**A Level Psychology**

****

**Summer work**

**What is assessed?**

**What you need:**

|  |  |
| --- | --- |
| **Equipment**  | **Checklist**  |
| **3 big lever arch folders** |  |
| **Dividers**  |  |
| **Lined paper**  |  |
| **Consolidation/ revision cards** |  |
| **Highlighters** |  |
| **Green pen** |  |
| **AQA A Level Psychology Year 1 textbook (can be loaned from the department for a refundable £20 deposit)****AQA Psychology for A Level Year 1 & AS - Student Book by Cara Flanagan, Matt...** |  |

**Wider reading checklist**

|  |  |
| --- | --- |
| **Downloaded BBC News App on phone** |  |
| **Created a twitter account**  |  |
| **Followed recommended pages on twitter (to be given in first lesson)** |  |
| **Created BBC Iplayer account using school email**  |  |
| **Created a Tutor2U student account** [**https://www.tutor2u.net/login**](https://www.tutor2u.net/login) |  |
| **Create an s-cool revision account** [**https://www.s-cool.co.uk/a-level/sociology/**](https://www.s-cool.co.uk/a-level/sociology/) |  |
| **Bookmark the following revision websites on phone/ ipad/ desktop:**[**https://studywise.co.uk/a-level-revision/psychology/**](https://studywise.co.uk/a-level-revision/psychology/)[**https://www.simplypsychology.org/a-level-psychology.html**](https://www.simplypsychology.org/a-level-psychology.html)[**https://www.physicsandmathstutor.com/psychology-revision/a-level-aqa/**](https://www.physicsandmathstutor.com/psychology-revision/a-level-aqa/) |  |

**Watch list**

|  |  |  |
| --- | --- | --- |
| **Documentary**  | **Watched**  | **What has this taught you about human behaviour?** |
| **Genie Wiley TLC Documentary** [**https://www.youtube.com/watch?v=DD-pZ7LwL4A**](https://www.youtube.com/watch?v=DD-pZ7LwL4A) |  |  |
| **The man with the 7 second memory (Amnesia documentary)- Real Stories** [**https://www.youtube.com/watch?v=k\_P7Y0-wgos**](https://www.youtube.com/watch?v=k_P7Y0-wgos) |  |  |
| **Forgotten Children of The Ukraine (Child Documentary)- Real Stories**[**https://www.youtube.com/watch?v=-pbOxn0o-m4**](https://www.youtube.com/watch?v=-pbOxn0o-m4) |  |  |
| **Derren Brown’s Recreation of the Milgram Experiment** [**https://www.youtube.com/watch?v=mpfpX3Z2v2U**](https://www.youtube.com/watch?v=mpfpX3Z2v2U) |  |  |
| **If you have a Netflix account:****Derren Brown: The Push**  |  |  |
| **Obsessive Compulsive Cleaners** [**https://www.youtube.com/watch?v=Dviu-D3Fijo**](https://www.youtube.com/watch?v=Dviu-D3Fijo) |  |  |
| **Trichotillomania: Why These Women Rip Out Their Own Hair**[**https://www.youtube.com/watch?v=FKX79KuDYyY**](https://www.youtube.com/watch?v=FKX79KuDYyY) |  |  |
| **Brain 101: National Geographic** [**https://www.youtube.com/watch?v=pRFXSjkpKWA**](https://www.youtube.com/watch?v=pRFXSjkpKWA) |  |  |
| **Memories make us who we are: National Geographic** [**https://www.youtube.com/watch?v=IKXAYQ4socM&list=PLivjPDlt6ApS90YoAu-T8VIj6awyflIym&index=282**](https://www.youtube.com/watch?v=IKXAYQ4socM&list=PLivjPDlt6ApS90YoAu-T8VIj6awyflIym&index=282) |  |  |
| **Left game, Right game, Brain Games: National Geographic** [**https://www.youtube.com/watch?v=vqq3hWzmvX4&list=PLivjPDlt6ApS90YoAu-T8VIj6awyflIym&index=345**](https://www.youtube.com/watch?v=vqq3hWzmvX4&list=PLivjPDlt6ApS90YoAu-T8VIj6awyflIym&index=345) |  |  |
| **Brainworks - Mind-Bending Science! | Brain Games: National Geographic** [**https://www.youtube.com/watch?v=si\_jXb9Kz00&list=PLivjPDlt6ApS90YoAu-T8VIj6awyflIym&index=458**](https://www.youtube.com/watch?v=si_jXb9Kz00&list=PLivjPDlt6ApS90YoAu-T8VIj6awyflIym&index=458) |  |  |
| [**https://www.youtube.com/watch?v=OON81IJ9yos**](https://www.youtube.com/watch?v=OON81IJ9yos) **– Charles Whitman documentary** |  |  |
| **Zimbardo- Prison Experiment (Caution; this contains graphic images and nudity, if you are uncomfortable with either please do not watch)**[**https://www.ted.com/talks/philip\_zimbardo\_on\_the\_psychology\_of\_evil**](https://www.ted.com/talks/philip_zimbardo_on_the_psychology_of_evil) |  |  |

**Reading list**

It is expected that you can demonstrate to the examiners that you have been partaking in wider reading.

