Please check the examination details below before entering your candidate information

Candidate surname: StemUp Model Solution | Other names:

Centre Number | Candidate Number

Pearson Edexcel International Advanced Level

Thursday 8 June 2023

Morning (Time: 2 hours)

Paper reference **WPS04/01**

Psychology

International Advanced Level

UNIT 4: Clinical Psychology and Psychological Skills

You do not need any other materials.

Total Marks

Instructions

- Use **black** ink or ball-point pen.
- **Fill in the boxes** at the top of this page with your name, centre number and candidate number.
- Answer **all** questions.
- Answer the questions in the spaces provided – *there may be more space than you need.*

Information

- The total mark for this paper is 96.
- The marks for **each** question are shown in brackets – *use this as a guide as to how much time to spend on each question.*
- The list of formulae and statistical tables are printed at the start of this paper
- Calculators may be used.

Advice

- Read each question carefully before you start to answer it.
- Try to answer every question.
- Check your answers if you have time at the end.

Turn over ▶

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FORMULAE AND STATISTICAL TABLES

Standard deviation (sample estimate)

$$\sqrt{\left(\frac{\sum\left(x-\bar{x}\right)^2}{n-1}\right)}$$

Spearman's rank correlation coefficient

$$1-\frac{6\sum d^2}{n\left(n^2-1\right)}$$

Critical values for Spearman's rank

	Level of significance for a one-tailed test				
	0.05	**0.025**	**0.01**	**0.005**	**0.0025**
	Level of significance for a two-tailed test				
N	**0.10**	**0.05**	**0.025**	**0.01**	**0.005**
5	0.900	1.000	1.000	1.000	1.000
6	0.829	0.886	0.943	1.000	1.000
7	0.714	0.786	0.893	0.929	0.964
8	0.643	0.738	0.833	0.881	0.905
9	0.600	0.700	0.783	0.833	0.867
10	0.564	0.648	0.745	0.794	0.830
11	0.536	0.618	0.709	0.755	0.800
12	0.503	0.587	0.678	0.727	0.769
13	0.484	0.560	0.648	0.703	0.747
14	0.464	0.538	0.626	0.679	0.723
15	0.446	0.521	0.604	0.654	0.700
16	0.429	0.503	0.582	0.635	0.679
17	0.414	0.485	0.566	0.615	0.662
18	0.401	0.472	0.550	0.600	0.643
19	0.391	0.460	0.535	0.584	0.628
20	0.380	0.447	0.520	0.570	0.612
21	0.370	0.435	0.508	0.556	0.599
22	0.361	0.425	0.496	0.544	0.586
23	0.353	0.415	0.486	0.532	0.573
24	0.344	0.406	0.476	0.521	0.562
25	0.337	0.398	0.466	0.511	0.551
26	0.331	0.390	0.457	0.501	0.541
27	0.324	0.382	0.448	0.491	0.531
28	0.317	0.375	0.440	0.483	0.522
29	0.312	0.368	0.433	0.475	0.513
30	0.306	0.362	0.425	0.467	0.504

The calculated value must be equal to or exceed the critical value in this table for significance to be shown.

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Chi-squared distribution formula

