GCE A LEVEL

1290U30-1

Z22-1290U30-1

TUESDAY, 24 MAY 2022 – MORNING

PSYCHOLOGY – A2 unit 3
Implications in the Real World

2 hours

ADDITIONAL MATERIALS

A WJEC pink 16-page answer booklet.

INSTRUCTIONS TO CANDIDATES

Use black ink or black ball-point pen. Do not use gel pen or correction fluid.

Answer **two** questions in Section A.

Answer **one** question in Section B.

Write your answers in the separate answer booklet provided following the instructions on the front of the answer booklet.

Use both sides of the paper. Write only within the white areas of the booklet.

Write the question number in the two boxes in the left-hand margin at the start of each answer,

for example | **0** | **1** | .

Leave at least two line spaces between each answer.

INFORMATION FOR CANDIDATES

The number of marks is given in brackets at the end of each question or part-question.

You are reminded that Section B of this paper is synoptic and so will test understanding of the connections between the different elements of the subject.

You are reminded of the necessity for good English and orderly, clear presentation in your answers. Assessment will take into account the quality of written communication used in your answers.

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SECTION A: The study of behaviours

Answer **two** questions in full.

0 1 **Addictive behaviours**

a) Briefly describe and evaluate **one** social psychological explanation of addictive behaviours. [10]

b) Briefly describe and evaluate aversion therapy as a method of modifying addictive behaviours. [10]

c) Briefly explain how biological explanations could be applied to methods of modifying addictive behaviours. [5]

0 2 **Autistic spectrum behaviours**

a) Briefly describe **two** social psychological explanations of autistic spectrum behaviours. [10]

b) Dion has recently been diagnosed with autistic spectrum behaviour after concerns raised by his parents and teachers. In particular, they felt he often did not understand other people's point of view, was struggling to communicate his feelings clearly and found social situations challenging.

With reference to the above scenario, evaluate **one** method of modifying Dion's autistic spectrum behaviours. [15]

0 3 **Bullying behaviours**

a) Bullying can occur in any number of places, contexts or locations. In recent years there has been a vast increase in online bullying through phones and social media.

With reference to the statement above, describe the Olweus Bullying Prevention Programme as a method of modifying bullying behaviours. [15]

b) Briefly evaluate **two** individual differences explanations of bullying behaviours. [10]

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0 4 **Criminal behaviours**

a) Briefly describe **one** biological explanation and **one** individual differences explanation of criminal behaviours. [5+5]

b) Over the last 25 years, the UK prison population has almost doubled in size. However, research has found that around 20% of ex-prisoners will reoffend within a year of leaving prison.

With reference to the above statement, evaluate the effectiveness and social implications of **one** method of modifying criminal behaviours. [15]

0 5 **Schizophrenia**

a) Briefly describe the characteristics of schizophrenia. [5]

b) Briefly describe and evaluate **one** biological explanation of schizophrenia. [10]

c) One of Siwan's symptoms of schizophrenia is disorganised thinking. In addition, from time to time she suffers from hallucinations and delusions.

Briefly evaluate how effective cognitive behavioural therapy could be in modifying Siwan's symptoms. [10]

0 6 **Stress**

a) Describe the characteristics of stress. [10]

b) Briefly evaluate **two** social psychological explanations of stress. [10]

c) Briefly explain how biological explanations could be applied to methods of modifying stress. [5]

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SECTION B: Controversies

Answer **one** of the questions.

Either,

0 7 **Cultural bias**

Many psychological studies and theories are questioned due to cultural bias.

With reference to historical and social contexts, discuss how cross-cultural studies can improve our understanding of behaviour. [25]

Or,

0 8 **Ethical costs of conducting research**

'Conducting psychological research can lead to potentially negative consequences for society.'

With reference to the above statement, discuss the importance of using ethical guidelines appropriately to benefit society. [25]

END OF PAPER

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Surname	StemUp Model Solution
Answer booklet	Write the question number in the left-hand margin at the start of each answer.

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0 1 (a)

One social psychological explanation of addictive behaviours is peer pressure, which is the influence that a person's social group has on their attitudes and behaviour. Peers become especially important in adolescence, when most people first try alcohol, cigarettes and drugs.

