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INTERNATIONAL AS
PSYCHOLOGY

Unit 1: Introductory Topics in Psychology

Monday 9 January 2023 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.

For Examiner's Use	
Section	Mark
A	
B	
C	
TOTAL	

Information

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

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Section A: Memory

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

Only **two** answers per question are 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 Features of the multi-store model of memory include capacity and coding. What is meant by these terms?

Capacity

[1 mark]

Capacity refers to how much information a memory store can hold, e.g. STM has a limited capacity of about 7 +/– 2 items.

Coding

[1 mark]

Coding refers to the way in which information is stored or processed into memory, e.g. acoustically in STM and semantically in LTM.

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0 2 . 1 Describe the working memory model.

[6 marks]

The working memory model (WMM) was proposed by Baddeley and Hitch (1974). It sees short-term memory as an active processing system made up of several components, rather than the single, unitary store suggested by the multi-store model.

The central executive controls and oversees the whole system. It directs attention and allocates tasks to the slave systems, and can deal with information from any sense.

The phonological loop processes auditory information and keeps the order of the information. It is split into the phonological store (the inner ear), which holds the words we hear, and the articulatory control process (the inner voice), which is used for maintenance rehearsal of verbal information. Its capacity is roughly what can be said in about 2 seconds.

The visuo-spatial sketchpad (the inner eye) processes visual and spatial information, such as the appearance of objects and their position, e.g. picturing the route home.

The episodic buffer was added in 2000. It is a temporary storage system that integrates information from the central executive and the other slave systems, binding it together with a sense of time sequence, and it provides the main link to long-term memory.

Each component of the WMM has a limited capacity, so two tasks that use the same component cannot be done at the same time as well, whereas tasks using different components can.

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0 2 . 2 Explain **one** strength of the working memory model.

[3 marks]

One strength is research support for separate components of STM from dual-task experiments. Baddeley et al. (1975) found that participants had more difficulty doing two visual tasks at the same time (tracking a light and describing the letter F) than a visual and a verbal task together. Performance was worse because both visual tasks competed for the limited capacity of the visuo-spatial sketchpad, whereas the verbal and visual tasks used different components. This supports the existence of a separate visuo-spatial sketchpad and phonological loop, and shows the WMM explains STM better than the unitary STM of the MSM.

0 2 . 3 Explain **one** limitation of the working memory model.

[3 marks]

One limitation is that the central executive, the most important component, is the least understood and is explained only vaguely. It is described simply as directing attention, and its capacity has never been measured precisely. Some evidence, e.g. from brain scans and the brain-damaged patient EVR, suggests the central executive may not be a single unitary component but may consist of several separate parts. This means the WMM has not fully explained how the central executive works, so the model is incomplete and difficult to test.

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0 3 Chan was in a computer shop. She witnessed a person take a laptop and run out of the shop without paying. Chan immediately went to the local police station to report what she had seen.

Explain how a police officer could use **two** components of the cognitive interview to improve the accuracy of Chan's eyewitness testimony.

[4 marks]

Context reinstatement: the officer could ask Chan to mentally picture herself back in the computer shop at the time of the theft, recalling the environment, e.g. the layout of the shop, the weather outside, what she could hear and how she felt. These contextual cues can trigger her memory of the crime, so she recalls more accurate detail about the thief.

Report everything: the officer could ask Chan to tell them every detail she can remember about the theft, even if it seems trivial or unimportant, or she is not confident about it, e.g. the colour of the thief's shoes. A small detail may act as a cue that triggers more important memories, such as the thief's face, improving the accuracy of her testimony.

0 4 Discuss types of long-term memory.

[12 marks]

Tulving (1972) proposed that long-term memory (LTM) is not a single store, as the multi-store model suggests, but is made up of different types of memory.

Episodic memory is memory for personal events and experiences that have happened in our lives, often likened to a diary, e.g. what you did yesterday or your first day at school. They are complex and 'time-stamped', as we remember when and where they happened. You usually have to make a conscious effort to recall them.

Semantic memory is memory for facts and knowledge about the world,

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e.g. that the capital city of China is Beijing, or the meanings of words. It is less personal than episodic memory and these memories are not time-stamped. You usually have to make a conscious effort to recall them. Episodic and semantic memories are both explicit, or declarative, memories, as they can be put into words.

Procedural memory is memory for motor actions and skills, e.g. the act of physically driving a car or riding a bike. It is an implicit memory, as these memories can be recalled without conscious effort or awareness once the skill has been learned through practice. We often find it difficult to explain these types of memories to others in words.

