| Surname | StemUp Model Solution | Centre Number | Candidate Number |
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# GCE A LEVEL

A290U10-1

Z22-A290U10-1

## TUESDAY, 24 MAY 2022 – MORNING

# PSYCHOLOGY – A level component 1

## Psychology: Past to Present

2 hours 15 minutes

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

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### INSTRUCTIONS TO CANDIDATES

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

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

Answer **all** 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 presentation in your answers.

Assessment will take into account the quality of written communication used in your answers.

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Answer **all** questions.

**1.** Describe the methodology and procedures of Bowlby's (1944) research *'Forty-four juvenile thieves: Their characters and home-life'*. [10]

Methodology: Bowlby used a case study method, collecting mainly qualitative data through interviews, psychological testing and records, with a control group for comparison. The sample was 44 'juvenile thieves' referred to the London Child Guidance Clinic, 31 boys and 13 girls aged 5 to 17, obtained by opportunity sampling. The thieves were graded I to IV by the seriousness of their stealing (Grade IV being persistent stealing over a long period). Most were of average intelligence (IQ 85 to 114), with 15 above average and only 2 below 85. The control group was 44 children attending the same clinic who were emotionally disturbed but did not steal. The mothers also took part, being interviewed to build a case history of each child.

Procedures: When a child first arrived at the clinic, a psychologist gave mental tests to assess intelligence using the Binet scale and noted the child's emotional attitudes during testing. At the same time, a psychiatric social worker interviewed the mother to record the child's early history, including any separations. Both the psychologist and the social worker then reported their findings to Bowlby, the psychiatrist, who interviewed the child and the mother himself, taking about two hours in total. School reports and other reports were also analysed. Bowlby then diagnosed the child's emotional problems and character type (e.g. 'affectionless'), and the team held a case conference to discuss each child. Many of the children then met the psychiatrist once a week for the following 6 months for psychotherapy, which gave further in-depth information. Finally, the thieves and controls were compared on the frequency of prolonged early separations from their mothers.



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**2.** Evaluate **two** ethical considerations of either cognitive behavioural therapy **OR** rational emotive behaviour therapy. [8]

I will evaluate cognitive behavioural therapy (CBT).

The first ethical consideration is psychological harm through patient blame. CBT assumes the client's problems are caused by their own irrational, negative thinking, so the client may come to feel responsible for their disorder, which could lower self-esteem and worsen depression. It may also ignore real external causes such as poverty or abuse, and change the person's thinking to suit society rather than the individual. Alloy and Abramson (1979) found depressed people were often more accurate than non-depressed people at judging how much control they had (depressive realism), so trying to 'cure' a realistic outlook as 'irrational' could be unethical. On the other hand, CBT can be seen as ethical because it tries to tackle the cause of the disorder, the faulty thinking, rather than only the symptoms as drugs do, and it has no physical side effects, so overall it may cause less harm.

The second ethical consideration is the power balance and the right to withdraw. The therapist is the expert and challenges the client's beliefs, so there may be a power imbalance in which a vulnerable client feels pressured to accept the therapist's view of what is 'rational'. However, CBT is collaborative: client and therapist agree goals together, the client does homework such as thought diaries at their own pace, and they keep the right to withdraw at any time. This respects free will and gives clients skills to use independently. On balance, CBT is a fairly ethical therapy, provided therapists are competent, gain informed consent and avoid implying blame.



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**3.** Explain how a psychologist could apply the assumptions of the behaviourist approach to understanding human behaviour. [10]

The behaviourist approach assumes we are born a blank slate (tabula rasa) and that all behaviour is learned from the environment. A psychologist could apply this to addiction: a teenager who starts smoking is not born a smoker but learns it from experiences, so changing the environment can change the behaviour.

Classical conditioning assumes behaviour is learned through association. A psychologist could explain addiction this way: the pleasure (UCR) caused by a drug (UCS) becomes associated with cues such as a pub or friends (NS), so these cues become conditioned stimuli that trigger cravings, which explains relapse. Phobias can be explained in the same way, as with Little Albert, who learned to fear a white rat paired with a loud noise.

Operant conditioning assumes behaviour is shaped by its consequences. In relationships, a partner who compliments us is positively reinforcing, so we repeat the behaviours that earn compliments and stay in the relationship. Gambling is maintained by variable ratio reinforcement, as wins are unpredictable.

