| Surname | StemUp Model Solution | Centre Number | Candidate Number |
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| First name(s) | | | 2 |

# GCE A LEVEL

A290U10-1

S25-A290U10-1

**FRIDAY, 16 MAY 2025 – 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.** | **8** | |
| **2.** | **10** | |
| **3.** | **5** | |
| **4(a)** | **10** | |
| **4(b)** | **8** | |
| **5.** | **10** | |
| **6.** | **10** | |
| **7.** | **10** | |
| **8.** | **5** | |
| **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. Additional space is provided for some questions within the booklet (if required). If further space is required for any question, you should 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.** Using examples from psychology, describe **two** assumptions of the behaviourist approach. [4+4]

Assumption 1: behaviour is learnt from the environment. Behaviourists argue that we are born a 'blank slate' (tabula rasa) and that all behaviour is the product of nurture rather than nature, so behaviour is environmentally determined. One way this happens is social learning: we observe a model, imitate them and learn from the consequences they receive (vicarious reinforcement). For example, Bandura, Ross and Ross (1961) found that children aged 3 to 6 who watched an adult model hit and shout at a Bobo doll later imitated much of that physical and verbal aggression, whereas children who saw a non-aggressive model did not, showing that aggression is learnt from the environment rather than being innate.

Assumption 2: behaviour is learnt through conditioning. In classical conditioning we learn by association: an unconditioned stimulus (UCS) producing an unconditioned response (UCR) is repeatedly paired with a neutral stimulus (NS) until the NS alone becomes a conditioned stimulus (CS) producing a conditioned response (CR). Pavlov (1897) paired a bell with food until the bell alone made dogs salivate. In operant conditioning, behaviour is shaped by its consequences: positive reinforcement (adding something pleasant) and negative reinforcement (removing something unpleasant) both make a behaviour more likely to be repeated, while punishment makes it less likely. Skinner (1938) showed that rats in a Skinner box quickly learnt to press a lever when this delivered food pellets (positive reinforcement) or switched off an electric current (negative reinforcement). The same principles are applied to humans in token economies, which shows the related assumption that humans and animals learn in quantitatively similar ways.



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**2.** Evaluate Myers and Diener's (1995) research *'Who is happy?'*. [10]

Myers and Diener (1995) reviewed survey data, including Inglehart's (1990) sample of 170,000 people in 16 nations, and concluded that happiness is not strongly related to age, gender, race or wealth (once basic needs are met), but is related to traits such as self-esteem, optimism, personal control and extraversion, close relationships, satisfying work and religious faith.

A strength is the depth and range of the data. Because the conclusions draw on very large samples across many countries and decades, they are more generalisable than a single study, and findings such as happiness being similar across age groups were replicated in many data sets, which increases reliability.

However, the research relies on self-reports of subjective well-being. Participants may exaggerate how happy they are because of social desirability, or guess what the researcher expects (demand characteristics), so validity may be low. Happiness is also hard to operationalise: a single rating on a scale cannot capture the full experience of well-being.

A further weakness is that the data are correlational. Married people, for example, report being happier, but it is impossible to say whether marriage causes happiness or whether happier people are more likely to attract a partner



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and stay married. The same applies to faith and extraversion, so cause and effect cannot be established.

The research may also be culturally biased. Most of the samples, and the idea of happiness as personal, individual satisfaction, come from Western individualist cultures; in collectivist cultures well-being may depend more on group harmony, so the conclusions may be ethnocentric. As it was a review, there may also be researcher bias in which studies were selected and how the conclusions were drawn.

On the other hand, the findings are supported by other research. Brickman et al. (1978) found that lottery winners were not significantly happier than controls some time after their win, which supports the claim that money adds little happiness once needs are met. The research also has useful applications: it moved positive psychology towards practical ways of improving well-being, such as building relationships and meaningful work rather than chasing wealth, and it has positive social implications because it suggests no group is destined

Additional space for Question **2** only:

to be unhappy.

Ethically, asking people to reflect on their relationships and well-being could cause some psychological distress, although anonymous surveys keep this risk low.

Overall, Myers and Diener's research is a valuable, wide-ranging review with real-world usefulness, but because it relies on correlational, self-report, largely Western data, its conclusions about the causes of happiness should be treated with caution.



