

AQA (A)

AS Psychology

Unit 2: Biological Psychology, Social Psychology & Individual Differences

Student Workbook

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Introduction

The workbook covers the Unit 2 content of the AQA (A) specification. It does not assume any other topics in psychology have been taught. It includes questions designed to help students develop skills of analysis, interpretation and evaluation and to communicate their knowledge and understanding of psychology in a clear and effective manner. Either of the three sections (biological psychology, social psychology, individual differences) may be studied first but, since the questions are organised to become progressively more difficult, within each section students should complete the topics and questions in the order given.

These notes will help you assess the students' work. Where a question calls for a specific response, a detailed answer is provided. For those questions that elicit a range of answers, these notes include a list of the most probable responses. Use your discretion when marking unexpected responses by assessing whether the student answered the question. Where students are asked to plan extended essay answers, you might consider asking them to write up their essays in full.

Although these notes are written for teachers' use, it may be appropriate for the answers to some topics, or some questions, to be duplicated to enable students to assess and correct their own work.

Section 1 Biological psychology

Topic 1 Stress as a bodily response

The questions included in this topic assume students will be studying research into the effect of stress on the body. Students should become familiar with the key terms used in this research, such as cardiovascular, immune system and adrenaline. When students have completed Topic 1, they should be able to discuss stress as a bodily response, how stress affects the immune system and stress-related illness.

Question 1

- a** A *stressor* is an event, such as extreme heat, loud noise or an unpleasant memory that triggers a stress response (physiological changes) in the body.
- b** *Stress can be defined as* a type of alarm reaction, involving psychological and bodily states. It is both a physiological and psychological response to a stressor in the environment.

Question 2

The order of the missing words is as follows: hypothalamus; pituitary; adrenal; gland; adrenaline; bloodstream; physiological; dilated; mouth

Question 3

- The evaluation of a stressor occurs in the cerebral cortex.
- A signal is sent to the hypothalamus.
- A message is sent to the pituitary gland.
- This stimulates the adrenal medulla to release adrenaline and noradrenaline.
- The pituitary gland releases adrenocorticotrophic hormone into the bloodstream.
- This stimulates the adrenal cortex to release corticosteroids.
- The ANS is activated.
- This leads to an increase in heart rate and blood pressure.

Question 4

Description of Selye's GAS	
Stage 1	Alarm When we perceive a stressor the ANS responds. Adrenaline, noradrenaline and corticosteroids are released into the bloodstream. In this stage, the physical reaction is readiness to fight or flee, the heart rate increases, blood pressure rises and muscles tense.
Stage 2	Resistance If the stressor continues, the physiological signs of stress disappear and the person appears to be coping, but high levels of arousal continue.
Stage 3	Exhaustion If the stressor continues for a long time, the body's physiological resources are unable to cope. Alarm signs may appear, such as increased blood pressure. The person may become irritable and unable to concentrate.
Reasons for link between stress and illness	The immune system may be damaged and stress-related diseases such as stomach ulcers, high blood pressure and depression are more likely.
Strength(s)	The study is useful as it began work on the relationship between stress and illness. The GAS model helps us to understand why long-term stress may lead to serious illness.

Description of Selye's GAS	
Weakness(es)	The study reduces stress to a passive response. It ignores psychological variables (a reductionist explanation). Selye worked with rats; thus the GAS may not apply to humans. It does not explain the direct effect of stress on the immune system.
Conclusion	It is a useful model that enhances our understanding of how damaging long-term stress may be to health. It stimulated research into the psychology of stress.

Question 5

- a** Mary is in the *alarm stage* of GAS. When she sees the growling dog, she assesses it as a stressor (in her cerebral cortex). A signal is sent to her hypothalamus, which sends a message to her pituitary gland. Adrenaline, noradrenaline and corticosteroids are released into Mary's bloodstream. Her heart rate increases, her blood pressure increases and she is physiologically ready to flee.
- b** Jim has been experiencing the same stressors for months and is probably in the *exhaustion stage* of GAS. His stressors have continued for a long time and his physiological resources are unable to cope. He has raised blood pressure, is irritable and depressed and his immune system may be damaged. He is at risk of stress-related diseases, such as cardiovascular disorders, stomach ulcers, high blood pressure and depression.

Question 6

Stress is a physiological response to events or experiences that happens within both our minds and bodies. The Selye GAS model focuses on the physiological (bodily) response to stress and ignores psychological responses. Stress is a complex topic; a stressor must first be perceived (thought about) as a stressor before it leads to a stress response, and the GAS model ignores the 'person' doing the thinking and individual differences in personality or responses to stressors.

Question 7

- a** Cardiovascular disorders are disorders of the heart and blood vessels, such as coronary heart disease (CHD), high blood pressure (hypertension) and strokes.
- b** People who experience stress may engage in unhealthy activities, such as smoking and drinking alcohol, which increase the likelihood that the person will develop a cardiovascular disorder.
- c** Stress is a direct cause of high heart rate and high blood pressure, which may weaken blood vessels. Weakened blood vessels may result in heart attacks. Adrenaline and noradrenaline cause increased blood cholesterol levels, and clumps of cholesterol particles cause clots in the blood and thickened artery walls, which may lead to heart attacks.

Question 8

Note: Descriptions should be detailed and coherent and should include the objectives, method and design of the study, the sample of participants, the differences between groups of participants (as appropriate), what participants were asked to do and how the data were collected. The findings and conclusions should be described clearly, and students should describe what the conclusions may mean.

Example chosen: Friedman and Rosenman (1974)

Aims Based on their observations of patients who displayed the Type A behaviour pattern of impatience, competitiveness and hostility, Friedman and Rosenman aimed to test their belief that Type A personalities were more prone to coronary heart disease (CHD) than Type Bs.

Procedures The sample comprised 3000 male volunteers, all from California, USA, aged between 39 and 59 who were healthy at the start of the study. Structured interviews and observations of the participants' behaviour during the interview were used to assess personality types and their impatience, competitiveness and hostility.

Findings Seventy per cent of those with CHD had been classified as Type A. They had higher blood pressure and higher levels of adrenaline and cholesterol. Twice as many Type A men died as Type Bs. Type As were also more likely to smoke and have a family history of CHD.

Conclusions Type A personality is associated with illness and symptoms of CHD. Because Type A is also linked to other factors that cause CHD, such as smoking, it is not certain whether Type A is a direct or an indirect cause of CHD.

Question 9

For the Friedman and Rosenman research, students may list any two of the following criticisms:

Strengths

- It was a long-term study of a large sample and thus had high ecological validity.
- It showed how psychological factors (personality) can be related to physiological effects.
- It was well designed with a clear baseline, as all men were assessed as having no CHD at the start of the study.

Weaknesses

- The sample was all male and so the findings cannot be generalised to females.
- The self-report measures may not be reliable or valid.
- It is not certain that the men would always respond to the interview questions in the same way.

Question 10

- a The immune system consists of cells in the bloodstream, most notably white blood cells, that defend the body against bacteria, viruses and cancerous cells.
- b Stress directly reduces the ability of the immune system to protect us against antigens, which leads to an increased likelihood of physical illness. In long-term stress, as shown in stage 3 of Selye's GAS, increased levels of corticosteroids reduce the production of antibodies.
- c Stress temporarily reduces the activity of the immune system (suppresses it). This is a direct effect and leaves the body more susceptible to disease.

Question 11

Example chosen: Kiecolt-Glaser et al. (1984)

Aims Based on the assumption that the body's response to stress reduces the effectiveness of the immune system (immunosuppression), Kiecolt-Glaser et al. aimed to establish a link between stress and reduced immune system functioning. They looked for evidence of a difference in immune response in high- and low-stress conditions, and whether factors such as anxiety were associated with immune system functioning.

Procedures Seventy-five first-year medical students (49 male and 26 female) volunteered to give blood samples 1 month before their final exams and after they had sat two papers on the first day of the exams. The blood samples were analysed for how much 'natural killer cell' activity was present. The students also completed questionnaires to assess symptoms of depression and loneliness and to find out what other stressful events they might be experiencing.

