

AQA

AS and A-LEVEL

Psychology

BRILLIANT MODEL ANSWERS

Attachment

- ✔ Provides the key knowledge and skills for exam success
- ✔ All types of questions covered
- ✔ Grade A model answers
- ✔ Written by examiners

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Psychology exam!*



Nicholas Alexandros Savva

psychologyzone.co.uk

Proven exam
success

Written by
examiners

Concise, detailed and
clearly written model answers

Brilliant Model Answers

Published by

Educationzone Ltd

London N21 3YA
United Kingdom

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British Library Cataloguing in Publication Data:

A catalogue record for this publication is available from the British Library.

978-1-906468-91-0

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Please note: this book is not endorsed by or affiliated to the AQA exam board.

Important information

 *Do not skip this page!*

■ The 'unpredictable' exam is more 'predictable' than you think

This guide is part of Psychologyzone's Brilliant Model Answers series covering A-level Psychology. Use it alongside the Psychologyzone series Brilliant Exam Notes to get the best out of your learning.

This guide covering the topic of Social Influences provides a full set of exam-style questions and model answers to help you do well in the exam. After all, your psychology exam is based on answering questions – what better than to have a book that already has the answers for you!

The exam board has deliberately developed the A-level Psychology specification so that the questions are to some extent 'unpredictable' in order to discourage students from attempting to rote-learn (memorise answers) using pre-prepared questions. This makes it difficult to predict what's going to be asked.

We have tried to make the unpredictable 'predictable'...

There are over 100 model answers in this book. We have covered most of the different types of question they can ask you for each topic on the specification. You can adapt the model answers provided to most types of questions set in the exam.

■ Some of your model answers seem very long. Why?

Some of the answers are much longer responses than you are expected to write in the exam to get top marks. **This is deliberate.** We have written them in this way to enable you to have a better understanding of the theories, concepts, studies and so on. If you do not write as much, don't panic; you don't need all of the content to achieve a good grade.

As you may be using this as a study book, we thought we'd write the model answers in a way that you can also revise from them, so we sometimes expand on explanations or give an example to help you understand a topic better.

Many of the model answers start by repeating the question; in the real exam you do not need to waste time doing this – just get stuck in!

Remember - in your exam, your answers will be marked according to how well you demonstrate the set assessment objectives (AOs); therefore, we have tried to provide model responses that show you how to demonstrate the required know-how for these AOs. Each example provides you with 'indicative content': in other words, the response gives you an idea of points you could make to achieve maximum marks; it doesn't mean these are points you must make. The purpose of these model answers is to inspire you and demonstrate the standard required to achieve top marks.

Exam skills

■ How will your answer be assessed?

Your teachers will have explained that your answers in the examination will be assessed on what examiners call **assessment objectives (AO)**. If you can familiarise yourself with these AO, this will help you write more effective answers and achieve a higher grade in your exam. There are three assessment objectives called **AO1**, **AO2** and **AO3**.

By now, your teachers should have given you a lot of practice exam questions and techniques on how to answer them. The aim of this book is not to teach you these skills, but to show you how this is done – to model the answers for you.

Just to remind you, below are the AQA assessment objectives:

AO1 Knowledge and understanding

Demonstrate knowledge and understanding of scientific ideas, processes, techniques and procedures

What does this mean?

The ability to describe psychological theories, concepts, research studies (e.g. aim, procedures, findings and conclusions) and key terms. The exam questions can cover anything that is named on the specification.

Example

Explain the process of synaptic transmission. **[5 marks]**

Outline the role of the somatosensory centre in the brain. **[3 marks]**

AO2 Application

Apply knowledge and understanding of scientific ideas, processes, techniques and procedures:

- in a theoretical context
- in a practical context
- when handling qualitative data
- when handling quantitative data.

What does this mean?

Application questions require you to apply what you have learnt about in Psychology (theories, concepts and studies) to a scenario (situation) often referred to as 'stem' material. A scenario will be a text extract or quote given in the question. You are treated as a psychologist and you need to explain what is going on in the situation from what you have learnt.

Example

Chris suffered a stroke to the left hemisphere of his brain, damaging Broca's area and the motor cortex.

Using your knowledge of the functions of Broca's area and the motor cortex, describe the problems that Chris is likely to experience. **[4 marks]**

A02 Evaluation

Analyse, interpret and evaluate scientific information, ideas and evidence, including in relation to issues, to:

- make judgements and reach conclusions
- develop and refine practical design and procedures.

What does this mean?

Evaluation simply means assessing the 'value' (hence 'evaluation' of a theory or study you have been describing. There are many ways you can evaluate theories or studies. For students, evaluation often takes the form of the strengths and weaknesses of the theory and/or study, but evaluation can also be in a form of 'commentary' (neither strength nor weakness but more in the form of an 'analysis' – which is still an evaluation).

Example

Outline one strength and one limitation of post-mortem examination. **[2 marks + 2 marks]**

The different types of exam questions

We have grouped the exam questions into four different types:

Identification questions	Multiple-choice questions, match key words with a definition, tick boxes or place information in some order or in a box.
Short-response questions	Questions worth up to 6 marks (e.g. 1, 2, 3, 4, 5 or 6 marks). These are often questions asking you to 'outline', 'explain', or 'evaluate' a theory or a study.
Application questions	These require you to apply the psychological knowledge you have learnt (theories, concepts and studies) to a real-life scenario given in the exam question.
Long-response question	These deal with long answers worth over 6 marks (8, 12 or 16 marks). The long-response answers found in this book will be mainly for 16-mark questions.

Caregiver-infant interaction

Identification questions

Q1 Which one of the descriptions below best describes an infant showing reciprocity?

