



A-LEVEL PSYCHOLOGY

7182/3 - Issues and options in psychology
Mark scheme

7182
June 2018

Version/Stage: 1.0 Final

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

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 the 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 the standardised examples to determine if it is the same standard, better or worse than the example. You can then use this to allocate a mark for the answer based on the Lead Examiner's mark on the example.

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.

Key to Annotations

| Annotation | Meaning/Use |
|-------------------|--|
| ? | Unclear |
| AE | Attempts evaluation |
| APP | Application |
| BOD | Benefit of the doubt |
| X | Cross/Incorrect |
| EVAL | Evaluation |
| HLINE | Horizontal Line |
| IRRL | Irrelevant |
| KU | Knowledge and Understanding |
| NAQ | Not answered the question |
| REP | Repeat |
| SEEN | Reviewed but no marks awarded |
| Tick | Correct point |
| Tick Plus | Development of point |
| Dis | DIS |
| DNF | Does not follow |
| ELAB | Elaboration |
| GP | Good point |
| JUST | level or point just awarded |
| LF | Loses focus |
| REL? | Relevance |
| RQ | Repeats Question |
| VAGU | Indicates that the point made is vague |
| VL | Very limited |
| WEAK | Indicates that the point made is weak |
| On Page comment | On Page Comment |
| Highlight | Highlight |

Section A

Issues and debates in Psychology

0 1 Cultural relativism, ethnocentrism, holism and universality are four concepts relevant to issues and debates in psychology.

- Which definition (**A-E**) best describes cultural relativism?
- Which definition (**A-E**) best describes ethnocentrism?
- Which definition (**A-E**) best describes holism?
- Which definition (**A-E**) best describes universality?

In your answer book, list the four concepts and write the appropriate letter (A-E) next to each one. A letter may only be used once.

[4 marks]

Marks for this question: AO1 = 4

1 mark for each correct match

| | |
|---------------------|---|
| Cultural relativism | A |
| Ethnocentrism | D |
| Holism | C |
| Universality | B |

Can allow credit for letters without concepts, as long as the letters are in the right order. If any letter is used more than once, no credit for that letter.

0 2 What is a 'nomothetic approach'? Suggest **one** limitation of a nomothetic approach.

[2 marks]

Marks for this question: AO1 = 1 and AO3 = 1

1 mark for a brief, clear definition: a nomothetic approach involves studying a sample in order to formulate general laws/principles of behaviour (or similar).

Plus

1 mark for a brief, coherent limitation.

Possible limitations:

- cannot find out rich/in-depth information about single cases
- less meaningful as tends to use quantitative measures.

Credit other relevant limitations.

0 3 Explain why measuring heart rate in this situation could be an example of biological reductionism.

[2 marks]

Marks for this question: AO2 = 2

1 mark for **each** of the following points:

- excitement is a broad construct/complex behaviour/has many aspects
- heart rate is a narrow, biological/physical component/unit/element/factor in overall excitement.

0 4 Outline **two** non-biological ways of measuring of excitement that the student could also use in this situation.

[4 marks]

Marks for this question: AO3 = 4

For **each** outline award marks as follows:

2 marks for a clear and coherent outline with some elaboration.

1 mark for a limited/muddled outline.

Possible content:

- questionnaire measuring attitude – questions assess how the participant feels about going on the roller coaster
- rating scale of own excitement – the participant could rate their perceived level of excitement on a scale of 1 – 10
- observation of non-verbal behaviour whilst waiting in the queue; eg tallying appropriate behavioural categories
- interviews before/after the participant has been on the ride asking questions about how they felt/whether they enjoy other exciting occasions/events/how they cope with excitement, etc.

Do not credit measures of biological function.

Just naming a method eg questionnaire/interview/observation is not sufficient.

0 5 Explain **one** strength and **one** limitation of a reductionist approach in psychology.

[4 marks]

Marks for this question: AO3 = 4

In **each case** award marks as follows:

2 marks for a clear and coherent strength/limitation with some elaboration.

1 mark for a limited/muddled strength/limitation.

