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A-LEVEL

# Psychology

Paper 3 Issues and options in psychology

Final Mark scheme

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Version/Stage: v1.0

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Mark schemes are prepared by the Lead Assessment Writer and considered, together with the relevant questions, by a panel of subject teachers. This mark scheme includes any amendments made at the standardisation events which all associates participate in and is the scheme which was used by them in this examination. The standardisation process ensures that the mark scheme covers the students' responses to questions and that every associate understands and applies it in the same correct way. As preparation for standardisation each associate analyses a number of students' scripts. Alternative answers not already covered by the mark scheme are discussed and legislated for. If, after the standardisation process, associates encounter unusual answers which have not been raised they are required to refer these to the Lead Assessment Writer.

It must be stressed that a mark scheme is a working document, in many cases further developed and expanded on the basis of students' reactions to a particular paper. Assumptions about future mark schemes on the basis of one year's document should be avoided; whilst the guiding principles of assessment remain constant, details will change, depending on the content of a particular examination paper.

Further copies of this mark scheme are available from [aqa.org.uk](http://aqa.org.uk)

**Annotations**

?	Unclear
AE	Attempts evaluation
APP	APP
BOD	Benefit of the doubt
Cross	Incorrect point
EVAL	Evaluation
Highlight	Highlight
IRRL	Irrelevant, a significant amount of material that does not answer the question
KU	Knowledge and understanding
MAX	MAX
NAQ	Not answered question
On Page Comment	On Page Comment
REP	Repeat
SEEN	SEEN
Tick	Correct Point
Tick Plus	Development of point
Dis	Dis
DNF	Does Not Follow
ELAB	Elaboration
Enhanced Off Page Comment	Off Page Comment
Gag	Good argument
JUST	level or point just awarded
OK	OK/Answer Acceptable
REL?	Doubtful relevance
RQ	Repeats question
VAGU	Vague
VL	Very limited
WEAK	Weak

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## Level of response marking instructions

Level of response mark schemes are broken down into levels, each of which has a descriptor. The descriptor for the level shows the average performance for the level. There are marks in each level.

Before you apply the mark scheme to a student's answer read through the answer and annotate it (as instructed) to show the qualities that are being looked for. You can then apply the mark scheme.

### Step 1 Determine a level

Start at the lowest level of the mark scheme and use it as a ladder to see whether the answer meets the descriptor for that level. The descriptor for the level indicates the different qualities that might be seen in the student's answer for that level. If it meets the lowest level then go to the next one and decide if it meets this level, and so on, until you have a match between the level descriptor and the answer. With practice and familiarity you will find that for better answers you will be able to quickly skip through the lower levels of the mark scheme.

When assigning a level you should look at the overall quality of the answer and not look to pick holes in small and specific parts of the answer where the student has not performed quite as well as the rest. If the answer covers different aspects of different levels of the mark scheme you should use a best fit approach for defining the level and then use the variability of the response to help decide the mark within the level, ie if the response is predominantly level 3 with a small amount of level 4 material it would be placed in level 3 but be awarded a mark near the top of the level because of the level 4 content.

### Step 2 Determine a mark

Once you have assigned a level you need to decide on the mark. The descriptors on how to allocate marks can help with this. The exemplar materials used during standardisation will help. Answers in the standardising materials will correspond with different levels of the mark scheme. These answers will have been awarded a mark by the Lead Examiner. You can compare the student's answer with standardised examples to determine if it is the same standard, better or worse than the examples. You can then use this to allocate a mark for the answer based on the Lead Examiner's mark on the examples.

You may well need to read back through the answer as you apply the mark scheme to clarify points and assure yourself that the level and the mark are appropriate.

Indicative content in the mark scheme is provided as a guide for examiners. It is not intended to be exhaustive and you must credit other valid points. Students do not have to cover all of the points mentioned in the Indicative content to reach the highest level of the mark scheme.

An answer which contains nothing of relevance to the question must be awarded no marks.

**Section A**

**Issues and debates in psychology**

**0 1**

Which of the following best describes a reductionist approach in psychology?  
Write **A, B, C** or **D** in your answer book.

**[1 mark]**

**Marks for this question: AO1 = 1 mark**

B

**0 2**

Which of the following best describes an idiographic approach in psychology?  
Write **A, B, C** or **D** in your answer book.

**[1 mark]**

**Marks for this question: AO1 = 1 mark**

B

**0 3**

Explain how the newspaper headline might be an example of beta bias.

**[2 marks]**

**Marks for this question: AO2 = 2 marks**

**2 marks** for a clear and coherent explanation that includes some link to the content of the headline.

**1 mark** for a limited or muddled explanation.

**Content:**

- The sample was all male, but the newspaper refers to 'Everyone...' suggesting that the effect would be the same for both males and females
- possible differences between genders are being ignored/minimised.

0	4
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Briefly suggest **one** way in which psychologists might address the problem of beta bias in their research.

[1 mark]

**Marks for this question: AO3 = 1 mark**

**1 mark** for a clear, relevant suggestion.

**Possible suggestions:**

- including participants of both sexes in their research
- making it clear in reporting that any conclusion relates only to the gender of the sample.

Credit can be given for answers focused on the example in the stem.

Answers proposing female only research are not creditworthy.

0	5
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Explain **one** problem with the method used to determine the number of miles walked in the week. Suggest an alternative measure that would overcome this problem.

[3 marks]

**Marks for this question: AO3 = 3 marks**

**2 marks** for a clear and coherent explanation of a problem, including how it would affect the results.

**1 mark** for a limited or muddled explanation of a problem, eg answers referring to lack of 'accuracy'.

**Problems include:**

- self-reported estimates may lack reliability and/or validity
- explanations of reliability/validity in this context, eg unlikely to get same estimate on more than one occasion; people may forget to record on the day; unlikely to be a true record – people may over/underestimate for various reasons, eg poor recall, want to appear more sporty etc.

Plus

**1 mark** for a suitable more objective alternative, eg using a pedometer to accurately record the precise number of miles walked in the week.

Credit other alternatives that should result in more accurate measurement.

**0 6**

Discuss **two or more** types of determinism. Refer to the case of Dancho as part of your discussion.

**[16 marks]**

**Marks for this question: AO1 = 6 marks, AO2 = 4 marks, AO3 = 6 marks**

Level	Marks	Description
4	13 - 16	Knowledge of two or more types of determinism is accurate and generally well detailed. Application is effective. Discussion is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	9 - 12	Knowledge of two or more types of determinism is evident but there are occasional inaccuracies/omissions. Application/discussion is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	5- 8	Limited knowledge of two or more types of determinism is present. Focus is mainly on description. Any discussion/application is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions. OR one type of determinism at Level 3/4.
1	1 - 4	Knowledge of two or more types of determinism is very limited. Discussion is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used. OR one type of determinism at Level 2.
	0	No relevant content.