$$X^2 = \sum \frac{(O-E)^2}{E} \qquad df = (r-1)(c-1)$$

Critical values for chi-squared distribution

	Level of significance for a one-tailed test					
	0.10	**0.05**	**0.025**	**0.01**	**0.005**	**0.0005**
	Level of significance for a two-tailed test					
df	**0.20**	**0.10**	**0.05**	**0.025**	**0.01**	**0.001**
1	1.64	2.71	3.84	5.02	6.64	10.83
2	3.22	4.61	5.99	7.38	9.21	13.82
3	4.64	6.25	7.82	9.35	11.35	16.27
4	5.99	7.78	9.49	11.14	13.28	18.47
5	7.29	9.24	11.07	12.83	15.09	20.52
6	8.56	10.65	12.59	14.45	16.81	22.46
7	9.80	12.02	14.07	16.01	18.48	24.32
8	11.03	13.36	15.51	17.54	20.09	26.12
9	12.24	14.68	16.92	19.02	21.67	27.88
10	13.44	15.99	18.31	20.48	23.21	29.59
11	14.63	17.28	19.68	21.92	24.73	31.26
12	15.81	18.55	21.03	23.34	26.22	32.91
13	16.99	19.81	22.36	24.74	27.69	34.53
14	18.15	21.06	23.69	26.12	29.14	36.12
15	19.31	22.31	25.00	27.49	30.58	37.70
16	20.47	23.54	26.30	28.85	32.00	39.25
17	21.62	24.77	27.59	30.19	33.41	40.79
18	22.76	25.99	28.87	31.53	34.81	42.31
19	23.90	27.20	30.14	32.85	36.19	43.82
20	25.04	28.41	31.41	34.17	37.57	45.32
21	26.17	29.62	32.67	35.48	38.93	46.80
22	27.30	30.81	33.92	36.78	40.29	48.27
23	28.43	32.01	35.17	38.08	41.64	49.73
24	29.55	33.20	36.42	39.36	42.98	51.18
25	30.68	34.38	37.65	40.65	44.31	52.62
26	31.80	35.56	38.89	41.92	45.64	54.05
27	32.91	36.74	40.11	43.20	46.96	55.48
28	34.03	37.92	41.34	44.46	48.28	56.89
29	35.14	39.09	42.56	45.72	49.59	58.30
30	36.25	40.26	43.77	46.98	50.89	59.70
40	47.27	51.81	55.76	59.34	63.69	73.40
50	58.16	63.17	67.51	71.42	76.15	86.66
60	68.97	74.40	79.08	83.30	88.38	99.61
70	79.72	85.53	90.53	95.02	100.43	112.32

The calculated value must be equal to or exceed the critical value in this table for significance to be shown.

Wilcoxon Signed Ranks test process

- Calculate the difference between two scores by taking one from the other
- Rank the differences giving the smallest difference Rank 1

  Note: do not rank any differences of 0 and when adding the number of scores, do not count those with a difference of 0, and ignore the signs when calculating the difference
- Add up the ranks for positive differences
- Add up the ranks for negative differences
- T is the figure that is the smallest when the ranks are totalled (may be positive or negative)
- N is the number of scores left, ignore those with 0 difference

Critical values for the Wilcoxon Signed Ranks test

	Level of significance for a one-tailed test		
	0.05	0.025	0.01
	Level of significance for a two-tailed test		
n	0.1	0.05	0.02
N=5	0	–	–
6	2	0	–
7	3	2	0
8	5	3	1
9	8	5	3
10	11	8	5
11	13	10	7
12	17	13	9

The calculated value must be equal to or less than the critical value in this table for significance to be shown.

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SECTION A

Clinical Psychology

Answer ALL questions. Write your answers in the spaces provided.

1 In your studies of clinical psychology you will have learned about classification systems and the reliability of diagnosis.

(a) Describe the DSM and ICD classification systems.

(4)

DSM

The DSM (Diagnostic and Statistical Manual of Mental Disorders) is published by the American Psychiatric Association, and the current version is the DSM-5. It is a manual used to diagnose mental health disorders only. Disorders are grouped into sections and chapters organised around common symptoms, and each disorder has a list of diagnostic criteria, eg how many symptoms must be present and for how long.

ICD

The ICD (International Classification of Diseases) is published by the World Health Organisation and is used worldwide to classify all human diseases and illnesses, not just mental disorders. It has a chapter on mental and behavioural disorders which gives the diagnostic criteria for each disorder together with an international reporting code, so that diagnoses can be recorded and compared across countries.

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(b) Explain **two** ways that mental health diagnosis could be considered reliable.

