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# INTERNATIONAL AS
# PSYCHOLOGY

## Unit 1 Introductory Topics in Psychology

Wednesday 5 January 2022 07:00 GMT Time allowed: 1 hour 30 minutes

**Materials**

For this paper you must have:
- a calculator, which you are expected to use where appropriate.

**Instructions**
- Use black ink or black ball-point pen.
- Fill in the boxes at the top of this page.
- Answer **all** questions.
- You must answer the questions in the spaces provided. Do not write outside the box around each page or on blank pages.
- All working must be shown.
- If you need extra space for your answer(s), use the lined pages at the end of this book. Write the question number against your answer(s).
- Do all rough work in this book. Cross through any work you do not want to be marked.

**Information**
- The marks for questions are shown in brackets.
- The maximum mark for this paper is 90.

| For Examiner's Use | |
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| Section | Mark |
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| B | |
| C | |
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## Section A: Memory

Answer **all** questions in the spaces provided.

Only **one** answer per question is allowed.

For each question completely fill in the circle alongside the appropriate answer.

CORRECT METHOD  WRONG METHODS 

If you want to change your answer you must cross out your original answer as shown. 

If you wish to return to an answer previously crossed out, ring the answer you now wish to select as shown. 

**0 1** Research into memory has shown that there are differences in coding for the separate memory stores.

**0 1 . 1** Briefly outline what is meant by coding.

**[1 mark]**

Coding is changing the form (format) of information so that it can be stored in memory.

**0 1 . 2** Identify the type of coding mainly used by:

**[3 marks]**

Long-term memory: Semantic (meaning)

Short-term memory: Acoustic (sound)

Sensory register: Modality specific (iconic, echoic, haptic)

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**0 2** Nada is revising from her psychology book when she receives a text message. Nada texts back but then realises that she cannot remember what she had just read in the book.

Use your knowledge of rehearsal in the multi-store model of memory to explain why Nada could not remember what she had just read.

**[3 marks]**

Nada paid attention to the information in her book, so it passed from her sensory register into her short-term memory. The text message distracted her, which prevented her from rehearsing (maintenance or elaborative rehearsal) the book information in her STM. Without rehearsal the information could not be transferred into her long-term memory, so it decayed or was displaced from her STM by the text and was lost, which is why she could not remember what she had just read.

**0 3** Briefly describe the role of the central executive within the working memory model.

**[2 marks]**

The central executive co-ordinates and controls the slave systems (it is the 'master' of the other stores), directing attention to particular tasks. It has a very limited capacity and can process information in any sensory format, sending auditory information to the phonological loop and visual information to the visuo-spatial sketchpad for processing.

**0 4** Briefly explain **one** limitation of the working memory model.

**[2 marks]**

One limitation is that the role of the central executive is not well explained. It is described only vaguely as being responsible for 'attention', and some psychologists believe it may consist of several separate components, so the model has not been precisely defined and is difficult to test scientifically.

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**0 5** Select **one** of the terms below to complete the statement about types of long-term memory.

Shade **one** box.

**[1 mark]**

Memory about events in your life refers to:

**A** episodic memory. ■

**B** procedural memory. ⬭

**C** semantic memory. ⬭

**D** sensory memory. ⬭

**0 6** Evaluate research into **one or more** factors affecting the accuracy of eyewitness testimony.

**[6 marks]**

Much research into leading questions, e.g. Loftus and Palmer (1974), used lab experiments in which participants watched videos of car accidents. This is not realistic, so the research lacks ecological validity and may not reflect real-life experiences of EWT, where witnesses are emotionally involved and the consequences of testimony are serious. Foster et al. (1994) found that witnesses were more accurate when they believed a real trial would follow, suggesting lab findings may overestimate inaccuracy.

Research into anxiety raises ethical issues. Exposing participants to frightening events, e.g. a man holding a knife covered in blood in Johnson and Scott's study, may cause psychological harm, so it may be considered unethical. However, real-life studies such as Yuille and Cutshall (1986) avoid this but lack control over extraneous variables, e.g. how much witnesses discussed the event.