Findings In the second blood sample (after the exams), natural killer cell activity was significantly reduced and was the most reduced in those students who were experiencing other stressful events.

Conclusions This study shows that stress has an immunosuppressant effect. However, because this is a correlational design, it is only possible to say that stress is *related* to reduced immune system functioning, not that stress *causes* reduced immune system functioning.

Question 12

Note: Students should be reminded that whichever criticisms they write about, they should state whether the criticism is a strength or a weakness and expand their answer to explain why (see expanded example below).

For Kiecolt-Glaser et al. (1984), students may mention any two of the following criticisms:

Strengths

- This was a natural experiment — the exams were going to happen anyway — thus the research had high mundane validity.
- Quantitative and qualitative measures were taken from the same participants, which increases the reliability of the results.
- The first blood sample acted as a baseline control and the participants were being compared against themselves — this controls for the effects of personality variables.

Weaknesses

- It is not possible to say that no other variable could have caused the change in the students' immune system as these could not be controlled (e.g. lack of sleep due to long hours revising might have affected the immune system).
- It is not possible to know how long the immunosuppressant effect would last.

Expanded example

One strength of the repeated measures design in the Kiecolt-Glaser et al. research is that the first blood sample (before the exams) acted as a baseline control and the participants were, in effect, being compared against themselves. Since peoples' immune systems differ in their effectiveness (whether under stress or not), this controls for the effects of individual differences in immune systems and leads to increased validity in the results.

Question 13

Dear Dr Jamadi

I know you have been wondering why Dahlia's ulcer is so slow to improve. I was browsing through some research the other day and found an article you may find useful. Kiecolt-Glaser et al. (1995) wanted to show that stress has an indirect effect on wound healing, due to reduced effectiveness of the immune system. They conducted a natural experiment involving 26 women, 13 of whom cared for relatives with Alzheimer's disease (the high-stress group) and 13 of whom had no responsibilities (the no-stress group). They found that the wounds of the carers in the high-stress group took on average 9 days longer to heal than the wounds of the no-stress group. They concluded that long-term stress reduces the effectiveness of the immune system to heal wounds (possibly because the amount of interleukin B produced is reduced). I thought the findings of this research might explain why Pansy (who is a cheerful and relaxed patient) is healing faster than Dahlia (who has had such a difficult time).

Question 14

As supporting evidence, students may cite any or all of the following in their essay plan:

- The direct effect of stress on physiology — Selye's GAS; Friedman and Rosenman's Type A personality.
- Williams 2000, who found that angry people were more likely to have heart attacks.
- Kiecolt-Glaser et al. (1984), who found that stress reduced the effectiveness of the immune system.
- The behavioural effect of stress (indirect effect on physiology) — stress increases unhealthy behaviours, such as smoking and drinking alcohol.

In evaluation, students might discuss any or all of the following:

- Research showing the direct effect of stress on health ignores individual differences in personality or responses to stressors. Some people can live apparently stressful lives and have no physiological effect. Hardy personalities (Kobasa) may cope better with stress. There may also be gender differences in response to stressors.
- GAS assumes a passive response to stressors and takes a reductionist approach — stress is a complex subject and research undertaken on rats may not generalise to humans.
- Friedman and Rosenman's work was a long-term study with a large sample. The study showed how psychological factors (personality) can be related to physiological effects. It had a clear baseline, because all men were assessed as having no CHD at the start of the study. However, the sample was all male and the findings cannot be generalised to females.
- Kiecolt-Glaser et al. (1984) had high mundane realism because it was a natural experiment (the exams were going to happen anyway). Because quantitative and qualitative measures were taken from the same participants, the validity of the results was increased. The first blood sample also acted as a baseline control. The participants were being compared against themselves, which controlled for the effects of personality variables. However, it was not known how long the immunosuppressant effect would last.

Topic 2 Stress in everyday life

This is an extensive topic, looking at research suggesting that life changes are a source of stress, research into workplace stressors, individual differences as a source of stress, and stress management. Students should be able to discuss methods of managing the negative effects of stress, including physiological methods, such as drug therapies or biofeedback, and psychological approaches, such as the work of Meichenbaum on stress inoculation and Kobasa on increasing hardiness. Students should be able to describe one physiological and one psychological method, and to evaluate the strengths and weaknesses of methods of stress management.

Question 1

Events such as leaving home for university, getting married or moving house cause major changes in the way people live their lives. Changing our behaviour to adjust to these events may cause stress.

Question 2

- a** A life change event is a major change in a person's life, such as marriage or divorce, and these events happen infrequently. A hassle is a day-to-day nuisance, such as getting stuck in a traffic jam, missing the bus or being late for a meeting. These stressors are more minor but may happen frequently.
- b** An uplift is a pleasant event, such as meeting up with friends, winning £10 on the lottery, being sent flowers by one's partner or buying a new dress. Uplifts make people 'feel better' and help to offset the negative effects of daily hassles.
- c** **Example chosen: Holmes and Rahe (1967)**

Aims To devise a way of measuring stress, and to show that the amount of stress is related to occurrence of illness.

Procedures The medical records of 5000 patients were examined and a list was compiled of the 43 life events that appeared in the 12 months before their illnesses. One hundred people were told that the life event of marriage had been rated at 50 points. They were then asked to rate how much readjustment each of the 43 life events would require 'relative to marriage'.

Findings A questionnaire was designed and participants ticked the life events they had experienced in the last 12 months, thus giving a measure of the amount of life change (stress) they had experienced.

People with high scores on the SRRS over the preceding 12 months were likely to experience some physical illness. A person accruing 300 points over 12 months had an 80% chance of becoming ill, and illnesses ranged from heart attacks to diabetes and sports injuries.

Conclusions Stress can be objectively measured by the SRRS as a life change score and high scores on the SRRS predict physical illness.

Criticisms

- **Strength** This research is useful as it provides an objective measure of the relationship between stress and illness.
 - **Limitations** The subjective experience of a life event is different for each person. In addition, life events other than those on the SRRS may cause stress. Because the research is correlational, we cannot say that life changes cause stress.
- d** DeLongis et al. (1982) created a hassles scale to assess the effect of everyday problems of life. The hassles scale measured positive events (uplifts) as well as hassles. They found that the hassles scale was a better predictor of ill health than the SRRS. They concluded that people who experience more hassles than uplifts may be at increased risk of stress-related illness.

Question 3

Evidence

Holmes and Rahe constructed the social readjustment rating scale (SRRS) to correlate the amount of life changes people had experienced (stress) with their physical illnesses. The SRRS is a questionnaire on which participants tick the life events they have experienced in the last 12 months, thus giving a measure of the amount of life change (stress) a person has experienced. Holmes and Rahe found that people who had high scores on the SRRS (multiple life changes over the past 12 months) were likely to experience some physical illness. A person accruing 300 points over 12 months had an 80% chance of becoming ill.

Criticisms

Students may mention any two of the following evaluative points:

- The results may not be reliable, because people are asked to remember all their life changes in the past year and self-report measures may be inaccurate.
- The experience of a life event is different for each person.
- Life events other than the 43 on the SRRS may cause stress. Most of the life change events on the SRRS are infrequent, and it may be that the small daily hassles of life are a cumulative cause of stress.
- The research is correlational and thus it cannot be said that life changes *cause* stress, only that the two may be related.

Question 4

- a** A workplace stressor occurs because of the working environment, the social conditions in the workplace or the types of job that people have.
- b** The most probable answers are listed below, but give credit for other, sensible answers.
- **Checkout operator in large supermarket** The physical environment, which may be noisy, hot and overcrowded.
 - **Cleaner in a large comprehensive school** Cleaners may have little control over how and when they work. How much control people have over how and when they do a job may be a factor in how stressful a job is perceived to be.
 - **Doctor in a busy town surgery** Work pressure may cause stress. The doctor may have too much to do, too many patients to see, strict appointment deadlines and great responsibility.

- **Staff nurse working nights in an accident and emergency department** Nurses may experience role conflict, due to having to express one emotion while feeling another. Working nights may lead to sleep difficulties and strained family relationships (interpersonal factors).
- **Project manager on a North Sea oil-drilling platform** Stress may be caused by the physical environment, which may involve health risks and unsociable hours. The manager may also suffer role stress caused by worry about responsibility.