Possible strengths:

- studying basic units of behaviour underpins the scientific approach/adds weight to scientific research
- more objective to consider basic components of behaviour
- leads to greater clarity of understanding, eg at the chemical, cellular level
- better able to isolate cause when studying basic units of behaviour, eg can see which chemicals are implicated in certain behavioural disorders, then may be able to effect treatment.
- parsimonious – the simplest explanation is often the best

Possible limitations:

- simplistic and ignores the complex interaction of many factors
- leads to us losing sight of behaviour in context
- less able to understand the behaviour because we do not understand its meaning - loss of validity
- ignores emergent properties/distracts from a more appropriate level of explanation

Credit other relevant strengths and limitations.

0 6 Discuss **one or more** ethical implications of research in psychology. Refer to **at least one** topic you have studied in psychology in your answer.

[8 marks]

Marks for this question: AO1 = 3 and AO2 = 2 and AO3 = 3

| Level | Marks | Description |
|-------|-------|--|
| 4 | 7 - 8 | Knowledge of ethical implication/s of research in psychology is accurate with some detail. Application to topic 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 | 5 - 6 | Knowledge of ethical implication/s of research in psychology is evident but there are occasional inaccuracies/omissions. Application to topic and/or discussion 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 ethical implication/s of research in psychology is present. Focus is mainly on description. Any application/discussion 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 ethical implication/s of research in psychology is very limited. Discussion/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:

- effects of research on participants
- effects of publication on wider public
- potential use of the findings, eg allocation of resources
- potential use of the findings, eg political consequences – changes in legislation
- potential bias against people of certain cultures/socioeconomic backgrounds
- potential influence on moral attitudes towards individual/social and ethnic groups
- economic implications, eg for further psychological research, eg funding etc
- description of relevant evidence.

Possible applications to topic:

- Milgram’s obedience research and attitudes to people of different nationalities
- Bowlby’s research and the effects on child-rearing/working mothers
- diagnosis of depression, schizophrenia, etc
- labelling, eg gender identity
- biological research into addiction/aggression/offending – issue of who is to blame, eg if offending/aggression/addiction is inherited
- Piaget’s research into discovery learning – changes in education system/classroom practice
- implications of relationship counselling based on research into relationships
- how research into gender might affect parenting/educational practices

Possible discussion points:

- use of evidence to explain/elaborate/analyse the implications
- how researchers have dealt with the implications
- cost/benefit discussion, eg consideration of whether the benefits of publication outweigh the costs
- short-term cost (at time of publication) versus long-term gain (in years to come and for future generations)
- issues of reflexivity - the influential position of the researcher and researcher responsibility.

Credit other relevant material.

Note: any topic in psychology is creditworthy.

Section B

Relationships

0 7 Briefly outline what is meant by ‘equity’ in relation to theories of romantic relationships. **[2 marks]**

Marks for this question: AO1 = 2

2 marks for a clear, coherent outline of the term with some elaboration.

1 mark for a limited or muddled outline.

Content:

an economic model of relationships based on the idea of fairness for each partner; emphasises the need for each partner to experience a balance between their cost/effort and their benefit/reward.

0 8 Outline an evolutionary explanation for partner preferences. Explain **one** limitation of an evolutionary explanation for partner preferences. **[6 marks]**

Marks for this question: AO1 = 3 and AO3 = 3

| Level | Marks | Description |
|-------|-------|--|
| 3 | 5 - 6 | Outline is clear, coherent and mostly accurate, with some detail. Limitation is clearly explained. Specialist terminology is used effectively. |
| 2 | 3 - 4 | Outline is appropriate but has minor inaccuracy or lack of clarity. Limitation is appropriate but lacks clarity. Specialist terminology is sometimes used appropriately OR one aspect at Level 3. |
| 1 | 1 - 2 | Outline is limited/very limited. Limitation is muddled or absent. The answer lacks clarity and accuracy. Specialist terminology is either absent or inappropriately used. OR one aspect at Level 2. |
| | 0 | No relevant content. |

Possible content:

- partner preference/mating strategy is driven by sexual selection
- males/females choose partner in order to maximise their reproductive success. (Inter and Intra sexual selection).
- characteristics that maximise reproductive success are more likely to be passed on to subsequent generations
- so partner preferences evolve in a population
- examples of male/female strategies, eg courtship rituals, mate-guarding etc.
- knowledge of explanation embedded in evidence.