### Possible content

- determinism – the general idea that traits and behaviours are outside our control, due to factors either internal or external over which we have no control
- biological determinism – the idea that traits and behaviours are governed by internal biological factors like genes, neurochemistry, brain structure and function – biology is destiny
- psychic determinism – the idea that traits and behaviours are governed by unconscious instincts and drives, the cause of behaviour is rooted in childhood experiences
- environmental determinism – the idea that traits and behaviours are governed by external forces such as experiences, upbringing, learning, schools, parents, peers etc.
- hard determinism – traits and behaviours are entirely out of the individual's control
- soft determinism – traits and behaviours are determined by external or internal forces but an individual can still exercise some control, eg via thought processes.

Credit other types of determinism, eg reciprocal determinism, scientific determinism.

### **Possible application**

- biological determinism - Dancho's musical ability may be genetic -inherited from his father who also plays piano well, Dancho appears to suggest his talent is innate 'my earliest memories', 'music is a part of me'
- environmental determinism – ability is a product of learning from father, ability was nurtured at a specialist school from 4 years, hours of practice every day providing reinforcement, applause providing reinforcement
- hard determinism – Dancho cannot control his behaviour 'Even if I wanted to stop...'
- psychic determinism – through the Oedipus complex Dancho has identified with his concert pianist father

### **Possible discussion**

- contrast with the free will position that people are able to choose how to behaviour
- soft determinism as a compromise between hard determinism and free will - role of consciousness and subjective awareness
- links with broad approaches in psychology eg behaviourism
- role of single versus multiple causes
- comparisons of different types of determinism
- implications for science and the emphasis on causes of behaviour – determinism fundamental to scientific focus on investigating causes and being able to predict behaviour
- implications for child-rearing, eg the role of parental expectations
- implications for society, eg for education, offending behaviour, addiction, economic implications etc
- use of studies/theories to support or counter determinism
- strengths/limitations of adopting a determinist stance.

Credit other relevant material.

**Section B**

**Relationships**

**0 7**

Which **two** of **A, B, C, D** and **E** are important factors in attraction according to the filter theory of attraction? Write the **two** correct letters in your answer book.

**[2 marks]**

**Marks for this question: AO1 = 2 marks**

D  
E

**0 8**

A researcher needs to modify the above information to include Duck's book in the references section of a scientific report.

Write the full reference for this book as it should appear in the reference section of the researcher's report.

**[2 marks]**

**Marks for this question: AO3 = 2 marks**

**2 marks** for an accurate reference including essential elements in the accepted format as follows (punctuation can be ignored):

Duck, S. (1992) Human relationships. London. Sage.

**1 mark** for a reference that contains at least surname, date and title in reference format (surname must be first).

**0 marks** for a reference that does not meet the descriptor for 1 mark

**0 9**

Referring to Barbara's and Jamima's comments, outline **two** phases of relationship breakdown proposed by Duck.

**[4 marks]****Marks for this question: AO2 = 4**

Level	Marks	Description
2	3 - 4	Knowledge of the relevant phases of Duck's model is mostly clear and accurate. The knowledge is applied appropriately to both cases. The answer is generally coherent with effective use of terminology.
1	1- 2	There is limited/partial knowledge of relevant phase(s) of Duck's model. There is some appropriate application. The answer may lack coherence. Use of terminology may be either absent or inappropriate. OR <b>one</b> relevant phase of Duck's model is covered at Level 2.
	0	No relevant content.

**Application (and selection) of relevant phases:**

- intrapsychic phase – one person is privately dissatisfied with the relationship, considering ending the relationship, worrying about problems to come, considering expressing dissatisfaction to partner
- Barbara is in the intrapsychic phase because she wants to end it and is worrying about telling partner who is unaware of how she feels
- social phase – the breakdown has happened, other people are told/it becomes public, there is negotiation about practicalities, eg division of assets, childcare responsibilities etc
- Jamima is in the social phase – friends and mum know, they are taking steps to arrange for children and sort out money.

**1 0**

Discuss what psychological research has told us about virtual relationships in social media.

**[16 marks]****Marks for this question: AO1 = 6, AO3 = 10**

Level	Marks	Description
4	13 - 16	Knowledge of what psychological research has told us about virtual relationships in social media is accurate and generally well detailed. Discussion is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	9 - 12	Knowledge of what psychological research has told us about virtual relationships in social media is evident but there are occasional inaccuracies/omissions. Discussion is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	5 - 8	Limited knowledge of what psychological research has told us about virtual relationships in social media is present. Focus is mainly on description. Any discussion is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1 - 4	Knowledge of what psychological research has told us about virtual relationships in social media is very limited. Discussion is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

**Possible content:**

- self-disclosure in virtual relationships – effects of anonymity: feelings of closeness and intimacy; less emphasis on physical characteristics; lowered inhibition, increased self-disclosure
- hyperpersonal model (Walther 1996) on-line persona can be heavily manipulated and controlled (selective self-presentation can be hyper-honest or hyper-dishonest)
- absence of gating: removes factors that normally act as a barrier to interaction (eg level of physical attractiveness, physical anomalies, speech defects, being in a different age group, from a different social background etc) (McKenna 2002), (Rosemann and Safir 2006)
- reduced cues theory – negative effects of deindividuation and disinhibition
- virtual relationships develop quicker because intimacy occurs sooner than in real-life relationships (Bargh 2002)
- widens range of potential social relationships.

**Possible discussion:**

- historical development of various types of social media interaction eg early virtual relationships lacked visual face-to-face interaction – less rich NV communication; advanced technology allows for real life 'live' interaction
- cultural differences mediate effects of social media on relationships (Yum and Hara 2005)
- effects of more open self-disclosure, eg long-term effects – relationships that begin on-line are more durable than other relationships (McKenna and Bargh 2000)
- mediating effect of personality – introverts/extroverts (Peters 2005)
- NVC is not absent from virtual relationships – cues are just different, eg acrostics/emoticons substitute for facial expression and intonation; importance of timing of responses (Walther and Tidwell 1995)
- variable effects of different on-line contexts eg people disclose more on gaming sites than on dating websites because the latter is likely to lead to face-to-face encounter
- social benefits, eg effects on loneliness - easier access to social interaction/forums – easier to seek out company than in real life
- negative social consequences eg poorer/reduced face-to-face communication skills, eg reading familiar NVC cues.

Only credit methodological issues if used to discuss findings.

Credit other relevant material.

Only credit information on parasocial relationships if explicitly related to virtual relationships in social media

### Gender

1 1

According to psychoanalytic theory, which **two** of **A, B, C, D** and **E** have a very important role in gender development? Write the **two** correct letters in your answer book.

[2 marks]

**Marks for this question: AO1 = 2 marks**

A  
D

1 2

A researcher needs to modify the above information to include Bem's book in the references section of a scientific report.

Write the full reference for this book as it should appear in the reference section of the researcher's report.

[2 marks]

**Marks for this question: AO3 = 2 marks**

**2 marks** for an accurate reference including essential elements in the accepted format as follows (punctuation can be ignored):

Bem, S. L. (1993) *The lenses of gender: transforming the debate on sexual inequality*. New Haven. Yale University Press.

**1 mark** for a reference that contains at least surname, date and title in reference format (surname must be first).

**0 marks** for a reference that does not meet the descriptor for 1 mark

**1 3**

Referring to the comments about Ben and Dido, outline Turner's syndrome **and** Klinefelter's syndrome.