Question 5

Students may suggest any of the following advantages and disadvantages in using self-report methods:

Advantages

- They can be used to gather data quickly from a large sample of people in a workplace. The results can then be generalised to the specific employment, employer or workplace.
- They can gather qualitative data, which allow people's real opinions and attitudes to be assessed.
- They can be used as a low-cost pilot study to indicate the direction of future research.

Disadvantages

- People may misunderstand the questions, not tell the truth or give socially desirable answers, all of which reduce the validity and reliability of the results.
- Low levels of control mean that cause and effect statements may only be made with caution.

Question 6

Chosen example: Johnson and Hall (1988)

Aims To investigate the relationship between workplace stressors and cardiovascular disease.

Procedures Data from 14 000 male and female Swedish workers were analysed to explore the relationship between cardiovascular disease and job strain associated with control, demand and social support. The participants answered questions about:

- how much influence they had over the planning of work
- how and when they were able to interact with co-workers
- how demanding the work was
- their health, including their cardiovascular health

Findings

- Jobs that were perceived to be demanding but that involved low levels of control were related to increased incidences of heart disease.
- There was an increase in cardiovascular disease in workers who said they had demanding jobs and high levels of control but fewer social interaction opportunities.
- Increased cardiovascular disease also occurred in workers who reported having low social support combined with low control.

Conclusions Social support and control are important factors in work-related stress.

Criticisms The strength of this research was that it showed how factors such as control and social support at work are important in understanding workplace stress. Among the weaknesses, students may mention any of the following:

- Self-reports may result in inaccurate descriptions of job characteristics and may be biased by personality characteristics, both of which may lead to unreliable results.
- Workplaces are complex. Using objective measures of workplace stress may result in a reductionist approach that over-emphasises the importance of single factors. Qualitative research is required to understand the meaning of events for individuals.

- The study was correlational. Although factors such as how demanding jobs are and how much social support a worker has may be stress-related, it cannot be said that these factors *cause* stress.
- There are sources of stress outside the work environment, such as poor living conditions. It is possible that the association found between job stress and illness is caused by other factors.
- Many people do the same job and yet they may all perceive the work environment differently.

Question 7

Students may make the following recommendations:

- Johnson and Hall found that jobs that were perceived to be demanding but that involved low levels of control were related to increased incidences of heart disease. I would recommend that all employees be given some level of control over their work planning, and that those with very demanding jobs be given high levels of control.
- Since the factory operates 24 hours a day, there will be people working night shifts. This may reduce the opportunity for workers to meet with family and friends. Johnson and Hall found that workers who perceived their jobs to be demanding and who had low social support were at risk of developing cardiovascular disease. I would establish a sports and social club for all workers and encourage all employees to participate in social occasions.

Question 8

a Students may list any or all of the following stressors in Nelson's life:

- Life change 1 — Nelson has moved house three times in 2 years between two countries.
- Life change 2 — his relationship with his family has changed for the worse.
- Life change 3 — he has been promoted, so his job responsibility has changed.
- Life change 4 — he cannot sleep at night.
- Life change 5 — marital separation (about to leave for Iraq).
- Hassle 1 — Nelson is worried about leaving his family.
- Hassle 2 — he feels guilty because his career is the cause of their misery.
- Hassle 3 — his tank commander bawled him out.
- Hassle 4 — the rows with his daughter and wife.
- Uplift factor — Nelson and his mates had a good laugh.
- Additional factors — Nelson is about to go to war and he has high levels of responsibility but low levels of control (he is not an officer). He also has high levels of social support from his mates.

Nelson and his family have accumulated many SRRS points in the last year. Holmes and Rahe would predict that the stress of adjusting to all these changes will lead to a stress-related illness for Nelson.

b DeLongis might argue that Nelson and his family are used to the frequent house moves in military life. It is the everyday hassles that cause stress, but positive events (uplifts) can offset the effect of these hassles. Since Nelson and his tank crew are 'good mates' who share a 'laugh', these daily uplifts and the social support he receives from his colleagues (Johnson and Hall) may protect Nelson from stress-related illness.

Question 9

a Individual differences may be:

- biological — males are physiologically different from females
- cognitive — people do not all think in the same way, and males may think differently from females
- personality traits — people have different personalities

All these may affect how people respond to stressors.

- b** Students may mention any two of the following:
- Personality — some personality types are more prone to stress than others.
 - Gender — females may respond differently to stress than males.
 - Culture — some people living in some cultures may experience higher stress levels.
- c** Students may mention any two of the following:
- The Type A personality, especially the hostile Type A personality, has a behaviour pattern that is time-pressured, competitive and hostile, and this increases the individual's experience of stress.
 - The Type C personality responds to stress with a sense of helplessness and may be more likely to suffer from cancer. Morris et al. (1981) found a link between people who tended to suppress their anger and an increased incidence of cancer.
 - Kobasa (1979) found that some people deal with stress more effectively (the hardy personality). The key traits of a hardy personality are having a strong sense of personal control, a strong sense of purpose and the ability to see problems positively, as challenges to be overcome rather than as stressors.

Question 10

- a** Stress management refers to therapies used in clinical situations by doctors and psychologists to help people cope with the stress in their lives.
- b** Physiological approaches to stress management focus on the reduction of physical symptoms, such as raised blood pressure and increased levels of anxiety. They deal with the way the body responds to stress rather than its causes.
- c** Psychological approaches to stress management encourage people to think about their problems in a different way and deal with the *causes* of their stress. Since having a feeling of control over a situation has been found to reduce stress, many psychological approaches to managing stress focus on increasing the sense of control people have in stressful situations.
- d** Biofeedback is a technique whereby people are given information about physiological states controlled by their autonomic nervous system, such as heart rate, blood pressure and muscle tension. This information feedback, usually by a bell or a buzzer, allows people to learn to control their physiological responses.
- e** Biofeedback can be used to manage stress because our minds can influence the automatic functions of our bodies. Biofeedback machines provide information about the systems in the body that are affected by stress. For example, electrodes can be used to measure muscle tension, so that when tension is detected, the biofeedback machine gives a signal. As the individual becomes aware of the internal process being monitored, he/she can learn techniques to control tension.

There are four stages in learning biofeedback:

- The person is attached to a machine that gives feedback about changes in heart rate and blood pressure.
- The person learns to control the symptoms of stress by behaviour such as deep breathing.
- The feedback is rewarding and so the person is encouraged to repeat the deep breathing.
- The person learns to repeat the 'learned behaviour' in stressful situations.

f Advantages

- Biofeedback has no side effects.
- Biofeedback reduces symptoms and gives people a sense of control.
- The learned techniques of biofeedback can be used in other stressful situations.
- Biofeedback is effective, especially if combined with psychological therapies that encourage people to think about the causes of their stress and how their behaviour may contribute to it.

Limitations

- Biofeedback requires specialist equipment and expert supervision.
- Biofeedback requires the stressed person to commit time and effort to dealing with their condition.
- Very anxious people may find it difficult to learn biofeedback techniques.

g Students may mention any two of the following advantages:

- Drugs are quick and effective and reduce the physiological effects of stress. This means the patient feels the benefit immediately.
- People may prefer drug therapies to psychological therapies because they do not have to make any effort.
- Drugs do not require people to change the way they think or behave. This is an advantage because many people find it difficult or impossible to change the way they think and behave. For example, it would be hard for a Type A personality to change to a Type B personality.
- Drugs can be used alongside psychological methods.

h Students may mention any two of the following limitations:

- All drugs have side effects.
- Long-term use of drugs can lead to dependency and addiction.
- Drugs treat the symptoms of stress, not the causes. When people stop taking the drug, the stress may reappear.