Possible evaluation points:

- use of evidence to refute evolutionary theory
- evolutionary theory cannot explain non-heterosexual relationships as easily
- theory is less relevant where women have a more independent role in some modern societies.
- societal and cultural changes such as availability of contraception mean that evolutionary pressures are less relevant.

Credit other relevant material.

0 9 Explain how the researchers could have obtained a stratified sample from the four different schools.

[4 marks]

Marks for this question: AO2 = 4

1 mark for **each** of the following:

- identify strata/sub-groups in their population, eg the four different schools
- calculate the required proportion from each stratum based on the proportion in the population
- select sample at random from each school/stratum/sub-group.
- use a random selection method, eg assign each student a number then use a computer, calculator or random number table to select specified number of numbers between 0 and X (or hat method).

Credit answers based on other strata/sub-groups, eg male and female etc.

3rd and 4th bullet point can only be credited if preceded by strata and proportionality.

1 0 Suggest **two** additional points that could be added to the debriefing statement to better ensure ethical treatment of the students.

[4 marks]

Marks for this question: AO3 = 4

For **each** suggestion, award marks as follows:

2 marks for a detailed, coherent, relevant suggestion

1 mark for a brief or muddled, relevant suggestion

0 marks for just naming an ethical issue

Possible content:

- confidentiality: advise students that their data is to be kept confidential so their individual responses will not be identifiable and will not be accessible to anyone other than the researchers/their agents
- withdrawal of data: ensure students are told they have the right to withdraw their data after the event even if they consented to the survey and were aware of the aim at the start
- protection from harm: ensure that no one has been upset or offended by questions on the survey, eg if they were felt to be intrusive or offensive, or upset by feelings aroused during the survey. If so, then discuss that these feelings are normal etc
- debrief: explain the full purpose/aim of the survey, check again that they are willing to allow their data to be used.

Answers may be verbatim or as above.

Can gain full credit without naming the issue.

Credit other relevant suggestions consistent with BPS guidelines.

1 1 Discuss the attachment theory explanation for parasocial relationships. Refer to the likely findings of the study above in your answer.

[8 marks]

Marks for this question: AO1 = 3 and AO2 = 2 and AO3 = 3

| Level | Marks | Description |
|-------|-------|--|
| 4 | 7 - 8 | Knowledge of the attachment theory explanation for parasocial relationships is accurate with some detail. 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 | 5 - 6 | Knowledge of the attachment theory explanation for parasocial relationships is evident but there are occasional inaccuracies/omissions. Application and/or discussion 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 attachment theory explanation for parasocial relationships is present. Focus is mainly on description. Any application/discussion 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 attachment theory explanation for parasocial relationships is very limited. Discussion/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:

- parasocial relationships can be linked to attachment problems in childhood (insecure-resistant type)
- characteristics of parasocial relationships as linked to attachment eg protest at loss of attachment figure
- Bowlby's noted that failure to attach/poor attachment/insecure attachment led to late problems, eg affectionless behaviour, poor internal working model of relationships, delinquency etc.
- people with childhood attachment problems form parasocial relationships to meet their need for attachment/affection
- such relationships do not involve same fear of rejection as real-life relationships
- knowledge of theory embedded in evidence.

Possible application:

- according to attachment theory students who reported happy/secure childhood would have positive relationships with friends
- these students would also be less interested in celebrities because they did not have an unfulfilled need for attachment.

Credit the same ideas expressed in the opposite way ie students who reported unhappy/insecure childhood.

Possible discussion points:

- use of evidence to support/refute the attachment theory explanation
- problem of establishing validity of retrospective information about childhood relationships
- parasocial relationships can be positive and are not just about fulfilling attachment, eg safe exploration of emotions etc
- implications of accepting the attachment explanation
- discussion in the context of levels of parasocial relationships and other theories, eg absorption-addiction model.

