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INTERNATIONAL AS PSYCHOLOGY

Unit 1 Introductory Topics in Psychology

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	
Section	Mark
A	
B	
C	
TOTAL	



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

Which of the following parts of the working memory model controls and coordinates the other parts of the model?

Shade **one** box only.

[1 mark]

A Central executive



B Episodic buffer



C Phonological loop



D Visuo-spatial sketchpad



0 2

The multi-store model of memory consists of the sensory register, short-term memory and long-term memory.

Describe **one or more** features of the sensory register.

[4 marks]

The sensory register receives information from the environment via the sense organs/receptors. It is constantly bombarded with information and has a very large (unlimited) capacity.

It is modality-specific: there is a separate store for each of the five senses, e.g. iconic memory for vision and echoic memory for sound.

Duration is very short, from milliseconds (iconic) to a few seconds (echoic), so information decays quickly. Only attended information passes on to STM.

0 3

One type of long-term memory is procedural memory.

Name **one other** type of long-term memory.

[1 mark]

Semantic memory (or episodic memory).

Turn over for the next question

Turn over ►



0 4

Andrew takes part in a number of memory experiments. Some of these experiments test his short-term memory and others test his long-term memory.

0 4 . 1

Briefly describe the expected difference in **capacity** between Andrew's short-term memory and his long-term memory.

[3 marks]

Andrew's LTM would have a much larger capacity than his STM. His STM would be expected to hold only about 7 +/- 2 items (between 5 and 9 items), as Miller found, whereas the capacity of his LTM is potentially unlimited, so vast that it could not be measured.

0 4 . 2

Briefly describe the expected difference in **duration** between Andrew's short-term memory and his long-term memory.

[3 marks]

The duration of Andrew's STM would be much shorter than that of his LTM. Without rehearsal, information would only stay in his STM for around 18 to 30 seconds (up to about 60 seconds at most), whereas information in his LTM could last for years, potentially a lifetime.



0 5

Evaluate the use of the cognitive interview as a way of enhancing the accuracy of eyewitness testimony.

[6 marks]

Research evidence supports the cognitive interview. Kohnken et al.'s

(1999) meta-analysis found that the cognitive interview consistently produced more correct information than a standard police interview, so it enhances the accuracy of eyewitness testimony.

However, Kohnken et al. also found an increase in the amount of incorrect information recalled, so although more is recalled, police must treat it with caution.

Not all the techniques are equally useful. Milne and Bull (2002) found that each technique (report everything, context reinstatement, change the order, change perspective) on its own produced more information than a standard interview, but a combination of report everything and context reinstatement gave the best recall, so police could use only these to save
Extra space *time.*

A practical limitation is that the cognitive interview is time-consuming and requires special training. Training costs money and takes officers off the streets, and many forces give only a few hours of training, so the interview is often used in a less effective, partial form.

Turn over for the next question

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0 6 . 1

Describe post-event discussion as a factor affecting the accuracy of eyewitness testimony.

[6 marks]

Post-event discussion (PED) occurs when witnesses discuss what they have seen with other people, e.g. a co-witness who saw the same crime, after the event. This can reduce the accuracy of their testimony, as discussion can alter their memory.

This can happen through memory contamination, where co-witnesses combine (mis)information from the discussion with their own memories, so they genuinely recall details they did not see. It can also happen through memory conformity, where a witness goes along with a co-witness, either to gain social approval or because they believe the other person's memory of the event is more accurate than their own, so their testimony changes.

Gabbert et al. (2003) showed participants a video of the same crime
 Extra space *filmed from different angles, so each participant could see details the other could not. Participants then discussed the event in pairs before completing a recall test. 71% of those who had discussed the event mistakenly recalled information they had not seen, which they had picked up from their partner, compared with 0% in a control group with no discussion.*



0 6 . 2

Evaluate research into the accuracy of eyewitness testimony.

[6 marks]

A limitation is that much of the research, e.g. Loftus and Palmer (1974), uses lab experiments with artificial tasks, such as watching videos of car accidents or staged crimes. Participants know the event is not real and the consequences of their testimony are not serious, so the research lacks ecological validity and may not reflect how eyewitnesses behave in real life. Yuille and Cutshall (1986) found real witnesses of a shooting were very accurate even months later.