(4)

1 *Diagnosis can be reliable if different clinicians give the same person the same diagnosis using the same classification system, which shows strong inter-rater reliability. Brown et al. (2001) found that two independent interviews using the DSM-IV criteria gave the same diagnosis of anxiety and mood disorders in 362 outpatients, suggesting diagnosis using the DSM is reliable.*

2 *Diagnosis can also be reliable over time, if a patient is re-diagnosed with the same disorder when a newer version of the diagnostic manual is used (test-retest reliability). Goldstein (1988) re-diagnosed 199 patients who had an original diagnosis made using the DSM-II, using the DSM-III instead, and found good reliability between the diagnoses made with the two versions.*

(Total for Question 1 = 8 marks)

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2 Emily has been hearing voices telling her she is a bad person and saying that a secret team of people are coming to get her. She has become paranoid and thinks she sees people watching her when she leaves the house. Emily now refuses to leave the house.

Recently, she became extremely agitated and upset. Her parents were unsure what to do and took her to a hospital. A clinician diagnosed Emily with schizophrenia.

A mental health nurse comes to visit Emily to discuss options for treatment. The nurse talks to Emily about drug treatment.

(a) Explain **two** ways that drug treatment could be effective in helping Emily with her schizophrenia.

(4)

1 *Antipsychotic medication can be quickly and easily given to Emily as tablets or an injection to reduce her positive symptoms, such as the voices telling her she is bad. Emsley (2008) found risperidone gave at least a 50% reduction in positive and negative symptoms in 84% of patients, so drugs could calm Emily enough to access other treatments.*

2 *Drugs work quickly, which matters because Emily is extremely agitated and upset. Haloperidol usually starts to work within a few hours or days by blocking dopamine D2 receptors, so it can reduce her paranoia and hallucinations in an emergency, calming her down faster than a psychological therapy such as family therapy could.*

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(b) Explain **one** reason why drug treatment may not be effective in helping Emily with her schizophrenia.

(2)

Drugs can have side effects such as weight gain or low blood pressure, so Emily would need to be monitored closely, which is difficult as she refuses to leave the house. Atypical drugs such as clozapine or olanzapine carry a high risk of significant weight gain, so Emily may stop taking her medication (low adherence), meaning it is no longer effective and she may relapse.

(c) The mental health nurse also shares information about family therapy as a treatment for Emily.

Explain **one** reason why family therapy may be effective in helping Emily with her schizophrenia.

(2)

Family therapy would help Emily's parents, who were unsure what to do, to understand schizophrenia and learn how to support her daily functioning, such as managing her paranoia and taking practical steps to help her leave the house. Pitschel-Walz et al. (2001) found in a meta-analysis that relapse rates fell by an average of 20% when families took part in family interventions, so it could help Emily stay well.

(Total for Question 2 = 8 marks)

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3 In your studies of clinical psychology, you will have learned about the following contemporary study in detail:

- Suzuki et al. (2014).

(a) Explain **one** strength of Suzuki et al. (2014) in terms of ethics.

(2)

All 333 inpatients with schizophrenia and the 191 matched controls in Suzuki et al. (2014) gave written informed consent before their blood was sampled and their body weight was measured. This meant the BPS Code of Ethics and Conduct (2009) principle of respect was met, as participants understood the nature and purpose of the research before agreeing to take part.

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(b) Analyse the objectivity of the study by Suzuki et al. (2014).

(6)

Suzuki et al. (2014) calculated BMI from each participant's height in metres and body weight in kilograms. These are physical measurements that need no interpretation by the researcher, so the findings about the proportion of underweight and overweight inpatients are objective, as no subjective judgement was involved and another researcher would obtain the same BMI.

Objectivity was also increased by the blood sampling, which measured levels of protein, cholesterol, triglycerides and glucose in the participants' plasma. These are standard, well-used medical tests carried out with scientific equipment, so the results would not be open to researcher bias in the analysis of the samples, making the data objective.

However, the eating behaviours and amount of exercise of the inpatients were not recorded during their time in hospital, and these could have affected their BMI. This limits the accuracy of the measurements, so BMI may be a less objective record of their health and nutritional status than it appears, because the researchers had to infer what caused the differences in weight status. Overall, the study is mostly objective as its main measures were quantitative and physiological, but the conclusions drawn from them involve some interpretation.

