Surname	StemUp Model Solution	Centre Number	Candidate Number
First name(s)			2

GCE AS/A LEVEL

S25-2290U10-1

2290U10-1

MONDAY, 12 MAY 2025 – AFTERNOON

PSYCHOLOGY – AS unit 1
Past to Present

1 hour 30 minutes

For Examiner's use only		
Question	**Maximum Mark**	**Mark Awarded**
1.	**8**	
2.	**10**	
3.	**5**	
4.	**8**	
5.	**10**	
6.	**4**	
7.	**5**	
8.	**10**	
9.	**4**	
10.	**4**	
11.	**12**	
Total	**80**	

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01

INSTRUCTIONS TO CANDIDATES

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

Write your name, centre number and candidate number in the spaces at the top of this page.

Answer **all** questions.

Write your answers in the spaces provided in this booklet. Additional space is provided for questions within the booklet (if required). If further space is required for any question, you should use the additional page(s) at the back of the booklet, taking care to number the question(s) correctly.

INFORMATION FOR CANDIDATES

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

You are reminded of the necessity for good English and orderly presentation in your answers.

Assessment will take into account the quality of written communication used in your answers.

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Answer **all** questions.

1. Using examples from psychology, describe the following assumptions of the behaviourist approach:

(a) 'Humans and animals learn in similar ways'. [4]

Behaviourists assume that there is evolutionary continuity between humans and animals, so the laws of learning (conditioning) are the same and differ only in degree, not in kind. This justifies studying animals in the laboratory and generalising the findings to humans. For example, Pavlov showed classical conditioning in dogs: a neutral stimulus (bell) repeatedly paired with an unconditioned stimulus (food) came to produce a conditioned response (salivation) on its own. Watson and Rayner then showed the same process in a human infant, Little Albert, who was conditioned to fear a white rat. Similarly, Skinner showed operant conditioning in rats and pigeons in a Skinner box, where behaviour followed by positive or negative reinforcement was repeated and punished behaviour declined. These principles were applied to humans in token economies (e.g. Ayllon and Azrin, 1968) in psychiatric hospitals and

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prisons, where desired behaviour is rewarded with tokens (secondary reinforcers) exchanged for privileges.

(b) 'Blank slate'. [4]

The blank slate (tabula rasa, Locke) assumption is that humans are born with no innate knowledge or personality, apart from a few reflexes such as sucking, so all behaviour is learned from the environment through experience. Nurture, not nature, determines who we become, and behaviour is shaped by classical and operant conditioning: reinforcement strengthens behaviour and punishment

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weakens it. Watson famously claimed that, given a dozen healthy infants, he could train any one of them to become a doctor, lawyer or thief.

Evidence comes from Watson and Rayner's (1920) Little Albert study. At about 9 months Albert showed no fear of a white rat, but when the rat (neutral stimulus) was repeatedly paired with a loud noise made by striking a steel bar behind his head (UCS), which produced fear (UCR), the rat alone came to produce fear (CR). This fear generalised to similar objects such as a rabbit, a

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fur coat and a Santa Claus mask, showing that emotions such as phobias are learned rather than inborn.

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2. Therapies from the biological approach include drug therapy and psychosurgery. Describe the main components of **one** of these therapies. [10]

Drug therapy is based on the biological assumption that abnormal behaviour is caused by an imbalance of neurotransmitters at the synapse, so psychoactive drugs are prescribed by a GP or psychiatrist to restore normal neurochemical levels. Drugs either increase neurotransmitter activity (agonists) or reduce it (antagonists), by acting on synthesis, release, breakdown, reuptake or receptors. Antidepressants treat depression, thought to be caused by low serotonin and noradrenaline. MAOIs inhibit the enzyme monoamine oxidase, which breaks down these monoamines, so more remains available. Tricyclics block the reuptake of both serotonin and noradrenaline into the presynaptic neuron. SSRIs such as fluoxetine (Prozac) selectively block the reuptake of serotonin, so it stays in the synaptic cleft longer and continues to stimulate the postsynaptic receptors,

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lifting mood. They take about 2 to 6 weeks to take full effect.

Antipsychotics treat schizophrenia, based on the dopamine hypothesis. Typical antipsychotics such as chlorpromazine are dopamine antagonists that block D2 receptors in the mesolimbic pathway, reducing positive symptoms such as hallucinations and delusions. Atypical antipsychotics such as clozapine only temporarily occupy dopamine receptors and also block serotonin receptors, so they also help negative symptoms and cause fewer side effects such as tardive dyskinesia.

