Surname	StemUp Model Solution	Centre Number	Candidate Number
Other Names			2

GCE A LEVEL

A290U10-1

S19-A290U10-1

PSYCHOLOGY – A level component 1
Psychology: Past to Present

MONDAY, 20 MAY 2019 – AFTERNOON

2 hours 15 minutes

For Examiner's use only		
Question	**Maximum Mark**	**Mark Awarded**
1.	**10**	
2.	**8**	
3.	**10**	
4.	**10**	
5.	**10**	
6.	**10**	
7.	**10**	
8.	**8**	
9.	**24**	
Total	**100**	

A290U101
01

INSTRUCTIONS TO CANDIDATES

Use black ink or black ball-point pen. Do not use pencil or gel pen. Do not use correction fluid.

Write your name, centre number and candidate number in the spaces at the top of this page.

Answer **all** the questions.

Write your answers in the spaces provided in this booklet. If you run out of space, use the additional page(s) at the back of the booklet, taking care to number the question(s) correctly.

INFORMATION FOR CANDIDATES

The number of marks is given in brackets at the end of each question or part-question.

You are reminded of the necessity for good English and orderly, clear presentation in your answers. Assessment will take into account the quality of written communication used in your answers.

MAY19A290U10101

© WJEC CBAC Ltd.

stemup.co.uk

Examiner only

Answer **all** *questions*

1. Evaluate Loftus and Palmer's (1974) research *'Reconstruction of automobile destruction: an example of the interaction between language and memory'*. [10]

A strength is the use of the lab experiment. The IV (verb: smashed, collided, bumped, hit, contacted) was manipulated with standardised film clips and questions, so cause and effect can be shown: 'smashed' gave a mean estimate of 40.5 mph against 31.8 mph for 'contacted'. This makes it replicable and reliable. However, it lacks ecological validity: watching short clips from driver safety films is not as emotional as a real crash, and Yuille and Cutshall (1986) found real witnesses were accurate and resisted leading questions. Demand characteristics may also explain results, as students may have guessed the aim and given a response bias rather than a changed memory, although Experiment 2 (32% said 'yes' to broken glass after 'smashed' vs 14% after 'hit') suggests the memory itself was altered.

The samples (45 and 150 American students) are unrepresentative, as students are less experienced drivers, so findings may not generalise. Ethically, there was little deception or harm, though crash clips could distress some participants.

The findings have great social value: they inform the cognitive interview and the Innocence Project, where mistaken eyewitness identification contributes to most wrongful convictions overturned by DNA. Overall, the research is well controlled and has had real impact on the legal system, but its artificial setting and student samples mean it may overestimate how easily real eyewitness memory is distorted.

© WJEC CBAC Ltd.

stemup.co.uk

Examiner only

2. Outline the positive assumption of focus on 'the good life' and **one** other positive assumption. [4+4]

Focus on the good life: Seligman proposed three desirable lives. The pleasant life involves positive emotions about the past, present and future; the good (engaged) life involves using our signature strengths and virtues in the main areas of life, such as work, love and leisure, to gain gratification and 'flow'; this leads to the meaningful life, using strengths in the service of something larger than ourselves. The good life has three elements: positive connections to others, positive individual traits (e.g. courage, kindness) and life regulation qualities (e.g. self-control).

Acknowledgement of free will: positive psychologists assume people can take charge of their own actions and choose to be happy, for example by choosing to develop their strengths, rather than behaviour being determined by the past. Diener's research on subjective wellbeing shows that happiness is partly within our control, as people can change their goals and relationships to increase wellbeing.

© WJEC CBAC Ltd.

stemup.co.uk

Examiner only

3. Describe the methodology and procedures of Raine, Buchsbaum and La Casse's (1997) research *'Brain abnormalities in murderers indicated by positron emission tomography'*. [10]

Methodology: a quasi-experiment, as the IV (being a murderer pleading not guilty by reason of insanity, NGRI, or not) occurred naturally and was not manipulated. The DV was glucose metabolism (activity) in brain regions measured by PET. A matched pairs design was used.

Experimental group: 41 participants (39 men, 2 women), mean age 34.3, all charged with murder or manslaughter in California. They were referred to the University of California for PET scans to gain evidence for an NGRI defence or to reduce their sentence. Reasons for referral included 23 with head injury or organic brain damage, 6 with schizophrenia, 3 with substance abuse, 2 with affective disorders, 2 with epilepsy, 3 with hyperactivity and 2 with personality disorders. All were kept medication free for two weeks, checked by urine screening.