Extra space On the other hand, the research has important practical implications for dealing with witnesses of incidents, e.g. police realise the

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importance of preventing witnesses from discussing the event and of avoiding leading questions, which improves the accuracy of EWT.

**0 7** Kamal was walking home with his friends when he saw two men fighting. Kamal was later interviewed at the police station. An officer trained in using the cognitive interview asked him about what he had seen.

Outline and evaluate the cognitive interview as a way of enhancing the accuracy of eyewitness testimony. In your answer, refer to **two or more** cognitive interview techniques that the police officer might use with Kamal.

**[12 marks]**

The cognitive interview (Fisher and Geiselman) is a police interview technique based on memory research, designed to enhance the accuracy of EWT.

Context reinstatement: the witness is asked to mentally return to the scene and imagine the environment and their emotions at the time. The officer would ask Kamal to remember what the weather was like, what he could hear, and how he and his friends were feeling as they walked home when the fight began. This provides cues that trigger recall.

Report everything: the witness is encouraged to recall every detail, even those that seem trivial or irrelevant, as these may trigger other important memories. The officer would ask Kamal to report everything about the fight, including details that might seem unimportant or minor, such as the clothes the men wore.

Change perspective: the witness is asked to recall the event from another person's viewpoint. Kamal might be asked to imagine what one of his friends may have seen from where they were standing, which disrupts the effect of schemas on recall.

Change order: the witness recalls the event in different orders, e.g. from the end back to the start. Kamal might start his recall with one of the men running off and work backwards to the start of the fight, which

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stops him reconstructing it from expectations.

The enhanced cognitive interview also encourages the witness to relax and take their time, so Kamal would be put at ease to reduce anxiety.

One strength is research support. Kohnken et al.'s (1999) meta-analysis of 50 studies found that the cognitive interview consistently provided more correct information than a standard police interview, so it should improve the accuracy of Kamal's testimony.

Milne and Bull (2002) found that each technique, used by itself, produced more information than a standard interview, showing all the techniques are useful, although combining report everything and context reinstatement gave the best recall. This means officers can choose the most effective techniques.

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However, Kohnken et al. also found that although the amount of correctly recalled information increased, there was also an increase in incorrectly recalled information. So the police officer must treat everything Kamal reports with caution, and the extra detail could mislead an investigation.

A practical limitation is that the cognitive interview is a time-consuming process, taking much longer than a standard interview, so standard methods are often favoured for their speed. The police also have to be specially trained to use it successfully. Training requires funding and takes officers off the streets, and many forces do not offer more than an hour of training, resulting in a less effective cognitive interview, so its success depends on how well Kamal's officer was trained.

Overall, the cognitive interview enhances the amount of accurate information recalled, but its usefulness is limited by time, training and an increase in errors.

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## Section B: Social Psychology

Answer **all** questions in the spaces provided.

**0 8** Explain **one** strength and **one** limitation of Asch's research into conformity.

**[6 marks]**

One strength is that Asch's study was a laboratory experiment, so he had high control over extraneous variables, such as environmental distractions and the length of the lines, and all participants were tested in a standardised way. This means we can be more confident that the presence of a unanimous majority caused the conformity, establishing cause and effect. The standardised procedure also means the results have been replicated many times, so they can be considered reliable.

One limitation is that Asch used an artificial task, judging the lengths of lines, with strangers in a lab. This trivial task is unlike real-life situations where we conform, which usually involve friends and decisions that matter more, so it is not an ecologically valid measure of real-life conformity. Also, his results may reflect the 1950s, when the McCarthyism era meant people in the USA were more conformist, so they may lack temporal validity and not be relevant today.

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**0 9** Nina is looking at paintings in an art gallery with her friends. All of her friends, who study art, agree that a particular painting is excellent. However Nina, who does not study art, cannot decide if she likes it. Nina's friends ask her whether she likes the painting.

Explain how informational influence might affect Nina's answer.

**[4 marks]**

Informational social influence occurs when a person conforms because they want to be right and believe others have better knowledge than they do, especially in an ambiguous situation.