Question 11

a Example chosen: stress inoculation (Meichenbaum, 1985)

Stress inoculation is a cognitive behavioural therapy that prepares people to cope with stress before it becomes a problem. Stress inoculation involves three stages:

- **Conceptualisation** Patients are encouraged to imagine stressful situations, analysing what is stressful about them and how they might deal with them.
- **Skill acquisition and rehearsal** Patients practise specific skills, such as positive thinking, communication skills and time-management.
- **Application and follow-through** Patients are helped to deal with progressively more threatening situations while applying the newly acquired skills.

b Students may mention any two of the following:

- Psychological approaches may only be successful with patients who are already determined, and are able to take the time and make the effort to help themselves.
- Research findings are based on a narrow sample, mainly white, middle-class, educated people, and thus may not generalise to other populations.
- Psychological approaches may not be effective in very anxious people; drugs may be more effective in the first instance.
- Psychological approaches may not be effective in elderly people who have low attention spans.

c Students may mention any one of the following:

- Psychological approaches focus on the *cause* of stress rather than the symptoms, which means that if the therapy is effective, the cause of stress is removed.
- These methods are effective for both short- and long-term stress and can be effectively combined with other treatment methods, such as drugs.
- Psychological approaches not only reduce stress, they also increase self-confidence and self-efficacy, making it more likely that the person will be able to deal with stress in the future.
- There are no physiological side effects and thus the patient will not need to take a cocktail of drugs in which each drug is prescribed to reduce the side effects of the previous drug.
- Once the course of treatment is paid for, future self-administered treatment is free.

Question 12

- a** Psychologists propose that people who have a sense of autonomy, of 'being in control' of events in their lives, are less likely to suffer from stress. Rotter suggested that people could be categorised as having either an 'internal locus of control', characterised by the belief that one is in charge of one's destiny, or an 'external locus of control', characterised by the belief that events are not under one's control.
- b** Students may write about either Rotter (1966) or Langer and Rodin (1976). Langer and Rodin conducted a controlled study in which residents in an old people's home were given more personal control over their lives. Those who had choices and who were able to make decisions were more active, happier and lived longer. Those who had no control were less active and less healthy. Langer and Rodin concluded that it was the increased personal control that caused the increase in well-being.

Question 13

- a** For Ranjit, students might be expected to explain GAS, the exhaustion stage in chronic stress, the risks of CHD and the reduced immunosuppressant effect of stress, which makes him more vulnerable to illness. They might recommend that Ranjit:
- uses the SRRS to assess his life change units/stress levels
 - keeps a hassles and uplifts diary to assess his daily or weekly stress
 - considers drug treatment (e.g. beta-blockers) for an immediate reduction of high blood pressure
 - attends a course of stress inoculation (Meichenbaum) to help him learn to cope with stress in the long term
 - uses a biofeedback machine to learn to control his blood pressure
- b** For Robert's doctor, students might be expected to explain GAS, the alarm stage in stress and the physiological response to the stress of noise. They might recommend that Robert:
- keeps a hassles and uplifts diary to assess his daily or weekly stress
 - takes a short course of drug treatment (e.g. benzodiazepines) for an immediate reduction of anxiety
 - completes a psychometric test to assess whether he has an internal or external locus of control
 - attends a course of hardiness training (Kobasa) to increase his sense of control over the situation
 - uses a biofeedback machine to learn to control the tension in his muscles so that he can relax and sleep better

Question 14

As supporting evidence, students may cite any or all of the following in their essay plan:

- **Stress inoculation** (Meichenbaum 1985), a cognitive-behavioural therapy that prepares people to cope with stress before it becomes a problem.
- **Increasing hardiness** (Kobasa 1977), which encourages people to learn new ways to respond to stressors and teaches the behavioural, physiological and cognitive skills that enable them to perceive stressors as challenges.
- **Glass and Singer (1972)**, who concluded that people who believe they are in control in stressful situations, even if they actually have no control, are less likely to become stressed.
- **Langer and Rodin (1976)**, who found that residents in an old people's home who had choices and who were able to make decisions were more active, happier and lived longer.

In evaluation, students might discuss any or all of the following:

- Psychological approaches may only be successful with patients who are already determined, who are able to take the time and make the effort to help themselves, and who have internal locus of control (Rotter).

- Meichenbaum's research findings were based on a narrow sample — mainly white middle-class, educated people — and thus may not generalise to other populations.
- Such approaches may not be effective if people are very anxious and stressed (drugs may be more effective in the first instance).
- They may not be effective in elderly people, or children, who have short attention spans.
- Psychological approaches are effective because they focus on the cause of stress rather than the symptoms, which means that if the therapy is effective, the cause of stress is removed.
- They are effective for both short- and long-term stress and can be combined with other treatment methods, such as drug treatments.
- Increasing hardiness not only reduces stress, but increases self-confidence and self-efficacy, making it more likely that patients will be able to deal with stress in the future.
- There are no physiological side effects and thus patients will not need to take a cocktail of drugs to reduce the side effects of previous drugs.
- Once the treatment is complete, patients can continue to use the new skills that they have developed.

Section 2 Social psychology

Topic 1 Social influence

In this topic, students learn how psychologists explain different types of social conformity, why people yield to majority influence (conformity), and about research into conformity and obedience.

Question 1

- a** Social influence is the way that other people (either individuals or groups) can affect our attitudes and behaviour.
- b**
- *When a group of people affects the behaviour of another individual, this is an instance of social influence, majority influence or minority influence.*
 - *When a person conforms to the majority view in order to be accepted, this is an instance of normative social influence.*
 - *When a majority changes the attitudes and/or behaviour of the minority, this may be because of normative social influence or informational social influence.*
 - *When individuals yield to group pressure because they think that the majority has more information, this is an instance of informational social influence.*
 - *When individuals agree with the opinions of a group of people because they wish to be accepted by them, but they do not change their private belief, this is an instance of social compliance.*
- c** Compliance is when a person conforms to the majority opinion even though he or she does not really agree with it. Peter thought the goal had been a fair one, but because he wished to be accepted by his friends and peers, he kept his private opinion to himself and said that the goal should be disallowed, thus agreeing with the majority opinion.
- d** Identification is the type of conformity that occurs when a person conforms to the behaviour expected by the majority. Mai did not want to miss general studies, but she identified with and wanted to belong to the group who were bunking off, so she unenthusiastically agreed to go with them to the park.
- e** Two explanations could be:
- Conformity may be because of normative social influence. Normative social influence occurs when an individual agrees with the opinions of a group of people because he or she wishes

to be accepted by them. The influenced individual may not necessarily change his or her private belief.

- Conformity may be because of informational social influence when a person, or minority, yields to group pressure because they think that the majority has more knowledge or information. This usually occurs when the person asked either does not know the answer, or when the question asked has no obviously correct answer.

Question 2

a Study chosen: Asch (1956)

Method A laboratory experiment with a repeated measures design. The IV was whether the confederates gave the correct answer. The DV was the answers the real participant gave in the repeated trials.

Sample Young male students.

Procedures Groups of seven or eight male students sitting in a horseshoe arrangement were shown a stimulus line (S) and then three other lines (A, B and C). There was only one real participant in each group. The others were confederates who were helping the experimenter. All the participants were asked to say out loud which line (A, B or C) matched the stimulus line. The real participant always answered last or last but one. Each participant completed 18 trials and in 12 of the trials (the critical trials), the confederates had all been primed to give the same wrong answer.

- b** The Asch study was a study of normative social influence. The student participants gave the wrong answers, agreeing with the opinion of the majority of the group because they wished to be accepted by them. The Sherif study aimed to investigate the formation of social norms as a result of an ambiguous stimulus. There was no correct answer as to how far the spot of light moved because the movement was an illusion. The group norm emerged because individuals looked to others for information.
- c** Students may make the following points:
- The strength of this study is that it shows us how a majority can influence an individual. Because there was a correct answer in the line-matching trials, conformity could be measured in an objective way.
 - One limitation of this controlled laboratory experiment is that it does not show how people deal with situations that are important rather than trivial, and thus the situation may have internal validity but lack mundane realism.

Students may also note any of the following points:

- The experiment may breach ethical guidelines as the participants did not give informed consent and were deceived. Psychologists can do this but they should weigh the costs and benefits before proceeding.
- This study may not be a valid measure of conformity in collectivist societies as they are likely to be more conformist.
- Perhaps the numerical majority who gave incorrect answers represent an unconventional minority (responding untruthfully), and the numerical minority (the real participants) represent the conventional majority (the truth), in which case this could be described as a test of minority influence.