There are ethical issues, as showing participants violent crimes or accidents may cause psychological distress, and participants are often deceived about the true aim.

Research often uses limited samples, e.g. small numbers of American students, so the findings lack population validity and cannot be

Extra space *generalised to the wider population or other cultures.*

However, the research has important practical applications. It has shown the police the importance of preventing witnesses from discussing the event, and of avoiding leading questions, and it led to the cognitive interview, improving the accuracy of eyewitness testimony.

30

Turn over for Section B**Turn over ►**

Section B: Social PsychologyAnswer **all** questions in the spaces provided.**0 7**Name **one** variable affecting conformity that was investigated by Asch.**[1 mark]***Group size (the number of confederates in the majority).***0 8**Briefly outline **one** limitation of Asch's research into conformity.**[2 marks]***Asch's task lacked ecological validity: judging the lengths of lines while sitting in a room with strangers is an artificial, trivial task that does not reflect real-life conformity, where decisions matter more. So the findings may not generalise to everyday situations.*

0 9

Oliver and Sarah are taking part in an experiment with five other people. As a group, the seven people are asked to discuss how to solve a problem. Oliver's and Sarah's ideas about how to solve the problem differ from the rest of the group's ideas. However, when the experimenter asks, they both say they agree with the ideas of the group.

Each member of the group is taken into a separate room. Working alone, each person has to write down their own solution to the problem.

Oliver uses the group's ideas to solve the problem, but Sarah uses her own ideas.

0 9 . 1

Explain the type of conformity shown by Oliver in the experiment.

[3 marks]

Oliver is showing internalisation. This is when a person conforms both publicly and privately, as they genuinely accept the group's views as their own. Oliver agrees with the group when asked, and then still uses the group's ideas to solve the problem when working alone, even though he is no longer with the group.

0 9 . 2

Explain the type of conformity shown by Sarah in the experiment.

[3 marks]

Sarah is showing compliance. This is when a person conforms publicly but privately keeps their own views. Sarah says she agrees with the group's ideas when the experimenter asks, but when she is alone and no longer with the group she uses her own ideas to solve the problem.

Turn over for the next question

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1 0 . 1

Milgram carried out research into variables that affect obedience.

Describe the findings of Milgram's research into both proximity **and** location.

[6 marks]

Proximity: in Milgram's baseline study, where the teacher and learner were in separate rooms, 65% of participants gave the maximum 450-volt shock. When the learner was brought into the same room as the teacher, obedience to 450 volts fell to 40%.

In the touch proximity variation, where the teacher had to physically force the learner's hand onto a shock plate, obedience fell further to 30%.

When the experimenter left the room and gave his instructions by telephone, obedience fell to 20.5%, and some participants pretended to give shocks or gave weaker shocks than instructed. This shows that the closer the victim and the further away the authority figure, the lower the obedience.

Extra space *Location: when Milgram moved the study from the prestigious Yale University to a run-down office block in the town of Bridgeport, obedience to 450 volts fell from 65% to 47.5%. This shows that a less prestigious setting reduces obedience, as the authority seems less legitimate, although obedience was still high.*



1 0 . 2

Explain **two** limitations of Milgram's research into obedience.**[6 marks]**

One limitation is that Milgram's research lacks population validity. His original study used 40 American men, so there is gender and cultural bias. Research into obedience in other countries has often found different results, e.g. Kilham and Mann (1974) found only 16% of Australian participants went to the maximum voltage, whereas Mantell (1971) found 85% in Germany. Therefore Milgram's findings cannot be generalised to women or to people from other cultures.

A second limitation is that the research raises serious ethical issues. Participants were deceived, as they believed the shocks were real and the study was about learning, so they could not give fully informed consent. They were not protected from harm, as many showed extreme stress such as sweating, trembling and seizures. The right to withdraw was

Extra space undermined by verbal prods such as "you have no other choice, you must go on". Although participants were debriefed, these issues mean the study could not be repeated today. There are also methodological issues, e.g. Orne and Holland (1968) argued participants may have guessed the shocks were fake (demand characteristics), so the study may lack internal validity.