The approach assumes animals and humans learn in the same ways, so animal research can be applied to people. Seligman's (1971) idea of preparedness, that we are biologically prepared to learn fears of snakes and heights quickly, was supported by conditioning research and applied to human phobias.

Social learning theory adds that behaviour is learned by observing and imitating role models, especially through vicarious reinforcement. A child who sees a bully admired or feared by others may imitate the bullying because they expect the same reward. Similarly, Sutherland's differential association theory explains crime as learned through contact with people whose attitudes favour crime, learning techniques and motives.



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**4.** Using examples from psychology, describe the psychodynamic assumptions of 'influence of childhood experiences' and 'tripartite personality'. [4+4]

Influence of childhood experiences: Freud assumed that personality develops through five psychosexual stages (oral, anal, phallic, latency, genital), each focused on a different erogenous zone. Too much frustration or overindulgence at a stage leads to fixation, which shows in adult personality. For example, a child harshly toilet trained in the anal stage may become an anal-retentive adult who is obsessively tidy and mean. In the phallic stage boys experience the Oedipus complex, desiring their mother and fearing castration by their father, and girls the Electra complex; resolving these by identifying with the same-sex parent forms gender identity and morality, as Freud argued in the case of Little Hans. Bowlby's 44 juvenile thieves study also showed early maternal separation was linked to affectionless psychopathy.

Tripartite personality: Freud assumed personality has three parts. The id is present at birth, is unconscious and works on the pleasure principle, demanding instant gratification, and contains the life instinct (Eros) and the death instinct (Thanatos). The ego develops at around two years and works on the reality principle, mediating between the id and the superego. The superego forms at around five years in the phallic stage and acts as our conscience and ideal self, based on morality learned from parents. Conflict between them causes anxiety, so the ego uses defence mechanisms such as repression (e.g. forgetting childhood abuse), denial or displacement (e.g. shouting at a partner after being criticised at work). A dominant id could lead to crime, and an overly strong superego to guilt and anxiety.





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**5.** Outline the main components of either drug therapy **OR** psychosurgery. [10]

I will outline drug therapy. Its history began in the 1950s, when chlorpromazine was found by chance to calm psychotic patients and became the first antipsychotic, followed by the first antidepressants (MAOIs such as iproniazid and tricyclics such as imipramine) and later SSRIs such as Prozac (fluoxetine) in 1987. These allowed many patients to leave asylums and be treated in the community.

Drug therapy is linked to the biological approach's assumption that behaviour, including abnormal behaviour, is caused by the brain and its neurochemistry, particularly the action of neurotransmitters at the synapse. If a disorder is caused by too much or too little of a neurotransmitter, a drug can restore the balance by changing how much is released, how long it stays in the synapse, or how it binds to receptors.

Antidepressants increase the availability of serotonin and noradrenaline, as low levels are linked to depression. MAOIs stop the enzyme monoamine oxidase breaking these down, tricyclics block reuptake of both, and SSRIs selectively block the reuptake of serotonin into the presynaptic neuron so more remains in the synapse.

Antipsychotics treat schizophrenia, which is linked to excess dopamine. Typical antipsychotics (e.g. chlorpromazine) block D2 dopamine receptors, reducing positive symptoms such as hallucinations, while atypical antipsychotics (e.g. clozapine) also act on serotonin receptors and help negative symptoms with fewer side effects.

Anxiolytics such as benzodiazepines (e.g. Valium) reduce anxiety by enhancing the inhibitory neurotransmitter GABA, which slows down neural activity, and beta blockers reduce physical arousal.

Drugs are prescribed by a GP or psychiatrist, usually as tablets taken daily, with the dosage monitored and adjusted for side effects, and they are often combined with talking therapies such as CBT.



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**6.** 'Watson and Rayner's research is considered by many today to be unethical and to have limited social implications.'

With reference to the statement, discuss the ethical issues and social implications of Watson and Rayner's (1920) research *'Conditioned emotional reactions'*. [10]

The statement is partly true for the ethical issues. Little Albert was a vulnerable participant, a baby of about 9 months, who could not consent. Consent was given by his mother, a wet nurse at the Harriet Lane Home, but it was not necessarily informed, and as an employee she may have felt pressure to agree. Albert was deliberately caused distress, crying at a loud noise and a fear that generalised to a rabbit, a dog and a fur coat, so he was not protected from harm. No counterconditioning took place, so he may have left with a lasting fear. However, this was not entirely the researchers' fault, as his mother removed him from the hospital before they could remove the responses, which shows the right to withdraw was in effect given. In 1920 there were no ethical guidelines, so judging it by today's standards is not wholly fair.