**[4 marks]****Marks for this question: AO2 = 4 marks**

Level	Marks	Description
2	3 - 4	Outline of Klinefelter's syndrome and Turner's syndrome is mostly clear and accurate. The knowledge is applied appropriately to both cases. The answer is generally coherent with effective use of terminology. For 4 marks the sex chromosome patterns for both syndromes should be correct
1	1- 2	There is limited/partial knowledge of Klinefelter's syndrome and/or Turner's syndrome. There is some appropriate application. The answer may lack coherence. Use of terminology may be either absent or inappropriate. OR one syndrome at Level 2.
	0	No relevant content.

**Application to Ben**

- Ben is male – Klinefelter's syndrome is a chromosomal disorder occurring in males with an extra X chromosome (XXY pattern)
- school problems mentioned by Ben's mum might include: problems reading and writing; a tendency to get upset/depressed easily; passivity compared to other boys
- physical differences referred to by Ben's mum might include: extra height/long legs, small testes, lacking facial hair.

**Application to Dido**

- Dido is female – Turner's syndrome is a chromosomal disorder occurring in females with a missing X chromosome (XO pattern)
- effects at school mentioned by Dido's mum might include: good language skills/reading
- physical effects referred to by Dido's mum might include: short stature, no breast development, short neck, later infertility.

Credit other characteristics found in Klinefelter's and Turner's that are relevant to the scenario/stem.

1 4

Discuss what psychological research has told us about atypical gender development.

**[16 marks]**

**Marks for this question: AO1 = 6 marks, AO3 = 10 marks**

Level	Marks	Description
4	13 - 16	Knowledge of what psychological research has told us about atypical gender development is accurate and generally well detailed. Discussion is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	9 - 12	Knowledge of what psychological research has told us about atypical gender development is evident but there are occasional inaccuracies/omissions. Discussion is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	5 - 8	Limited knowledge of what psychological research has told us about atypical gender development is present. Focus is mainly on description. Any discussion is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1 - 4	Knowledge of what psychological research has told us about atypical gender development is very limited. Discussion is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

**Possible content:**

- gender identity disorder (gender dysphoria) – mismatch between external sexual characteristics and psychological experience of self as male/female
- social explanations - operant conditioning, reinforcement
- social explanations - identification, imitation, modelling; gender identity individuals lack stereotypical male role model (Rekers 1995)
- social-psychological explanations – extreme separation anxiety in males (psychoanalytic)
- cognitive explanations - development of non sex-typed schema (dual pathway theory).
- cultural variations e.g. third gender
- genetic explanation – twin evidence approx. 60-70% of variance in cross-gender behaviour due to genetic factors (Beijsterveldt 2006) (Coolidge 2002); correlation between gender identity disorder and variant of androgen receptor gene (Hare 2009)
- brain structure explanation - differences in hypothalamic area of gender reassignment individuals post-mortem (Garcia-Falgueras and Swaab 2008); sexually dimorphic nucleus smaller (as in female brain) in gender dysphoric males; BSTc comparable size to typical female brain (Zhou 1995)

- hormonal explanation - imbalance due to abnormal levels of male hormone from testes in the womb

**Possible discussion:**

- counter-evidence, eg lack of continuity - counter to biological explanations experience of gender identity disorder for the majority is transient - few years only (Zucker 2008); few hormonal differences between gender identity individuals and other men (Gladue 1985)
- counter evidence e.g. psychoanalytic theory does not explain atypical development in females
- comparisons between explanations
- distinction between cross-gender behaviours and beliefs/behaviours
- issue of cause and effect – research cannot show causal influence
- broader issues, eg biological versus environmental determinism; reductionism of the biological approach; nature versus nurture
- social implications – increasing acceptance of gender roles outside the traditional male/female dichotomy
- problems of research – social sensitivity.

Credit other relevant material.

Material on Klinefelter's and Turner's syndromes can be credited if made relevant to atypical gender development

### Cognition and development

**1 | 5**

Which **two** of **A, B, C, D** and **E** have a role in the development of social cognition?  
Write the **two** correct letters in your answer book.

**[2 marks]**

**Marks for this question: AO1 = 2**

C  
E

**1 | 6**

A researcher needs to modify the above information to include Selman's book in the references section of a scientific report.

Write the full reference for this book as it should appear in the reference section of the researcher's report.

**[2 marks]**

**Marks for this question: AO3 = 2 marks**

**2 marks** for an accurate reference including essential elements in the accepted format as follows (punctuation can be ignored):

Selman, R. L. (1980) The growth of interpersonal understanding: developmental and clinical analysis. New York. Academic Press.

**1 mark** for a reference that contains at least surname, date and title in reference format (surname must be first).

**0 marks** for a reference that does not meet the descriptor for 1 mark

1 7

Referring to the comments about Billy and Milo, outline Piaget's theory about schema development.

**[4 marks]****Marks for this question: AO2 = 4 marks**

Level	Marks	Description
2	3 - 4	Outline of Piaget's theory of schema development is mostly clear and accurate. The knowledge is applied appropriately to both cases. The answer is generally coherent with effective use of terminology.
1	1- 2	There is limited/partial knowledge of Piaget's theory of schema development. There is some appropriate application. The answer may lack coherence. Use of terminology may be either absent or inappropriate. OR one process at Level 2.
	0	No relevant content.

**Application to Billy and Milo**

- Billy is using existing schema to interact with everything he meets
- Billy is showing assimilation – applying an existing schema, in this case a sucking schema, to a new situation or object, which explains why he puts everything in his mouth
- Milo's understanding of the world has adapted through development of a separate rattle schema, he has learned through experience that some objects rattle and others do not
- Milo is showing accommodation – he has formed a new rattle schema distinct from his sucking schema.

Credit relevant applications based on adaptation, equilibrium and disequilibrium.

**1 8**

Discuss what Baillargeon's research has told us about early infant abilities.

**[16 marks]****Marks for this question: AO1 = 6 marks, AO3 = 10 marks**

Level	Marks	Description
4	13 - 16	Knowledge of what Baillargeon's research has told us about early infant abilities is accurate and generally well detailed. Discussion is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	9 - 12	Knowledge of what Baillargeon's research has told us about early infant abilities is evident but there are occasional inaccuracies/omissions. Discussion is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	5 - 8	Limited knowledge of what Baillargeon's research has told us about early infant abilities is present. Focus is mainly on description. Any discussion is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1 - 4	Knowledge of what Baillargeon's research has told us about early infant abilities is very limited. Discussion is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

**Possible content:**

- focus on infants' knowledge of the physical world
- investigations of core knowledge theory (focus on object representation); infants have an innate, hard-wired physical reasoning system enabling object perception and representation
- violation of expectation studies – familiarisation with possible events (habituation stage) introduction of impossible events (expt stage); use of looking time to indicate surprise that expectation has been violated
- specific studies, eg tall/short rabbit and window (Baillargeon and Graber 1987) drawbridge and box (Baillargeon 1995); truck and ramp (Baillargeon 1987); tall/short carrot and window (Baillargeon and DeVos 1991); Minnie Mouse (Aguiar and Baillargeon 1999).