Each article addresses the topics we will be looking at in Year 1

Task: Read each article and answer the questions

|  |  |
| --- | --- |
| **Article**  | **Question**  |
| **10 facts about babies**  | **What advice would you give a new mother who is worried about returning to work and spending less time with her baby?** |
| **OCD**  | **Is OCD treatable? Does treat work for all OCD sufferers?**  |

**Ten Things Everyone Should Know About Babies**

**Ignorance about babies is undermining society**

**Posted Dec 08, 2013**

Have you noticed all the [stressed](https://www.psychologytoday.com/gb/basics/stress) babies? Maybe one in 30 I see has glowing eyes, which I take as a sign of thriving. What's up? Perhaps ignorance about babies and their needs. Here are 10 things to know.

1. Babies are social mammals with social mammalian needs. Social mammals emerged more than 30 million years ago with intensive [parenting](https://www.psychologytoday.com/gb/basics/parenting) (a developmental nest or niche). This is one of the many (extra-genetic) things that evolved other than [genes](https://www.psychologytoday.com/gb/basics/genetics). This developmental nest matches up with maturational schedule and thus is required for an individual to develop optimally. Intensive parenting practices for babies include years of breastfeeding to develop brain and body systems, nearly constant touch and physical presence of caregivers, responsiveness to needs preventing distress, free play with multi-aged playmates, and soothing perinatal experiences. Each of these has significant effects on physical health.

2.  Human babies are born "half-baked" and require an external womb. Humans are born way early compared to other animals: 9 months early in terms of mobility and 18 months early in terms of bone development and foraging capacities. Full-term babies have 25% of adult brain volume and most of it grows in the first 5 years. Thus, the human nest for its young evolved to be even more intense than for other social mammals because of the underdeveloped newborn, lasting for 3-5 years. Humans also added to the list of expected care a village of positive social support for both mother and baby. (Actually, human brain development lasts into the third decade of life, suggesting that social support and mentoring continue at least that long.)

3. If adults mess up on the post-birth “baking,” longterm problems can result. Each of the [caregiving](https://www.psychologytoday.com/gb/basics/caregiving) practices mentioned above has longterm effects on the physical health but also social health of the individual. For example, distressing babies regularly or intensively (by not giving them what they need) undermines self-regulatory systems. This is common knowledge in other cultures and was so in our past. In Spanish, there is a term used for adolescents and adults who misbehave: *malcriado* (misraised).

4. Babies thrive on affectionate love. When babies receive food and diaper changes and little else, they die. If they receive partial [attention](https://www.psychologytoday.com/gb/basics/attention) and stay alive, it is still not enough—they won’t reach their full potential. Urie Bronfenbrenner, who emphasized the multiple systems of support that foster optimal development, said that babies do best when at least one person is crazy about them. Others have noted that children grow best with three affectionate, consistent caregivers. In fact, babies expect more than mom and dad for loving care. Babies are ready for a community of close, responsive caregivers that includes mother nearby.

5. Babies’ right hemisphere of the brain is developing rapidly in the first three years. The right hemisphere develops in response to face-to-face social experience, with extended shared eye gaze. The right hemisphere governs several self-regulatory systems. If babies are placed in front of screens, ignored or isolated, they are missing critical experiences.

6. Babies expect to play and move. Babies expect to be “in arms” or on the body of the caregiver most of the time. Skin-to-skin contact is a calming influence. After learning this one of my students when at a family gathering took a crying baby and held it to his neck, which calmed it down. Babies expect companionship not isolation or intrusion. They expect to be in the middle of community [social life](https://www.psychologytoday.com/gb/basics/social-life).They are ready to play from birth. Play is a primary method for learning [self-control](https://www.psychologytoday.com/gb/basics/self-control) and social skills. Companionship care—[friendship](https://www.psychologytoday.com/gb/basics/friends), mutual responsiveness and playfulness—builds social and practical [intelligence](https://www.psychologytoday.com/gb/basics/intelligence). Babies and caregivers share intersubjective states, building the child’s capacities for the interpersonal “dances” that fill social life.

