments + twin studies.	Case studies & therapy (free association, dream analysis, Freudian slips)	Qualitative data. Reports. Therapy.
Is it scientific?	Yes	Yes	Yes	No	No
Known for:	Classical/Operant conditioning; Social Learning Theory	Twin studies and concordance rates; Brain structure; Phineas Gage.	Schemas. Barlett (1932); cognitive neuroscience; CBT	Psychosexual stages, Personality; Defence mechanisms;	Maslow's Hierarchy of needs; Rogers self actualisation; Counselling Psychology.
Conscious or non-conscious processes?	Conscious	Both	Unconscious	Unconscious	Conscious

QUESTION GUIDE

Definition	Outline (AO1)	Evaluate (AO3)
Deviation from social norms	• Behaviour seen as **unacceptable** by society • Social deviancy • e.g. behaviours such as public nudity and disorders such as padeophilia	• Cultural relativism (bias) • Can't be applied universally to all cultures • Due to all cultures having different social norms • E.g. nudity is an acceptable behaviour in many non-western cultures (tribes) • Social norms change over time • E.g. homosexuality is no longer listed as a mental disorder
Failure to function adequately	• Being able to complete normal day to day activities and fulfil basic needs • e.g. Leaving the house, going to work, eating, cleaning etc. • Using this definition OCD/Depression would only be seen as significant if symptoms presented functioning	• Cultural relativism (bias) and can't be applied universally to all cultures due to cultural expectations of functioning varying • E.g. leaving the home area is not seen as normal to functioning in all cultures • However can be useful when measuring as it is relatively easy to list behaviours and objectively judge if the person has completed them

Deviation from ideal mental health	• Assessed using a criteria for what is seen to be the characteristics of an individual with sound mental health
	• Criteria includes:
	  • Accurate perception of reality
	  • High self-esteem
	  • Autonomy (independence)
		• Cultural relativism (bias)
		• Can't be applied universally to all cultures
		• Criteria is based on Western expectations of mental health
		• E.g. Collectivist cultures would not see independence as essential
		• Who can achieve all? Difficult to define the cut off point for abnormality

Statistical Infrequency	• Defines abnormality by behaviour that is rare or unusual • This is calculated by comparing an individual with the behaviour of the population • Normal distribution curves allow for extreme behaviour to be identified	• Definition does not distinguish between desirable and undesirable behaviour • E.g. high levels of IQ would be seen as a positive not abnormal attribute • The cut off point is also subjectively determined and people may disagree how rare a behaviour should be to be determined abnormal

CORE STUDIES

SOCIAL APPROACH	**MILGRAM (1963)** OBEDIENCE
-	**PILIAVIN ET AL.** SUBWAY SAMARITANS
-	**YAMAMOTO ET AL.** CHIMPANZEE HELPING
BIOLOGICAL APPROACH	**CANLI ET AL. (2000)** BRAIN SCANS AND EMOTIONS
-	**DEMENT & KLEITMAN** SLEEP AND DREAM
-	**SCHACHTER AND SINGER (1962)** TWO FACTORS IN EMOTIONS
COGNITIVE APPROACH	**ANDRADE** DOODLING
-	**BARON-COHEN ET AL.** EYES TEST (AS AND HFA)
-	**LANEY ET AL.** FALSE MEMORY
LEARNING APPROACH	**BANDURA ET AL.** AGGRESSION
-	**SAAVEDRA & SILVERMAN** BUTTON PHOBIA
-	**PEPPERBURG** PARROT LEARNING

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