One strength is that case studies of people with amnesia support the existence of different types of LTM. HM had his hippocampus removed to treat epilepsy and afterwards could not form new episodic memories. However, he could learn new procedural skills, such as mirror drawing, even though he could not remember having practised. Clive Wearing, a musician who developed amnesia after a viral infection, had almost no episodic memory of his past, but his procedural memory was intact, as he could still play the piano and conduct music, and he retained some semantic knowledge, such as the meaning of words. This suggests the different types of LTM are separate, as one type can be damaged while the others are unaffected.

Research using brain scans also supports different types of LTM. Tulving et al. (1994) asked participants to perform various memory tasks while their brains were scanned using PET. Episodic memories were recalled using the right prefrontal cortex and semantic memories using the left prefrontal cortex. This physiological evidence shows the types of LTM are

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located in different parts of the brain, providing objective, scientific support for the theory.

However, there are problems with relying on case studies of brain-damaged patients. Case studies lack control, as researchers cannot control the extent or location of brain damage. We also have no reliable knowledge of the patients' memory abilities before the damage, so we cannot be certain the damage caused the differences in memory. HM and Clive Wearing are also unique individuals, so it is difficult to generalise the findings to people with normal memory.

Another issue is that some researchers disagree about how many types of LTM there are. Cohen and Squire (1980) argued that episodic and semantic memories are stored together as one type, declarative memory

Extra space (knowing that), with procedural memory as non-declarative memory (knowing how). This suggests that the distinction between episodic and semantic memory may not be as clear as Tulving suggested, as each episodic memory contains semantic knowledge.

A further strength is the real-life application of research into types of LTM. Belleville et al. (2006) showed that episodic memories could be improved in older people with mild cognitive impairment through specific training, Distinguishing between types of LTM allows psychologists to target treatments at the specific type of memory that is affected, improving people's quality of life.

Overall, there is strong evidence from case studies and brain scans that LTM is not a unitary store and consists of different types, although there is still debate over whether episodic and semantic memory are truly separate.

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Section B: Social Psychology

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

0 5 Describe social support as an explanation of resistance to social influence.

[4 marks]

Social support explains resistance to social influence by the presence of others who also resist. If a person sees others refusing to conform or obey, it gives them the confidence to resist too, especially when they did not want to conform or obey in the first place.

For conformity, an ally who disagrees with the majority breaks the unanimity of the group. The person no longer feels isolated, so normative pressure is reduced, and the ally shows that the majority may be wrong. Asch found conformity fell from about 37% to 5.5% when one confederate gave the correct answer.

For obedience, a disobedient role model challenges the legitimacy of the authority figure and shows that it is possible to disobey. In Milgram's variation with two disobedient peers, obedience fell from 65% to 10%.

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0 6 . 1 Lucy and Sarah are in the same class in school. Lucy believes that what happens to her in her life is simply down to luck, whereas Sarah believes she is firmly in control of her life.

Identify the type of locus of control shown by Lucy.

[1 mark]

Lucy has an external locus of control.

Identify the type of locus of control shown by Sarah.

[1 mark]

Sarah has an internal locus of control.

0 6 . 2 Lucy's and Sarah's friends are taking part in the school talent contest. The friends try to persuade Lucy and Sarah to join in the contest, but neither of them wants to take part.

Use your knowledge of locus of control to identify which of the two girls is more likely to resist the pressure to conform. Briefly explain your answer.

[2 marks]

Sarah is more likely to resist the pressure to conform. This is because she has an internal locus of control, so she believes she is in control of her own life and her decisions. She is therefore less likely to be persuaded by her friends to take part in the talent contest and will rely on her own judgement instead.

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0 6 . 3 Evaluate locus of control as an explanation of resistance to social influence.

[6 marks]

One strength is research support. Holland (1967) repeated Milgram's baseline study and found that 37% of internals did not continue to the highest shock level, but only 23% of externals did not continue. This shows internals were more able to resist the pressure to obey, supporting locus of control (LOC) as an explanation of resistance.

However, not all research supports the link. Twenge et al. (2004) analysed American LOC studies from 1960 to 2002. Over this time, people became more independent and resistant to social influence but also more external. If resistance were linked to an internal LOC, people should have become more internal, so this challenges the explanation.

A further limitation is that the role of LOC in resistance may be exaggerated. LOC is only important in new situations; it has little influence in familiar situations, where our previous experience of what happened is more important in deciding whether we conform or obey. Other explanations, such as social support, may be more important, so LOC is best seen as one factor that interacts with situational factors.

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0 7 Jane is in a psychology lesson. Her teacher tells her to complete an essay under timed conditions and Jane obeys.

Explain how **two** situational variables could have influenced Jane to obey her teacher.

[4 marks]

Location: Jane is in a classroom during a lesson, which is an official setting where obedience to teachers is expected. The school setting gives the teacher legitimacy and reinforces her position as an authority figure, so Jane is more likely to obey. Milgram found obedience fell from 65% to 47.5% when the study moved from prestigious Yale University to a run-down office.