(Total for Question 3 = 8 marks)

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4 In your studies of clinical psychology, you will have learned about the history of abnormality.

Explain **one** way that our understanding of abnormality has improved over time.

Our understanding of the causes of abnormality has improved, moving away from medieval beliefs that abnormal behaviour was due to possession by evil spirits or punishment from God towards a medical and psychological understanding of mental disorders. This has improved how society responds to people with mental health disorders, as they are now given humane treatments such as drugs and therapy rather than being punished or locked away, which helps to reduce stigma.

(Total for Question 4 = 2 marks)

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5 In your studies of clinical psychology, you will have conducted a practical investigation.

(a) Describe how you gathered secondary data for your practical investigation.

(2)

For our content analysis of attitudes to mental health, we used a standard online search engine to find media reports about people with mental health issues, such as articles about mental illness and crime. We printed ten articles from tabloid newspapers and ten from broadsheets, numbered them, and randomly selected four articles from each group to analyse.

(b) Describe how you analysed the secondary data in your practical investigation.

(2)

Before reading any articles, we agreed a coding system of key words and phrases that showed positive or negative attitudes to mental health. We each read the articles and tallied every negative term, such as "dangerous" or "psycho", and every positive term, such as "misunderstood illness" or "recovery", then totalled each category and compared tabloids with broadsheets.

(c) Describe **one** conclusion you made in your practical investigation.

(2)

We concluded that tabloid media outlets more often emphasise negative stereotypes of mental illness, presenting people with mental health disorders as dangerous to society. In contrast, broadsheet sources presented more positive attitudes, with most portraying mental health disorders as illnesses that need support and understanding.

(Total for Question 5 = 6 marks)

TOTAL FOR SECTION A = 32 MARKS

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SECTION B

Clinical Psychology

Answer the question. Write your answer in the space provided.

6 Evaluate the classic study by Rosenhan (1973).

(16)

Rosenhan (1973) aimed to test whether psychiatrists could tell the sane from the insane. Eight sane people (three women and five men), including a psychology graduate, three psychologists, a paediatrician, a psychiatrist, a painter and a housewife, acted as pseudo-patients. They sought admission to 12 different psychiatric hospitals in five states of the USA, including both state and private hospitals. Each used a standardised account, reporting hearing voices that said "empty", "hollow" and "thud", but otherwise behaved normally and gave true life histories. All were admitted, 11 with a diagnosis of schizophrenia, and were discharged with "schizophrenia in remission" after an average stay of 19 days. Once on the ward they kept written records and diaries of their experiences. They found patients experienced depersonalisation, powerlessness and a lack of privacy; for example, 71% of psychiatrists approached with a question moved on with their head averted. In a follow-up, staff at a hospital told to expect pseudo-patients judged 41 of 193 genuine patients to be fakes with high confidence, even though none had been sent.

A strength is that the study had high ecological validity. The hospitals were real psychiatric settings and staff did not know they were being studied, so their behaviour was natural and the findings represent how psychiatric care and diagnosis actually took place. As 12 hospitals of different types in five states were used, the findings can also be generalised to psychiatric care in the USA at that time.

A further strength is that the detailed notes kept by the pseudo-patients give strong validity to the data about inpatient experiences, as they documented first hand how they were treated

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and felt and how other patients were treated. Normal behaviour was reinterpreted as a symptom, for example note-taking was recorded as "patient engages in writing behaviour". This highlighted the role of context in diagnosis and how labels stick, and the standardised procedure means the study is replicable.

However, the pseudo-patient reports could not be corroborated, as there was usually only one observer in each hospital, so the data may be subjective and lack reliability. The pseudo-patients may also have had biased reasons for taking part, wanting to show psychiatry was flawed, which reduces the objectivity of their accounts. In addition, as the confederates were sane, their experiences are not representative of the wider population of patients in psychiatric institutions, so findings about patient experience lack generalisability.