Question 3

- a Findings** The guards became sadistic and oppressive. They increased the length of the line-ups and their punishments included solitary confinement and humiliation. The prisoners, after short-lived resistance, became passive and depressed. Some prisoners became sick whereas others

became obedient. Some prisoners were released early because of depression, evidenced by crying and acute anxiety. The experiment was ended after 6 days. Even when participants were unobserved, they conformed to their roles.

Conclusions There was evidence of conformity to social roles in both prisoners and guards. Role conformity was due to the social situation rather than to the personal characteristics of the participants. Three processes could explain the prisoners' submissive behaviour:

- **Deindividuation** — the prisoners lost their sense of individuality.
- **Learned helplessness** — the unpredictable decisions of the guards led the prisoners to give up responding.
- **Dependency** — the prisoners depended on the guards for everything, which increased their sense of helplessness.

b Students may suggest any of the following:

- Allow prisoners to wear their own clothes to reduce deindividuation.
- Call prisoners by their own names to reduce deindividuation.
- Keep the rules the same to increase the predictability of their situation, which could reduce learned helplessness.
- Appoint prisoners' advocates to reduce dependency on guards.

c Students may suggest any of the following:

- Ensure guards have clear job descriptions and roles in order to reduce oppressive behaviour.
- Ensure rules and sanctions are displayed clearly to reduce creative oppression.
- Guards should have team leaders or managers to increase personal accountability.
- Guards should wear name badges to allow them to be identified and reduce deindividuation.

d Students may give the following explanations:

- The artificial situation in the Zimbardo study may have led to demand characteristics, where guards and prisoners may have been acting rather than conforming to their roles. If this were the case, the conclusions of the Zimbardo study may not be valid and changes based on these conclusions may not be effective in reducing depression in prisoners or oppressive behaviour in guards.
- In the Zimbardo study, the prisoners and guards were all young and about the same age. A real prison is an established social community in which the prisoners and guards do not all arrive at the same time. Thus, the Zimbardo sample does not represent the population of a real prison. Because of this, if changes based on the Zimbardo findings are made in a real prison, the effect of the changes may be unpredictable, as older prisoners and guards may respond in different ways.

e Students may describe any of the following similarities between the Asch and Zimbardo studies:

- They both studied aspects of social influence (conformity).
- They both used experimental methodology, although the Zimbardo study was meant to represent a naturalistic setting.
- They both used male students as participants and so had biased samples.
- They both had low mundane realism.

f Students may suggest the following:

- The participants should be representative of less well-educated, older males, as most prisons have populations whose age range is varied and whose population is not well educated. It may be that older people, having a more developed sense of self-identity, are less likely to conform than students.
- The guards should be trained, told what the prison rules are, and should not be allowed to change the rules. This will make the prison situation more like that of a real prison, which will increase the mundane realism and thus contribute to the ecological validity of the study.

Question 4

- a**
- Students at Lernalot School all wear school uniforms OBEDIENCE
 - People don't park their cars in disabled parking bays OBEDIENCE
(though we are conforming to social practice of obeying the law)
 - Drivers pull over when signalled to do so by the police OBEDIENCE
 - People wear black clothes at a funeral CONFORMITY
 - Soldiers follow the orders of their officers OBEDIENCE
- b** Students may suggest any two of the following:
- Both conformity and obedience are due to real or imagined social influence or social norms, such as taking off one's shoes when entering a mosque, or not shouting loudly inside Westminster Abbey. However, obedience is following orders given by those with legitimate social power, e.g. the police.
 - Conformist behaviour is the same for all members of the conforming group, but the person obeying often behaves differently from the person giving the orders.
 - The motivation for conformist behaviour is implied, while the motivation for obedient behaviour is explicit. People can explain why they obey but often deny they are conforming.

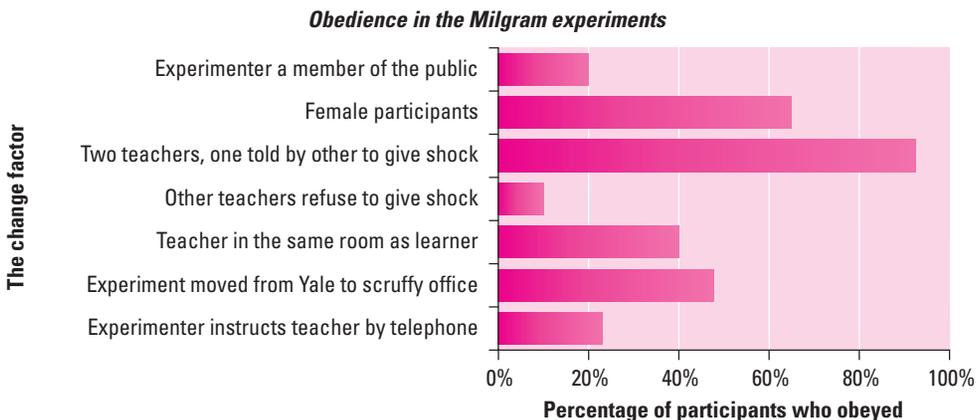
Question 5

- a Aims** Milgram wanted to find out why people obey authority, what conditions foster obedient behaviour and what conditions foster independent behaviour.
- b** After the 315-volt shock, Mr Wallace yelled and screamed and pounded on the wall but after that made no response. The experimenter used an escalating sequence of four standard verbal prods, which were repeated if necessary:
- Please continue.
 - The experiment requires that you continue.
 - It is absolutely essential that you continue.
 - You have no other choice, you must go on.

Although the participants showed signs of tension (they sweated and trembled), these prods, coming from the experimenter in his grey laboratory coat (a sign of scientific authority), put pressure on the participants to continue with the experiment because they felt they should obey legitimate authority.

Question 6

- a** Of the original 40 participants, 26 (65%) administered a potentially lethal shock.
- b**



- c** Students may suggest any of two of the following:
- If the person giving the order has legitimate authority, people defer the responsibility for their actions to the authority figure.
 - People may act as agents of the legitimate authority and hold the authority figure responsible for their actions.
 - People may follow a small 'reasonable' order and then feel obliged to continue when the orders gradually become unreasonable.
- d** Participants showed signs of extreme tension: most of them were observed to 'sweat, tremble, stutter, bite their lips, groan and dig their fingernails into their flesh', and quite a few laughed nervously. This may be because of the conflict they felt between their personal sense of ethics, their conscience, and the need to comply with the social norm of obedience to an authority figure.
- e** Students may suggest any two of the following factors:
- When the order to continue giving shocks was given from a distance (over the telephone), participants were less likely to obey.
 - When others present refused to continue, participants were less likely to obey because they had social support for their refusal.
 - When the person giving the order had no status as a legitimate authority, e.g. a member of the public, participants were less likely to obey.
- f** Students may write about any two of the following:
- When the situation in which the order was given was one of prestige and high social status, participants were more likely to obey.
 - When two participants shared the responsibility, one deciding that a shock should be given and one giving the shock, participants were more likely to obey because each could suggest that the other was responsible.
 - When the person giving the order was perceived to have legitimate authority, obedience increased.

Question 7

The following table provides a range of example answers.

Strengths	Limitations
<ul style="list-style-type: none"> • This research increased our understanding of social obedience and of the dangers of obedience. • The experiment had high experimental realism because participants believed they were giving shocks. • The research made the power relationships between authority figures and those they command obvious. 	<ul style="list-style-type: none"> • It broke the ethical guidelines because the participants were deceived, they did not give informed consent, and the experiment caused them stress. • Arguably, the task (giving electric shocks) did not reflect one that would usually occur in real life. Thus, there was low mundane realism, but being obedient to a person in authority is something we are socialised to do. • The sample was biased (all male volunteers) and so cannot be generalised to female volunteers.

Topic 2 Social influence in everyday life

This topic looks at explanations of independent behaviour and how people resist pressures to conform or obey. The topic also looks at the influence of individual differences on independent behaviour, and the implications for social change of research into social influence.