Proximity: the teacher is in the same room as Jane and in close physical proximity to her, so Jane may fear the immediate consequences of not obeying, such as being told off or given a detention. If the teacher gave the instruction and then left the room, Jane would be less likely to obey. Milgram found obedience fell to 20.5% when instructions were given by telephone.

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0 8 Describe and evaluate Asch's research into variables affecting conformity.

[12 marks]

In Asch's (1951) original study, 123 American male students took part in what they believed was a test of visual perception. Each naive participant was placed in a group with 6 to 8 confederates and asked to say aloud which of three comparison lines (A, B or C) matched a standard line. The naive participant always answered last or next to last. On 12 of the 18 trials (critical trials), the confederates all gave the same wrong answer. Asch found that participants conformed to the wrong answer on 36.8% of critical trials, and 75% conformed at least once. Asch later varied the procedure to investigate variables affecting conformity.

Group size: Asch varied the number of confederates from 1 to 15. With 1 confederate, conformity was very low (about 3%) and with 2 confederates it was about 13%. With 3 confederates, conformity rose to about 32%. Adding more than 3 confederates made little difference to conformity rates.

Unanimity: Asch arranged for one of the confederates (usually seated third) to go against the majority. When this dissenter gave the correct answer, conformity fell to 5.5%. When the dissenter gave a different wrong answer, conformity also fell, to about 9%. Conformity fell in both situations but was lowest when the dissenter gave the correct answer, showing that breaking the unanimity of the group reduces conformity.

Task difficulty: Asch made the task harder by making the three comparison lines more similar in length to the standard line, so it was less obvious which line matched. Conformity increased, suggesting that when a task is more difficult, people look to others for guidance due to

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informational social influence.

One strength of Asch's research is that it involved laboratory experiments, so there was high control over extraneous variables, such as environmental distractions and the length of the lines. This means we can be more confident in establishing cause and effect between each variable and the level of conformity.

Another strength is that Asch's studies and results have been replicated many times. Lucas et al. (2006) also found that conformity increased with task difficulty when participants answered harder maths problems, although this depended on how confident participants felt. As the findings are consistent, the results can be considered reliable.

However, Asch's findings may not be relevant today, as they may be a child of their time and lack temporal validity. The research took place in 1950s America, during the McCarthy era, when people were generally more conformist and afraid to go against the majority. Perrin and Spencer (1980) repeated Asch's study with British engineering students and found only one conforming response in 396 trials, suggesting conformity levels may change over time and across cultures.

A further limitation is that Asch used an artificial task, judging the lengths of lines, which is trivial and unlike real-life situations. Therefore, the research is not an ecologically valid measure of real-life conformity, and the findings may not generalise to everyday situations where conforming is more important.

Also, Asch used a limited sample of participants, as he only used American male students, so the research is gender biased. Therefore, the findings may not reflect female behaviour. The findings may also not

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apply to collectivist cultures, where conformity rates tend to be higher.

Finally, Asch's research may be unethical. He deceived his participants, as they believed they were taking part in a test of visual perception, so they could not give fully informed consent. He also failed to protect them from harm, as participants were put in a stressful and embarrassing situation and many showed signs of anxiety. However, the deception was arguably necessary to obtain valid results.

Overall, Asch's research has provided valuable, well-controlled and reliable evidence of the variables affecting conformity, although its artificial task and biased sample limit how far the findings can be generalised.

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Section C: Psychopathology

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

0 9 Which **two** of the following are characteristics of phobias?

Shade **two** options.

[2 marks]

A Anger ⬭

B Avoidance ●

C Disturbance in appetite ⬭

D Panic ●

E Sadness ⬭

1 0 The technique of challenging irrational thoughts is used in cognitive behavioural therapy.

What is meant by challenging irrational thoughts?

[2 marks]

Challenging irrational thoughts is when the patient, with the therapist, confronts and tests their beliefs that are illogical, unreasonable or lack evidence, e.g. by asking 'Where is the evidence that I am a failure?'. These irrational beliefs are then replaced with more rational, realistic and sensible thoughts.

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1 1 Nish has been diagnosed with depression. Nish explains to his therapist that he believes he is a failure and cannot do anything right. He thinks his depression started when he failed important school exams. He has now withdrawn his university application.

Explain why Nish is depressed using Ellis's ABC model.

[6 marks]

Ellis's ABC model proposes that depression results from irrational thinking, rather than from events themselves.

A is the Activating event, a negative or triggering event in a person's life. For Nish, the activating event was failing his important school exams, which he believes started his depression.