Social norms theory (Perkins and Berkowitz, 1986) argues that an individual acts in the way they think the group is acting. Descriptive norms are beliefs about what peers actually do (for example how much they drink) and injunctive norms are beliefs about what peers approve of. Perkins and Berkowitz found that university students overestimated how much their peers drank and how acceptable heavy drinking was. If people overestimate these norms, they increase their own use to fit in, which can lead to addiction.

Social learning theory (Bandura) adds that a person observes and imitates peers who have high social status or who appear to be rewarded for their behaviour. If a popular friend seems confident and admired when drinking or smoking, the observer experiences vicarious reinforcement and is more likely to copy the behaviour, so an addiction can be initiated. Identification with the group and expectations of positive outcomes maintain it.

A strength is the usefulness of the explanation for therapy and prevention. Social norms marketing campaigns, which tell students the real, lower rates of drinking on campus, have been used in many US universities and have reduced heavy drinking, and school programmes teach refusal skills to resist peer pressure. This supports the validity of the explanation.

However, much of the evidence is correlational, so we cannot conclude that peers cause addiction. Bauman and Ennett (1996) argued that peer influence is overestimated because of peer selection: young people choose friends who already

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share their attitudes to drugs. The explanation also cannot explain why only some members of the same peer group become addicted, so it explains initiation better than maintenance and relapse. Biological explanations, such as the DRD2 gene and dopamine in the reward pathway, explain individual vulnerability better, so a diathesis-stress approach is more complete. Finally, research is mostly carried out on Western students, so there may be cultural bias, as norms about drinking differ greatly between cultures.

0 1 (b) Aversion therapy is a behavioural therapy based on classical conditioning. It aims to condition the individual to make unpleasant connections with the addictive behaviour, so it is associated with discomfort instead of pleasure. Before therapy, alcohol is linked with pleasant feelings. During therapy it is paired with an unconditioned stimulus, such as an emetic drug that causes the unconditioned response of nausea and vomiting. After repeated pairings alcohol becomes a conditioned stimulus that produces the conditioned response of nausea on its own, so the person avoids drinking.

In the treatment of alcohol addiction the drug Antabuse (disulfiram) is used. It modifies the way the body metabolises alcohol by blocking the enzyme that breaks down acetaldehyde, so if the person drinks, acetaldehyde builds up and causes nausea, flushing, headaches and a racing heart. Covert sensitisation is a variation in which the person imagines drinking and then imagines an unpleasant scene such as vomiting.

A strength is supporting evidence. Smith et al. (1997) found that alcoholics treated with chemical aversion therapy were more likely to be abstinent 6 and 12 months later than patients given counselling-based treatment. However, Fuller et al. (1986) found in a large trial with 605 men that disulfiram was no better than a placebo for abstinence overall, mainly because many patients stopped taking it. Its effectiveness therefore depends on compliance, which is why it is often supervised.

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A further weakness is that the conditioned response may extinguish once the patient leaves the clinic or stops taking the drug, so relapse rates are high. It also treats only the symptom and not the cause, such as stress or peer pressure, unlike CBT, which teaches coping skills. There are ethical issues, because the therapy deliberately causes distress and physical discomfort, leading to high dropout, and Antabuse can be dangerous if a large amount of alcohol is drunk. Covert sensitisation avoids these problems. Drug therapies such as naltrexone may also be more acceptable to patients. Overall, aversion therapy can work for motivated patients but is best combined with other methods.

0 1 (c)

Biological explanations focus on addiction genes, dopamine and addiction as a disease of the brain, so they suggest that addiction should be modified with biological methods, especially drugs. Because addictive drugs increase dopamine in the reward pathway, an antagonist such as naltrexone can be used, which blocks opioid receptors. This decreases the euphoria and pleasure experienced when taking opioids or alcohol, so the behaviour is no longer rewarded and the individual can gain momentum in staying drug-free. Agonist substitution, such as methadone for heroin addiction, acts on the same receptors but more slowly, reducing cravings and withdrawal symptoms. The disease model also justifies medical detoxification under supervision, and genetic explanations could be used to identify people at risk, for example those with the DRD2 A1 variant, so that early intervention can be offered.

