



A Level Psychology

H567/02 Psychological themes through core studies

Time allowed: 2 hours

No extra materials are needed.



Please write clearly in black ink. **Do not write in the barcodes.**

Centre number

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Candidate number

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First name(s) *StemUp Model Solution*

Last name

INSTRUCTIONS

- Use black ink.
- Write your answer to each question in the space provided. If you need extra space use the lined pages at the end of this booklet. The question numbers must be clearly shown.
- Answer **all** the questions.

INFORMATION

- The total mark for this paper is **105**.
- The marks for each question are shown in brackets [].
- Quality of extended response will be assessed in questions marked with an asterisk (*).
- This document has **16** pages.

ADVICE

- Read each question carefully before you start your answer.

Section A

Core studies

- 1 (a) Explain how Milgram's (1963) study into obedience may be considered ethnocentric.

Ethnocentrism is a form of cultural bias in which a researcher judges other cultures by the norms of their own culture and assumes that findings from one cultural group apply to everyone. Milgram's study may be considered ethnocentric because all 40 participants were American men from the New Haven area, so the finding that 65 per cent obeyed up to 450 volts only tells us about obedience in 1960s America. Other cultures may show higher or lower levels of obedience to authority depending on their cultural norms, so it would be wrong to generalise Milgram's conclusions about destructive obedience to other societies. [3]

- (b) Describe the procedure used in Piliavin et al.'s (1969) Subway Samaritan study.

Piliavin et al. carried out a field experiment on a New York subway train (the 8th Avenue express between 59th and 125th Street, a non stop journey of about seven and a half minutes). There were four teams of four students: two female observers, a male victim and a male model. The victims were all men aged 26 to 35, three white and one black; in the drunk condition the victim smelled of liquor and carried a bottle wrapped in a brown bag, and in the cane condition he appeared sober and carried a black cane. About 70 seconds after the train left the station the victim staggered forward and collapsed in the critical area, lying on his back looking at the ceiling until he was helped. The model, who was white and wore identical clothing on every trial, either helped early (after 70 seconds) or late (after 150 seconds) from either the critical or the adjacent area; if nobody helped by the time the train stopped the model raised the victim himself. The observers sat outside the critical area and recorded the race, sex and location of every passenger and helper, the time taken for the first helper to arrive and any comments made. At the stop the team got off, waited separately and crossed platforms to repeat the trial in the other direction, giving 103 trials in total. [6]

- 2 Describe the background to Hancock et al.'s (2011) study into the language of psychopaths.

Psychopaths are known to have a distinct set of social, cognitive and emotional characteristics: a selfish, instrumental orientation towards other people, diminished moral sensibilities and profound emotional deficits, even though they show no deficit in intellect and are often manipulative, skilled conversationalists. Earlier research such as Brinkley et al. (1999) had found that the narratives of psychopaths are less cohesive than those of non psychopaths. Hancock et al. therefore wanted to use statistical text analysis programmes to examine whether the language psychopaths used when describing their crimes reflected a predatory world view, unique socioemotional needs and a poverty of affect. [3]

- 3 Outline **three** different results from Blakemore and Cooper's (1970) study into the impact of early visual experience.

- 1 *Kittens reared in the horizontal striped cylinder could not detect vertically aligned objects and vice versa, showing behavioural blindness. When a rod was held vertically only the eyes of the kitten reared with vertical stripes followed it, and only the horizontally reared kitten followed a rod held horizontally.*
- 2 *When the kittens first entered a normally lit room they were extremely visually impaired whatever stripes they had seen: they showed no visual placing, no startle response to approaching objects and bumped into things. Many deficits disappeared after about ten hours of normal vision, though they still followed objects with jerky head movements.*
- 3 *Recording from neurones in the visual cortex showed that the distribution of preferred orientations was totally abnormal: in the horizontally reared kitten no cell responded to vertical lines and in the vertically reared kitten none responded to horizontal lines, physical blindness significant at p less than 0.00001.*

[6]

- 4 (a) In Grant et al.'s (1998) study on memory, why was the short-answer test taken before the multiple-choice test?