Turn over for the next question**Turn over ►**

1 1

Describe and evaluate the agentic state as an explanation for obedience.

[9 marks]

The agentic state is Milgram's explanation of obedience. Milgram proposed that people can be in one of two states. In the autonomous state, people act on their own free will and take responsibility for their own actions, behaving according to their own conscience.

When a person is given an order by someone they see as an authority figure, they undergo an agentic shift, moving from the autonomous state to the agentic state. In the agentic state, the person sees themselves as an agent carrying out the wishes of the authority figure, so they stop taking responsibility for their own behaviour and believe the authority figure is responsible for the consequences. This diffusion of responsibility frees the person from the demands of their conscience, so they may obey orders they would not normally carry out, even though they may still feel moral strain and anxiety.

People stay in the agentic state because of binding factors, aspects of the situation that allow them to reduce this moral strain. For example, denial lets them ignore or minimise the damaging effects of their behaviour, e.g. blaming the victim, and they may not want to seem rude by breaking off from the task once they have started (gradual commitment).

One strength is research support. In Milgram's (1963) study, 65% of participants gave the maximum 450 volts, and many asked who was responsible if the learner was harmed. When the experimenter said he was responsible, participants often continued, supporting the idea of handing responsibility to the authority. Blass and Schmitt (2001) showed students a film of Milgram's study and found they blamed the



experimenter rather than the participant, as they saw him as responsible, supporting the agentic state.

The explanation can also explain real-life crimes of obedience, e.g. the My Lai massacre, where American soldiers killed hundreds of civilians.

Kelman and Hamilton (1989) argued the soldiers acted in an agentic state, seeing their officers as responsible for their actions.

However, it is an incomplete explanation. It cannot explain why some people do not obey even when there is a perceived authority, e.g. 35%

of Milgram's participants refused to continue. Mandel (1998) also described German Reserve Police Battalion 101, who were told they could be assigned other duties, yet still chose to shoot Jewish civilians, so they obeyed without a direct order and without being in an agentic state.

Rank and Jacobson (1977) found 16 of 18 nurses refused to give an excessive drug dose ordered by a doctor, showing that people do not

Extra space always shift into the agentic state. Other factors, such as an authoritarian personality, may explain these differences.

There are also methodological issues with the supporting research, as much of it uses artificial lab tasks with limited samples, e.g. American men, so findings may lack ecological and population validity. Overall, the agentic state explains some obedience, but needs other factors to give a complete explanation.



Section C: Psychopathology

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

1 2

Briefly outline the deviation from social norms definition of abnormality.

[2 marks]

Behaviour is seen as abnormal if it goes against the norms or expectations of a society or culture. Social norms are usually unwritten rules about acceptable behaviour, e.g. talking loudly to yourself in public would be seen as abnormal.

1 3

Wendy has a phobia of dogs. When she was 8 years old she was bitten by a dog. Wendy now runs away when she sees a dog. She avoids going into parks where she might see dogs.

Using your knowledge of the two-process model, explain Wendy's phobia of dogs.

[6 marks]

According to the two-process model, Wendy's phobia was first learned through classical conditioning. Being bitten (UCS) produced pain and fear (UCR). The dog, a neutral stimulus, was associated with the bite so it became a conditioned stimulus. Now the sight of any dog produces fear (conditioned response), so the fear has generalised to all dogs.

Her phobia is maintained through operant conditioning by negative reinforcement. When Wendy runs away from a dog, or avoids going into parks where she might see dogs, she escapes an unpleasant situation and her anxiety reduces. This reduction in fear is rewarding, so her avoidance behaviour is reinforced and is more likely to be repeated (avoidance learning). She never learns most dogs are harmless.



1 4Identify **two** characteristics of depression.**[2 marks]**Characteristic 1 Low mood, e.g. feeling sad or worthless.Characteristic 2 Disruption to sleep (insomnia or hypersomnia).**1 5**

Describe and evaluate cognitive behaviour therapy (CBT) as a treatment for depression.