0 6 (a)

Stress is a biological and psychological response experienced on encountering a threat that we feel we do not have the resources to deal with. A stressor is the stimulus or threat that causes stress, for example an exam, divorce, the death of a loved one, moving house or losing a job.

According to Lazarus and Folkman (1984), psychological stress is a relationship

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between the person and the environment that is appraised by the person as taxing or exceeding their resources and endangering their well-being. In primary appraisal the situation is cognitively evaluated as irrelevant, positive or potentially stressful (harm, threat or challenge), based on sensory input and stored memories of similar situations. In secondary appraisal the person assesses their coping resources and asks 'Can I cope with this situation?' Resources can be physical (health, energy), social (support from family and friends), psychological (beliefs, self-esteem, perceived control) or material (money, tools). Stress occurs when demands are seen to exceed resources.

If a situation is judged as stressful, the hypothalamus, which is in charge of the stress response, is activated. In acute stress it triggers the fight or flight response through the sympathomedullary pathway (SAM): the sympathetic nervous system stimulates the adrenal medulla to release adrenaline and noradrenaline. Heart rate and blood pressure increase, breathing increases as the airways dilate, digestion decreases so we do not feel hungry, and the liver releases glucose for energy. Long-term stress is regulated by the hypothalamic-pituitary-adrenal (HPA) system: the hypothalamus releases CRH, which causes the pituitary gland to release ACTH, which stimulates the adrenal cortex to release cortisol. Cortisol maintains energy but suppresses the immune system.

Selye's general adaptation syndrome describes three stages: alarm, resistance and exhaustion, when prolonged stress can lead to illness. Stress also has psychological and behavioural characteristics, such as anxiety, irritability, poor concentration, disturbed sleep and increased smoking or drinking.

0 6 (b)

The life events explanation argues that major life changes, such as divorce or bereavement, require psychological adjustment, which causes stress and illness.

Holmes and Rahe (1967) developed the Social Readjustment Rating Scale, listing 43 life events with life change units (LCUs), for example death of a spouse 100

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and marriage SO. Rahe et al. (1970) gave a version of the scale to about 2,500 US Navy men and found a positive correlation of +0.118 between LCU scores and illness during a six-month tour of duty. This supports the explanation and is useful because the scale gives an objective measure. However, the correlation is weak and correlational data cannot show cause and effect. The scale relies on retrospective self-report, so it may be affected by poor recall. It also ignores individual appraisal: divorce may be a relief for one person but devastating for another. The original scale was based on 1960s American adults, so it is historically and culturally biased.

The daily hassles explanation argues that the minor irritations of everyday life, such as traffic jams or losing things, cause more stress than major events, because they accumulate. Kanner et al. (1981) found that scores on the Hassles Scale were a better predictor of psychological symptoms than life events over nine months, and Bouteyre et al. (2007) found a positive correlation between daily hassles and depressive symptoms in French first-year university students. This research has high validity because hassles are experienced often and are easier to remember than events years ago. The explanation is also useful for therapy, as people can be taught to manage hassles and to increase uplifts and social support. However, the evidence is again correlational and self-report, and the two explanations are difficult to separate, as major life events can amplify daily hassles (a divorce creates many new hassles). Both explanations also ignore individual differences, such as hardiness and locus of control, and biological factors, so a combined approach is more valid.

0 6 (c)

Biological explanations focus on adrenaline, evolutionary adaptation and stress genes, so they suggest that stress can be modified by changing the body's physiological response. For example, beta-blockers block the receptor sites for adrenaline and noradrenaline. Normally, when adrenaline binds to its target receptors on the heart, it increases heart rate and blood pressure. By blocking

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these receptors, beta-blockers reduce the normal physical response to stress, such as a racing heart, sweating and shaking, which is why musicians and public speakers may use them. Benzodiazepines increase the effect of the neurotransmitter GABA, which calms the nervous system and reduces anxiety. The evolutionary explanation suggests the fight or flight response prepares the body for physical action, so physical exercise could be used to use up the energy that has been mobilised.