Control group: 41 participants (39 men, 2 women), mean age 31.7, each matched to a murderer for sex and age; the 6 schizophrenic murderers were matched with 6 schizophrenics from a psychiatric sample. Controls were screened with a physical exam, psychiatric interview and medical history, and were medication free.

Procedures: an opportunity sample. Ten minutes before the injection, participants practised trials of the continuous performance task (CPT), pressing a button whenever a target '0' appeared on screen. The CPT began 30 seconds before the radioactive tracer fluorodeoxyglucose (FDG) was injected, and participants did it for 32 minutes so that the active brain regions took up the tracer. They were then given a PET scan, and ten horizontal slices of the brain were taken. Cortical and subcortical regions were compared between the matched groups.

© WJEC CBAC Ltd.

stemup.co.uk

Examiner only

4. Evaluate either systematic desensitisation **OR** aversion therapy. [10]

I will evaluate systematic desensitisation (SD).

There is research support for SD. Capafons et al. (1998) treated people with a fear of flying with SD and compared them with a waiting-list control group. The treated group reported less fear and showed fewer physiological signs of anxiety in a flight simulator. McGrath et al. (1990) found about 75% of patients with specific phobias responded to SD, showing it is effective.

SD is ethical and has low dropout rates. The client builds the anxiety hierarchy with the therapist, learns relaxation (reciprocal inhibition) and moves at their own pace, so anxiety stays low and valid consent is maintained throughout. This contrasts with flooding, and it is suitable for clients who may not cope with talking therapies, such as people with learning difficulties.

SD is scientific, as it is based on classical conditioning, and progress can be observed and measured (e.g. how far up the hierarchy the client gets). It is also fairly short, usually 4 to 6 sessions, so it is cheap.

However, in vitro (imagined) exposure is less effective than in vivo, as not all clients can imagine the feared object vividly, so individual differences affect success. The therapist's competence also matters.

SD treats symptoms rather than causes. Psychodynamic psychologists argue the phobia may reflect unconscious conflict, so symptom substitution may occur. It is also less effective for evolutionary phobias, which Seligman's preparedness suggests are partly innate, and for complex disorders such as social phobia.

Overall, SD is an effective, ethical and cheap therapy for specific phobias, though less useful for complex anxiety disorders.

© WJEC CBAC Ltd.

stemup.co.uk

Examiner only

5. Lucy and Michael are having a discussion about the biological approach. Lucy is impressed by the biological approach but Michael disagrees.

Explain **one** strength that Lucy might use and **one** weakness that Michael might use in their discussion. [5+5]

Strength (Lucy): Lucy could argue that the biological approach is highly scientific. It uses objective methods such as lab experiments and brain scans (PET, fMRI) that give measurable, observable data. For example, Raine et al. (1997) used PET scans under standardised conditions and found that murderers pleading NGRI had lower glucose metabolism in the prefrontal cortex than matched controls. Procedures like this can be replicated, so findings are reliable, which gives psychology credibility as a science. Lucy could add that this research has led to effective drug therapies, e.g. SSRIs for depression, which are quick and cheap and allow many patients to live independently, so the approach has clear practical value.

Weakness (Michael): Michael could argue that the approach is reductionist. It reduces complex behaviour, such as aggression or depression, to genes, neurotransmitters or brain areas and ignores cognitive, social and cultural factors. For example, twin studies show that concordance for schizophrenia in identical twins is around 48%, not 100%, so the environment must play a role. Michael could also say the approach is determinist, suggesting people have no free will over their behaviour, which raises issues for responsibility, e.g. in court, and drugs may only treat symptoms, so relapse is common when medication stops. Michael could conclude that an interactionist view, such as the diathesis-stress model, is more complete.

© WJEC CBAC Ltd.

stemup.co.uk

Examiner only

6. Apply the assumptions of the cognitive approach to explain human behaviour. [10]

The computer analogy assumes the mind processes information like a computer: input (perception and attention), processing (memory, thinking) and output (behaviour). This explains eyewitness testimony: Loftus and Palmer (1974) showed that post-event information, such as the verb 'smashed', is processed and stored with the original memory, so the witness's output (speed estimate) changes.

Schemas are mental frameworks built from past experience that guide how we interpret new information. In bullying, a child with a hostile attribution schema may interpret an accidental push as deliberate and respond aggressively. In relationship formation, schemas about what an ideal partner is like affect who we are attracted to.