7. Babies have built-in warning systems. If they are not getting what they need, babies let you know.  It is best, as most cultures have long known, to respond to a baby’s grimace or gesture and not to wait till crying occurs. Young babies have difficulty stopping crying once it starts. The best advice for baby care is to sensitively follow the baby, not the experts.

8. Babies lock their experiences into procedural [memory](https://www.psychologytoday.com/gb/basics/memory) vaults that will be inaccessible but apparent in later behavior and attitudes. Babies can be toxically stressed from neglecting the list of needs above. They won’t forget. It will undermine their trust of others, their health and social wellbeing, and lead to self-centered [morality](https://www.psychologytoday.com/gb/basics/ethics-and-morality) which can do much destruction to the world.

9. Culture does not erase the evolved needs babies have. Babies cannot retract their mammalian needs. Yet, some adult cultures advocate violating evolved baby needs as if they do not matter and despite the protests of the baby. Everyday violations include baby isolation like sleeping alone, “crying it out” sleep training, infant formula, or baby videos and flashcards.\* When violations occur regularly, at critical time periods or are intense, they undermine optimal development. These violations are encoded in the baby’s body as the optimal development of systems is undermined (e.g., immunity, neurotransmitters, [endocrine](https://www.psychologytoday.com/gb/basics/hormones) systems like [oxytocin](https://www.psychologytoday.com/gb/basics/oxytocin)). Surprisingly, some developmental psychologists think it fine to violate these needs\*\* in order for the child to fit into the culture.

The rationalization of “culture over biology” reflects a lack of understanding not only of human nature but of optimal development. This has occurred in laboratories with other animals whose natures were misunderstood. For example, Harry Harlow, known for his experiments with monkeys and “mother love,” at first did not realize he was raising abnormal monkeys when he isolated them in cages. Similarly, at least one of the aggressive rat strains used in lab studies today was first created when scientists isolated offspring after birth, again not realizing the abnormality of isolation. Note how the cultural assumptions of the scientists created the abnormal animals. So it matters what cultural assumptions you have.

The culture-over-biology view may be doing the same thing with human beings. By not understanding babies and their needs, we are creating species-atypical human beings. We can only know this to be the case in light of knowledge about human beings who develop under evolved conditions (the "developmental nest" described in point 1): typically, small-band hunter-gatherers. They are wiser, more perceptive and virtuous than we humans in the USA today (see NOTE below).

Thus the final point:

10. Experiences that consistently violate evolution undermine human nature.  When species-atypical childrearing occurs, we end up with people whose health and sociality are compromised (which we can see all over the USA today with epidemics of [depression](https://www.psychologytoday.com/gb/basics/depression), [anxiety](https://www.psychologytoday.com/gb/basics/anxiety), high [suicide](https://www.psychologytoday.com/gb/basics/suicide) and drug use rates\*\*\*). Such mis-raised creatures might do all right on achievement tests or IQ measures but they may also be dangerous reptiles whose world revolves around themselves. A lot of smart reptiles (“snakes in suits”) on Wall Street and elsewhere have been running the country into the ground.

What to do?

(1) Inform others about the needs of babies.

(2) Be aware of the needs of babies around you and interact sensitively with the babies you encounter.

(3) Support parents to be sensitive to the needs of their babies. This will also require many more institutional and social supports for families with children, including extensive parental leave which other developed nations provide. It's an uphill battle right now but raising awareness is the first step.

 (4) Read and learn from books that convey the evolved principles of caregiving, like the following:

[*The Science of Parenting*](http://www.amazon.com/Science-Parenting-Margot-Sunderland/dp/075663993X/ref%3Dsr_1_1?s=books&ie=UTF8&qid=1386524391&sr=1-1&keywords=science+of+parenting)

[*Attached at the Heart*](http://www.amazon.com/Attached-Heart-Parenting-Principles-Compassionate/dp/0757317456/ref%3Dsr_1_1?s=books&ie=UTF8&qid=1386524537&sr=1-1&keywords=Attached+at+the+Heart)

[*The Attachment Parenting Book*](http://www.amazon.com/The-Attachment-Parenting-Book-Understanding/dp/0316778095/ref%3Dpd_sim_b_2)

[*The Other Baby Book*](http://www.amazon.com/The-Other-Baby-Book-Approach/dp/1475185421/ref%3Dpd_sim_b_31)

[*Peaceful Parent, Happy Kids*](http://www.amazon.com/Peaceful-Parent-Happy-Kids-Connecting/dp/0399160280/ref%3Dpd_sim_b_20)

[*Sleeping with Your Baby*](http://www.amazon.com/Sleeping-Your-Baby-Parents-Cosleeping/dp/1930775342)