**Possible discussion:**

- challenge to Piaget's age at which infants can represent objects (Piaget's view that object permanence arises at approx. 8 months)
- Baillargeon's improvements on Piaget's object permanence studies
- infants in Baillargeon's research (approx. 2 ½ months+) – not new-born

- implications of accepting view that ability to reason about physical world is innate; basic pre-programming enables rapid learning and so confers survival value; focus on novel/unusual facilitates survival
- parallels between Baillargeon's view of an innate physical reasoning system and other theories about innate abilities, eg Chomsky's innate language acquisition device
- discussion of scientific value of Baillargeon's paradigm including: use of infants in controlled experiments: reliance on inference and the interpretation of 'looking' and 'surprise' as dependent variables
- alternative interpretations, eg infants observe 'difference' rather than show 'surprise' (Schöner and Thelen 2004); results show attraction to novel/engaging stimuli rather than surprise (Cashon and Cohen 2000)
- wider issues and debates, eg nature v nurture, biological determinism.

Only credit methodological issues if used to discuss findings.

Credit other relevant material.

**Section C**

**Schizophrenia**

**1 9**

Which of the following best describes neural correlates as an explanation for schizophrenia? Write **A, B, C** or **D** in your answer booklet.

**[1 mark]**

**Marks for this question: AO1 = 1 mark**

B

**2 0**

Below are four evaluative statements about token economies as used in the treatment of schizophrenia. Which statement is TRUE? Write **A, B, C** or **D** in your answer booklet.

**[1 mark]**

**Marks for this question: AO3 = 1 mark**

C

2 1

Describe the family dysfunction explanation for schizophrenia and explain how Jack's experiences can be linked to the family dysfunction explanation.

**[8 marks]**

**Marks for this question: AO1 = 4 marks, AO2 = 4 marks**

Level	Marks	Description
4	7 - 8	Knowledge of the family dysfunction explanation for schizophrenia is accurate with some detail. Application is thorough and effective. Minor detail and/or expansion is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	5 - 6	Knowledge of the family dysfunction explanation for schizophrenia is evident but there are occasional inaccuracies/omissions. Application is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	3 - 4	Limited knowledge of the family dysfunction explanation for schizophrenia is present. Any application is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1 - 2	Knowledge of the family dysfunction explanation for schizophrenia is very limited. Application is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

**Possible content:**

- schizophrenia is due to family experiences of conflict, communication problems, criticism and control
- double-bind communication (Bateson 72) - child receives mixed messages and cannot do the right thing – results in disorganised thinking and paranoia
- high expressed emotion where family shows exaggerated involvement, control, criticism which increases likelihood of relapse (Kavanagh 1992); relapse rate is doubled (Butzlaff and Hooley 1998)
- psychodynamic theorists recognised a schizophrenogenic (schizophrenia-causing) mother – typically cold, controlling and rejecting which leads to excessive stress which triggers psychotic thinking; father in such families is often passive.
- family schism and skew

**Possible application:**

Credit explanation of links between theory and stem content.

- several references to conflict ('arguments'), communication problems ('could never talk to mum'), criticism ('nasty comments') and control ('tried to do what she said')
- Jack experiences the double-bind (mother's behaviour alternates between affection and nastiness) so Jack doesn't know how she wants him to behave and becomes confused – loses touch with reality
- the family show high expressed emotion – over-fussy ('she fussed over me..') and critical ('nasty comments')
- Jack's mother is cold and unpredictable, (schizophrenogenic characteristics) and father was passive ('stayed out of it').
- symptoms of skewed family – father is uninvolved

Credit other relevant material.

**2 2**

Briefly discuss **two** limitations of the family dysfunction explanation for schizophrenia.

**[6 marks]****Marks for this question: AO3 = 6 marks**

Level	Marks	Description
3	5 - 6	Discussion of two limitations is clear and effective. The answer is coherent and well organised with effective use of specialist terminology.
2	3 - 4	Discussion of two limitations is evident although one or both lack detail. The answer is mostly organised with some appropriate use of specialist terminology. OR 3 marks for one limitation discussed at the top of Level 3.
1	1 - 2	At least one limitation is presented but discussion is limited/muddled. The answer lacks organisation and specialist terminology is either absent or inappropriately used. OR one limitation discussed at Level 2.
	0	No relevant content.

**Possible limitations and discussion:**

- ethical problems - parents feel responsible for their child's illness causing even greater stress and anxiety. Out-dated views that were once accepted are no longer tolerated by families and are now seen as destructive rather than productive
- unreliability of recall leading to data that may lack validity – patients report childhood experiences retrospectively. Recall may be inaccurate and distorted by the need to explain. Prospective evidence is rare
- family dysfunction may be the result of the child's disturbing behaviour rather than the cause – impossible to show cause and effect
- discussion of limitations via comparison with alternatives, eg ample evidence that there is a biological cause
- family dysfunction might act as a trigger but the basic cause is biological (dopamine hypothesis, genetic evidence)
- counterargument to the limitation given.

Credit other relevant limitations.

**2 3**

Outline and evaluate the use of antipsychotic drugs to treat schizophrenia.

**[8 marks]****Marks for this question: AO1 = 3 marks, AO3 = 5 marks**

Level	Marks	Description
4	7 - 8	Knowledge of the use of antipsychotic drugs to treat schizophrenia is accurate with some detail. Evaluation is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	5 - 6	Knowledge of the use of antipsychotic drugs to treat schizophrenia is evident but there are occasional inaccuracies/omissions. Evaluation is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	3 - 4	Limited knowledge of the use of antipsychotic drugs to treat schizophrenia is present. Focus is mainly on description. Any evaluation is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1 - 2	Knowledge of the use of antipsychotic drugs to treat schizophrenia is very limited. Evaluation is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

**Outline:**

- typical antipsychotics (eg chlorpromazine) are dopamine antagonists reducing dopamine activity by blocking dopamine receptors at the synapse. This reduces positive symptoms such as hallucinations and has a calming/sedative effect
- atypical antipsychotics (eg clozapine and risperidone) block dopamine receptors and also act on other neurotransmitters eg acetylcholine and serotonin; also address the negative symptoms such as avolition.

**Possible evaluation:**

- use of evidence re effectiveness in reduction of symptoms and/or relapse rates, eg Thornley 2003
- side effects – typical antipsychotics: dry mouth, constipation, lethargy and confusion, involuntary muscle movement - tardive dyskinesia; atypical antipsychotics: weight gain, cardiovascular problems, agranulocytosis (autoimmune disorder affecting white blood cells)
- comparison of effectiveness, eg atypical antipsychotics v typical antipsychotics, eg Bagnall 2003, Marder 1996
- comparison with other treatments, eg cognitive therapy, family therapy
- need to assess long-term benefits – many studies focus on short-term effects only
- enhanced quality of life: for patients who can live independently/ outside of institutional care; for family members

- economic implications eg cost in relation to other treatments/ hospitalisation; analysis of benefit re ability of patient to return to work.

Credit other relevant material.