Internal mental processes, such as rational and irrational thinking, mediate between stimulus and response and can be studied scientifically, though Wundt's introspection was an early attempt. Faulty thinking explains depression: Beck's negative triad (negative views of self, world and future) leads to depressive behaviour. In addiction, a gambler's irrational beliefs, such as the 'near miss' or illusion of control, maintain gambling. In stress, Lazarus's appraisal model suggests stress happens when we judge a demand to exceed our coping resources. Frith suggested schizophrenia arises from a failure of metarepresentation, so inner speech is misattributed to an external voice.

The approach takes a soft determinist view: behaviour is shaped by schemas, but people can choose to change their thinking, which is why CBT can alter irrational thoughts and so change behaviour.

© WJEC CBAC Ltd.

stemup.co.uk

Examiner only

7. Describe the main components of either mindfulness **OR** quality of life therapy. [10]

I will describe mindfulness. Kabat-Zinn defined it as paying attention on purpose, in the present moment and non-judgementally. A main component is control of one's own thoughts: the person notices thoughts and feelings as passing mental events, 'thoughts are not facts', and accepts them rather than reacting to or ruminating on them.

Mindfulness Based Stress Reduction (MBSR) was developed by Kabat-Zinn (1979) at the University of Massachusetts. It is an 8-week group course with weekly sessions of about 2.5 hours, a day-long silent retreat and about 45 minutes of home practice each day. It includes the body scan, sitting meditation and mindful yoga.

Meditation and mindful breathing are central: attention is anchored to the breath, and when the mind wanders it is gently brought back. Exercises such as mindfully eating a raisin train full attention to everyday experience.

Mindfulness Based Cognitive Therapy (MBCT), developed by Segal, Williams and Teasdale, combines MBSR with CBT to prevent relapse in recurrent depression. Clients learn to decentre from negative thoughts and use a three-minute breathing space when low mood starts.

Mindfulness is also a daily way of life that needs no professional skills: once learned, people can practise it alone, e.g. using apps or guided recordings.

Research illustrates these components. Teasdale et al. (2000) found that for patients with three or more previous episodes of depression, relapse over 60 weeks was 37% with MBCT compared with 66% with treatment as usual.

Kabat-Zinn et al. (1998) found psoriasis patients who listened to meditation tapes during light treatment cleared about four times faster than those who did not.

© WJEC CBAC Ltd.

stemup.co.uk

Examiner only

8. Evaluate Watson and Rayner's (1920) research *'Conditioned emotional reactions'* in relation to social implications and ethical issues. [8]

Ethically, the research used a highly vulnerable participant: Little Albert was 9 months old at the start and could not consent or withdraw. Consent came from his mother, a wet nurse at the hospital, who may have felt pressured by her employer, so it may not have been truly valid or informed.

Albert suffered psychological harm. Watson and Rayner struck a steel bar with a hammer behind him while he touched a white rat, until he cried and crawled away from the rat alone; the fear generalised to a rabbit, a dog, a fur coat and a Santa Claus mask. He was removed from the hospital before any deconditioning, so he may have kept the phobia, and the researchers knew in advance that he would leave.

However, the researchers argued the fears would arise in the 'rough and tumble' of life anyway, and by the standards of 1920 there was no ethics code, so judging it by today's BPS Code of Ethics may be unfair.

Socially, the research had great benefits. It showed phobias can be learned through classical conditioning, which led to behavioural therapies such as systematic desensitisation (Mary Cover Jones deconditioned Little Peter's fear of rabbits in 1924) and flooding, which have helped many people with phobias. A cost-benefit analysis suggests harm to one child benefited many people.

However, it implied behaviour could be shaped and controlled, raising social control concerns, e.g. in advertising. On balance, the social benefits were large but do not justify the ethical breaches.

© WJEC CBAC Ltd.

stemup.co.uk

Examiner only

9. Since 2015, in the United Kingdom, fathers can share parental leave with mothers.

Discuss the debate of the mother as primary care-giver of an infant. [24]

Shared parental leave raises the debate of whether an infant needs the mother as primary caregiver, or whether fathers, grandparents and other carers can provide the care needed for healthy development.

Freud's 'cupboard love' theory, from the psychodynamic approach, suggests the mother is essential. In the oral stage the infant's id seeks pleasure through the mouth, and the mother, as the source of food through breastfeeding, becomes the first love object. Freud argued the mother-infant relationship is the prototype for all later relationships. However, Harlow (1959) found infant rhesus monkeys spent most of their time with a cloth-covered 'mother' that gave no food rather than a wire 'mother' that did, showing contact comfort matters more than feeding. As anyone can provide comfort, this suggests the mother is not essential.