Anti-anxiety drugs include benzodiazepines such as diazepam (Valium), which enhance the action of GABA, the main inhibitory neurotransmitter. They bind to GABA receptors, opening chloride ion channels so that the neuron is less likely to fire, which calms the person. Beta-blockers such as propranolol block adrenaline and noradrenaline at beta-adrenergic receptors in the heart, reducing physical arousal such as a raised heart rate.

The therapy involves diagnosis, then choosing a drug and dose, taken orally as tablets or as a depot injection, which is titrated and monitored for side effects. Patients are often treated over months alongside psychological therapy, and drugs are withdrawn gradually to avoid withdrawal effects and relapse.

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3. A psychology tutor suggests to their students that the psychodynamic approach is a weaker explanation of behaviour than the biological approach. Explain why the tutor might be correct.

[5]

The tutor might be correct because the biological approach is more scientific. It uses objective, empirical methods such as PET and fMRI scans (e.g. Raine et al. found reduced prefrontal activity in murderers) and twin studies (e.g. Gottesman found a 48% concordance rate for schizophrenia in MZ twins compared with 17% in DZ twins), producing quantitative, replicable data. Psychodynamic concepts such as the id, ego, superego and the unconscious cannot be directly observed or measured, so they are unfalsifiable (Popper). Freud's evidence came from subjective interpretation of case studies such as Little Hans, often from a biased sample of middle-class Viennese patients. The biological approach is also nomothetic: it identifies general laws, such as the role of serotonin in depression, that apply to everyone and allow prediction and control. The idiographic case studies of the psychodynamic approach cannot easily be generalised.

Finally, biological applications are used more widely. Drug therapies such as SSRIs are quick, cheap and supported by randomised controlled trials against

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placebos, whereas psychoanalysis is lengthy, expensive and hard to test, and Eysenck (1952) claimed it was little better than spontaneous remission. So the biological explanation is more testable and useful.

4. (a) Using examples from psychology, explain **one** strength of the positive approach. [4]

One strength of the positive approach is its successful application to therapy. Positive psychotherapy uses interventions that build happiness and strengths rather than just treating illness. For example, Seligman et al. (2005) tested exercises online: participants who wrote down 'three good things' that went well each day, and why, or used one of their signature strengths in a new way each day, showed increased happiness and reduced depressive symptoms for up to six months. The 'gratitude visit' gave a large boost to happiness lasting about a month. This shows the approach has practical value: simple, cheap, self-administered techniques can improve well-being and may help prevent depression, moving psychology away from the disease model towards helping ordinary people flourish.

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(b) Using examples from psychology, explain **one** weakness of the positive approach. [4]

One weakness is that the positive approach focuses too much on positive emotions and ignores the value of negative ones. Van Deurzen (2009), an existential therapist, argued that the pursuit of happiness is unrealistic and that life inevitably involves suffering, anxiety, sadness and loss. These negative emotions are a natural and useful part of human existence: for example, grief after a bereavement helps a person adjust and find meaning, and anxiety motivates us to prepare for an exam. Facing such experiences builds resilience and personal growth. By promoting constant happiness, the approach may make people who feel sad believe that they are failing or are to blame for their unhappiness, which could worsen their well-being.

Additional space for Question **4**(b) only:

5. (a) Outline the findings for **two** of the factors investigated as possible influences on happiness in Myers and Diener's (1995) research '*Who is happy?*'. [3 + 3]

Money: across nations, there is a strong positive correlation of +0.67 between national wealth and well-being (Inglehart, 1990), so people in richer countries tend to report greater happiness. However, within a country the correlation between personal income and happiness is only weak, about +0.12, once basic needs are met. For example, in the USA real (after-tax) income has more than doubled since 1957 but the proportion who say they are 'very happy' has

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stayed at about one third, and the very wealthy (Forbes' richest Americans) were only slightly happier than average.

Culture: there were large differences between nations. In Inglehart's (1990) surveys only 10% of people in Portugal said they were 'very happy' compared with about 40% in the Netherlands. Culture also affects what predicts happiness: in individualist cultures such as the USA, self-esteem and personal feelings predict life satisfaction strongly, whereas in collectivist cultures social harmony and fulfilling duties to others matter more.