Question 1

Possible answers include:

- According to Adorno, **authoritarian personalities** are more likely to obey those in authority. Adorno suggested that the development of an authoritarian personality was the result of harsh child-rearing techniques by strict, controlling parents.
- **Group size:** the bigger the majority, the more influential it will be. In a replication of his original study, Asch tested this and found that with only two confederates, the real participants conformed 13% of the time. With three confederates, the conformity rate rose to 33%, but increasing the number of confederates to more than three had no effect.
- **Gender:** some research suggests that females conform more than males, and that this is because the norm for female behaviour is to be socially orientated (to want to get on with people).
- **Personality:** some people are more self-confident and have higher self-esteem than others.

Question 2

a Students may suggest:

- The method used was different. The Milgram experiment was conducted in a specially contrived setting (a laboratory), whereas the Hofling study was a field experiment carried out in a hospital setting.
- The sampling method was different. The Milgram sample, all males, responded to advertisements and was a self-selecting (volunteer) sample. The Hofling sample, all female, were unaware that they were being studied, because they were a sample of nurses who worked at the hospital.

b Students may suggest:

Hofling: This was a real-life setting (a field experiment) in which doctors have high prestige, legitimate authority and power over nurses. The study had high mundane realism, but it only concerns one kind of obedience relationship, in which nurses are trained to obey doctors, and cannot be generalised to all other situations.

Meeus and Raaijmakers: The study had high experimental realism, because the participants were face-to-face with the job applicants in a realistic situation and were unaware that the job applicants were confederates. This increased the mundane realism of the study.

c Students may suggest:

(a) The Milgram study may make us more aware of our own behaviour and raise important social issues, such as whether it is always morally correct to obey orders from a legitimate authority without question. OR

(a) The Milgram study into why people obey orders from a legitimate authority may result in people taking more responsibility for their own behaviour.

(b) The Asch study into conformity may help us to challenge group norms and to stand up for our own beliefs.

(c) The Zimbardo prison experiment may help us to understand how being given social power can influence people to behave in an oppressive manner.

(d) The Hofling study may help people who work in places such as schools and hospitals to challenge unreasonable orders from their superiors.

Question 3

a According to Adorno, authoritarian personalities are more likely to obey those in authority. Adorno suggested that the development of an authoritarian personality was the result of harsh

child-rearing techniques by controlling parents. However, although German culture was a highly authoritarian one, it is unlikely that all German children had authoritarian parents, or that German child-rearing practices were different from those of other European countries at the time.

b Students may suggest any of the following:

- Clear notices should be placed at all entrances to the parks publicising the new rule and the consequences of disobedience.
- Uniformed police should patrol the parks to order people who are seen drinking alcohol to hand the drink over. Milgram's research suggests that because the police are seen as a legitimate authority, this face-to-face order is likely to be obeyed.
- One person should be persuaded to obey, as others may follow his/her example and obey too.

c Students may suggest any of the following:

- When there are groups of people all drinking alcohol, the drinkers have social support for their disobedience and are more likely to disobey the order.
- When a policeman is not in sight, i.e. the order is not given face to face, the drinkers are less likely to obey the order.
- When the person giving the order is not seen as a legitimate authority, the drinkers are less likely to obey the order.

Question 4

a Students might comment on any of the following points:

- Whether the Milgram research conclusions can be applied in a military jail situation and, if so, how and why (or why not). For example, senior officers could be perceived as legitimate authorities by soldiers having a lower rank.
- Whether the Zimbardo research conclusions can be applied in a military jail situation. In the Zimbardo study, the prisoners and guards were all male, which is similar to a military prison, but as it did not include any female guards, it cannot be used to explain the behaviour of Lynndie England.
- Other factors that make it likely or unlikely that military personnel will follow orders and harm others, e.g. the level of moral development, individual differences in personality.
- In the Milgram experiment, participants were less likely to obey when they were face to face with the learner, when they had to make physical contact with the learner, and when the person giving the orders was not present at the time.
- In the Zimbardo experiment, the guards were not trained and could invent or change the rules and this situation might (or might not) apply in a military jail.

b Students may note any two of the following points:

- Milgram found that obedience levels fell to 10% when the teacher was paired with two others who rebelled and refused to follow orders. Based on this, in a military jail situation, soldiers should not be given orders on a one-to-one basis, where the officer giving the order is of a higher rank.
- Milgram found that obedience fell when the teacher was in the same room and could see and hear the screams of the learner. This would suggest that if the soldiers could see the harm they were causing to the prisoners by following orders, they would be less likely to obey.
- Milgram found that the obedience level fell when orders were given by a 'remote authority' (over the telephone). This would suggest that if the senior officer who gave the order was not present to see it carried out, the lower-ranked soldiers would be less likely to follow orders.
- Milgram suggested that increasing a sense of personal responsibility increases resistance to obedience. Soldiers should be informed that they have choices, that they are responsible for the

outcomes of their actions, and they should be told who to go to for guidance if they feel unhappy with orders they are given. This might reduce the likelihood of the soldiers entering what Milgram called 'an agentic state', in which they pass the responsibility for their actions to another.

Section 3 Individual differences

Topic 1 Psychological abnormality

In this topic, students learn how psychologists define abnormality and also study the limitations associated with these definitions. The topic also includes approaches to psychopathology, including the biological, psychodynamic, behavioural and cognitive approaches. Students should be able to describe and assess the adequacy of each approach in terms of its views on the causes and treatment of abnormality.

Question 1

- a** The main assumption of the statistical infrequency definition of abnormality is that behaviour is normally distributed. People whose behaviour is very different from the average can therefore be defined as abnormal.
- b** Society has unwritten rules for acceptable behaviour, and people whose behaviour does not fit in with social norms or meet social expectations may be disapproved of and described as abnormal.
- c** There are six conditions associated with ideal mental health: having a positive self-attitude, having a drive to realise self-potential, having the ability to cope with stress, being in control and making your own decisions (personal autonomy), having an accurate perception of reality and the ability to feel for others, and being able to adapt to change in one's environment.

d Example answer

The statistical infrequency definition of abnormality accounts for the frequency of behaviour, not its desirability. For example, exceptionally high IQ scores are equally as rare as exceptionally low IQ scores, but society values high IQ scores positively. Thus, the statistical infrequency model does not accurately reflect the way that society categorises abnormality.

Students may also explain any one of the following, but should give 3 marks' worth of detail.

- The statistical infrequency definition of abnormality does not allow us to distinguish between rare behaviour that is eccentric and rare behaviour that is psychologically abnormal (pathological).
- The statistical infrequency definition of abnormality makes it difficult to define the point at which normal behaviour becomes abnormal behaviour.
- Some behaviour that is psychologically abnormal, such as depressive illnesses, is not that rare.

e Example answer

Society has unwritten rules for acceptable behaviour, so the deviation from social norms definition could be used to discriminate against, or to remove, those of whom the majority do not approve. Non-conformists who choose to live their lives differently, or who have different beliefs from the majority, may be a necessary 'force for change' in society. This definition encourages us to label as abnormal those people who are different.

Students may also explain any one of the following, but should give 3 marks' worth of detail.

- Whether behaviour is seen as normal depends on its context.
- Social norms and attitudes change — for example, it is no longer socially unacceptable to cohabit before marriage.

- Social norms vary within and between cultures. There is not one universally acceptable set of social norms.
- f** The problem with this definition of abnormality is that people may be abnormal and yet function adequately. For example, a person suffering from claustrophobia functions adequately as long as he/she is not in an enclosed space. Serial killers function adequately, but they can hardly be described as normal. Furthermore, who should define what 'functioning adequately' means for another person? Unusual behaviour may be a coping strategy.

Question 2

- a** Normality or abnormality cannot be assessed without reference to the norms of the culture in which the behaviour arose. Behaviour that may appear abnormal in one cultural setting because it deviates from the norms of that culture is not abnormal in its own cultural setting. The conditions defined as 'ideal mental health' are values of western individualist cultures. In collectivist cultures, people value group successes over personal ambitions. This is therefore an ethnocentric standard.
- b** Psychologists could undertake cross-cultural research. If the disorder occurs with the same symptoms and with the same frequency in all cultures, it could be said to be absolute. If it occurs in all cultures but not with the same frequency, the disorder could be said to be universal. If it is unique to particular cultures and only meaningful within those cultures, the disorder would be culturally relative.