The short answer test was taken first so that the information recalled came from the participants' memory of reading the article about psychoimmunology and not from the multiple choice test. If the multiple choice test had come first, its answer options would have acted as cues and could have given away answers, contaminating the recall measure.

[2]

- (b) (i) Explain **one** difference between **Experiment 1** of Moray's (1959) study into attention and Simons and Chabris' (1999) study into inattention.

One difference is the type of stimulus used to study attention. Moray's Experiment 1 used auditory data: participants wore headphones and shadowed a prose passage in one ear while a short list of simple words was repeated 35 times in the rejected ear, and recognition of those words was tested afterwards (only about 4.9 per cent were recognised). Simons and Chabris used visual data: participants watched a 75 second video of two teams passing basketballs and counted the passes while an unexpected event, a woman with an umbrella or a gorilla, crossed the scene, and the researchers recorded whether it was noticed (54 per cent noticed overall). So Moray studied what people fail to hear whereas Simons and Chabris studied what people fail to see.

[4]

- (ii) Explain **one** similarity between **Experiment 1** of Moray's (1959) study into attention and Simons and Chabris' (1999) study into inattention.

One similarity is that both were laboratory experiments in which an independent variable was manipulated under controlled conditions. In Moray's Experiment 1 participants sat in a laboratory wearing headphones and the researcher controlled exactly what was played to each ear, the shadowed passage and the rejected word list repeated 35 times, before testing recognition of the rejected words. In Simons and Chabris's study participants watched a standardised 75 second video in a quiet room and the researchers manipulated the unexpected event (umbrella woman or gorilla), the transparent or opaque condition and the easy or hard counting task, then recorded whether the event was noticed. Both therefore gathered quantitative data using standardised procedures.

[4]

- 5 (a) Outline **one** strength **and one** weakness of the type of data collected by Kohlberg (1968) in his study of moral development.

Strength *Kohlberg collected qualitative data from the boys' verbal reasoning about moral dilemmas such as whether Heinz should steal the drug to save his wife. This is rich in detail and lets each boy explain his moral thinking in his own words, so Kohlberg could identify the reasoning behind a judgement, not just the yes or no answer, giving his stages high validity.*

Weakness *Qualitative data is subjective and open to interpretation: Kohlberg had to decide which of his six stages a boy's explanation of the Heinz dilemma belonged to, and another researcher might have placed the same answer at a different stage of moral development, so classifying moral levels was less reliable and harder to compare across boys and countries.*

[4]

- (b) Explain **one** way Lee et al. (1997) attempted to ensure the reliability of their study into lying and truth-telling.

Lee et al. used a standardised procedure so that every child was treated in the same way. After each story the same question was asked, 'Is what the child did good or bad?', and every child rated the character's deed and then the statement on the same seven point chart, from very very good to very very naughty. Because the stories, questions and rating scale were identical for all 120 Chinese and 108 Canadian children, the measure was consistent across participants and could be repeated, so differences in ratings reflected real differences in the children's views of lying and truth telling rather than variation in how they were tested.

[3]

Section B

Areas, perspectives and debates

- 6 (a) Explain **two** defining principles or concepts of the individual differences area.

1 *The individual differences area assumes that people are unique and that psychology should study the ways in which individuals differ from one another, for example in personality, intelligence or mental health, rather than only seeking universal laws, so generalising is difficult and an idiographic approach using case studies such as Freud's study of Little Hans is often taken.*

2 *It also assumes that psychological attributes and the differences between people can be measured and quantified, for example with psychometric tests such as the Eyes Task in Baron-Cohen et al.'s study of autism or the IQ tests reviewed by Gould, so that scientific data can be gathered on how individuals differ and used to classify or diagnose them.* [4]

- (b) Outline what is meant by the concept of holism **and** how this relates to the individual differences area.