Additional space for Question **5**(a) only:

(b) In 1995, Myers and Diener published their research '*Who is happy?*'. Outline the conclusions from this research. [4]

Myers and Diener concluded that happiness is not strongly determined by age, gender, race or wealth (once people are above poverty). Instead, it is better predicted by traits such as self-esteem, a sense of personal control, optimism and extraversion, by close supportive relationships, by satisfying work that produces flow, and by religious faith.

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They concluded that a theory of happiness must take account of three things: adaptation (people adapt to good and bad events, so their effect on happiness fades), the person's cultural world view, and their values and goals. They saw research into happiness as a 'welcome complement' to the long tradition of psychological research into negative states such as depression and anxiety, and argued that it will help us 'better understand how to build a world that enhances human well-being'.

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6. Using your knowledge of **one** assumption from the cognitive approach, explain the formation of a relationship. [4]

One cognitive assumption is that our behaviour is guided by schemas: mental frameworks of knowledge, built up from experience, that help us process information quickly and form expectations. Schemas explain the formation of relationships through the halo effect. We hold a 'what is beautiful is good' schema, so we assume physically attractive people also have positive traits such as being kind, intelligent and sociable (Dion et al., 1972). This makes us more likely to approach and start a romantic relationship or friendship with them. Schemas also explain the matching hypothesis (Walster et al., 1966). Using a self-schema of our own attractiveness, we judge our chances and seek partners of a similar level of attractiveness, because approaching someone far more attractive risks rejection. So relationship formation is the result of internal mental processing, comparing the likely rewards and costs of a partner, much

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as a computer processes information.

7. Rhys has been learning about the assumptions of the psychodynamic approach and how they are used in therapy. Explain how the psychodynamic approach has been applied to either dream analysis **OR** group analysis psychotherapy. [5]

Rhys would learn that dream analysis applies the psychodynamic assumption that behaviour is driven by the unconscious mind, which contains repressed desires and conflicts, often from early childhood and the psychosexual stages. Freud (1900) called dreams 'the royal road to the unconscious' because during sleep the ego's defences are relaxed, so repressed wishes can emerge. Dreams are a form of wish fulfilment.

To protect sleep, the threatening latent content is disguised by dream-work into the remembered manifest content, through condensation (several ideas combined into one image), displacement (emotion moved onto an unimportant object), symbolisation and secondary elaboration. In therapy the client keeps a dream diary, recording dreams immediately on waking, and recounts them. The analyst asks the client to free associate to each element and interprets the symbols to uncover the latent content. For example, Freud interpreted his own 'Irma's injection' dream as fulfilling his wish not to be responsible for his patient's illness.

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The aim is insight: bringing unconscious conflicts into the conscious mind so they can be worked through, with catharsis (release of repressed emotion), which reduces the client's symptoms.

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8. Critically evaluate either aversion therapy **OR** systematic desensitisation. [10]

Systematic desensitisation (SD) has strong evidence of effectiveness for specific phobias. Wolpe reported success rates of around 90%, and McGrath et al. (1990) found that about 75% of patients with phobias responded to SD. Gilroy et al. (2002) treated 42 people with spider phobia: those given SD were less fearful than a relaxation-only control group at both 3 and 33 months, showing that the benefits are long-lasting. However, SD is less effective for social phobia and agoraphobia, and Ohman et al. (1975) found it less effective for evolutionarily 'prepared' fears such as of snakes, suggesting that not all phobias are learned.

There are also doubts about which component works. Choy et al. (2007) concluded that exposure, especially in vivo (real-life) exposure, is the key ingredient and relaxation may not be essential. Imaginal exposure relies on the client's ability to imagine vividly, which some cannot do, so it can be less effective.

Compared with other therapies, SD is slower and more costly than flooding, which can cure a phobia in one long session. However, flooding is highly traumatic and has more drop-outs, whereas SD is gradual and the client controls the pace, so it suits people who could not cope with flooding, including those with learning difficulties. Unlike drug therapy such as benzodiazepines, which only reduces symptoms while taken and risks dependency, SD treats the learned cause of the fear, so relapse is less likely. Psychodynamic theorists argue that SD only removes the symptom, so symptom substitution may occur,

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although there is little evidence of this. SD is also reductionist, as it ignores irrational thoughts that CBT addresses.