### Eating behaviour

2 | 4

Which of the following best describes situations where disinhibition leads to overeating? Write **A, B, C** or **D** in your answer booklet.

[1 mark]

**Marks for this question: AO1 = 1 mark**

A

2 | 5

Below are four evaluative statements about the boundary model of obesity. Which statement is **TRUE**? Write **A, B, C** or **D** in your answer booklet.

[1 mark]

**Marks for this question: AO3 = 1 mark**

C

**2 6**

Describe the family systems theory explanation for anorexia nervosa and explain how Mia's experiences can be linked to family systems theory.

**[8 marks]**

**Marks for this question: AO1 = 4 marks, AO2 = 4 marks**

Level	Marks	Description
4	7 - 8	Knowledge of the family systems theory explanation for anorexia nervosa is accurate with some detail. Application is thorough and effective. Minor detail and/or expansion is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	5 - 6	Knowledge of the family systems theory explanation for anorexia nervosa is evident but there are occasional inaccuracies/omissions. Application is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	3 - 4	Limited knowledge of the family systems theory explanation for anorexia nervosa is present. Any application is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1 - 2	Knowledge of the family systems theory explanation for anorexia nervosa is very limited. Application is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

**Possible content:**

- Minuchin (1978) proposed characteristics of an 'anorectic/psychosomatic family' which lead to lack of autonomy and control, so child exercises only possible choice over what to eat
- enmeshment – families are over-involved, interdependent, no clear emotional boundaries, inhibited sense of individuality
- overprotectiveness – family members protect each other, reinforce family loyalty, parents see their role as a sacrifice
- rigidity of style – interactions are inflexible, denial of need to change
- conflict avoidance – family members suppress conflict, differences of opinion/problems are not discussed.

**Possible application:**

Credit explanation of links between theory and stem content.

- several references to enmeshment and lack of self-differentiation (Mia and mum worry about each other, shop together, wear same clothes)
- Mia's mum is over-protective, monitoring everything she does and her phone conversations ('always asking if I'm OK', 'wants to know everything', 'listens in when')
- Mia's mum is self-sacrificing to look out for Mia ('spends all her time...')

- Mia's relationship with her mother seems to be fixed as they have ('always been the same') suggesting rigidity of style
- no sense that Mia or anyone else wants anything to change or that family disagreements are in the open ('it has always been the same', 'we never argue...') suggesting conflict avoidance.

Credit other relevant material.

**2 7**

Briefly discuss **two** limitations of the family systems theory explanation for anorexia nervosa.

**[6 marks]****Marks for this question: AO3 = 6 marks**

Level	Marks	Description
3	5 - 6	Discussion of two limitations is clear and effective. The answer is coherent and well organised with effective use of specialist terminology.
2	3 - 4	Discussion of two limitations is evident although one or both lack detail. The answer is mostly organised with some appropriate use of specialist terminology. OR 3 marks for one limitation discussed at the top of Level 3.
1	1 - 2	At least one limitation is presented but discussion is limited/muddled. The answer lacks organisation and specialist terminology is either absent or inappropriately used. OR one limitation discussed at Level 2.
	0	No relevant content.

**Possible limitations and discussion:**

- ethical problems – seeing parents as responsible for their child's anorexia may cause greater stress and anxiety. Could be seen as destructive/damaging rather than productive
- problems in measuring enmeshments and possible lack of validity. Data is usually self-reported; patients and family members report own experiences of interaction. Reports may be distorted/biased by the need to explain/emotions etc
- inconsistent evidence – some studies show no differences in degree of enmeshment between eating disorder families and non-eating disorder families (Aragona 2001)
- over-controlling and overprotective family relationships and interactions may be the result of the child's disturbing behaviour rather than the cause – impossible to show a cause and effect relationship
- cannot explain changes in incidence of the disorder over time – incidence rates have increased over time but no evidence of corresponding changes in nature of family relationships
- alternatives may offer better explanation, eg evidence of a biological cause
- family relationships and interactions may be a trigger but the initial cause is biological (genetic evidence).
- counterarguments of the limitation given

Credit other relevant limitations.

**2 8**

Outline and evaluate the evolutionary explanation for food preferences.

**[8 marks]****Marks for this question: AO1 = 3 marks, AO3 = 5 marks**

Level	Marks	Description
4	7 - 8	Knowledge of evolutionary explanation for food preferences is accurate with some detail. Evaluation is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	5 - 6	Knowledge of evolutionary explanation for food preferences is evident but there are occasional inaccuracies/omissions. Evaluation is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	3 - 4	Limited knowledge of evolutionary explanation for food preferences is present. Focus is mainly on description. Any evaluation is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1 - 2	Knowledge of evolutionary explanation for food preferences is very limited. Evaluation is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

**Possible content:**

- varied diet high in energy and essential nutrients aids survival so genetic preferences for certain foods are bred into a population
- salt preference appears innate – essential for hydration/cell function
- high calorie foods (eg fat) are preferred as they provide energy, essential for survival
- sweet taste preference – sugar is high energy, enabling survival
- avoidance of bitter/sour foods that may be toxic ensures survival to reproduce so aversions are bred into the population
- neophobia – avoidance of novel/unusual foods is adaptive, reducing the likelihood of ingesting harmful food, ensuring survival
- biological preparedness - Seligman proposed humans are genetically prepared to rapidly learn avoidance of harmful foods.

**Possible evaluation:**

- use of evidence for innate taste preference/avoidance, eg Desor 1973 – neonates prefer sweet foods; Harris 1990 – infants prefer salty cereal
- evidence for conditioning in food preference, eg Birch 1987 – neophobia reduces with continued exposure; Garcia and Koelling 1966 – rats learn to avoid sweet liquid paired with aversive chemical

- cultural differences in food preferences counter to evolutionary view
- individual differences – preferences/avoidances are not universal, contradicting the evolutionary explanation; only some people have an inherited ability to taste the bitter chemical PROP (Drewnowski 2001)
- neophobia restricts diet and may be harmful if individuals are unable to adapt to variability in food sources
- variability in levels of neophobia at different ages
- food preferences may arise for benefit of gut microbes rather than host
- mediating effects of hunger levels and brain chemistry, eg leptin inhibits taste of sweetness
- evaluation linked to broader issues, eg nature-nurture, reductionism
- contrast with alternative explanations.

Credit other relevant material.

### Stress

2 9

A steroid hormone that regulates energy use and the immune system, secreted from the adrenal glands when stress is experienced.

Which of the following substances is described above? Write **A, B, C** or **D** in your answer book.

[1 mark]

**Marks for this question: AO1 = 1 mark**

D

3 0

Below are four evaluative statements about general adaptation syndrome (GAS). Which statement is **TRUE**? Write **A, B, C** or **D** in your answer book.

[1 mark]

**Marks for this question: AO3 = 1 mark**

D

**3 1**

Describe stress inoculation therapy as a way of managing stress and explain how Wally's stress could be managed using stress inoculation.