Question 3

- a** Students might write about any two of the following:
- The biological approach assumes that psychological abnormalities are symptoms of underlying physiological causes, such as faulty genes, abnormal neurochemistry or brain damage.
 - It assumes a direct link between brain and behaviour — that abnormal psychological symptoms are directly caused by brain abnormalities or brain damage.
 - It assumes that some psychological abnormalities are genetically inherited.

b Example answers

- A biological psychologist might suggest that mental disorders, such as depressive illness, run in families, which suggests an underlying genetic abnormality.
 - A biological psychologist might suggest that mental disorders, such as depressive illness, may be caused by abnormally high or low levels of neurotransmitters such as serotonin.
- c** Students might include any of the following:
- The model led to a more humane approach to the treatment of mental illness, as it does not blame people for their abnormal behaviour. *However*, the biological model is deterministic, and faulty genes can be used as an excuse by patients to do nothing to help themselves.
 - The model has scientific status and objective evidence shows that biological causes can produce psychological symptoms. *However*, the biological model takes a reductionist approach to the causes of abnormality, ignoring the role of psychosocial factors in motivating behaviour.

Question 4

- a** Students may mention any two of the following assumptions:
- That abnormal behaviour is learned in the same way as normal behaviour.
 - That abnormal behaviour can be unlearned.
 - That the model does not see the abnormal behaviour as a symptom of an underlying cause, but as 'the problem' to be cured.

b Example answer

Abnormal behaviour may be learned by classical conditioning. This occurs when a neutral stimulus is associated with a stimulus that triggers a natural reflex so that, eventually, the neutral stimulus evokes the reflex response. It may also be learned by operant conditioning. If behaviour results in rewarding consequences (positive reinforcement) or in something unpleasant ceasing (negative reinforcement), we will repeat the behaviour.

c A behaviourist psychologist might explain depression in terms of learned helplessness (Seligman 1975). If people learn that the consequences of their actions do not change the situation they are in, they may eventually feel helpless and give up.

d Example answer

One strength of the behaviourist model of abnormality is that it proposes a testable explanation for abnormalities such as phobias, which is supported by experimental evidence. However, the model is reductionist as it over-emphasises environmental factors and ignores biological and social factors.

Students may also write about any of the following:

- This model cannot be generalised to all abnormalities, e.g. the model does not explain psychological disorders, such as schizophrenia.
- The model concentrates on the behaviour that is causing the patient the problem.
- The model suggests that the abnormal behaviour can be changed.
- The model is criticised as being dehumanising and mechanistic (Heather 1976).

Strengths

- Behaviourist therapies are effective for treating phobias, obsessive-compulsive disorders and eating disorders.
- Treatments do not involve drugs and thus have no unwanted physiological side effects.

Limitations

- Token economies involving reinforcers that are a basic human right, such as food, clothing or privacy, are unethical.
- It may be unethical to use classical conditioning involving aversion therapy.
- The treatment may be for the benefit of others (parents, carers, teachers) rather than for the benefit of the patient.

Question 5

a Students may mention any two of the following assumptions:

- That abnormal behaviour is motivated by unconscious forces.
- That the causes of abnormal behaviour lie in the past, usually in childhood.
- That conflict between the id, ego and superego causes abnormal behaviour.

b Students may write about any two of the following:

- Repressed childhood conflict or anxiety that may be triggered by events in adult life.
- Unresolved conflict during the anal or phallic stage of development, when the ego is not fully developed, may result in repression, projection or displacement.

c A psychoanalyst would suggest that an emotional disorder, such as depression, may be caused by the repression of memories (into the unconscious) of unpleasant childhood experiences, or by the breaking of emotional bonds by death or separation.

d Students may include any two of the following:

Strengths

- The model identifies the importance of traumatic childhood experience as playing a role in adult problems. This is an advantage because it is now recognised that, as with adults, children who suffer traumatic experiences may need help and support.

- Freud changed people's attitudes to mental illness, and evidence of psychosomatic illness demonstrates the link between mind and body. This is an advantage because it has led to a more holistic approach to the care of those with psychological abnormalities.
- The model assumes the causes of abnormal behaviour lie in the past, usually childhood, and does not hold people responsible for their behaviour. This is an advantage because people are less likely to be blamed for their problems.
- The model involves clients in the cure of their abnormal behaviour. This is an advantage because people are encouraged to talk about their problems rather than suffering in silence.

Limitations

- The model is not scientific — Freud's theories are not falsifiable (the hypothesis that behaviour is motivated by unconscious forces is not testable).
- The model over-emphasises past experience, but clients' problems may have causes in the present.
- The model does not explain why some people who had a difficult childhood develop psychological abnormalities, while others who had an equally difficult childhood do not.
- The model takes a reductionist view of abnormal behaviour, concentrating on unconscious forces and ignoring both physiological and current environmental factors as possible causes of abnormality.

Question 6

a Students may include two of the following:

- The cognitive model of abnormality is based on the assumption that people are able to control how they select, store and think about information.
- It assumes abnormality is caused by faulty or irrational thinking.
- It assumes that psychological problems are caused when people have negative thoughts about themselves and the future.

b Students may mention two of the following:

- Irrational beliefs, for example believing that Martians are monitoring one's thoughts.
- Negative thinking, such as believing that nothing good will ever happen.
- Making incorrect inferences about oneself or other people.

c The cognitive model would propose that the 'irrational' way the friend thinks about him or herself and his/her life or future is the cause of the depression. If the friend changed the way he/she thinks, then the depression would be 'cured'. Beck and Clark (1988) described how negative thoughts are linked to depression: negative views of self lead people to believe they cannot succeed at anything, and negative beliefs about the future lead people to believe that nothing will ever change.

d **Example answers**

- One strength of the cognitive model is that it encourages the individual to take responsibility for changing his/her own behaviour and this offers him/her the hope that the future will be 'better'. *However*, this may also be a disadvantage because the model may encourage the idea that people are responsible for their own psychological problems (they may be blamed) and that they could choose to be 'normal'.
- One strength of the cognitive model is that treatments based on this approach may bring about changes such as increased self-confidence that benefit the patient for the rest of his/her life. *However*, the model is reductionist as it ignores social and biological causes of psychological abnormality. *OR However*, only patients who are willing and able to put in time and energy to change their thinking patterns may benefit from therapy.

Question 7

Abnormal behaviour	Assumptions of biological approach	Assumptions of psychological approach
<p>Janus Janus suffers from severe anxiety and has frequent panic attacks. He has been diagnosed as having an anxiety disorder.</p>	<p>The abnormality is caused by physiological factors, such as abnormal levels of neurotransmitters, genetic factors and brain damage. Abnormal behaviour is a symptom of some physiological abnormality. If the physiology is 'cured', then abnormal behaviour will cease.</p>	<p>The psychodynamic approach suggests that repressed conflict (between the id, ego and superego) in Janus's unconscious mind is the cause of his problems. This may be due to a failure to resolve his Oedipus conflict in childhood.</p>
<p>Hector Hector has been anxious and depressed since he became unemployed. He feels useless and knows he will never get another job.</p>	<p>As in the case of Janus, it assumes there is some underlying biological cause for Hector's depression.</p>	<p>The cognitive approach suggests that the patterns of Hector's thoughts can explain his depression. Hector has developed irrational beliefs about himself and his future. His thinking patterns are characterised by negative thoughts and negative beliefs about the future, which lead him to believe that nothing will ever change.</p>
<p>Pandora Pandora has a severe snake phobia. She refuses to go on holiday with her family in case she sees a snake.</p>	<p>As in the case of Janus, it assumes there is some underlying biological cause for Pandora's phobia.</p>	<p>The behaviourist approach proposes that many phobias are learned behaviour. A phobia may result when a reflexive fear response is associated with a neutral stimulus. This model suggests that Pandora learned her phobia when 'seeing a snake' occurred at the same time as some other frightening or painful experience.</p>

Question 8

a Example answers:

Dr Gene (biological approach): I hypothesise that the cause of Janus's anxiety disorder is either his genetic inheritance, or a malfunction in his brain or its biochemistry.