The validity of the conclusions about diagnosis can also be questioned. Hearing voices is a serious symptom, and clinicians may have admitted the pseudo-patients out of medical caution, as it is safer to admit a sane person than to turn away someone ill. This means the study may have tested caution rather than whether diagnosis is valid, and Spitzer (1975) argued that "in remission" was a rare diagnosis, showing staff did recognise that the pseudo-patients were not showing symptoms.

There are also ethical issues. The doctors and staff did not know they were in a study, so they did not give informed consent, were deceived and had no right to withdraw. However, this deception was needed to obtain valid data, and the findings were very useful: they could be applied to hospital procedures in the 1970s to improve patient care, such as dignity, privacy and time spent with physicians, and they contributed to changes in diagnostic manuals such as the DSM.

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In conclusion, Rosenhan's study has weaknesses in reliability, objectivity and ethics, and it may have tested caution rather than diagnosis. Nevertheless, its high ecological validity and detailed qualitative records gave powerful evidence that context and labelling affect diagnosis and patient care, so on balance its strengths and practical value outweigh its limitations.

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(Total for Question 6 = 16 marks)

TOTAL FOR SECTION B = 16 MARKS

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SECTION C

Psychological Skills

Answer ALL questions. Write your answers in the spaces provided.

7 Psychological research can be conducted using experimental methods.

Explain **one** strength and **one** weakness of using a field experiment when conducting psychological research.

Strength

A field experiment allows the researcher to manipulate the independent variable and measure the dependent variable in the participants' natural environment, such as a school or street. Because participants behave as they normally would, this increases the ecological validity of any cause and effect conclusions drawn from the results.

Weakness

There is less control over extraneous variables in a field experiment than in a laboratory, such as noise, weather or other people being present. This means variables other than the IV may confound the results, so the researcher cannot be sure the IV caused the change in the DV, and the study is hard to replicate, giving less reliable data.

(Total for Question 7 = 4 marks)

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8 Lexy plans to research whether the amount of positive reinforcement received is related to the engagement in homework shown by children.

Lexy decides to use a questionnaire to gather her data. She posts a link to her questionnaire on several online forums that are used only by parents and teachers. Lexy asks for anyone who has time, to complete her questionnaire. She states that the questionnaire will be anonymous.

(a) Give **one** reason why Lexy may have stated that the questionnaire will be anonymous.

(1)

Anonymity may encourage parents and teachers to answer honestly about how much positive reinforcement they give and how engaged children are with homework, without worrying about being judged.

(b) Describe **one** reason why Lexy may have chosen to sample parents and teachers in her research about positive reinforcement.

(2)

Parents and teachers are the people most likely to be involved in children completing homework and to give them positive reinforcement such as praise or rewards. Teachers can give data about the rewards they give and how often homework is completed, and parents can say whether their children engage with homework at home, so both groups have direct knowledge of the variables Lexy is studying.

(c) Give **two** closed-ended questions that Lexy could use in her questionnaire to research the use of positive reinforcement.

(2)

1 *When a child completes their homework, do you give them verbal praise? Yes / Sometimes / No*

2 *How often do you give a reward, such as a sticker, to a child who completes their homework? Every time / Sometimes / Never*

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(d) Lexy completed her research and analysed the data from the questionnaires.

Calculate the Spearman's rank correlation coefficient for the data gathered by Lexy by completing **Table 1**.

The formulae and statistical tables can be found at the front of the paper.

You must show your working out and give your answer to three decimal places.

(4)

Number of times positive reinforcement is given in a day	Rank 1	Number of hours spent on homework in a day	Rank 2	d	d^2
8	2	1	2	0	0
9	3.5	1	2	1.5	2.25
4	1	2	5	−4	16
12	6	1	2	4	16
16	7	3	7.5	−0.5	0.25
11	5	2	5	0	0
9	3.5	3	7.5	−4	16
17	8	2	5	3	9
				Total for d^2	59.5

Table 1

Space for calculations

$$r_s = 1 - \frac{6\Sigma d^2}{n(n^2-1)} = 1 - \frac{6 \times 59.5}{8(8^2-1)}$$

$$= 1 - \frac{357}{8 \times 63} = 1 - \frac{357}{504}$$

$$= 1 - 0.708 = 0.292 \quad (3 \text{ d.p.})$$

Spearman's rank correlation coefficient 0.292

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(e) Determine, with reference to the data, whether Lexy's results are significant at $p \leqslant 0.05$ for a two-tailed (non-directional) test.