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**3.** Apply your knowledge of **one** assumption of the psychodynamic approach to explain **one** human behaviour. [5]

One assumption of the psychodynamic approach is that behaviour is driven by the unconscious mind, which protects the ego from anxiety using ego defence mechanisms such as repression and displacement. This can be applied to explain a phobia.

According to this assumption, a phobia develops when anxiety caused by an unacceptable unconscious conflict is too threatening for the ego to deal with. The conflict is repressed into the unconscious, and the anxiety is then displaced onto a less threatening object, which becomes the feared object. The person is consciously aware only of an irrational fear, not of its real cause. Freud (1909) used this to explain Little Hans' phobia of horses. During the phallic stage Hans was experiencing the Oedipus complex: he desired his mother and unconsciously feared that his father would castrate him. This fear of his father was unacceptable, so his ego repressed it and displaced it onto horses, which symbolised his father (the black around the mouth resembling his father's moustache and the blinkers his glasses). This explains why Hans was terrified of horses, especially of being bitten by one, despite never having been harmed by a horse.

Therefore the phobia is explained as a symptom of an underlying unconscious conflict, suggesting it would only be fully resolved by making the conflict conscious, for example through psychoanalysis.

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**4.** (a) Mindfulness and quality of life are both therapies from the positive approach. Describe the main components of **one** of these therapies. [10]

Mindfulness is a therapy whose roots lie in Buddhist meditation practices over 2,500 years old. It was brought into Western healthcare by Jon Kabat-Zinn, who in 1979 set up the Stress Reduction Clinic at the University of Massachusetts Medical School. He defined mindfulness as paying attention in a particular way: on purpose, in the present moment and non-judgementally. It links closely to the assumptions of the positive approach. Rather than focusing on what is wrong with a person, it aims to build well-being and positive emotion, helping people live 'the pleasant life' and flourish. It also reflects the assumption of free will: individuals can choose how they respond to their thoughts and feelings rather than being controlled by them.

The first main component is Mindfulness Based Stress Reduction (MBSR). This is an 8-week group programme with weekly sessions of around 2 to 2.5 hours, a full-day silent retreat, and about 45 minutes of daily home practice using recordings. The practices taught include the body scan (moving attention slowly through each part of the body and noticing sensations without trying to change them), sitting meditation and gentle mindful yoga.

A second component is meditation and mindful breathing. The client anchors their attention on the sensations of breathing. When the mind wanders to worries about the past or future, they notice this without criticising themselves and gently bring attention back to the breath. Over time this trains attention and creates acceptance, so that thoughts and feelings are observed rather than reacted to automatically.

A third component is Mindfulness Based Cognitive Therapy (MBCT), developed by Segal, Williams and Teasdale (2002). It combines MBSR with elements of cognitive behavioural therapy to prevent relapse in people with recurrent



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depression. Clients learn 'decentring', seeing that thoughts are not facts, so they can step back from negative ruminative thinking before it spirals into a depressive episode. Short practices such as the 'three-minute breathing space' are used in daily life.

Another component is that mindfulness can be practised without professional skills. After initial training, people can practise alone through books, apps or online courses, and it is taught in workplaces and schools, for example the Mindfulness in Schools Project.

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% after MBCT compared with 66% with treatment as usual, showing how the decentring component protects against relapse.

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(b) Evaluate the effectiveness of the therapy that you described in **4**(a). [8]

There is research evidence supporting the effectiveness of mindfulness. Kuyken et al. (2013) evaluated the Mindfulness in Schools Project with 522 pupils aged 12 to 16 in 12 secondary schools. Pupils who received the nine-week mindfulness curriculum reported fewer depressive symptoms, lower stress and


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greater well-being at follow-up than controls, and those who practised more benefited most. This suggests mindfulness is effective and can be delivered cheaply by teachers rather than therapists.

MBCT is also supported for recurrent depression: Teasdale et al. (2000) found it almost halved relapse rates in patients with three or more previous episodes, and it is now recommended by NICE, showing it is effective enough to be used in the NHS.

However, effectiveness may depend on the individual. Williams et al. (2014) compared MBCT, cognitive psychoeducation and usual treatment in people with recurrent depression. Overall MBCT did not significantly reduce relapse compared with the active control, but it was significantly more protective for participants with a history of childhood trauma. This suggests mindfulness is most effective for particular groups rather than for everyone.