Circle one letter only.

[1 mark]

- A. A mother smiles, and her baby smiles back.
- B. A baby moves her head in time with her mother.
- C. A mother moves her head in time with her baby.
- D. A baby smiles, and her mother smiles back.

Q2 Which two of the following are examples of interactional reciprocity?

Circle two letters only.

[2 marks]

- A. A baby stretches out its arms, and mother picks up baby.
- B. A baby moves her head in time with her mother.
- C. A mother smiles in time with her baby.
- D. A baby cries, and mother picks up baby to comfort.

Short-response questions

Q3 Explain what is meant by attachment.

[2 marks]

Attachment can be defined as a strong, long-lasting emotional bond that forms between an infant and his or her mother. It is often displayed in their behaviour through mutual affection and the desire to remain in close proximity to each other.

Q4 Explain what is meant by the term 'interactional synchrony' in the context of caregiver-infant interactions.

[3 marks]

Interactional synchrony is a two-way interaction whereby the caregiver and infant mirror (imitate) what the other is doing in terms of their facial expressions and behaviour (body movements). This mirroring of each other's facial and behavioural responses occurs simultaneously, at the same time

Application questions

Q8 Read the item and then answer the question that follows.

Proud father Abdul was talking to his friend, as they were both watching Abdul's wife, Tasneem, interacting with their baby daughter, Aisha.

'It's amazing, really', said Abdul. 'Tasneem smiles, Aisha smiles back. Tasneem moves her head, Aisha moves hers, perfectly in time with each other.'

'Yes', agreed the friend. 'It's almost as if they are one person.'

With reference to Abdul's conversation with his friend, outline two features of caregiver-infant interaction. **[4 marks]**

Interactional synchrony is a two-way interaction whereby the caregiver and infant mirror what the other is doing in terms of their facial expressions and behaviour (body movements). So, when Tasneem moves her head and Aisha moves her head, perfectly in time with each other, this is an example of interactional synchrony.

Another two-way interaction between the caregiver and infant is reciprocity. This is when the mother and infant take it in turns to respond to behaviours/signals each gives out. So, when Tasneem smiles and Aisha smiles back, this is an example of interactional reciprocity.

Long-response questions

Q9 Describe and evaluate infant-caregiver interactions. Refer to reciprocity and interactional synchrony in your answer. **[16 marks]**

The first type of interaction between caregivers and infants is non-verbal communication. This has an important function in that it helps to lay the foundation for the development of the attachment bond between the caregiver and infant. Two important mother-infant interactions are reciprocity and interactional synchrony.

Interactional synchrony is a two-way interaction whereby the caregiver and infant mirror (imitate) what the other is doing in terms of their facial expressions and behaviour. This mirroring occurs simultaneously, at the same time as it is occurring or straight after; for example, a baby moves her head in time with her mother. Meltzoff and Moore (1977) found that infants as young as two to three weeks old imitated specific facial and hand gestures, and the researchers proposed that this imitation is intentional to help aid the formation of attachment.

Long-response questions

Q15

Describe and evaluate stages of attachment identified by Schaffer.

[16 marks]

According to Schaffer and Emerson (1964), attachment develops through a series of four stages. The researchers constructed a process of how attachments develop using the findings of their observational study of infants in Glasgow. In the asocial stage (0-6 weeks), the baby's behaviour towards inanimate objects (e.g. balloons) and humans is quite similar, with no real distinction between the two. Babies are also happier when in the presence of other humans as opposed to being alone. This is classed as asocial because behaviour is not directed specifically at the caregiver. In the indiscriminate attachment stage (2-7 months), babies now show a preference for human company rather than objects. They can discriminate between familiar and unfamiliar faces but do not show stranger anxiety. Attachment is 'indiscriminate' because there is still no clear preference for the main caregiver – the behaviour towards known people (family) and strangers is the same. In the specific attachment stage (from around 7 months onwards), babies can now form attachment and will have a preference for a specific attachment, known as the primary attachment figure. This strong emotional bond is evident in the infant's separation protest and stranger anxiety, discriminating between the mother and other people. In the multiple attachments stage (9 months onwards), the infant now begins to develop strong emotional ties with other major caregivers (e.g. father, grandparents, brother). These are referred to as secondary attachments and may be as strong as the primary attachment.

A strength of Schaffer and Emerson's research is that it has high external validity. For example, the study was carried out in the families' own homes and most of the observation was done by the parents during ordinary activities and reported to researchers later. This is a strength because it means the babies' behaviour was unlikely to be affected by the presence of observers, and the babies were behaving naturally in their own environments.

A criticism of Schaffer and Emerson's study is that there could have been the possibility of social desirability bias at play. Schaffer and Emerson interviewed the mothers about their children, and some of them may not have reported accurate details about their children in order to appear 'better' mothers with secure attachments. This could cause a bias in the data that would reduce the internal validity of the findings, because the mother may not have recorded the natural behaviour at the different stages of attachment.

A further criticism of Schaffer and Emerson's account of attachment development is that it suggests that attachment stages are fixed. This is because it claims that children must go through each stage at a particular age and must demonstrate particular types of attachment behaviour. Some psychologists argue that attachment development is more fluid than Schaffer and Emerson outlined; they believe that children display different behaviour of attachment at different ages. This is a problem because these stages may become a standard by which families are judged and could lead to them being classed as abnormal.

Furthermore, Schaffer and Emerson's study may also suffer from low temporal validity. This is because it was conducted in 1964, over 50 years ago. This is an issue because parental care of children has changed considerably since that time. More women go out to work, so many children are cared for outside the home, or fathers stay at home and become the main caregiver. Research shows that the number of dads who choose to stay at home and care for their children has