The critical values tables can be found at the front of this paper.

(1)

The calculated value of 0.292 is less than the critical value of 0.738 (N = 8, p ≤ 0.05, two-tailed), so Lexy's results are not significant and the null hypothesis is retained.

(Total for Question 8 = 10 marks)

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9 Brian is investigating the impact of noise on short-term memory recall. He has gathered a sample of 20 participants to take part in his research. He plans to use a laboratory experiment using a repeated measures design.

(a) Describe a procedure that could be used by Brian for his investigation about the impact of noise on short-term memory recall.

(4)

Brian would test all 20 participants individually in the same soundproofed laboratory room, so no unplanned noise could be heard, and give standardised instructions. In the first condition (silence), each participant would see a list of 20 common, unrelated words, eg on a screen, for 30 seconds and then have 1 minute to write down as many words as they could recall in any order.

In the second condition (noise), the same participants would be shown a different list of 20 words, matched for length and frequency, for 30 seconds while loud instrumental music played through headphones at the same volume during presentation and recall. He could also add a third condition using noise that contains words, such as a recorded speech.

To control order effects of the repeated measures design, Brian would counterbalance the conditions, so 10 participants do silence first and 10 do noise first. The DV, number of words correctly recalled in each condition, would be recorded and compared.

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(b) Explain **one** strength of Brian gathering primary data for his investigation about the impact of noise on short-term memory recall.

(2)

The primary data Brian gathers will be directly relevant to his aim of finding out how noise affects short-term memory recall, as he designs the procedure, controls the noise and measures the number of words recalled himself. This increases the validity of his investigation, because his results about recall will be an accurate test of the effect of noise rather than relying on data collected for a different purpose.

(Total for Question 9 = 6 marks)

TOTAL FOR SECTION C = 20 MARKS

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SECTION D

Answer the question. Write your answer in the space provided.

10 One key question for society is whether psychological knowledge can help in the understanding of factors that influence social development.

Social development helps children engage and take part in social situations such as at home, at school and making friends. We can develop our identity, gender and culture through the interactions with the world around us.

Adler and Adler (1998) studied children in the United States. They found that friends were very important, but some groups gained a higher status than others and certain members of the group had more power and influence than others.

Some theories may suggest people are continuously presented with media messages and media content. This media could be manipulative, such as propaganda; or negative, as seen in concerns about media violence and aggression; but can also share positive messages, such as learning and educational television programmes made for children.

Discuss the key question of whether psychological knowledge can help in the understanding of factors that influence social development. You should use concepts, theories and/or research studied in your psychology course.

You **must** make reference to the context in your answer.

(8)

Psychological knowledge can help us understand factors that influence social development. Social learning theory (Bandura) suggests we learn behaviour by observing and imitating role models, especially those who are similar to us or have high status, and through vicarious reinforcement. Bandura et al. (1961) found children who watched an adult model behave aggressively towards a Bobo doll imitated that aggression. This helps explain the concern in the context about media violence: children may see violent characters on television or in games as role models and imitate their aggression, so media acts as an agent of secondary socialisation.

Social learning also explains the positive side of the media in the context, as educational television programmes made for children can model prosocial behaviour such as sharing, which children imitate. Conformity to the norms and values of wider society through these programmes can therefore have a beneficial effect on social development.

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Schema theory (Bartlett, 1932) suggests we form schemas from our experiences of the world, which then guide how we interpret and remember events. Repeated exposure to manipulative media such as propaganda could lead to negative schemas about a group becoming part of a person's beliefs, influencing their identity and how they treat others.