**[8 marks]**

**Marks for this question: AO1 = 4 marks, AO2 = 4 marks**

Level	Marks	Description
4	7 - 8	Knowledge of stress inoculation therapy as a way of managing stress is accurate with some detail. Application is thorough and effective. Minor detail and/or expansion is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	5 - 6	Knowledge of stress inoculation therapy as a way of managing stress is evident but there are occasional inaccuracies/omissions. Application is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	3 - 4	Limited knowledge of stress inoculation therapy as a way of managing stress is present. Any application is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1 - 2	Knowledge of stress inoculation therapy as a way of managing stress is very limited. Application is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

**Possible content:**

- involves cognitive restructuring – changing client's thoughts about source of stress/stressful situation and own ability to control stress
- based on the idea that thoughts affect emotions/behaviour so changing thoughts will change the emotional response/behaviour
- stage 1 – conceptualisation – cognitive appraisal of stressor; client identifies negative thoughts and situations that provoke to stress
- stage 2 – skill acquisition and rehearsal – client learns coping strategies, eg relaxation, positive self-talk
- stage 3 – application – newly acquired skills are put into practice in role play, virtual learning environment, through visualisation
- seeing setbacks as learning opportunities rather than failure.

**Possible application:**

Credit explanation of links between therapy and stem content.

- Wally needs to identify negative thoughts, eg 'not good enough', 'will laugh at him', 'supervisor will tell him off'
- Wally needs to understand negative thoughts cause his stress

- Wally needs to develop strategies to use when he's stressed:
  - monitor/catch negative thought/self-talk as it occurs: ('They are laughing...'; 'He's going to tell me off...')
  - use positive self-statements: 'I am as good as anyone at this job'; 'This job is easy for me'; 'Workmates are good natured and fun'; 'Supervisor knows I work hard'
  - use relaxation techniques eg breathing techniques before he goes into work; restful imagery to aid sleep
- Wally needs to practise new techniques either with his therapist or alone at home so he can use them confidently at work.

**3 2**

Briefly discuss **one** strength **and one** limitation of stress inoculation therapy as a way of managing stress.

**[6 marks]****Marks for this question: AO3 = 6 marks**

Level	Marks	Description
3	5 - 6	Discussion of one strength and one limitation is clear and effective. The answer is coherent and well organised with effective use of specialist terminology.
2	3 - 4	Discussion of one strength and one limitation is evident although one or both lack detail. The answer is mostly organised with some appropriate use of specialist terminology. OR 3 marks for either a strength or a limitation discussed at the top of Level 3.
1	1 - 2	A strength and a limitation are presented but discussion is limited/muddled. The answer lacks organisation and specialist terminology is either absent or inappropriately used. OR a strength or a limitation discussed at Level 2.
	0	No relevant content.

**Possible strengths and discussion:**

- use of evidence to support effectiveness, eg Saunders 1996 – meta-analysis of 37 studies showing effectiveness in various situations; Holroyd 1977 – comparison of SIT and biofeedback group
- flexibility – SIT can be adapted to deal with any stressful situation, can be delivered one-to-one, in groups, with families, can be of variable duration (single session or long-term)
- SIT can also be used prospectively for future stress, eg Jay and Elliot 1990 – parents of children undergoing operations
- long-term benefits – strategies can be generally life-enhancing and promote self-confidence
- reasoned discussion of practical issues such as cost, time etc.

**Possible limitations and discussion:**

- client must be committed and motivated as they need to engage with the programme which requires time and effort. Not all clients are willing/can cope with the commitment/effort
- unclear which aspects of therapy are most effective, relaxation, feeling in control, strategies, or whole combination?
- reasoned discussions of cost/time etc.

Credit other relevant strengths and limitations.

**3 3**

Outline and evaluate **one or more** self-report scales that have been used by psychologists to measure stress.

**[8 marks]**

**Marks for this question: AO1 = 3 marks, AO3 = 5 marks**

Level	Marks	Description
4	7 - 8	Knowledge of self-report scale(s) as measures of stress is accurate with some detail. Evaluation is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	5 - 6	Knowledge of self-report scale(s) as measures of stress is evident but there are occasional inaccuracies/omissions. Evaluation is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	3 - 4	Limited knowledge of self-report scale(s) as measures of stress is present. Focus is mainly on description. Any evaluation is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1 - 2	Knowledge of self-report scale(s) as measures of stress is very limited. Evaluation is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

**Possible outline:**

- SRRS (Holmes and Rahe) scale of 43 life events experienced over a specified time each event is accorded life change units (LCUs) which can be added up to give an overall life change score (credit also knowledge of how the scale was constructed)
- Hassles and Uplifts Scale (Kanner) 117 daily hassles, respondent indicates hassles occurring over last month and their severity, 135 uplift events which mediate effect of hassles.

Credit other self-report scales, eg Perceived Stress Scale (Cohen) and Stress Appraisal Measure (Peacock and Wong).

**Possible evaluation:**

- validity issues, eg ambiguity of certain life events on the SRRS that may be stressful for some people but not for others eg marital separation is highly rated but may be a relief for some people
- need to distinguish between positive and negative events on SRRS
- causality issues – illness may lead to some stressful life events (eg job loss) rather than the other way round

- issues of reliability – recall is retrospective so may be inaccurate – test-retest reliability for SRRS varies
- use of evidence, eg Kanner – hassles correlate with psychological health; Johnson – link between high SRRS score and illness
- individual differences, eg hardiness and personality type can mediate stress so measurement needs to take personal variables into account
- ethics – completing self-report Qs may affect a person's stress level
- combined measure of life events and hassles gives fuller picture - one can exacerbate the effect of the other
- hassles a better measure of stress troubling most people
- comparison with other measures, eg objective physiological measures.

Credit other relevant material.

## Section D

### Aggression

3	4
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Briefly explain how cognitive priming in the media might influence aggressive behaviour.

**[2 marks]**

**Marks for this question: AO1 = 2 marks**

**2 marks** for a clear, coherent explanation of how cognitive priming in the media might influence aggression.

**1 mark** for a very brief, limited or muddled explanation.

**Content:**

- aggressive images in the media e.g. guns act as priming stimuli or cues for a script/schema/memory of an aggressive behaviour
- exposure to these cues in a similar context can trigger the memory leading to reproduction of the aggressive or antisocial behaviour
- effect may be specific (reproduction of specific aggressive acts) or more general (tendency to behave in a generally violent/aggressive/antisocial way).

The first two points are essential for a full mark answer.

**3 5**

Referring to this investigation, explain the difference between primary and secondary data.

**[4 marks]****Marks for this question: AO2 = 4 marks**

Level	Marks	Description
2	3 - 4	Knowledge of the difference between primary and secondary data is clear and mostly accurate. The knowledge is applied appropriately. The answer is generally coherent with effective use of terminology.
1	1 - 2	Knowledge of the difference is evident but the answer lacks accuracy and detail. Application is limited, inappropriate or absent. Use of terminology is either absent or inappropriate.
	0	No relevant content.

**Application:**

- primary data is gathered directly/first-hand from the participants, and is specific to the aim of the study whereas secondary data has previously been collected by a third party (another researcher or an official body), not specifically for the aim of the study, and then used by the researcher
- in this study, the interview recordings are primary data –gathered specifically for the purpose of investigating causes of aggressive behaviour whereas the school records are secondary data – pre-existing and not gathered for the purpose of investigating causes of aggressive behaviour.