Dr Freud (psychodynamic approach): I hypothesise that the cause of Janus's anxiety disorder is unconscious conflict caused by early childhood trauma.

Dr Sun (behaviourist approach): I hypothesise that the cause of Janus's anxiety disorder is faulty learning, which has led to anxiety being a conditioned response.

Dr Cogito (cognitive approach): I hypothesise that the cause of Janus's anxiety disorder is his faulty and irrational way of thinking, which causes him to have a distorted and anxious view of the world.

b Example answers:

Dr Gene: Suggesting a genetic cause for anxiety disorders cannot explain these disorders in the last 20 years. This is a reductionist approach that ignores social and psychological factors.

Dr Freud: Conclusions drawn from the therapist's subjective interpretation are difficult to replicate or test. Suggesting that childhood trauma is the cause of anxiety disorders cannot explain the increase in these disorders in the last 20 years — patterns of behaviour within families are unlikely to have changed.

Dr Sun: This theory cannot explain individual differences, because if we were all equally likely to 'learn to be anxious', why are some people more vulnerable than others?

Dr Cogito: There is no objective way to measure how people think, and even if people self-report thinking in certain ways, there is no way this can be verified. The approach may lead to a blame culture, in which people are held responsible for their disorder.

Question 9

In their essay plans, students should:

- **state** the fact that there are many different types of psychological abnormality and describe some of them, e.g. psychotic illnesses, neurotic illnesses, depression, anxiety, stress reactions, obsessive and phobic behaviour
- **outline** the assumptions of the biological model, and **briefly describe** some psychological evidence that supports these assumptions.
- **argue** points that evaluate the biological model:
 - What abnormalities may it explain?
 - What abnormalities can't it explain?
 - What are two strengths of this model and why?
 - What are two limitations of this model and why?
 - What is one alternative to the biological model, and when and why may this model be more effective?

Topic 2 Treating psychological abnormality

This topic focuses on treatments for psychological abnormality. Students will learn about therapies based on the biological approach, including drugs and ECT, and about psychological therapies, including psychoanalysis, systematic desensitisation and cognitive behavioural therapy. Students should be able to describe and evaluate these treatments.

Question 1

Students may suggest:

- a** The biological approach assumes that abnormal behaviour is a symptom directly caused by a physiological problem, and that treatment by drugs, such as anti-anxiety drugs to relieve tension or anti-psychotic drugs to reduce mental confusion and delusions, will correct the physiological problem so that abnormal behaviour is 'cured'.

b Example answers:

- One strength of drug therapies is that they can quickly relieve conditions such as depression and schizophrenia so that people are able to lead normal lives. *On the other hand*, although drug treatments may relieve symptoms, they can mask the cause of the problem, which may recur when the patient stops taking the drug.
- One strength of drug therapies is that they may allow a distressed patient to receive psychological therapy. *On the other hand*, drugs may result in addiction or may cause unwanted side effects.

Students may also mention:

- Drug therapies ignore possible psychosocial factors involved in abnormal behaviour.
- There is an ethical problem when drug therapy is used to control the behaviour of people we do not understand.

Question 2

- a** Behaviourist psychologists assume that all behaviour is learned and may suggest that a depressive illness is an example of learned helplessness. Behavioural therapies based on operant conditioning assume that behaviour that brings about pleasurable consequences is likely to be repeated.

Behaviour modification, in which positive reinforcement (the desired behaviour is rewarded by a pleasant consequence) encourages the likelihood of the behaviour being repeated. A therapy for a depressive illness might include a token economy in which the patient was rewarded when he/she behaved in a positive manner.

- b** One strength of the behavioural approach is that it gives patients hope because it predicts that people can change (re-learn) their behaviour. *On the other hand*, the approach cannot explain all psychological disorders and behavioural therapies involving conditioning cannot cure all disorders, e.g. schizophrenia.

Question 3

- a** Psychoanalysis is a therapy based on the psychodynamic approach, during which dream analysis and free association may be used to release unconscious impulses. Free association is based on the idea that unconscious anxiety will be revealed by the client hesitating or demonstrating unwillingness if asked to 'talk about' certain topics or use certain words. Based on Freud's proposal that dreams represent unconscious wish fulfilment, the therapist may analyse and interpret the client's dreams.
- b** Psychoanalysis involves a long process of therapy, during which clients talk at length about themselves and their innermost feelings with the therapist, and listen to the therapist's interpretations. Because of this, psychoanalysis may only benefit certain clients. First, the client must have some insight into the fact that he/she has a problem and be able to verbalise this. Second, the client needs to be able to consider and understand the therapist's interpretations of his/her problem, which requires a level of education and intelligence. Third, the client needs to be old enough to interact with the therapist, but not so elderly that his/her views on life experiences have become fixed and unchangeable. Fourth, the client needs to believe that he/she will benefit from the therapy.

Question 4

- a** One treatment is rational emotive therapy, in which patients are helped to recognise their irrationality and are taught to recognise and replace their 'irrational' thoughts with more constructive and realistic ones. During therapy, patients are encouraged to realise that it is not the 'events in themselves' that lead to negative consequences, but the self-defeating beliefs that they develop about the events. Clients are encouraged to change the way they think about events in their lives by asking themselves:
- whether the way they think 'makes sense'
 - whether there is proof that their belief is accurate
 - whether the way they think is helpful to them

The purpose of these internal dialogues is to change patients' self-defeating beliefs into more rational ones.

- b** One strength of cognitive treatments is that there are no physiological side effects and, in addition, the benefits of treatment may last a lifetime, e.g. increases in self-efficacy and self-belief. *On the other hand*, treatments may only be effective with people who have good problem-solving skills and an insight into their own behaviour. *OR On the other hand*, treatments may only be effective for a narrow range of illnesses, such as anxiety disorders and depressive illnesses, and thus the benefits of treatment may not generalise to all psychological abnormalities.

Question 5

In systematic desensitisation, the undesirable behaviour (e.g. the phobia) is broken down into the small stimulus-response units that comprise it, which are then ranked from the least worrying to the most stressful aspect, e.g. from the least feared situation to the most feared situation. During

therapy, the therapist works through each stimulus–response unit in the ascending hierarchy, helping the patient to replace each unwanted response (e.g. being afraid) with the response of feeling relaxed.

Question 6

Meichenbaum found that cognitive behavioural therapy (CBT) was an effective treatment for stress. An advantage of the treatment is that CBT focuses on how the individual experiences the world and his or her feelings and beliefs, rather than relying on interpretations by other people. Cognitive-based therapies may also increase self-efficacy and self-belief and thus improve people's lives in the long term. However, CBT does not provide a quick cure, and does not treat the physiological effects of long-term stress. In the short term, drug treatment may be required to reduce the physiological effects, and to get the patient ready for CBT treatment. Also, CBT may only be effective for people who have good problem-solving skills, an insight into their behaviour and the willingness to spend time on 'the problem'.

Question 7

Example essay:

It can be argued that, if the cause of mental illness is known to be biological, then drug treatment is effective. Drugs quickly relieve symptoms, enabling people to manage their lives more easily, especially as drug treatment only requires the patient to remember to take the drugs, and does not involve changes of lifestyle. One strength of drugs is that they allow psychotic patients to live near 'normal' lives, but unless there is a clearly understood biological cause for the problem, drugs are unlikely to provide a cure. One possible limitation is that drugs may only provide temporary relief from symptoms, and when the patient stops taking them the symptoms may recur. A further limitation is that it may be difficult to separate the effect of the drug from any placebo effect.

One advantage of chemotherapy is that drugs can be used together with other therapy, but individuals may respond differently to the same drug treatments and drug-induced side effects can be problematic. Ethical issues may also arise, because if we do not know what effects the same drug will have on different people, how can valid informed consent to drug treatment be obtained?

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