Social power theory (French and Raven, 1959) explains how people with legitimate or referent power can lead others to comply with their norms. This helps explain Adler and Adler's (1998) finding that some members of children's friendship groups had more power and influence than others, so these high status children could socialise peers into particular values. Asch (1951) found participants conformed to a majority answer even when the correct answer was unambiguous, supporting the idea that children conform to their peer group's norms.

However, psychological knowledge may be limited. Much of this research, such as Bandura and Asch, used artificial laboratory tasks, so it may not reflect real social development at home, at school and with friends. Adler and Adler studied children only in the United States, so their findings may not apply to other cultures. Social development also involves biological factors such as temperament, so these theories give only part of the picture. Overall, psychology does help to explain the factors that influence social development, but the interaction of media, peers, family and culture is complex.

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(Total for Question 10 = 8 marks)

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SECTION E

Answer the question. Write your answer in the space provided.

11 Assess whether reductionism could be considered beneficial for psychology.

(20)

Reductionism means explaining complex human behaviour by breaking it down into smaller, isolated parts that can be studied and measured, ignoring the interactions between these parts. Biological reductionism explains behaviour in terms of neurons, neurotransmitters, hormones, genes or brain structure. Environmental reductionism, as in classical conditioning, reduces behaviour to simple stimulus-response associations. In research, reductionism involves narrowing a concept down to an isolated, operationalised variable so that it can be measured and tested within a hypothesis. The opposite view is holism, which argues that a person should be studied as a whole, including wider social and contextual influences on behaviour.

Reductionism can be beneficial because it makes psychology more scientific. Reducing behaviour to quantitative measures gives objective data about the effect of an independent variable on a dependent variable, so cause and effect can be established and research can be replicated. Experimental reductionism underpins much of cognitive psychology: Atkinson and Shiffrin (1968) reduced memory to an input-output process of sensory register, short-term memory and long-term memory. Although this simplified memory and ignored personal experience, it allowed scientific testing of each store, for example using recall of isolated words or numbers, which has greatly increased our understanding of memory.

Biological reductionism has also led to practical benefits. Brain scanning techniques that focus on specific regions, such as Raine et al.'s (1997) PET scans of murderers, which found reduced activity in the prefrontal cortex, have improved our understanding of aggression. Similarly, isolating the role of neurotransmitters such as dopamine has led to effective drug treatments for disorders such as schizophrenia, which reduce symptoms and allow patients to live in the

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community. This shows that reductionist research can directly improve lives.

However, reductionism can be criticised for oversimplifying behaviour. Watson and Rayner (1920) focused only on stimulus-response associations and ignored other possible factors in Little Albert's emotional reactions. Pavlov reduced learning to stimulus-response pairing, and explaining phobias only in this way may ignore wider experiences and thoughts that influence a phobia, so therapies based on it might not suit everyone. Bartlett (1932) viewed memory as a reconstructive process shaped by schemas and culture, a more holistic view that may explain everyday memory better than separate structural stores.

Reductionism can also have negative consequences. The XYY chromosome pattern has been associated with aggression, which allowed psychology to isolate a biological component of behaviour, but focusing on this can lead to labelling and stigma for individuals with XYY, and ignores environmental causes. Similarly, drug treatments manage symptoms without addressing social causes, so patients may relapse when they stop taking them.

Holistic approaches have their own value. The psychodynamic approach treats the whole person and has led to therapies that consider a person's past and relationships, suggesting holism reflects the complexity of behaviour better. Bowlby (1944) argued attachment is innate, but it depends on complex interactions with carers, so although there is an element of biological reductionism, it is beneficial to consider the whole experience of the child. However, holistic research often gathers qualitative data, which gives rich, in-depth understanding but is more subjective, open to interpretation and hard to test or replicate, limiting its scientific credibility.

In conclusion, reductionism is beneficial for psychology to a large extent, as it allows variables to be isolated, measured and tested scientifically, and has produced valuable theories and

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effective treatments. However, explanations at only one level risk oversimplifying behaviour and ignoring the interaction of biological, cognitive and social factors. The most useful approach is probably to use reductionist research as a starting point while combining levels of explanation, such as in the diathesis-stress model, to give a more complete understanding of human behaviour.

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