**3 6**

Explain how the psychologist could continue her investigation by carrying out thematic analysis of the interview recordings.

**[2 marks]****Marks for this question: AO3 = 2 marks**

**2 marks** for a clear, coherent explanation of how thematic analysis could be carried out in this study

**1 mark** for a limited/muddled explanation.

**Possible content**

- use the recordings to make a transcription of the interview
- use coding to initially analyse the transcripts
- review the transcriptions/codes looking for emergent themes/ideas that might be linked to later aggressive behaviour, eg family violence, parental argument, alcohol misuse.

No credit for answers referring to **pre-determined** categories, codes, themes and/or counting frequencies

**3 | 7**

Describe and evaluate evolutionary explanations for human aggression.

**[16 marks]****Marks for this question: AO1 = 6 marks, AO3 = 10 marks**

Level	Marks	Description
4	13 - 16	Knowledge of evolutionary explanations for aggression is accurate and generally well detailed. Evaluation is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	9 - 12	Knowledge of evolutionary explanations for aggression is evident but there are occasional inaccuracies/omissions. Evaluation is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	5 - 8	Limited knowledge of evolutionary explanations for aggression is present. Focus is mainly on description. Any evaluation is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1 - 4	Knowledge of evolutionary explanations for aggression is very limited. Evaluation is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

**Possible content:**

- role of aggression in individual survival and reproductive success
- evolution and adaptation – genetic mutations and survival of the fittest
- competition for resources – aggressive individuals more able to compete for food, females etc so more likely to reproduce successfully
- aggressive genes are passed on to subsequent generations
- sexual jealousy – male violence against partners motivated by jealousy to ensure own paternity and genetic success
- mate retention strategies – direct guarding, negative inducements (threats) linked to aggression
- females look for males with resources – aggressive males more successful.

**Possible evaluation**

- use of supporting evidence, eg attractiveness of dominant behaviour in males (Sadalla 1987); positive correlation between mate retention behaviours and physical violence (Shackleford 2005)
- can explain gender differences in aggression

- cultural differences in acceptability and prevalence of aggressive behaviour suggest it is learned rather than evolutionary
- evidence cannot demonstrate cause and effect – all correlational
- comparison with other explanations, eg social learning theory
- broader issues/debates, eg reductionism, determinism, nature v nurture
- implications: ethical – suggests aggression is innate and therefore cannot be controlled and individuals are not personally responsible; of psychological research into aggression for the economy.

Credit other relevant material.

### Forensic

**3** **8**

Briefly explain the top-down approach to offender profiling.

**[2 marks]**

**Marks for this question: AO1 = 2 marks**

**2 marks** for a clear, coherent explanation of the top-down approach to offender profiling.

**1 mark** for a very brief, limited or muddled explanation.

**Content:**

- conceptual categories/templates of organised and disorganised offender are pre-existing in the mind of the profiler
- evidence from the crime scene and other details of the crime/victim/context are then used to fit into either of the pre-existing categories and determine the offender as one type or the other.

**3 | 9**

Referring to this investigation, explain the difference between primary and secondary data.

**[4 marks]****Marks for this question: AO2 = 4 marks**

Level	Marks	Description
2	3 - 4	Knowledge of the difference between primary and secondary data is clear and mostly accurate. The knowledge is applied appropriately. The answer is generally coherent with effective use of terminology.
1	1 - 2	Knowledge of the difference is evident but the answer lacks accuracy and detail. Application is limited, inappropriate or absent. Use of terminology is either absent or inappropriate.
	0	No relevant content.

**Application:**

- primary data is gathered directly/first-hand from the participants, and is specific to the aim of the study whereas secondary data has previously been collected by a third party (another researcher or an official body), not specifically for the aim of the study, and then used by the researcher
- in this study, the interview recordings are primary data – gathered specifically for the purpose of investigating causes of offending whereas the court/prison records are secondary data – pre-existing and not gathered for the purpose of investigating causes of offending behaviour.

**4 0**

Explain how the psychologist could continue her investigation by carrying out thematic analysis of the interview recordings.

**[2 marks]**

**Marks for this question: AO3 = 2 marks**

**2 marks** for a clear, coherent explanation of how thematic analysis could be carried out.

**1 mark** for a limited/muddled explanation.

**. Possible content**

- use the recordings to make a transcription of the interview
- use coding to initially analyse the transcripts
- review the transcriptions/codes looking for emergent themes/ideas that might be linked to violent crime eg family violence, parental argument, alcohol misuse.

No credit for answers referring to **pre-determined** categories, codes, themes and/or counting frequencies

4 1

Describe and evaluate cognitive explanations for offending.

**[16 marks]****Marks for this question: AO1 = 6 marks, AO3 = 10 marks**

Level	Marks	Description
4	13 - 16	Knowledge of cognitive explanations for offending is accurate and generally well detailed. Evaluation is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	9 - 12	Knowledge of cognitive explanations for offending is evident but there are occasional inaccuracies/omissions. Evaluation is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	5 - 8	Limited knowledge of cognitive explanations for offending is present. Focus is mainly on description. Any evaluation is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1 - 4	Knowledge of cognitive explanations for offending is very limited. Evaluation is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

**Possible content:**

- role of level of moral reasoning (Kohlberg) with focus on pre-conventional level (punishment orientation and reward orientation)
- punishment orientation – reasoning based on whether or not the act will lead to punishment
- reward orientation – reasoning based on what is to be gained
- cognitive distortions – hostile attribution bias – misinterpretation/ misreading of other people's actions/words/expressions as aggressive/provocative
- cognitive distortion – minimalisation – belief in triviality of own offence, minimising the importance of the act.

**Possible evaluation:**

- use of evidence to support/contradict the cognitive explanation, eg studies supporting Kohlberg's pre-conventional reasoning in offending populations, eg Ashkar and Kenny 2007, Hollin and Palmer 1998
- sampling issues and generalisation – Kohlberg's focus on males
- hypothetical nature of Kohlberg's dilemma evidence – generalisability to real-life offences
- cultural bias (Kohlberg's Western bias) and alternative theories – Gibbs' mature and immature levels

- cognitive distortions serve to justify offending behaviour – use of examples to illustrate
- cognitive theory explains thinking but not the primary source of the offending (nature or nurture?)
- implications: for treating offenders using cognitive therapy to change thinking/understanding; of psychological research into offending for the economy
- broader issues and debates – eg holism v reductionism.
- comparison with other explanations

Credit other relevant material.

### Addiction

4 2

Briefly explain how dopamine is involved in nicotine addiction.

[2 marks]

**Marks for this question: AO1 = 2 marks**

**2 marks** for a clear, coherent explanation of how dopamine is involved in addiction.

**1 mark** for a very brief, limited or muddled explanation.

**Content:**

- nicotine stimulates dopamine activity in the brain (via reward pathways - ventral tegmental area → nucleus accumbens in the mesolimbic system → prefrontal cortex)
- creating pleasurable sensation/reward/ feelings of euphoria which leads to repeated use/craving.