[*The Science of Mother-Baby Sleep*](http://www.amazon.com/Science-Mother-Infant-Sleep-Bedsharing-Breastfeeding/dp/1939807042/ref%3Dsr_1_1?s=books&ie=UTF8&qid=1386524499&sr=1-1&keywords=The+Science+of+Mother-Baby+Sleep)

Free and online:[Caring and Connected Parenting](http://saiv.org/parenting-guide/)

**6 Things Everyone Should Know About OCD**

**What you should know about one of the most misunderstood forms of mental illness**

**Posted Dec 06, 2018**

People get rough ideas about mental illness from movies or TV shows, and popular culture often simplifies or even completely misrepresents what it is really like to live with mental illness. [Obsessive-compulsive](https://www.psychologytoday.com/gb/basics/ocd) disorder (OCD) is no different. Many people associate their knowledge and understanding of OCD with popular TV shows, like *The Big Bang Theory*and *Monk*. Consequently, OCD may be one of the most misunderstood mental health conditions.

1. OCD defined.

Let’s start with a clear definition of OCD. The National Institute of Mental Health describes OCD as “a common, chronic, and long-lasting disorder in which a person has uncontrollable, reoccurring thoughts (obsessions) and behaviors (compulsions) that he or she feels the urge to repeat over and over.” These obsessions can focus on anything. Compulsions are often directly related to the obsessions. For example, if a patient is obsessing over a loved one’s safety, he or she may feel the urge to text them every 10 minutes to make sure that loved one is okay.

2. OCD isn’t only centered on cleanliness.

Some people mistakenly believe that if someone has OCD, they will be extremely neat and tidy. While some obsessions and compulsions surround cleanliness (e.g., compulsive hand-washing in those who obsess over germs), many do not. Every person suffering from OCD experiences obsessions that are unique to them. Furthermore, the fact that someone seems to care quite a bit about keeping their home or apartment clean doesn’t mean they have OCD.

3. OCD is treatable.

OCD can significantly impact both the lives of those affected and their families, but help is available. First-line treatments are a specific type of [cognitive behavioral therapy](https://www.psychologytoday.com/gb/therapy-types/cognitive-behavioral-therapy) known as exposure-response prevention (ERP) [therapy](https://www.psychologytoday.com/gb/basics/therapy) and [medication](https://www.psychologytoday.com/gb/basics/psychopharmacology). In ERP therapy, patients, under the direction of a certified therapist, confront specific triggers that induce obsessive thoughts and work to reduce [anxiety](https://www.psychologytoday.com/gb/basics/anxiety) surrounding these triggers so that they do not feel the urge to perform the associated compulsion. Along with ERP therapy, selective serotonin reuptake inhibitors ([SSRIs](https://www.psychologytoday.com/gb/basics/ssris)) are considered a first-line treatment option and have been effectively helping patients with OCD for nearly three decades.

4. Sometimes these treatments don’t work, but there are other options.

While ERP and SSRIs are effective in a large proportion of patients, there are some patients for which these first-line treatment options don’t work. Fortunately, there are other options available. One of these options is deep transcranial magnetic stimulation (deep TMS). The treatment is noninvasive and has been shown to have very few side effects. Deep TMS treatment involves sitting under a helmet that delivers electromagnetic pulses to specific parts of the brain, which neuroscientists have been shown are associated with OCD. Patients who undergo deep TMS treatment go to their psychiatrist each day for six weeks. Study results show that patients who underwent this treatment saw a 30 percent reduction in symptom severity, and even 10 weeks after the treatment ended, patients showed further reduction in symptom severity (Tendler, Zohar, Carmi, Roth, & Zangen, 2018). While deep TMS is often not the first choice of treatment, it is effective and can potentially help patients who haven’t found success with other options.

article continues after advertisement

5. Scientists are still learning about OCD.

Since the first SSRI was approved in 1989, the [psychiatry](https://www.psychologytoday.com/gb/basics/psychiatry) community has made significant strides in effectively treating OCD, thanks to the efforts of researchers all over the world. Because of this research, the side effects associated with medications are improving, and new technologies, such as deep TMS, are being discovered. The more we understand about this disorder, the more effective and personalized we can make our treatments. So, while OCD is considered extremely treatable today, therapies will be even more effective in the future as we begin to better understand how and why individuals with OCD are affected.

6. People with OCD can lead happy lives.

Treatment options are available, even for patients who might not be comfortable taking medication. Patients don’t need to be debilitated by their symptoms, and there are many options to help them overcome their obsessions and shift their focus to living a rewarding and healthy life.