Ethically, SD is more acceptable than flooding or aversion therapy. Valid consent is easier to obtain because the client helps build the anxiety hierarchy, understands each step and can stop at any time, and there are few side effects. Some anxiety is still unavoidable, so the therapist must protect the client from harm.

In conclusion, SD is an effective, ethical and long-lasting treatment for specific phobias, but it is less useful for complex or prepared phobias, where exposure-based or cognitive therapies may be better.

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9. Briefly describe the methodology of Bowlby's (1944) research '*Forty-four juvenile thieves: Their characters and home-life*'. [4]

This research used a series of case studies comparing two groups. The 'thieves' were 44 children (31 boys and 13 girls, aged 5 to 16, over half under 11) referred to the London Child Guidance Clinic for stealing. Their thieving was graded from 1 (one theft) to 4 (chronic, serious thieving over long periods: half the cases). A control group of 44 children from the same clinic who had

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emotional problems but had not stolen was matched for age, intelligence and economic status. On arrival each child was given mental (IQ) tests by a psychologist, while a social worker interviewed the mother to record the child's early history. Bowlby, the psychiatrist, then interviewed the child and mother, and all the information was combined at a case conference. The data were analysed for an association between thieving, 'affectionless' character and early prolonged separation from the mother.

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10. Briefly describe the procedures of Raine, Buchsbaum and LaCasse's (1997) research '*Brain abnormalities in murderers indicated by positron emission tomography*'. [4]

Raine et al. used PET scans to study the active brain of 41 murderers (39 men, 2 women) pleading not guilty by reason of insanity, compared with 41 controls matched for age and sex. All participants were drug-free for two weeks before scanning. Ten minutes before the injection participants were given practice trials of the continuous performance task (CPT), a visual vigilance task in which they pressed a button whenever a target '0' appeared, which activates the frontal lobes. 30 seconds before the injection they started the CPT. The radioactive tracer fluorodeoxyglucose (FDG) was then injected, and they continued the task so that active brain areas absorbed the glucose. After 32 minutes participants were given a PET scan, and ten horizontal slices (pictures) of the brain were taken. Glucose metabolism in cortical and subcortical areas was then compared between murderers and controls.

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11. Evaluate the methodology and procedures of Loftus and Palmer's (1974) research '*Reconstruction of automobile destruction: an example of the interaction between language and memory*'. [12]

Loftus and Palmer used laboratory experiments. In Experiment 1, 45 students watched seven film clips of traffic accidents (5 to 30 seconds long) and were asked, 'About how fast were the cars going when they smashed / collided / bumped / hit / contacted each other?'. A strength is the high level of control: everyone saw the same clips and answered the same questionnaire, and only the verb (IV) changed, so the difference in speed estimates (DV), from 40.8 mph for 'smashed' to 31.8 mph for 'contacted', can be attributed to the verb. This gives high internal validity and allows cause and effect to be established. The standardised procedure also makes the study easy to replicate, so its reliability can be checked, and the quantitative data are objective.

However, the low ecological validity of the procedure is a major weakness. Watching short film clips in a laboratory is very different from witnessing a real accident, which is unexpected, emotionally arousing and has consequences. Yuille and Cutshall (1986) found that 13 real witnesses to a shooting in Canada gave accurate accounts months later and resisted misleading questions, and Foster et al. (1994) found that witnesses are more accurate when they believe their answers matter. Also, estimating speed is a difficult task, so participants may have been especially open to the verb's influence.

There are also problems with internal validity. In Experiment 1 the verb may

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have caused response bias, simply affecting the answer given rather than changing the memory itself, and demand characteristics could have occurred. Experiment 2 addressed this: 150 students saw a multiple car crash and a week later 32% of the 'smashed' group (16 of 50) falsely reported seeing broken glass, compared with 14% for 'hit' and 12% of controls, suggesting the memory itself was reconstructed. The independent groups design avoided order effects, but participant variables such as driving experience could affect estimates, and with only 9 participants per condition in Experiment 1 this is a real risk.

The sample of American students limits generalisability. Students are young, may be inexperienced drivers and may be more willing to please the researcher, so the findings may not apply to older adults or children.

Ethically, participants were deceived about the aim, but this was necessary for validity, the risk was low and they could be debriefed. Some clips might distress anyone who had been in a crash.

In conclusion, the methodology gives high control, reliability and internal validity, but the artificial procedure and narrow sample mean the findings may overstate the effect of leading questions on real eyewitnesses.

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