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

GCE AS

B290U10-1

S25-B290U10-1

MONDAY, 12 MAY 2025 – AFTERNOON

PSYCHOLOGY – AS component 1

Psychology: Past to Present

1 hour 45 minutes

For Examiner's use only		
Question	**Maximum Mark**	**Mark Awarded**
1.	8	
2.	5	
3.	10	
4.	5	
5.	10	
6.(a)	8	
6.(b)	4	
7.	10	
8.	20	
Total	80	

B290U101
01

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 need for good English and orderly, clear 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 the following assumptions of the positive approach.

(a) Acknowledgement of free will. [4]

The positive approach (Seligman) assumes that people have free will: we are not passive products of our biology, unconscious or past reinforcement, but can consciously choose how we think and behave and take responsibility for our own happiness. This contrasts with the determinism of the psychodynamic and behaviourist approaches.

For example, Seligman argues that people can choose to identify their own signature strengths (e.g. kindness, curiosity) and deliberately work on using them every day to build wellbeing. Similarly, on dating sites people freely select the characteristics they want in a partner, choosing relationships that will make them happy. Diener and Seligman (2002) found that 'very happy' students chose to spend more time socialising and building strong relationships, showing that we can select activities that improve our wellbeing. Learned optimism also shows people can choose to change pessimistic thinking styles.

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(b) Focus on 'the good life'. [4]

The positive approach assumes psychology should focus on what makes life worth living, 'the good life', rather than only on mental illness. Seligman (2002, 2003) described three desirable lives: the pleasant life (experiencing positive emotions about the past, present and future), the good life (using your signature strengths to gain gratification and 'flow' in key areas such as work, love and parenting) and the meaningful life (using your strengths in the service of something bigger than yourself).

The elements of a good life are positive connection to others, positive individual traits (e.g. courage, honesty) and life regulation qualities that allow us to control our behaviour to reach goals. Friendships and close relationships are central to happiness, e.g. Diener and Seligman (2002) found the happiest 10% of students had strong social relationships. The 'Five Ways to Wellbeing' (connect, be active, take notice, keep learning, give) apply this to everyday life.

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2. Explain why a relationship is formed according to the behaviourist approach. [5]

Behaviourists argue that all behaviour, including forming relationships, is learnt through conditioning rather than being innate. We form relationships with people we associate with pleasure or who reward us.

Classical conditioning: food (unconditioned stimulus) naturally produces pleasure (unconditioned response) in a baby. The mother (neutral stimulus) is repeatedly present when the baby is fed, so through association she becomes a conditioned stimulus that produces pleasure (conditioned response) on her own, so a bond with the mother forms.

Operant conditioning: Dollard and Miller (1950) proposed 'cupboard love'. A hungry baby feels discomfort (a drive state); being fed reduces the drive, so food is a primary reinforcer. The mother who supplies the food becomes a secondary reinforcer, and the baby seeks her out to obtain the reward. The relationship is two-way: the baby's crying stops when it is fed, which negatively reinforces the mother's caring behaviour. The same applies to a pet and its owner: the owner gives food and affection (positive reinforcement), so the pet approaches the owner, and the pet's affection rewards the owner in turn. In adults, Byrne and Clore's reward/need satisfaction theory says we form relationships with people who reward us or are associated with positive feelings.

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3. Maria, an AS Psychology student, is learning about Loftus and Palmer's research. She has been talking about it with her father Richard, a police officer. He thinks the research sounds valuable, while Maria disagrees as it has methodological problems.

With reference to the scenario above, discuss Loftus & Palmer's (1974) '*Reconstruction of automobile destruction: an example of the interaction between language and memory*'. [10]

Loftus and Palmer (1974) is a cognitive study: in Experiment 1, 45 students watched seven clips of car crashes and answered a questionnaire with the critical question 'About how fast were the cars going when they ___ each other?'. The verb 'smashed' gave a mean estimate of 40.8 mph compared with 31.8 mph for 'contacted'. In Experiment 2, 150 students saw a multiple-car crash; one week later 16 of the 50 'smashed' participants wrongly reported seeing broken glass, compared with 7 in the 'hit' and 6 in the control group.

Richard is right that the research is valuable. As a police officer he questions eyewitnesses, and the study shows that leading questions can distort answers and even alter the memory itself. This has real-world application: it supports using the Cognitive Interview and avoiding leading questions, and helped make courts more cautious about convicting on eyewitness testimony alone. The laboratory experiment also gave high control: the same film clips, questionnaire and standardised procedures were used, with only the verb changing, so a cause and effect conclusion can be drawn and the study is reliable and easy to replicate. The quantitative data (mean speeds, numbers saying 'yes') can be compared objectively.

However, Maria is right that there are methodological problems. Watching a film clip in a lab lacks the shock and emotional arousal of a real accident, so the study lacks ecological and mundane realism. Yuille and Cutshall (1986) found that real witnesses to a shooting gave accurate accounts and resisted misleading questions months later. The sample was only American students, who may be less experienced drivers and poor at judging speed, so findings may not

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generalise to the witnesses Richard interviews. Participants may have shown demand characteristics or response bias: unsure of the speed, they may have simply used the verb as a cue rather than their memory changing. An independent groups design means individual differences in speed estimation could also affect results. Ethically, there was mild deception, but no lasting harm, so it was acceptable.