The statement is weaker on social implications, which are actually wide. In health, it showed phobias can be learned, which led to their cure: Mary Cover Jones (1924) used counterconditioning to remove Little Peter's fear of rabbits, leading to systematic desensitisation, and waiting rooms can be made pleasant to create positive associations. In education, teachers can create pleasant classroom environments so pupils associate learning with positive feelings. In families, parents can use conditioning to shape children's behaviour, and the study shows how children learn fears from experiences. At work, Watson applied conditioning to advertising, pairing products with attractive stimuli, and stress can be understood as a conditioned response. In law, it supports arguments against smacking children and the use of aversion therapy for illegal behaviours.

So the research was unethical by modern standards, but its social implications are far from limited.

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**7.** Evaluate Raine, Buchsbaum and LaCasse's (1997) research *'Brain abnormalities in murderers indicated by positron emission tomography'*. [10]

Raine et al. used a quasi-experiment, as the IV (being a murderer pleading NGRI or not) occurred naturally, so cause and effect cannot be established; brain abnormalities may predispose violence, or violence and its causes may affect the brain. A strength is the matched pairs design: each of the 41 murderers was matched with a control of the same age and sex, and the 6 schizophrenic murderers with 6 schizophrenic controls, reducing participant variables. The PET scan with an FDG tracer and the standardised continuous performance task gave objective, quantitative, replicable data, increasing reliability.

However, the sample was murderers pleading not guilty by reason of insanity (NGRI) in California, so they may not represent all violent offenders, and many had a history of head injury. Only 2 were female, and it is an American sample, so findings may be ethnocentric and hard to generalise to women or other cultures.

The study can be accused of putting the blame on biological influences. This is reductionist and determinist, ignoring social factors such as abuse. Raine himself stressed that the findings do not show violence is caused by biology alone, nor that NGRI murderers are not responsible for their actions, and that individual differences exist, as not everyone with prefrontal damage is violent.

The research is socially sensitive. It could be used in court to reduce sentences, or to label people with brain abnormalities as dangerous. On the other hand, it has real-world application: identifying at-risk individuals early could allow intervention.

There is supporting evidence: Raine et al. (2000) found an 11% reduction in prefrontal grey matter in men with antisocial personality disorder, and the case of Phineas Gage showed prefrontal damage can change personality. Overall, it is a well-controlled study linking brain dysfunction and violence, but its sample and design show only a predisposition, not a cause.



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**8.** Compare and contrast the behaviourist approach and the positive approach. [10]

Both approaches differ in scientific nature. Behaviourism is more scientific, using controlled laboratory experiments, often on animals (e.g. Skinner's rats), measuring observable behaviour. Positive psychology mainly uses questionnaires and self-reports of happiness and well-being, which are subjective and open to social desirability bias, though Seligman et al. (2005) used a randomised controlled trial showing that 'three good things' and using signature strengths increased happiness for up to six months.

Behaviourism is environmentally deterministic, seeing behaviour as shaped by reinforcement, whereas positive psychology emphasises free will, arguing people can increase their own happiness. On nature and nurture, both stress nurture, but positive psychology accepts a genetic set point: Lyubomirsky suggests about 50% of happiness is genetic and 40% due to intentional activity.

Behaviourism is nomothetic, seeking general laws of learning for all animals and humans, while positive psychology is more idiographic (each person's signature strengths). Behaviourism is also more reductionist (stimulus-response links), positive psychology more holistic.

Their treatments differ. Behavioural therapies such as systematic desensitisation are short and effective, with McGrath (1990) reporting around 75% of phobic patients improving, but treat symptoms not causes. Positive therapies such as mindfulness build strengths and prevent problems. A similarity is that both focus on the present rather than the unconscious past.

Ethically, behaviourism is criticised for animal research and distressing aversion therapy, whereas positive interventions carry little risk of harm, though they may imply blame if people fail to become happier. In conclusion, behaviourism is more scientific with proven treatments, while positive psychology is holistic and respects free will, so they complement each other.


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**9.** 'Eyewitness testimony can be viewed as being unreliable.'