0 8 Ethical guidelines, such as the British Psychological Society's Code of Human Research Ethics, set out principles that psychologists must follow: respect for the autonomy, privacy and dignity of individuals, scientific integrity, social responsibility and maximising benefit while minimising harm. In practice this means obtaining informed consent, avoiding deception where possible, giving the right to withdraw, protecting participants from harm, confidentiality and debriefing. Proposals must also be approved by ethics committees using a cost-benefit analysis. The statement claims that research can have negative consequences for society, and I will argue that using guidelines appropriately helps to prevent these consequences while still allowing research that benefits society.

First, guidelines provide a moral responsibility to protect research participants from harm, as the individual's well-being deserves the same consideration as the possible benefits to society. Historical studies show why they are needed. In Watson and Rayner's (1920) 'Little Albert' study, an infant was conditioned to fear a white rat and was never deconditioned. In Zimbardo's (1971) Stanford prison experiment, guards became abusive and several prisoners showed acute emotional distress, so the study was ended after six days instead of fourteen. These studies would now be considered unethical, and they show that researchers focused on their aims cannot always be trusted to protect participants. Today guidelines and ethics committees would prevent such harm.

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Second, the statement is supported by socially sensitive research, which Sieber and Stanley (1988) defined as research with potential consequences for the participants or the groups they represent. In the early twentieth century, intelligence testing was used to support the eugenics movement and immigration restrictions in the USA, and Burt's twin studies of IQ, later suspected of being fabricated, were used to support selective education through the eleven-plus. Similarly, Bowlby's maternal deprivation research was used after the Second World War to argue that mothers should not go out to work. These examples show that findings can be misused to justify discrimination or social policy, so guidelines that require researchers to consider the wider social impact, to publish honestly and to avoid research that would not benefit society or individuals are important. Thanks to ethical guidelines such research can be avoided or carefully reviewed.

Third, guidelines protect society's trust in psychology. If participants were regularly deceived or harmed, the public would lose confidence in psychologists, making it harder to recruit participants and reducing the benefits research can bring.

However, there are costs of ethical guidelines. The duty to respect the rights and dignity of participants may be given more weight than the importance of the issue under investigation. Milgram's (1963) obedience study deceived 40 men into believing they were giving electric shocks and caused serious distress, with sweating, trembling and three participants having seizures. Yet it found that 65% went to the maximum 450 volts, revealing how ordinary people obey destructive authority, which helps explain events such as the Holocaust and has benefited society through training in medicine and the military. Under current guidelines it could not be repeated in full, so this beneficial knowledge might never have been gained. Interestingly, 84% of Milgram's participants said they were glad to have taken part.

Rosenthal and Rosnow (1984) argued that there are also costs of failing to carry out research. If a study is rejected on ethical grounds, the knowledge that

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could have reduced suffering is lost, and this is itself a negative consequence for society. Field experiments with high ecological validity, such as Piliavin et al.'s (1969) subway study of helping behaviour, rely on participants not knowing they are being studied; strict demands for informed consent could create demand characteristics, lowering validity and therefore the benefit of the findings.

Another problem is that it is not always possible to understand the true extent and impact of a study before carrying it out, as Zimbardo's study showed. Cost-benefit analysis is therefore subjective: committees must predict costs and benefits that are unknown, and the same study may be judged differently by different committees. As a result, guidelines can be applied too rigidly, rejecting valuable research on sensitive topics such as abuse or addiction, or too loosely. This is why guidelines must be used appropriately rather than simply followed or ignored. They encourage psychologists to find ethical alternatives. Burger (2009) partially replicated Milgram's study but stopped at 150 volts, screened out vulnerable participants and repeatedly reminded them of their right to withdraw. He still found that about 70% were willing to continue past 150 volts, showing that society can still benefit from ethically designed research. Techniques such as presumptive consent, prior general consent, retrospective consent and full debriefing allow deception studies where they are justified, and guidelines are updated to reflect changing social values.

In conclusion, I agree that conducting psychological research can lead to negative consequences for society, both through harm to participants and through the misuse of findings, as history shows. Ethical guidelines are therefore essential. However, their importance lies in using them appropriately: applied flexibly through a careful cost-benefit analysis, they protect individuals and groups while still allowing valuable research, such as Burger's, that benefits society. The best balance is to protect the individual while giving weight to the costs of not doing research.