As Nina does not study art, she knows very little about art and is unsure whether she likes the painting, so the situation is ambiguous for her. She will look to her friends for guidance, because she will believe they know more about art than she does since they study it. As all of her friends agree that the painting is excellent, Nina will believe this is the correct response, so she is likely to conform and say that she likes the painting too. She may even genuinely change her opinion (internalisation).

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**1 0** Describe and evaluate **one or more** explanations of resistance to social influence.

**[20 marks]**

One explanation of resistance to social influence is locus of control (LOC), proposed by Rotter (1966). LOC refers to a person's sense of what controls the events in their lives. People with an internal LOC believe they control their own lives and that what happens to them is mainly the result of their own behaviour and decisions. People with an external LOC believe events are caused by outside forces such as luck, fate or powerful others.

Those with an internal LOC are more likely to resist pressure to conform and less likely to obey than externals. They take personal responsibility for their actions and base decisions on their own beliefs, and they are less concerned with social approval, so they are less influenced by normative pressure. Externals have the opposite traits: they feel less responsible for their actions and are more likely to go along with others. LOC is measured using questionnaires such as Rotter's LOC scale.

A second explanation is social support. Non-conformity and disobedience are more likely if people see others resisting social influence. In conformity situations, having an ally who does not conform breaks the unanimity of the group, which reduces normative pressure and gives the person the confidence to give their own answer. In obedience situations, a disobedient role model challenges the legitimacy of the authority figure and shows that disobeying is possible, so the person is more likely to resist.

There is research evidence to support social support. In a variation of Asch's study, when one confederate gave the correct answer, conformity fell from 33% to 5.5%. This happened even when the dissenter gave a

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different wrong answer, so breaking unanimity is what matters. In a variation of Milgram's study with two disobedient confederate teachers, obedience to 450 volts fell from 65% to 10%, as participants followed the disobedient role models.

There is also some research support for LOC. Holland (1967) repeated Milgram's study and found that 37% of internals refused to continue to the maximum shock, compared with only 23% of externals, suggesting internals are more able to resist obedience.

However, other research contradicts LOC. Twenge et al. (2004) analysed data from American LOC studies over 40 years and found that people have become more external but are actually more likely to resist social influence, which is the opposite of what the explanation predicts. This suggests LOC may only play a small role, and cultural or social changes may be more important.

There are also problems with using questionnaires to measure LOC. Participants may give socially desirable answers, resulting in invalid measures of their personality.

Extra space Social support is also supported by Gamson et al. (1982), who found that 88% of groups rebelled against an unjust authority, as group members supported each other's resistance.

In comparison, social support is situational while LOC is dispositional, so LOC can explain why some people resist without an ally, e.g. 35% of Milgram's baseline participants. However, Rotter argued LOC matters most in new situations, so in familiar ones situational factors like social support may be more powerful.

Overall, social support appears more powerful, but resistance is best explained by an interaction of dispositional and situational factors.

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## Section C: Psychopathology

Answer **all** questions in the spaces provided.

**1 1** Helen is always late for school. Despite getting up early, she spends hours completing certain behaviours before she feels calm enough to leave the house. These behaviours include carefully checking her clothes are not creased, brushing her teeth three times with three different toothbrushes and turning each light in the house on and off five times.

Use your knowledge of any **two** definitions of abnormality to explain how Helen's behaviour might be considered abnormal.

**[6 marks]**

*Failure to function adequately: a person is abnormal if they cannot cope with the demands of everyday life. Helen's behaviours mean she is always late for school, so she is failing to successfully complete normal day-to-day activities like being on time to school. Her behaviours also cause her distress, as she does not feel calm until she has finished them, so she would be seen as abnormal.*

*Deviation from social norms: behaviour is abnormal if it breaks the (implicit) unwritten rules of acceptable behaviour in a society. Helen turns each light in the house on and off five times. People would not expect others to turn lights on and off multiple times, so this breaks social norms and would be considered abnormal. Brushing her teeth three times with three different toothbrushes would also be seen as unacceptable and odd by most people.*

*Statistical infrequency could also be used, as most people brush their teeth just once in a morning with one toothbrush, so Helen's behaviour is statistically rare.*

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**1 2** Describe Ellis's ABC model as a cognitive explanation for depression.