Discuss the extent to which you agree with the statement. You should demonstrate your understanding of psychological knowledge and research in your answer. [24]

Eyewitness testimony (EWT) is the evidence given by a person who has witnessed a crime, such as a description of the event or identification of a suspect. It is persuasive to juries, but cognitive psychologists argue memory is not a recording and can be distorted, so I will consider evidence on both sides.

Bartlett (1932) proposed reconstructive memory: we do not store exact copies of events but reconstruct them using schemas, our existing knowledge and expectations. In his 'War of the Ghosts' study, English participants recalled a Native American folk story by serial and repeated reproduction, and their versions became shorter and more conventional, as unfamiliar details were changed to fit their culture (e.g. 'canoes' became 'boats'). This suggests eyewitnesses may fill gaps with what they expect, for example a schema that criminals look a certain way.

Loftus and Palmer (1974) showed leading questions can distort recall. In experiment one, 45 students watched films of car crashes and were asked 'About how fast were the cars going when they ___ each other?'. With 'smashed' the mean estimate was 40.8 mph, compared with 31.8 mph for 'contacted'. In experiment two, 150 students were asked about speed using 'smashed' or 'hit', or not at all. A week later, 32% of the 'smashed' group falsely reported seeing broken glass, compared with 14% of the 'hit' group and 12% of the controls. This suggests post-event information changes the memory itself, supporting the statement.

Emotion and weapon focus may also reduce reliability. Loftus, Loftus and Messo (1987) tracked eye movements and found witnesses fixated more on a gun than on a cheque, recalling the person less well. Clifford and Scott (1978) found participants who watched a violent film recalled less information than those who watched a non-violent version, and Peters (1988) found people having an injection at a clinic



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were later less able to identify the nurse who injected them than a researcher met in calmer conditions. Social influence matters too: co-witnesses who discuss an event can conform to the majority's version (memory conformity).

Real cases show the consequences. The Innocence Project in the USA reports that eyewitness misidentification played a part in around 70% of convictions later overturned by DNA evidence. Ronald Cotton was imprisoned for over ten years after Jennifer Thompson, the victim, confidently identified him as her attacker; DNA later proved another man guilty. This shows confident witnesses can be completely wrong, with serious ethical implications for innocent people and for victims, as the real offender remains free.

However, much of this evidence lacks ecological validity. Loftus and Palmer used students watching film clips in a laboratory, with no emotional involvement or real consequences, and demand characteristics may have led participants to give the answer they thought was expected. Foster et al. (1994) found witnesses were more accurate when they believed a robbery was real and their identification would influence a trial. Also, questions about speed concern peripheral details that people are poor at estimating anyway; Loftus (1979) found that 98% of participants resisted blatantly misleading information about the colour of a red purse, a central and salient detail.

Studies of real witnesses suggest EWT can be reliable. Yuille and Cutshall (1986) interviewed 13 of the 21 witnesses to a real shooting outside a gun shop in Canada four to five months later. Their recall was highly accurate compared with police records, they resisted two misleading questions, and those who reported the most stress at the time were the most accurate, contradicting Clifford and Scott.

Christianson and Hubinette (1993) found that victims of real bank robberies in Sweden, who were directly threatened, remembered more accurately than bystanders,


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even up to 15 months later. Victims, and sometimes children, may be reliable witnesses, especially where there is no other evidence.

There are also individual differences, which suggest EWT is not unreliable for everyone. Children and older adults are generally more suggestible, while accuracy is lower when identifying people of a different ethnic group (own-race bias). Memory also depends on factors such as the length of time between the event and recall, lighting and distance, so reliability varies between situations. Cultural differences in perception and schemas mean findings from Western students may not apply everywhere, and temporal validity is an issue, as interviewing and line-up procedures have improved since the 1970s.

Research has also led to ways of improving reliability. The cognitive interview (Fisher and Geiselman), which uses context reinstatement, reporting everything and recalling from different perspectives, produces more correct information without increasing errors. Police now avoid leading questions and use fair, double-blind line-ups, and courts increasingly rely on scientific and DNA evidence, CCTV and forensic evidence rather than eyewitness accounts alone.

In conclusion, I agree with the statement to a large extent: laboratory research and real miscarriages of justice show that EWT can be distorted by leading questions, schemas, stress, weapons and social influence. However, field studies such as Yuille and Cutshall show EWT can be accurate for central details of real, emotional events, and its reliability depends on the witness, the situation and how they are questioned. EWT should therefore not be relied on alone, but treated with caution and supported by other evidence.



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