Holism is the view that the whole is greater than the sum of its parts: behaviour cannot be understood by breaking it down into single components such as one gene or one stimulus response link, because it results from many factors interacting together, including biology, cognition, emotion, upbringing and social context. This relates to the individual differences area because the area sees each person as unique precisely because everyone has their own set of experiences and characteristics interacting in a different way, so even two similar experiences can have different outcomes for two people. For example Freud explained Little Hans's phobia of horses through the interaction of his unconscious desires, his relationship with each parent, the birth of his sister and the horse accident he witnessed, rather than one single cause. Because behaviour is multi factorial it is hard to predict, which is why the area studies individuals in depth. [4]

- (c) Describe **one** application **and** explain how it is linked to the individual differences area.

One application is the use of psychotherapy, such as psychoanalysis, to treat people with mental health problems. The therapist works one to one with the client over many sessions, exploring their unique history, dreams and unconscious conflicts, as Freud did with Little Hans when he interpreted the boy's phobia of horses and his giraffe fantasy as expressions of the Oedipus complex and helped him to resolve them. This is linked to the individual differences area because it treats each client as a unique individual whose disorder has a personal cause, so the treatment is tailored to the person rather than applied identically to everyone. This reflects the area's idiographic approach and its focus on understanding and helping people with atypical behaviour by studying them in depth.

[4]

- (d) Discuss the strengths and weaknesses of the individual differences area.

[8]

One strength of the individual differences area is that it avoids over generalisation. Because it recognises that people are unique, it studies individuals in depth rather than assuming everyone behaves the same way, so it captures the subjective experience behind a behaviour. Freud's detailed case study of Little Hans explained the boy's specific phobia of horses in terms of his own family and unconscious conflicts, something a laboratory experiment could never reveal. This makes the area useful because it has led to successful treatments: understanding complex disorders such as autism, as in Baron-Cohen et al.'s work on theory of mind deficits, has allowed support to be tailored to each person. The area is also optimistic, since focusing on what makes a person different implies the potential for change through therapy.

However, a major weakness is that it is hard to generalise from the individuals studied. Freud studied one Viennese boy, so his conclusions about the Oedipus complex cannot be applied with confidence to all children, and the data relied on interpretations by Hans's father and Freud, so the area often lacks objectivity and reliability. The area also struggles to establish cause and effect because it usually measures existing differences, for example Hancock et al. compared psychopathic and non psychopathic murderers but could not show that psychopathy caused the

language differences. Finally, measuring differences can be socially sensitive: Gould showed how Yerkes's IQ testing was used to support eugenics and restrict immigration, so labelling people by their differences can lead to discrimination. Overall the area gives rich understanding of individuals but at the cost of scientific rigour and generalisability.

- (e)* Discuss ethical considerations in psychological research.
Support your answer using core studies from both the individual differences area **and one** other area. [15]

Ethical considerations are the principles set out in the BPS code that protect participants: respect (informed consent, confidentiality and the right to withdraw), competence, responsibility (protection from harm and debriefing) and integrity (avoiding deception). They matter because psychology depends on willing participants and public trust, but following them can conflict with collecting valid data, and the balance differs between areas.

In the individual differences area the key issue is often consent and protection of vulnerable people. In Freud's study of Little Hans consent came from the father, not the five year old boy, and the leading questions about his widdler and his wish to sleep with his mother could have caused embarrassment or distress. Freud did protect the boy's confidentiality by using a pseudonym, and his father knew the letters were going to Freud so there was no deception. Competence is also questionable, since Freud interpreted everything in terms of his own theory. In Baron-Cohen et al.'s study the adults with autism and Tourette syndrome gave consent, could withdraw and saw only photographs of eyes, so the research was responsible and respectful, showing that valid data on a clinical group can be collected ethically. Hancock et al. used volunteer murderers who were not coerced, although recalling their crimes in detail may have been distressing and the interviews risked reinforcing their criminal self image. Gould's review raises social sensitivity: Yerkes's recruits could not refuse testing, those with low scores were labelled morons, and the results fuelled eugenics and the 1924

immigration restrictions, harming whole groups rather than individuals.