B is the Beliefs that the person holds about the activating event. Nish has developed irrational and untrue beliefs about the event, as he believes that he is a failure and that he cannot do anything right. This is an example of overgeneralisation, as he takes one failure and applies it to his whole life. Ellis called this 'musturbatory thinking', e.g. Nish may believe he must always do well, and if he does not, he is worthless. Failing exams is not evidence that he is a failure in everything.

C is the Consequence, the emotional and behavioural results of the irrational beliefs. Because of his irrational beliefs, Nish feels depressed and has decided to withdraw his university application, as he believes he will fail again.

Therefore, it is not failing his exams itself that has caused Nish's depression, but his irrational beliefs about failing them. If Nish had rational beliefs, e.g. that he could resit his exams, he would be less likely to become depressed.

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1 2 Describe and evaluate **two** behavioural treatments of phobias.

[20 marks]

Systematic desensitisation (SD) was developed by Wolpe (1958) and is based on classical conditioning. It is a form of counter-conditioning, as the aim is to replace the learned association between the phobic object and fear with a new association between the phobic object and relaxation.

First, the therapist and patient create an anxiety hierarchy of situations related to the phobic object, arranged in order from the least frightening to the most frightening situation. For someone with a phobia of spiders, the lowest step might be looking at a picture of a spider and the highest step holding a spider.

The patient is then taught relaxation techniques, such as deep breathing, mental imagery or meditation. This is based on reciprocal inhibition, the idea that it is impossible to feel fear and relaxation at the same time, as one emotion prevents the other.

The patient is then gradually exposed to each step of the hierarchy while practising relaxation, starting at the lowest step. They only move on to the next step once they can remain calm at the current stage. This continues over several sessions until the patient can remain relaxed at the most feared situation. The aim is to reduce anxiety towards the phobic object by forming a new association of calmness. Exposure can be done in vivo (with the actual feared object) or in vitro (imagining the object).

Flooding is also based on classical conditioning, but it works through extinction. The patient is bombarded with the feared stimulus at its most frightening level, e.g. a person with a phobia of heights is taken to

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the top of a tall building, with no ability to escape, so avoidance is prevented. At first the patient's anxiety rises to a very high level, but anxiety cannot remain high indefinitely, as the body cannot maintain this level of arousal, so it eventually subsides. When the anxiety drops and the patient realises that nothing bad happens, the association between the stimulus and anxiety is broken, i.e. the fear response becomes extinct. Flooding can also be done in vivo or in vitro.

One strength of SD is research evidence showing it is effective in the long term. Gilroy et al. (2003) followed up patients treated for a spider phobia with SD. At 3 months and still 33 months after treatment, the SD group were less fearful than a control group who had only been taught relaxation. This suggests SD produces long-lasting improvements outside the clinical situation, not just during therapy.

There is also evidence supporting flooding. Choy et al. (2007) found that flooding and SD were both effective at reducing phobic anxiety, with flooding producing large reductions in fear. Shipley et al. found that only 0.2% of patients experienced side effects after flooding, such as panic attacks, suggesting that it is an appropriate treatment for most people.

A strength of flooding is that it is fast and cost effective. Flooding often requires only one or two sessions, compared to about five or six sessions for SD. This means it is cheaper for health services.

However, there are ethical problems with flooding. It puts the patient under an immense level of stress and anxiety, as they are confronted with their worst fear with no escape. If a patient leaves before the anxiety subsides, their phobia may be strengthened, as escaping is negatively reinforced. In comparison, SD is a more ethical approach, as

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the patient is exposed gradually and stays in control of the pace, so it causes much less distress.

Flooding is also not appropriate for all types of patient. It should not be used with children or elderly people due to the extreme levels of anxiety and physiological arousal experienced. SD, on the other hand, can be used with almost anyone, including children and people with learning difficulties, who may not be able to understand more cognitive treatments.

There are also issues of suitability for different types of phobia. Flooding works well for specific phobias, such as a fear of heights or spiders, where the patient can be exposed directly to a single stimulus. However, it is less useful for more complex phobias, such as social phobias, which have cognitive aspects. SD may be more effective for these, and

Extra space cognitive therapies such as CBT, which challenge irrational thoughts, may be more suitable still, as behavioural treatments only target the behaviour and not the underlying thoughts.

A further limitation of both treatments is symptom substitution. Behavioural treatments only remove the symptoms of the phobia, not its underlying cause. Psychodynamic psychologists argue that the phobia may be a symptom of a deeper problem, so a new symptom may appear in its place.

Overall, both behavioural treatments are effective for treating specific phobias. SD is more ethical and suitable for a wider range of patients and phobias, while flooding is quicker and cheaper but more distressing, so the choice of treatment should depend on the patient and the type of phobia.

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