Bowlby's (1951) maternal deprivation hypothesis argued that the infant needs a warm, continuous relationship with the mother or a permanent mother-substitute, and that prolonged separation in the critical period (up to about 2.5 years) causes lasting harm. In his 44 juvenile thieves study, 14 thieves were diagnosed as affectionless psychopaths, and 12 of these had experienced prolonged early separation from their mother, compared with only 2 of 44 controls. His theory of monotropy (1969) proposed one special attachment figure, usually the mother, who forms the internal working model for later relationships.

However, Bowlby's evidence was correlational and relied on retrospective interviews, so it is low in reliability and cannot show cause. Rutter (1981) argued that privation, not deprivation, causes serious harm, and Bowlby himself said a mother-substitute could be the attachment figure, which supports the view that

© WJEC CBAC Ltd.

stemup.co.uk

Examiner only

it need not be the mother.

Schaffer and Emerson (1964) studied 60 Glasgow infants and found that by 18 months most had multiple attachments, with about 75% attached to their father. Infants attached most strongly to whoever was most sensitive and responsive, not who fed them. This supports fathers as caregivers, although the data came from mothers' self-reports, which may be biased; observations such as the Strange Situation would improve reliability.

Research into fathers also challenges the mother's role. Field (1978) found that fathers who were primary caregivers smiled, imitated and held their babies more than secondary-caregiver fathers, behaving like mothers. Brain scan research reported in the New Statesman (2014) suggested fathers are 'hardwired' to be positive caregivers: in primary-caregiver fathers, brain areas linked to emotional responsiveness were activated in a similar way to mothers. This suggests caregiving depends on experience, not sex.

On the other hand, biological theories suggest mothers are better prepared. Oxytocin released during childbirth and breastfeeding promotes bonding, and the NHS recommends exclusive breastfeeding for about the first six months because it benefits the infant's immune system. This supports the mother being primary caregiver early on, although expressed or formula milk means fathers can still feed.

Social and economic factors are also relevant. Shared parental leave allows fathers to take time off, which can benefit the child's bond with both parents and the mother's career. However, uptake has been low, partly because fathers are still often seen as the 'breadwinner' and are usually paid more. Grandparents and the wider family provide much childcare, and nurseries and childminders allow both

© WJEC CBAC Ltd.

stemup.co.uk

Examiner only

parents to return to work and contribute to the economy. Reeves (1999) in the Guardian discussed research on the effects of nursery care, and some studies link long hours in day care to more behaviour problems, which could be used to argue that mothers should stay at home. However, high-quality care has few negative effects, and childcare costs mean families may have little choice.

There are cultural differences. In many cultures care is shared: Efe infants in the Congo are cared for by several women, and on Israeli kibbutzim children were raised partly by communal carers, yet most still formed secure attachments. This suggests the Western view of the mother as sole caregiver is culturally specific.

There are also ethical and political implications. After the Second World War, Bowlby's ideas were used to encourage women to leave work and stay at home, and mothers may feel guilty or inadequate whether they return to work or not. Fathers who are primary caregivers may feel isolated, as baby and toddler groups are often aimed at mothers. Research in this area is socially sensitive and must be interpreted carefully. Individual differences also matter, as some infants cope well with several carers while others need more consistency.

In conclusion, the evidence suggests that it is not essential for the mother to be the primary caregiver. Schaffer and Emerson, Harlow and Field show that sensitive, responsive and consistent care matters more than the sex or biological relationship of the carer. Mothers may have some biological advantages, such as breastfeeding and oxytocin, but these are not essential, so shared parental leave is supported by psychology. The best arrangement depends on each family's circumstances.

© WJEC CBAC Ltd.

stemup.co.uk

Examiner only

END OF PAPER

© WJEC CBAC Ltd.

stemup.co.uk

Question number	Additional page, if required. Write the question number(s) in the left-hand margin.

Examiner only

© WJEC CBAC Ltd.

stemup.co.uk

Question number	Additional page, if required. Write the question number(s) in the left-hand margin.

Examiner only

© WJEC CBAC Ltd.

stemup.co.uk

Question number	Additional page, if required. Write the question number(s) in the left-hand margin.

Examiner only

© WJEC CBAC Ltd.

stemup.co.uk