In the social area the main issue is deception and harm in the pursuit of valid behaviour. Milgram deceived his 40 participants about the shocks and the learner, used prods that undermined the right to withdraw and caused sweating, trembling and seizures; yet without deception obedience could not have been measured, and he did debrief thoroughly and found 84 per cent were glad to have taken part. Piliavin et al. could not gain consent or debrief the 4,450 subway passengers who witnessed the staged collapse, and some may have felt guilt or distress, but this gave ecologically valid helping data free from demand characteristics.

Comparing the areas, individual differences research tends to raise issues of consent from vulnerable groups and of social sensitivity, whereas social psychology more often breaks guidelines deliberately through deception and lack of consent to reduce demand characteristics. Breaking guidelines can increase validity, but it damages the integrity of psychology and may make people unwilling to take part in future. In conclusion, ethical considerations must be weighed against the value of the findings through a cost benefit analysis, and both areas show that useful knowledge can be gained ethically when researchers act with competence and responsibility.

Turn over for the next question

Section C

Practical applications

Abstract

Evidence suggests social media use is associated with poor mental health in young people. This paper assesses whether social media use is associated with young people's symptoms of depression.

Methods: We used population-based data from the UK Millennium Cohort research on 10 904 14-year-olds. Statistical analysis was used to examine correlations between social media use and depressive symptoms.

Findings: Greater social media use related to both higher levels of online harassment and lower levels of self-esteem; in turn these related to higher depressive symptom scores. Correlations between social media use and depressive symptoms were stronger for girls than for boys.

Interpretation: Our findings highlight the potential pitfalls of lengthy social media use for young people's mental health. These findings would be very useful in the development of a guide for the safe use of social media. They also support calls for social media platforms to more tightly regulate hours of social media use.

Adapted from Kelly Y. et al. (2018) 'Social Media Use and Adolescent Mental Health.' EClinical Medicine 6 59–68.

- 7 (a) Outline **one** weakness of the sample used in this study.

One weakness of the sample is that it was drawn only from the UK Millennium Cohort and consisted entirely of 14 year olds, so it has low population validity. Although 10 904 participants is a very large sample, the correlation between social media use and depressive symptoms can only be generalised to British 14 year olds growing up at that time. Older teenagers, younger children or young people in other countries may use social media differently or respond to online harassment differently, so the conclusion that lengthy social media use harms young people's mental health may not apply to all young people. [3]

- (b) With reference to the abstract, outline **one** positive **and one** negative correlation found by this study.

Positive *There was a positive correlation between social media use and online harassment: as the number of hours the 14 year olds spent on social media increased, the amount of online harassment they experienced also increased, which in turn related to higher depressive symptom scores.*

Negative *There was a negative correlation between social media use and self esteem: as the young people's use of social media increased, their levels of self esteem decreased, and lower self esteem was related to higher depressive symptom scores.*

[4]

- (c) Outline **one** limitation of using a correlation technique in this study.

A limitation is that a correlation cannot establish cause and effect. The study found that greater social media use was related to higher depressive symptom scores, but it cannot tell us whether spending many hours on social media causes depression or whether young people who are already depressed withdraw from face to face contact and spend more time online. A third variable, such as difficult family relationships or low school attendance, could also be increasing both social media use and depressive symptoms, so the recommendation that platforms should limit hours of use may not be justified by this data alone.

[3]

- (d) Describe Bandura et al.'s (1961) study into the transmission of aggression **and** briefly explain how this may relate to the effects of social media.

Bandura, Ross and Ross aimed to show that children would learn and imitate aggression seen in an adult model, and that imitation would be greater for a same sex model and for boys. The sample was 72 children aged 37 to 69 months from the Stanford University nursery school, 36 boys and 36 girls, matched on pre rated aggression. In a laboratory experiment with a matched participants design the children were split into eight experimental groups of six and a control group of 24. In stage one each child played while an adult model either played quietly with tinker toys (non aggressive condition) or attacked a five foot inflatable Bobo doll, punching it, hitting it with a mallet, kicking it and shouting phrases like 'sock him in the nose' (aggressive condition); the model was the same or the opposite sex to the child. In stage two the child was mildly frustrated by being shown attractive toys and then told they were for other children. In stage three the child spent 20 minutes in a room with aggressive and non aggressive toys and a Bobo doll while observers behind a one way mirror recorded behaviour every five seconds. Children who saw the aggressive model showed significantly more imitative physical and verbal aggression and more mallet aggression than the other groups, boys were more physically aggressive than girls and imitation was strongest with a same sex model. Bandura concluded that aggression can be learned through observing and imitating a role model.