Detail in brackets not necessary for full marks.

**4 3**

Referring to this investigation, explain the difference between primary and secondary data.

**[4 marks]****Marks for this question: AO2 = 4**

Level	Marks	Description
2	3 - 4	Knowledge of the difference between primary and secondary data is clear and mostly accurate. The knowledge is applied appropriately. The answer is generally coherent with effective use of terminology.
1	1 - 2	Knowledge of the difference is evident but the answer lacks accuracy and detail. Application is limited, inappropriate or absent. Use of terminology is either absent or inappropriate.
	0	No relevant content.

**Application:**

- primary data is gathered directly/first-hand from the participants, and is specific to the aim of the study whereas secondary data has previously been collected by a third party (another researcher or an official body), not specifically for the aim of the study, and then used by the researcher
- in this study, the interview recordings are primary data – gathered specifically for the purpose of investigating causes of addiction to gambling behaviour whereas the debt counsellor reports are secondary data – pre-existing and not gathered for the purpose of investigating causes of addiction to gambling

**4 4**

Explain how the psychologist could continue her investigation by carrying out thematic analysis of the interview recordings.

**[2 marks]****Marks for this question: AO3 = 2 marks**

**2 marks** for a clear, coherent explanation of how thematic analysis could be carried out.

**1 mark** for a limited/muddled explanation.

**Possible content**

- use the recordings to make a transcription of the interview
- use coding to initially analyse the transcripts
- review the transcriptions/codes looking for emergent themes/ideas that might be linked to later gambling addiction, eg family poverty, sensation-seeking, influence of peer group.

No credit for answers referring to **pre-determined** categories, codes, themes and/or counting frequencies

**4 5**

Describe and evaluate cognitive theory as an explanation for gambling addiction.

**[16 marks]****Marks for this question: AO1 = 6 marks, AO3 = 10 marks**

Level	Marks	Description
4	13 - 16	Knowledge of cognitive theory as an explanation for gambling addiction is accurate and generally well detailed. Evaluation is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	9 - 12	Knowledge of cognitive theory as an explanation for gambling addiction is evident but there are occasional inaccuracies/omissions. Evaluation is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	5 - 8	Limited knowledge of cognitive theory as an explanation for gambling addiction is present. Focus is mainly on description. Any evaluation is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1 - 4	Knowledge of cognitive theory as an explanation for gambling addiction is very limited. Evaluation is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

**Possible content:**

- gambling addiction occurs as a result of cognitive distortions/faulty thought processes
- problem gamblers focus on positive outcomes (wins) as opposed to negative outcomes (losses) – expectancy theory
- gambler's fallacy – irrational beliefs about future probability based on past frequency
- Langer's illusion of control (1975)
- types of cognitive distortion (Wagenaar 1988): availability, confirmation bias, concrete information bias, hindsight bias, flexible attribution, illusion of control.
- self-efficacy – beliefs about control or lack of control over one's own behaviour

**Possible evaluation:**

- use of evidence to support/contradict faulty thinking in problem gamblers, eg Joukhador et al 2003 – difference in cognitive style between problem gamblers and social gamblers; Griffiths 1994 – irrational verbalisations in problem gamblers
- research issues – study of cognitive biases requires introspection, self-reflection, self-awareness – problems of validity and falsification
- difficulty of establishing cause and effect – cognitive biases may be a result of gambling addiction rather than a cause

- mediating personal variables, eg Role of self-efficacy in relapse – people with high self-efficacy believe they can abstain and so are better able to
- implications – for treatment of gambling addiction using CBT; of psychological research into gambling for the economy
- relative influence of other factors, eg social explanations for problem gambling
- broader issues, eg nature versus nurture.

Credit other relevant material.

**Assessment Objective Grid**

<b>Issues and debates in Psychology</b>	<b>AO1</b>	<b>AO2</b>	<b>AO3</b>	<b>Total</b>
01	1			<b>1</b>
02	1			<b>1 RM</b>
03		2		<b>2 RM</b>
04			1	<b>1 RM</b>
05			3	<b>3 RM</b>
06	6	4	6	<b>16</b>
<b>Total</b>	<b>8</b>	<b>6</b>	<b>10</b>	<b>24</b>

**AND**

<b>Relationships</b>	<b>AO1</b>	<b>AO2</b>	<b>AO3</b>	<b>Total</b>
07	2			<b>2</b>
08			2	<b>2 RM</b>
09		4		<b>4</b>
10	6		10	<b>16</b>
<b>Total</b>	<b>8</b>	<b>4</b>	<b>12</b>	<b>24</b>

**OR**

<b>Gender</b>	<b>AO1</b>	<b>AO2</b>	<b>AO3</b>	<b>Total</b>
11	2			<b>2</b>
12			2	<b>2 RM</b>
13		4		<b>4</b>
14	6		10	<b>16</b>
<b>Total</b>	<b>8</b>	<b>4</b>	<b>12</b>	<b>24</b>

**OR**

<b>Cognition and development</b>	<b>AO1</b>	<b>AO2</b>	<b>AO3</b>	<b>Total</b>
15	2			<b>2</b>
16			2	<b>2 RM</b>
17		4		<b>4</b>
18	6		10	<b>16</b>
<b>Total</b>	<b>8</b>	<b>4</b>	<b>12</b>	<b>24</b>

**AND**

<b>Schizophrenia</b>	<b>AO1</b>	<b>AO2</b>	<b>AO3</b>	<b>Total</b>
19	1			<b>1</b>
20			1	<b>1</b>
21	4	4		<b>8</b>
22			6	<b>6</b>
23	3		5	<b>8</b>
<b>Total</b>	<b>8</b>	<b>4</b>	<b>12</b>	<b>24</b>

OR

Eating behaviour	AO1	AO2	AO3	Total
24	1			1
25			1	1
26	4		4	8
27			6	6
28	3		5	8
<b>Total</b>	<b>8</b>	<b>0</b>	<b>16</b>	<b>24</b>

OR

Stress	AO1	AO2	AO3	Total
29	1			1
30			1	1
31	4	4		8
32			6	6
33	3		5	8
<b>Total</b>	<b>8</b>	<b>4</b>	<b>12</b>	<b>24</b>

AND

Aggression	AO1	AO2	AO3	Total
34	2			2
35		4		4 RM/MATHS
36			2	2 RM
37	6		10	16
<b>Total</b>	<b>8</b>	<b>4</b>	<b>12</b>	<b>24</b>

OR

Forensic psychology	AO1	AO2	AO3	Total
38	2			2
39		4		4 RM/MATHS
40			2	2 RM
41	6		10	16
<b>Total</b>	<b>8</b>	<b>4</b>	<b>12</b>	<b>24</b>

OR

Addiction	AO1	AO2	AO3	Total
42	2			2
43		4		4 RM/MATHS
44			2	2 RM
45	6		10	16
<b>Total</b>	<b>8</b>	<b>4</b>	<b>12</b>	<b>24</b>

<b>Paper Total</b>	<b>32</b>	<b>18</b>	<b>46</b>	<b>96</b>
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Research Methods = 15 marks

Maths = 4 marks