



Psychology



Mark like an Examiner for A Level
Component 1 Sample Answers

Question 1

Using examples from psychology describe two assumptions of the psychodynamic approach. [4+4]

One assumption of the psychodynamic approach is 'stages of psychosexual development'. Freud proposed that in order for an individual to develop into an adult the Libido (our primary sexual driving force) must successfully pass through the following stages: oral stage (0-18 months), anal (18-2 years), phallic stage (2-5 years), latency, and genital. At each stage the libido is focused on a particular part of the body (e.g. during the oral stage the focus is on the mouth – chewing and sucking actions. At each stage, there is a possibility that the libido may become fixated, either through frustration (under-satisfaction, when the needs are not fully met) or overindulgence. In order to pass each stage successfully the needs of the Libido must be fully met and any conflicts (such as the Electra complex during the phallic stage) must be resolved.

Another assumption of the psychodynamic approach is that the behaviour can be explained by the influences of childhood experiences. There are five psychosexual stages that, depending on the outcome of fixation will affect our adult personality – fixation can occur through frustration, when the needs haven't been met so the child can't move onto the next stage, or through over-indulgence, when the child's needs have been over-satisfied and they are comfortable enough to move onto the next stage. The first stage is the oral stage. This is where the Id develops as we are 0-18 months old. The pleasure focus is the mouth, for example thumb sucking. Key events include breast feeding. Frustration could lead to being pessimistic and over-indulgence could lead to being optimistic. Second, is the anal stage, this is where the ego develops. We are 18 months to 3 years old and the pleasure focus is the anus which can include playing with one's faeces. Key events include potty training and one fixation outcome could include being messy. The third is the phallic stage where the superego develops. We are 3 years to 5 years old here. The pleasure focus is through the genitals e.g. masturbation. One fixation outcome could be neediness, for example if the Oedipus complex has not been resolved. The latency stage is from 5 years old to puberty. There are no fixations as there is no pleasure focus because this is a stage whereby we're acquiring

knowledge and understanding of the world. The final stage is the genitals stage. The pleasure focus is through the genitals, for example heterosexual intercourse. If the Oedipus complex is solved then one will develop into a healthy adult.

Question 2

Describe the procedures of Watson and Rayner's (1920) research 'Conditioned emotional reactions'. [10]

Watson and Rayner's study was recorded using a motion picture camera and took place in a controlled laboratory environment. The study involved a young boy aged 9 months named 'Little Albert'.

The procedures of the study started with 'Emotional testing' of little Albert. He was brought to the lab, where he was placed in the middle of the room on a table. Albert here was presented with many different objects; white rats, rabbits, dogs, cotton wool, mask with hair and seal fur etc. Albert was shown these objects to test if he had an unusual or noticeable response to any of them before conditioning.

Session one took place when Albert was aged 11 months and 3 days old and consisted of 'Establishing the emotional conditioned response', whereby Watson and Rayner presented little Albert with the white rat. One experimenter would gain Albert's attention whilst the other would hit a metal rod upon a suspended steel bar. This would produce a loud bang. This was done when Albert would reach for the rat. This joint stimulation was done twice.

The second session took place when Albert was 11 months and 10 days old and was 'Testing the emotional conditioned response' and was the session in which the experimenters wished to see if little Albert had learnt the response or association between the rat and noise. Here Albert was presented with the rat again, when he showed apprehension, the rat was moved closer to him and his responses and reactions to this were noted. Further on in this session, more joint stimulations were given. Session three took place when Albert was aged 11 months and 15 days old and was all about the 'generalisation' of the conditioned emotional response. It was in this stage that Albert was yet again presented with all the objects he was in the 'emotional testing' session. He was shown these other objects, that were slightly different to the rat, to see if he would generalise the fear created by the loud bang and rat originally. These objects consisted of a rabbit, dog, cotton wool, wooden blocks etc.

Session four consisted of 'changing the environment' in which Albert was originally in. It took place when he was 11 months and 20 days old. He was taken to a large, well-lit room which he was in with just four others. He was placed in the middle of the room on a mattress on a table. Here Albert was presented with the rat yet again and his responses were noted. Further joint stimulations were given at this stage to 'freshen up' Albert's fear.

The final session consisted of 'the effect of time' and happened aged 12 months and 21 days. Albert had been to the lab in the interim but no further testing's had been done. It was at this stage that Albert presented with objects such like Watson's wig, cotton wool, a rat, a rabbit and a seal fur coat etc., for the last time. His responses were noted, but no joint stimulations were given.