Overall, Maria's points reduce the validity of the study, but the findings have been replicated and are still useful to police like Richard, so I think the research is valuable but should be applied with caution.

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4. Briefly describe the main components of either cognitive behavioural therapy **OR** rational emotive behaviour therapy. [5]

CBT (Beck) assumes faulty, irrational thoughts cause disorders such as depression. The cognitive component involves the therapist helping the client identify negative automatic thoughts and the negative triad (about self, the world and the future) and challenge them, replacing them with more rational thoughts.

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The client keeps a dysfunctional thought diary, recording situations, emotions and negative thoughts, which is reviewed in sessions. The behavioural component involves reality testing: the client tests whether their beliefs are true, e.g. by setting up experiments. Behavioural activation encourages them to schedule rewarding, enjoyable activities. 'Homework' between sessions means therapy continues outside therapy, and the client learns skills to use independently. It is short-term, structured and collaborative.

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5. Discuss the strengths and weaknesses of the psychodynamic approach. [10]

A strength of the psychodynamic approach is its applications. Freud developed psychoanalysis, the first 'talking cure', and techniques such as free association and dream analysis are still adapted in modern psychodynamic therapies, which have been shown to help disorders such as depression. It also influenced attachment research (Bowlby) and showed that childhood matters.

A further strength is that it considers both nature and nurture: innate drives (id, libido) interact with childhood experiences, such as how parents handle the psychosexual stages. It also explains individual differences, because each person's unique childhood leads to different personalities, e.g. anal retentive or anal expulsive.

However, a major weakness is that it is unscientific. Concepts such as the unconscious, id and Oedipus complex cannot be directly observed or measured, so they are unfalsifiable. Freud's evidence came from case studies such as Little Hans, analysed only by Freud, so interpretations were subjective and cannot be generalised. His patients were mainly middle-class Viennese women, so the sample was biased.

It is also deterministic, as it claims adult behaviour is caused by unconscious forces and childhood experiences outside our control, ignoring free will and personal responsibility. Its focus on the past means therapy can be long and expensive and may not tackle current problems, unlike CBT. It is reductionist, reducing complex behaviour to sexual drives and conflict between id, ego and superego, ignoring biological and cognitive factors.

In conclusion, the approach has been very influential and offers a holistic view of personality, but its lack of scientific evidence and determinism are serious weaknesses, so its value is mainly historical and therapeutic rather than

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scientific.

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6. (a) Describe the findings of Watson and Rayner's (1920) research '*Conditioned emotional reactions*'. [8]

Emotional tests: at about 9 months Albert was not afraid of a white rat, a rabbit, a dog, a monkey, masks with and without hair, cotton wool or burning newspapers. He was never seen in fear or rage. He did start to cry when a hammer was struck on a suspended steel bar four feet long and three-fourths of an inch in diameter behind him.

Establishing the conditioned emotional response: at 11 months 3 days, when the rat and the noise were first paired, Albert jumped violently and fell forward, burying his face in the mattress; on the second pairing he fell forward and began to whimper. At 11 months 10 days he was hesitant in reaching for the rat and withdrew his hand when it nosed him. After the conditioning was refreshed (seven pairings in total) he cried as soon as he saw the rat, fell over and crawled away rapidly. He still played happily with the blocks.

Generalisation: at 11 months 15 days he still feared the rat, crying and moving away. He showed negative reactions to the rabbit (leaning away and bursting into tears), a dog (less intense, but he cried when it approached his head), a fur coat, cotton wool and Watson's hair, and the Santa Claus mask. At 11 months 20 days his reaction to the rat and rabbit was less intense, so the sound was re-paired with the rat, dog and rabbit, which produced pronounced fear.

In the lecture hall, he showed little reaction to the rat at first; after refreshing he reacted to the rat and rabbit, but little to the dog until it barked loudly and he cried.

At 1 year 21 days, after a month without conditioning, he withdrew from the Santa mask and fur coat, fretted at the rabbit, cried at the dog and withdrew

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and fretted at the rat, but played with the blocks.

(b) Describe the conclusions of Watson and Rayner's (1920) '*Conditioned emotional reactions*'. [4]

Watson and Rayner concluded that many phobias are probably true conditioned emotional reactions, either of a direct type (like Albert's fear of the rat) or a transferred type (generalised to similar objects such as the rabbit, fur coat and Santa mask).

They suggested that conditioned responses may persist indefinitely unless removed, but that such persistence may only be found in people who are less strong-willed or 'constitutionally inferior'.

They concluded that emotional disturbances in adults cannot be traced back to sex alone, as Freudians would argue. Instead they should be explained by conditioned and transferred responses set up in infancy and early youth in all three of the fundamental human emotions: love, fear and rage.