Contradicting evidence also comes from the larger MYRIAD trial (Kuyken et al., 2022) involving over 8,000 pupils in 84 schools, which found school-based mindfulness was no more effective than normal personal and social education at improving well-being. This questions how far the earlier, smaller Kuyken et al. (2013) findings can be generalised.

There are methodological problems too. Many studies use self-report measures, so improvements may reflect social desirability or expectation, and it is very

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hard to create a believable placebo, so participants know they are receiving the therapy. Drop-out is often high because the therapy needs commitment to daily practice, so those who remain may be the most motivated, inflating effectiveness. For some people, such as those with psychosis or severe trauma, focusing inward may even increase distress.



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Overall, mindfulness appears effective for preventing relapse in recurrent depression and reducing stress for motivated individuals, but its effectiveness is less clear when delivered universally, for example in schools.

**5.** A teacher told their class that the biological and the psychodynamic approach conflict with each other. However, a student in the class claimed that the two approaches are more alike than many people think.

With reference to the above scenario, compare and contrast the biological approach and the psychodynamic approach. [10]

The teacher is right that the two approaches conflict in many ways, but the student is also correct that they share more than many people think.

One similarity supporting the student is that both approaches are deterministic and see behaviour as caused by forces outside conscious control. The biological approach sees behaviour as determined by genes, neurotransmitters and brain structure, for example Raine et al. (1997) linking reduced prefrontal activity to violence, while the psychodynamic approach sees it as determined by unconscious drives and childhood experiences, for example Little Hans' phobia caused by an unresolved Oedipus complex. Neither gives much room for free will.

Both also have a nature element. Freud's id, life and death instincts and the psychosexual stages are innate and biologically driven, which links to the biological view that behaviour has an inherited basis. Freud was originally a neurologist and believed his ideas would eventually be explained biologically.

Both approaches have also used case studies, such as Phineas Gage and H.M.



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in biology and Little Hans in psychoanalysis.

However, supporting the teacher, the approaches differ in their methods of investigation. The biological approach is highly scientific, using brain scans such as PET and fMRI, twin studies and lab experiments that are objective, replicable and reliable. The psychodynamic approach relies on subjective interpretation of case studies, dreams and free association, and concepts like the unconscious are unfalsifiable, so it is far less scientific and its validity is harder to test.

They also conflict on the nature/nurture debate: the biological approach mainly favours nature, while the psychodynamic approach stresses nurture, especially the role of parents in the first five years.

Their therapies also contrast. Biological drug therapy, such as SSRIs for depression, is quick, cheap and requires little effort from the patient, but treats symptoms rather than the underlying cause, so relapse is common when medication stops. Psychoanalysis aims to uncover the underlying unconscious

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cause, which may give longer-term effects, but can last several years, several times a week, and is expensive. The role of the professional differs too: a psychiatrist diagnoses and prescribes as an expert with a passive patient, whereas an analyst interprets material the client actively produces, although in both the professional holds the expertise.

Overall, the teacher's view that they conflict is true for methods, therapy and the nature/nurture debate, but the student's view that they are more alike is supported by their shared determinism and innate influences.



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**6.** In 1920, Watson and Rayner published their research *'Conditioned emotional reactions'*. Describe the procedures used in this research. [10]

The participant was Albert B., a healthy infant raised from birth in a children's hospital where his mother was a wet nurse. He was chosen because he was stolid and unemotional, so it was thought he would come to little harm.

Baseline emotional tests: at about 9 months old Albert was suddenly shown, one at a time, a white rat, a rabbit, a dog, a monkey, masks with and without hair, cotton wool and burning newspapers. He showed no fear of any of them. To test the unconditioned stimulus, a steel bar four feet long was struck with a hammer just behind his head; the loud noise made him start violently and cry.

Establishing a conditioned emotional response: testing began at 11 months 3 days. The white rat (neutral stimulus) was taken from a basket and presented to Albert. Just as his hand touched it, the bar was struck behind his head. This joint stimulation was given twice. A week later the rat was presented alone as a test, then joint stimulation of rat and noise was repeated so that in total Albert received seven pairings, with occasional rat-alone test trials between them. Finally the rat was presented alone to see whether it now produced fear.