Question 3

Evaluate one strength and one weakness of the cognitive approach [4+4]

One strength of the cognitive approach is that it gives an insight into 'mediational processes' unlike several other approaches. This means that the cognitive approach does not just focus on the stimulus response link as a predeterminor of behaviour, but also considers internal mental processes. These include memory (e.g. Atkinson and Shiffrin's Multi-store Memory model), perception and attention. Thus, the cognitive approach acknowledges that behaviour is not just genetically predetermined (like the biological approach) or socially predetermined, but that it is governed by the way we perceive our world – this is a strength, as it provides a more holistic view on human behaviour.

One weakness of the cognitive approach is that it is deterministic. It is a deterministic because it states that all individuals undergo the process of the computer analogy when it comes to thinking. This is a weakness because it does not consider free will it suggests that all human behaviour is predetermined.

Question 4

Apply your knowledge of the assumptions of the behaviourist approach to explain one human behaviour. [10]

An assumption of the behaviourist approach is that humans are born as a tabula rasa - blank slate. Therefore behaviour is learnt through interaction with the environment and there is no in built reaction or behaviour at birth. This behaviourist assumption can explain criminal behaviour in individuals. A study by Osbourne and West showed that if a parent, specifically the father, was to be imprisoned there is a great probability that the son would be imprisoned. This is because the son from a very young age would have been exposed to the criminal actions and violent behaviour of his father. This would further become normalised to the child and he would most likely replicate what he sees his father doing and would most likely deem it appropriate behaviour as he is conditioned by his father - conditioning is another assumption of the behaviourist approach. The father encouraging the child and rewarding the child with praise when he commits a violent act is a form of operant conditioning, specifically positive. The father's praise would be the reward for a child when he replicates the same behaviour he has seen from his parents, just like how the rats were in Skinner's box. As the child becomes older the habits that he has learned as a child are conditioned as such that he would find the adrenaline rush thrilling and pleasure seeking. Thus this pleasure would act as a reward and becomes the conditioned stimulus. The behaviour in the criminal is reinforced through classical conditioning as, from an early age a child would be associating violent and criminal acts as a good thing.

To conclude violent acts and criminal behaviour can be explained as a result of being normalised to an environment exposing such behaviour, thus making the association which is an example of classical conditioning and when practising upon the associations made, rewarded with a thrilling rush of adrenaline, reinforcing the behaviour, which is an example of operant conditioning.

Question 5a

Describe the main components of drug therapy OR psychosurgery [10]

Drug therapy can offer help for mental illness in the form of medication. The three main components of drug therapy are: Antipsychotics, Antidepressants and Antianxiety drugs. All of these play a role in therapy by contributing towards reducing symptoms of the illness and to make things easier for the patients. Antipsychotics are often used to treat psychotic mental disorders such as schizophrenia. Schizophrenia is associated with pleasure seeking and those who have it will have very little insight into their condition and will have lost touch with reality in some aspects. Schizophrenia is often due to having too much dopamine. There are two types of antipsychotic drugs; Conventional and Atypical drugs. Conventional antipsychotics are more commonly used and work by combating positive symptoms of Schizophrenia, such like hallucinations and delusions. They work by blocking receptors to increase the reabsorption of dopamine. Atypical antipsychotics can be used to explain fewer side effects as they work by only temporarily dopamine receptors before rapidly disassociating to allow normal flow.

Antidepressants are used to help treat depression, which is either due to insufficient amount of the neurotransmitter serotonin or due to too little receptors to absorb it. Depression links to mood, loss of appetite and sleep. The most commonly prescribed drug for this is Prozac. Prozac and antidepressant drugs work by blocking the rate of reabsorption, which allows more serotonin to be left in the synapse and thus more serotonin is there to increase levels.

Lastly, there are antianxiety drugs such as SSRIs. Increased level of GABA can result in decreased levels of anxiety and anxiousness. Drugs such as Beta-Blockers (BB's) can be used to reduce the production of adrenaline and nor adrenaline, which in return can decrease blood pressure and activation of the fight or flight system. This in return can produce a lower heart rate and a calmer feeling. Furthermore, benzodiazepines (BZs) can also be used to treat anxiety. They work by reducing stress and working directly on the CNS by changing the levels of a certain neurotransmitter.

Question 5b

‘Biological therapies are successful in treating mental illness.’