This relates to social media because young people spend hours watching influencers who act as role models. If those models display harmful behaviours such as self harm, aggression or disordered eating, young people may observe and imitate them, especially models of the same sex who are rewarded with likes and followers, which may help explain the link between heavy social media use and poor mental health.

[7]

- (e) Using your knowledge of psychology, suggest different ways in which psychologists could use social media to promote positive mental health in young people.

One way psychologists could use social media is to apply Bandura's social learning theory by creating campaigns that feature positive role models. Bandura found that children imitated the behaviour of an adult model, especially one of the same sex, so psychologists could work with popular young influencers of both sexes who talk openly about managing anxiety, exercising, sleeping well and seeking help. Young people identify with these models and would observe and imitate their healthy coping behaviours, and the models' success in overcoming problems would act as vicarious reinforcement, making the behaviours more likely to be copied. A second way is to design a platform that uses operant conditioning to shape positive behaviour. Because Kelly et al. found that online harassment and lower self esteem were linked to depressive symptoms, the platform would allow only positive or supportive comments, screened by moderators and filters, and would give likes and badges as positive reinforcement for kind posts, for example rewarding users who check in on friends or post about things they are grateful for. Bullying comments would not be published, removing the punishment that lowers self esteem, so young people gradually learn supportive habits. A third way is to build in quick access to expert and peer support. Psychologists could add a button that connects a young person showing signs of distress to a trained counsellor who uses cognitive behavioural techniques to challenge negative thoughts, and moderated virtual support groups could link young people facing the same difficulties, such as exam stress or bereavement, so they feel less alone and gain social support from others who have coped with the same problem.

[8]

(f)* Evaluate the suggestions you have made in part (e) using your knowledge of psychology.

A strength of the positive role model suggestion is that it is supported by strong experimental evidence. Bandura's controlled laboratory study showed clearly that children imitate observed behaviour, so there is good reason to expect young people to copy healthy coping behaviours modelled by influencers they identify with, and it is cheap and practical because the influencers already reach the age group studied by Kelly et al. However, Bandura's findings came from three to five year olds hitting a Bobo doll in an artificial setting, so they may not generalise to teenagers' complex mental health behaviours, lowering the validity of the suggestion. The approach is also environmentally reductionist: it assumes mental health is learned through nurture and ignores biological factors such as a genetic vulnerability to depression, so for some young people a role model will make little difference. It is socially sensitive too, since influencers who present an idealised recovery may make young people whose progress is slower feel worse.

The positive only platform has the strength of applying the well established principle of reinforcement and directly targets the covariables in the abstract, since removing harassment and rewarding supportive posts should raise self esteem and protect vulnerable users. On the other hand a platform that only allows positive comments lacks validity as a reflection of real life, where young people must cope with criticism, so the skills may not transfer offline. Controlling what users can say and rewarding them with likes raises ethical issues of manipulation and reduced free will, and deciding what counts as a positive comment may be ethnocentric, as norms about expressing emotion differ between cultures. Reliability is also a problem: the same platform will not have the same effect on everyone, because each young person's problems are unique.

The quick access support suggestion is highly useful because early professional help reduces the severity of depression and peer groups give social support, and it treats people as individuals rather than offering one generic fix. Its weaknesses are practical: it is expensive to staff with trained counsellors, confidential data must be protected, and online conversations lack the non verbal cues of face to face therapy. Overall the suggestions are grounded in psychological theory, but because the original evidence is correlational we cannot be sure that changing social media use will cause better mental health, so the schemes should be scientifically evaluated before being rolled out widely.

[10]

END OF QUESTION PAPER

[illegible]

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