Transfer (generalisation): five days later Albert was given wooden blocks to


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play with between each trial as a control, to check his general emotional state. He was shown the rat, then a rabbit, a dog, a fur (seal skin) coat, cotton wool, Watson's hair and a Santa Claus mask, each presented alone, to see whether the fear transferred to similar furry objects.

Change of setting: at 11 months 20 days the setting was changed to a well-lit lecture room with four people present, to see whether the response transferred to a new environment. Because the responses were weakening, the reaction to the rat was 'freshened' with one further joint stimulation, and the rabbit and dog were also presented, the dog being paired once with the noise.

Duration: Albert was then given no further conditioning for 31 days, and at 1 year 21 days he was re-tested with the Santa Claus mask, the fur coat, the

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rat, the rabbit and the dog, with blocks between trials, to see whether the conditioned response persisted over time. Watson and Rayner had planned to remove the fear (e.g. reconditioning) but Albert left the hospital before this could happen.



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**7.** Evaluate the cognitive approach in terms of its strengths and weaknesses. [10]

A key strength of the cognitive approach is that it is scientific. It uses objective methods such as laboratory experiments with tight controls, and more recently brain scans, allowing cause and effect to be established and studies to be replicated. For example, Loftus and Palmer (1974) manipulated the verb in a leading question and showed it changed speed estimates, giving clear, reliable evidence about memory.

A further strength is that it focuses on mediational processes, the mental processes such as perception, attention and memory that occur between a stimulus and a response. This gives a more complete explanation than behaviourism, which ignored the mind.

The approach also has successful real-world applications. Cognitive behavioural therapy, based on changing irrational thoughts and schemas, is an effective NHS treatment for depression and anxiety. In the judicial system, research on reconstructive memory led to the cognitive interview, improving the accuracy of eyewitness testimony. It has also been successfully applied to social cognition, such as how schemas create stereotypes.

It also takes a softer position on determinism. Behaviour is shaped by schemas, but people can change their thoughts, as in therapy, which is more realistic than hard determinism.

However, a weakness is that its lab experiments often lack ecological validity. Tasks such as recalling word lists or watching film clips of car crashes are artificial, so findings may not reflect how memory works in everyday life, for example when a real witness is emotionally aroused.

Another weakness is the computer analogy. Comparing the mind to a machine with input, processing and output is a useful metaphor, but it ignores


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emotions, motivation and social factors that influence how humans think, for example how anxiety affects recall. This makes the approach machine reductionist.

It can also be reductionist in rejecting biological factors: by focusing only on thought processes it can overlook the role of genes and neurotransmitters, for instance in depression. Mental processes also cannot be observed directly, so they must be inferred from behaviour, which is subjective.

Overall, the cognitive approach is highly influential because it is scientific and has many useful applications in therapy and the courts, but it should be combined with biological and social explanations to give a full account of behaviour.

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**8.** 'The conclusions from Raine, Buchsbaum and LaCasse's (1997) research are dangerous to society.'

With reference to the above statement, discuss **one** social implication of Raine, Buchsbaum and LaCasse's (1997) research *'Brain abnormalities in murderers indicated by positron emission tomography'*. [5]

Raine et al. (1997) compared PET scans of 41 murderers pleading not guilty by reason of insanity with 41 matched controls and concluded that murderers had reduced glucose metabolism in the prefrontal cortex and abnormal asymmetries in the amygdala and hippocampus.

One social implication concerns the use of this evidence in courts. The statement claims the conclusions are 'dangerous to society', and this could be true if brain scans were used to argue that violent behaviour is biologically determined and innate. A murderer could argue they had no free will and so are not responsible, leading to reduced sentences or not guilty verdicts, meaning a dangerous person might be released back into society. In the opposite direction, people with these brain patterns but no criminal record could be labelled as potential killers and treated unfairly.

However, Raine et al. themselves warned that their conclusions do not show that violence is caused by brain abnormality alone, that the findings do not excuse murderers and that the scans cannot be used to diagnose violence. Used carefully, the research could benefit society by encouraging early intervention and treatment, reducing the high costs of imprisonment. So the conclusions are only dangerous if they are misinterpreted.

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**9.** 'Despite some research findings suggesting otherwise, eyewitness testimony is actually quite reliable.'

Discuss the extent to which you agree with this viewpoint. You should use psychological knowledge in your answer. [24]

Eyewitness testimony (EWT) is the evidence given by a person who has seen a crime. Its reliability depends on whether memory is an accurate record or is reconstructed.