With reference to the above statement, discuss the effectiveness of the biological therapy you described in part (a), using psychological knowledge and research [10]

There has been evidence to support the effectiveness of drug therapy in treating mental illness such as schizophrenia, depression and anxiety. Part of this evidence comes from the Drug vs Placebo argument. A placebo drug is a drug which has no pharmacological value, but gives us the belief that what we are taking will actually affect us. There is research to support the success of drug therapy. For example, Kahn in 1986 conducted a study with 250 people who had taken antidepressants over a 8 week period. He concluded to find that they were significantly superior to placebos.

Furthermore, Soomro 2009 reviewed 17 studies of cases with people taking SSRIs to treat OCD and found them to be successful in treating symptoms. This presents to us that drug therapy is in fact effective in treating mental illness.

Never the less, it does raise ethical principles by contracting rules that no drug should be given to anyone if it is known to be superior. It is said that the drug given should be effective and compare to the new/testing one.

A major consideration of drug therapy in being ineffective is the fact it only treats symptoms and not causes. This can question whether biological therapies are successful in treating mental illness because they are only touching on the tip of the iceberg. They are using a one-fits all drug to help fix multiple different cases of mental health within depression for example. Drug therapy can lead to a 'revolving door' syndrome as patients will keep coming back over time as they never really find a cure for the illness through drugs. It could be argued that other factors such like counselling therapy may be needed in order to fully analyse and address the underlying issues. Never the less, in terms of effectiveness, drug therapy does a fair job. It is much cheaper alternative and only involved the patient and prescriber of the drug meeting every so often to catch up and perhaps lower or increase dosage. In terms of effectiveness it is clear from evidence such like Kahn and Somro that drug

therapy has proven effective. However, as like with most drugs, comes side effects. Sometimes some are so strong that it can prevent patients taking them, almost proving them ineffective overall. Side effects can result in nausea, headaches and insomnia etc. Taking into account all of the effects of drug therapy it is clear it has positive outcomes in combating symptoms of mental illness, however there is not a longer term fix from the drugs. Along with side effects and the 'one pill fixes all' outlook, the effectiveness of drug therapy can be questioned in whether it could be more effective if researched further.

Question 6

Evaluate Myers and Diener's (1995) research 'Who is happy?' in relation to ethical issues and social implications. [10]

On the one hand, Myers and Diener's (1995) research could be said to be ethical, due to the fact that they conducted a literature review of previous studies. The behaviour of participants was not manipulated, and privacy was arguably not invaded. However, when looking at the individual studies which combined to form the review, it is clear that several ethical issues must be raised. This is because the common methodologies – self-report techniques such as surveys and questionnaires – have the potential to cause psychological harm. This is because participants may feel uncomfortable revealing their true level of happiness, by being asked about their happiness, distressing memories and thoughts may occur. Furthermore, the use of 'beepers' (as a method of sampling behaviour) may have potentially invaded privacy, albeit indirectly.

Subsequently, this research has the potential of negative social implications, for example when looking at Inglehart's research into cross-national happiness. It may lead to the assumption that most Portuguese people are unhappy (because only 10% of the Portuguese population reported being happy), and that one is more likely to meet a happy Danish person (40% of the Denmark sample reported a high SWB; Inglehart). Nevertheless, there are also broad social implications as to the useful aspects of this study. Knowing what constitutes happiness (Myers and Diener found that factors such as adaptiveness and extraversion were key traits) means that we can boost the development of such traits in younger people, creating a happier society in the future.

Overall, despite several issues - such as potential invasion of privacy – this classical study was arguably ethical and has positive implications for the future with regards to building happier and more productive societies.

Question 7

Compare and contrast the psychodynamic approach and the positive approach. [10]

The psychodynamic and the positive approaches both take into account nature and nurture equally. The psychodynamic approach states that our adult personality is structured into 3 different personality types that develop throughout our lives. The Id, is present from birth, the ego is present from 3 years onwards and the superego is present from 5 years onwards. All of these personality types occur out of our control and are innate which supports the nature argument. The idea that our adult life is determined by the fixation outcome from the psychosexual stages (oral, anal, phallic, latency, genitals) suggests an environmental deterministic approach which supports the nurture argument. The positive approach takes into account positive signature strengths which Seligman described as inherent traits. As these are inherent, that means they have always been a part of us and are therefore products of nature, supporting the nature debate. However, the idea that we have free will to direct our behaviour to give us an overall better quality of life supports the nurture debate as it is dependent on our own actions, not by biological factors.