[20 marks]

Cognitive behaviour therapy (CBT) is based on the cognitive approach, which assumes that depression is caused by irrational thought processes and negative schemas, such as Beck's negative triad of negative views of the self, the world and the future, or Ellis's irrational beliefs. CBT therefore aims to identify these irrational, negative thoughts and change them into more rational, positive ones, which should then change the person's emotions and behaviour.

CBT usually involves around six or more weekly sessions, often lasting about an hour each. It begins with an assessment, where the client and therapist work together to identify the client's goals and their negative or irrational thoughts. The therapist then challenges these thoughts by asking the client to gather and present evidence to support them, e.g. if a client says "everyone hates me", they are asked for proof, and any evidence is discussed in terms of its validity. This aims to show the client that their beliefs are not supported by the facts.

The client is treated as a scientist: they are challenged to test their irrational beliefs, e.g. by doing an activity they believe they will fail at, to see if their prediction comes true. The client is often set homework between sessions, such as keeping a diary of events and situations where negative thinking occurred and how they felt, which is then discussed at the next session. Behavioural activation may also be used, encouraging

Turn over ►

the client to take part in pleasant activities they have stopped doing.

Ellis's rational emotive behaviour therapy (REBT) extends the ABC model to ABCDE, where D stands for dispute and E for effect. The therapist vigorously disputes irrational beliefs, e.g. by empirical argument (is there evidence?) and logical argument (does it follow?), so that they are replaced with rational beliefs, producing a healthier emotional effect.

One strength of CBT is research evidence for its effectiveness. March et al. (2007) compared CBT, antidepressants (fluoxetine) and a combination in 327 depressed adolescents. After 36 weeks, 81% of the CBT group and 81% of the antidepressant group had significantly improved, compared with 86% of the combination group. This suggests CBT is as effective as drugs, and that combining the two treatments is the most effective. However, other studies have found that CBT works less well for people with severe depression or high levels of irrational beliefs that are rigid and resistant to change.

A further strength is that CBT has long-term effectiveness, because it addresses what the cognitive approach sees as the cause of depression, a person's irrational thought processes, rather than just the symptoms.

Clients learn skills to challenge negative thoughts that they can use after therapy ends, so relapse rates are often lower than after stopping drug treatment.

In comparison with antidepressants such as SSRIs, CBT has no physical side effects, such as nausea or weight gain, and there is no risk of dependency. However, drugs are cheaper, quicker to administer and require little effort from the patient, whereas CBT is expensive and time-consuming, requiring many sessions with a trained therapist, so it is



not always available to everyone who needs it.

A limitation is that CBT requires a high level of commitment and motivation from the client, who must engage in sessions and complete homework. This is a significant issue for severely depressed people, who may lack the energy and concentration to engage with the therapy and may drop out. For this reason, CBT is often combined with antidepressants, which first reduce symptoms so that the client can engage.

Another limitation is that the success of CBT may depend more on the quality of the relationship between client and therapist than on the specific techniques used. Rosenzweig (1936) suggested that the differences between therapies are small, as they all share common factors such as a supportive relationship, so it is unclear whether the cognitive techniques themselves are what make CBT effective.

CBT may also be criticised for placing an element of blame on the client for their condition, as it suggests their depression is caused by their own irrational thinking. This can overlook situational factors such as poverty, abuse or bereavement, which may make negative thoughts realistic rather than irrational. Critics also argue that CBT focuses too much on present circumstances, and there may be some benefit in exploring the client's past for the potential cause, e.g. childhood trauma. Furthermore, CBT relies heavily on the client's accurate self-report of their thoughts and emotions, e.g. in diaries. This may be unreliable, as clients may be affected by social desirability bias or may not be fully aware of their thoughts, and it is difficult to verify, which makes it hard



to assess progress objectively.

Overall, CBT is a well-supported and effective treatment for depression with long-lasting benefits and no side effects. However, it does not suit everyone, especially the severely depressed, and it may work best in combination with antidepressants.

30

END OF QUESTIONS



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