Much research suggests that EWT is unreliable. Bartlett (1932) proposed that memory is reconstructive: we do not store exact copies of events but fill gaps using schemas. In his 'War of the Ghosts' study, English participants recalling a Native American folk tale shortened it and changed unfamiliar details to fit their own culture, such as 'canoes' becoming 'boats'. This suggests witnesses may unknowingly distort a crime to fit their expectations, for example of what a criminal looks like.

Loftus and Palmer (1974) showed the effect of leading questions. 45 students watched films of car accidents and were asked 'About how fast were the cars going when they hit each other?', with the verb varied. Those given 'smashed' estimated about 40.8 mph compared with 31.8 mph for 'contacted'. In a second experiment, a week later 32% of the 'smashed' group falsely reported seeing broken glass compared with 14% of the 'hit' group, suggesting that post-event information is integrated into the original memory.

Weapon focus may also reduce reliability. Loftus et al. (1987) found that when a man held a gun rather than a cheque, participants' eye movements fixated on the weapon and they were less accurate at identifying him. The cross-race identification bias also suggests people are less accurate at recognising faces of another ethnic group than their own, which increases the risk of misidentification. Children and older witnesses may also be more suggestible;



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Coxon and Valentine (1997) found that children and elderly witnesses answered fewer questions correctly and were more misled by leading questions than young adults, and Roebers and Schneider found that younger children were more affected by misleading questions than older children.

Real cases support this. The Innocence Project in the USA has helped overturn hundreds of convictions through DNA evidence, and mistaken eyewitness identification played a part in around 70% of these wrongful convictions. Ronald Cotton, for example, spent over ten years in prison after being confidently but wrongly identified by Jennifer Thompson. This has serious ethical and social implications: innocent people suffer psychological harm and lose years of their lives, retrials are costly, and the real perpetrator remains free in society.

However, there are strong reasons to doubt that EWT is as unreliable as this research suggests. Most of the evidence comes from laboratory experiments, such as Loftus and Palmer, where participants watched film clips. These lack ecological validity and mundane realism: participants knew the event was not real, had no emotional involvement and knew their answers had no consequences, so they may have been more open to suggestion than real witnesses. There may also be demand characteristics, with participants going along with the question wording.

Studies of real witnesses suggest EWT can be very reliable. Yuille and Cutshall (1986) interviewed 13 witnesses to a real shooting in Canada four to five months later. Their accounts were highly accurate when compared with police records, and they resisted misleading questions such as about 'a broken headlight'. Some witnesses' memory was best when they had been most stressed. Similarly, Loftus (1979) found that participants resisted misleading


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information when it was obviously wrong (a red purse described as brown), suggesting that leading questions mainly affect peripheral rather than central details.

Reliability can also be improved. The cognitive interview (Fisher and Geiselman), which uses context reinstatement, reporting everything, changing the order and changing perspective, increases the amount of correct information recalled without increasing errors, as shown in Fisher et al.'s (1989) study with real detectives in Miami. Police also now follow procedures such as avoiding leading questions and conducting fair, unbiased line-ups, so modern EWT may be more reliable than older studies suggest, raising issues of temporal validity.

Individual differences also matter. Some witnesses, such as victims who were close to the event for a long time, may be highly reliable, and in some cases, for example sexual assault with no other evidence, the victim's testimony is the only evidence available and is often accurate. Cultural differences in perception and the age of the witness also mean EWT cannot be judged as simply reliable or unreliable.

Nevertheless, even if most eyewitnesses are accurate most of the time, juries tend to overestimate the reliability of confident witnesses, and confidence is not strongly linked to accuracy. Because the consequences of a mistake are so serious, courts now increasingly rely on scientific evidence such as DNA and CCTV to support EWT.

In conclusion, I partly agree with the viewpoint. Research from real-life cases such as Yuille and Cutshall suggests EWT can be quite reliable, especially for



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central details and when witnesses are interviewed using the cognitive interview, and much of the contradicting evidence comes from artificial laboratory studies. However, the cases uncovered by the Innocence Project show that memory is reconstructive and open to leading questions, weapon focus and cross-race bias. Therefore EWT is reliable enough to be useful, but it should never be the only evidence used to convict someone.

**END OF PAPER**



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