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

Raine et al. (1997) used PET scans to compare glucose metabolism in 41 murderers (39 male, 2 female) pleading not guilty by reason of insanity (NGRI) with 41 controls matched on age and sex. Murderers showed reduced activity in the prefrontal cortex, superior parietal gyrus, left angular gyrus and corpus callosum, and abnormal asymmetries in the amygdala, thalamus and hippocampus.

A strength is the methodology. PET scanning is an objective, scientific measure, and all participants did the same continuous performance task (CPT) before the scan, so procedures were standardised and the study is replicable and reliable.

The matched pairs design with a control group (six schizophrenic murderers were matched with six schizophrenic controls) reduced participant variables, increasing internal validity.

However, as a quasi-experiment the IV (being a murderer) was not manipulated, so cause and effect cannot be established: brain differences could be a result of violence or head injury rather than a cause. The CPT is a simple attention task, so it may not reflect the brain activity involved in real violent situations, lowering validity.

The sample was specialised: NGRI murderers from California, mostly male, so findings cannot be generalised to all murderers, violent offenders or women, and the sample may be ethnocentric. Raine stressed that the findings do not show that violence is caused by biology alone.

There are ethical and social issues. The research is socially sensitive: it could place the 'blame on biological influences' and be used in court to reduce responsibility, or lead to people with these brain features being labelled. It is reductionist and biologically deterministic, ignoring social factors such as abuse

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and poverty and individual differences.

However, the findings have real-world application, e.g. possible early intervention.

Overall, the study is scientifically strong but its conclusions must be treated with caution.

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8. 'Social and economic implications have a significant impact on whether the mother should be the primary care-giver of an infant.'

Discuss the extent to which you agree with this viewpoint. You should use psychological knowledge in your answer. [20]

The viewpoint suggests that whether the mother should be the primary caregiver depends on social and economic factors rather than biology alone. Psychological research gives evidence on both sides.

Economic implications are significant. Childcare is expensive: the NCT estimates that childminders cost on average £71 a week and nursery care £138 a week part-time or £263 full-time. For many families it may make economic sense for one parent to stay at home, but this must be weighed against both parents contributing to the economy by returning to work. Governments offer tax relief on childcare costs to encourage this. McGinn (2016), studying 24 countries, found that daughters of working mothers were more likely to be employed and to earn more than daughters of stay-at-home mothers, suggesting that mothers working has social benefits for children. Socially, shared parental leave was introduced in April 2015, allowing fathers to take on the primary carer role, showing that social policy now supports a choice.

On the other hand, psychodynamic theory argues that the mother should be the primary caregiver. Freud's 'cupboard love' says the infant bonds to the mother as she feeds it, and Bowlby's monotropy and maternal deprivation hypothesis claimed that a continuous relationship with one mother figure is essential. In the 44 Juvenile Thieves study, 14 thieves were 'affectionless psychopaths', and 12 of them had experienced prolonged separation from their mother. Biological evidence also supports the mother: oxytocin released during childbirth and breastfeeding promotes bonding, and the NHS recommends exclusive breastfeeding for around the first six months. This could make the mother biologically suited to the role, regardless of economics.

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However, Bowlby's evidence is weak. His study was retrospective, relied on interviews and he carried out the diagnoses himself, so there was researcher bias, and the findings are correlational. Hodges and Tizard (1989) suggested that it is privation (never forming a bond) in institutions, rather than separation from the mother, that causes lasting problems.

Research into other caregivers challenges the claim that it must be the mother. Schaffer and Emerson (1964) found that infants attached most strongly to the most sensitive and responsive carer, not necessarily the one who fed them, and that most had multiple attachments by 18 months. Field (1978) found that fathers who were primary caregivers smiled, imitated and vocalised like mothers, and Feldman (2014) found that primary caregiving fathers' brains adapted, with amygdala activity similar to mothers'. Grossmann (2002) found fathers' play was important for later relationships. Siblings, grandparents and nannies can also provide care.

Cultural variations show that social norms shape who cares for infants. Aka Pygmy fathers spend about 47% of their time with their infants and roles are interchangeable, while on the Israeli kibbutz collective childcare is normal (Maital et al., 2003). The view of the father as 'breadwinner' is a social, not biological, construct.

Day care research is also relevant. The NICHD study found high-quality day care was linked to better cognitive and language development, though long hours were associated with slightly more behaviour problems. Shpancer (2020) argues that the quality of care matters more than who provides it, so a mother staying at home is not essential if good-quality care is affordable.

There are ethical and individual difference issues: insisting on the mother may make working mothers feel guilty or inadequate, and fathers may feel isolated in

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female-dominated parent groups. Much research uses self-reports and observations, which may be biased by social desirability.

In conclusion, I largely agree with the viewpoint. Biology (breastfeeding, oxytocin) gives the mother an early advantage, but research shows that sensitive care from any adult produces secure attachment, so social and economic factors such as childcare costs, parental leave and culture are what mainly decide whether the mother is the primary caregiver.

END OF PAPER

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