**[6 marks]**

Ellis believed that good mental health is the result of rational thinking, whereas depression is the result of irrational thinking. He developed the ABC model to explain why people react differently to the same situations, giving a sequence for how irrational thoughts lead to depression.

A is the activating event, a situation to which there is a reaction, e.g. failing a test. B is the belief a person has about that event, which can be rational or irrational. In depression the person thinks irrationally, e.g. 'mustabatory thinking' such as believing they must always succeed at everything they do, or 'I-can't-stand-it-itis'. C is the consequence, the changes in feelings and behaviours. In depression, negative feelings and inappropriate behaviours are caused by the irrational belief, e.g. the

Extra space student becomes unhappy and withdraws from others due to thoughts of failure.

Overall, it is not the event itself but the way a person thinks about the events that occur that causes the unhappiness they experience.

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**1 3** Ismail has a phobia of flying insects. Whenever he sees one he becomes very worried. His breathing and heart rate quicken, he starts shaking and thinks it is going to sting or bite him. Ismail also screams and runs away when he sees one. Recently Ismail has stopped going outside during the day in order to keep away from flying insects.

Outline **three** defining characteristics of phobias. Refer to Ismail's behaviour in your answer.

**[6 marks]**

*Extreme anxiety and fear (emotional): a phobia involves an excessive, persistent fear that is out of proportion to the actual danger. Ismail shows extreme anxiety and fear, as he becomes very worried whenever he sees a flying insect. This is linked to the physical fight or flight response, as his breathing and heart rate quicken and he starts shaking.*

*Panic and avoidance (behavioural): a phobic person shows panic when faced with the phobic stimulus and goes to great lengths to avoid it, which can interfere with everyday life. Ismail screams and runs away when he sees an insect, and he shows avoidance as he has stopped going outside during the day to keep away from flying insects.*

*Irrational beliefs (cognitive): the person holds irrational, distorted thoughts about the phobic stimulus. Ismail thinks any flying insect is going to sting or bite him, even though most will not.*

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**1 4 . 1** Describe flooding as a treatment for phobias.

**[6 marks]**

Flooding is a behavioural therapy based on classical conditioning. It aims to extinguish the learned association between the phobic stimulus (CS) and the fear response (CR), breaking the CS-CR bond.

The patient is bombarded with the feared stimulus at its most frightening level, all at once, rather than gradually, e.g. someone with a phobia of flying insects might be placed in a room full of insects. The patient is not able to escape (prevention of avoidance), and exposure continues for a long session, often two to three hours, until the fear subsides.

At first the patient's anxiety levels rise very high, but anxiety cannot remain high indefinitely, as the fight or flight response is exhausting, so it eventually reduces. When anxiety drops in the presence of the

Extra space stimulus, the patient learns the stimulus is harmless, and the association between the stimulus and anxiety is broken (becomes extinct). Flooding can be done in vivo (real exposure) or in vitro (imagined). Patients must give fully informed consent first.

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**1 4 . 2** Evaluate flooding as a treatment for phobias.

**[6 marks]**

One strength is that flooding is a much quicker treatment than systematic desensitisation, often working in a single long session, so it is cost-effective and patients are free of symptoms sooner. Research supports its effectiveness, and Shipley et al. found that only 0.2% of patients experienced side effects such as panic attacks, suggesting it is an appropriate treatment for most people.

However, flooding works well for specific phobias such as heights or insects, but is less useful for complex phobias such as social phobia, which have cognitive aspects that flooding does not address. Its success outside the clinical situation and long-term effectiveness are also questioned, as the fear may return.

There are ethical problems, as flooding puts the patient under an immense level of stress and anxiety. It is not appropriate for all patients, e.g. children or the elderly, and some patients quit before the end, which may make the phobia worse. Systematic desensitisation or CBT are less unethical and more appropriate for a wider range of patients.

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