However, the psychodynamic and the positive approach are different in that psychodynamic is deterministic. It states that our adult behaviour is determined by how well we pass through the psychosexual stages and whether or not we have resolved the Oedipus complex, in boys or the Electra complex in girls. Bowlby's maternal deprivation hypothesis is also deterministic in that it states that if the mother-child relationship is disrupted e.g. through separation, the child will develop into an emotionally maladaptive adult or that they will become delinquent. This is deterministic because it ignores that some people will receive a quality substitution of care and will develop into a 'normal' adult. The positive approach is different in that one assumption acknowledges that we have free will, so we are in charge of our emotions and can choose to engage in activities that make us happy.

Both of these approaches are scientific. The positive approach's definition is the scientific study of happiness where the psychodynamics' therapy, Dream

Analysis finds ways to objectify dreams in order to decode the manifest content into the latent content. However, this can be seen as unscientific as it is based on the subjective interpretation of the therapist.

Both approaches have been successfully applied in the real world. The debate on the mother as primary care giver has led to 'shared parental leave' in April 2015, a huge social policy that challenges Freud's and Bowlby's view on the importance of the mother's presence during the sensitive period of development. The positive approach has also proved its relevance in education with the Penn Resiliency Program, Jenaabadi et al. who said it's good for treating depression and in the workplace where Csikszentmihalyi and Lefenre found that people experience flow 3 times as much at work as in during leisure activities.

Question 8

‘Neuroscience is ethical’

Discuss to what extent you agree with this statement. You should demonstrate your understanding of psychological knowledge and research in your response [24]

Neuroscience is the study of the nervous system, how it develops and how it functions. There are ethical and unethical sides to the use of neuroscience and this will be outlined throughout this debate.

Koubeissi conducted a study on a 54 year old epileptic woman. He placed electrodes on her to electrically stimulate her claustrum. When the electrodes were placed on her claustrum she began to lose consciousness. However, when the electrical stimulations stopped, she regained consciousness. This study shows that neuroscience is ethical as it allows us to identify patients who are in a constant vegetative state of mind, and consider whether their life machine should be switched off. However, some people argue that it is immoral for neuroscientists to make the final decision of someone's life position; therefore it should be the family's decision to turn off the machine. This shows that neuroscience is unethical because it allows for an unfair power distribution.

Cherek investigated the levels of aggression in male prisoners. He gave half of the group a placebo and gave the experimental group Paroxetine (an SSRI). Those in the experimental group showed significant decreases in their levels of aggression which demonstrates that through the use of neuroscience, we can treat violent offenders, which reduce recidivism and consequently makes society safe for all. This demonstrates the ethical ability of neuroscience.

Another way in which neuroscience is ethical is through Transcranial Direct Current Stimulation (TDCS). Kodosh et al concluded that TDCS can lead to improvement in memory, language and problem solving. This means that neuroscience is ethical because if TDCS is given to students in preparation for exams, there will be more better educated school leavers which will benefit the overall economy of the country. However, with the limited training and

licencing rules for TDCS it may be administered to people ineffectively, which is unethical as people should not be exposed to inferior treatments.

Furthermore companies can abolish the risk of the social desirability bias through the use of neuroscience. In the Sands Research advert, neuroscience was used to find out what the consumers found appealing so they knew what car appliances were satisfying to customers. Van Piaret stated that through the use of neuroscience sales had increased and so did the traffic of the website, which shows that neuroscience can be beneficial and ethical for companies and therefore the economy. However, as such companies are not board certified; they're not obliged to follow the British Psychological Society's ethical guidelines. This was demonstrated by Nelson who said that at least 5% of the brain scans used on consumers produces incidental findings, for example a tumour. This shows that neuroscience is unethical as it is withholding crucial information from people, which may involve vulnerable groups such as children.

There are also some social implications for the use of neuroscience in mental health disorders. Thomas and Morris claim that depression costs the UK economy £9.1 billion a year on average, due to intensive treatments. However, neuroscience can be used to treat depression and this would be ethical as it would be saving the UK economy billions of pounds. On the other hand, Luna and Macklin state that if we are to use neuroscience and make it widely accessible to everyone then boundaries on how to use it must be set for all, to ensure that it is administered correctly and therefore effectively.

In conclusion, neuroscience is ethical because it has allowed for us to treat criminals rather than punishment which have historically been proved ineffective. It allows for students to fare better at school and become hard working citizens. Finally it will allow for those with mental disorders to live relatively normal lives. All of these benefits contribute to the overall smooth running of society which proves that neuroscience is therefore ethical.