Credit other relevant material.

Section B

Gender

1 2 Briefly outline what is meant by 'gender schema'.

[2 marks]

Marks for this question: AO1 = 2

2 marks for a clear, coherent outline of the term with some elaboration.

1 mark for a limited or muddled outline.

Possible content:

- organised group of related concepts/cognitive structures/mental representation
- about each sex and sex appropriate behaviour

Credit other relevant material eg directs child's behaviour such as preference for same-sex play

No credit for answers without reference to gender

1 3 Outline social learning theory as an explanation for gender development. Explain **one** strength of social learning theory as an explanation for gender development.

[6 marks]

Marks for this question: AO1 = 3 and AO3 = 3

| Level | Marks | Description |
|-------|-------|--|
| 3 | 5 - 6 | Outline is clear, coherent and mostly accurate, with some detail. Strength is clearly explained. Specialist terminology is used effectively. |
| 2 | 3 - 4 | Outline is appropriate but has minor inaccuracy or lack of clarity. Strength is appropriate but lacks clarity. Specialist terminology is sometimes used appropriately OR one aspect at Level 3. |
| 1 | 1 - 2 | Outline is limited/very limited. Strength is muddled or absent. The answer lacks clarity and accuracy. Specialist terminology is either absent or inappropriately used. OR one aspect at Level 2. |
| | 0 | No relevant content. |

Possible content:

- SLT explains gender development in terms of socialisation and experience
- involves observation and imitation of same-sex role model, eg parents, older siblings, TV characters
- identification with same-sex model is more likely if model is attractive, high status, similar etc
- vicarious reinforcement is important, eg child sees others rewarded for what is seen as sex-appropriate behaviour and therefore imitates
- mediational processes are involved, eg attention, retention etc
- knowledge of theory embedded in evidence.

Possible strengths:

- use of evidence to support social learning explanations for gender, eg evidence that young children do copy same-sex models
- SLT is consistent with findings that gender-related behaviours differ across cultures
- consistent with findings that suggest media influence in gender behaviour.

Credit other relevant material.

- 1 4** Explain how the researchers could have obtained a stratified sample from the four different schools.

[4 marks]

Marks for this question: AO2 = 4

1 mark for **each** of the following:

- identify strata/sub-groups in their population, eg the four different schools
- calculate the required proportion from each stratum based on the proportion in the population
- select sample at random from each school/stratum/sub-group.
- use a random selection method, eg assign each student a number then use a computer, calculator or random number table to select specified number of numbers between 0 and X (or hat method).

Credit answers based on other strata/sub-groups, eg male and female etc.

3rd and 4th bullet point can only be credited if preceded by strata and proportionality.

- 1 5** Suggest **two** additional points that could be added to the debriefing statement to better ensure ethical treatment of the students.

[4 marks]

Marks for this question: AO3 = 4

For **each** suggestion, award marks as follows:

2 marks for a detailed, coherent, relevant suggestion

1 mark for a brief or muddled, relevant suggestion.

0 marks for just naming an ethical issue

Possible content:

- confidentiality: advise students that their data is to be kept confidential so their individual responses will not be identifiable and will not be accessible to anyone other than the researchers/their agents
- withdrawal of data: ensure students are told they have the right to withdraw their data after the event even if they consented to the survey and were aware of the aim at the start
- protection from harm: ensure that no one has been upset or offended by questions on the survey, eg if they were felt to be intrusive or offensive, or upset by feelings aroused during the survey. If so, then discuss that these feelings are normal etc
- debrief: explain the full purpose/aim of the survey, check again that they are willing to allow their data to be used.

Answers may be verbatim or as above.

Can gain full credit without naming the issue.

Credit other relevant suggestions consistent with BPS guidelines.

1 6 Discuss Bem’s research into androgyny. Refer to the likely findings of the study above in your answer.

[8 marks]

Marks for this question: AO1 = 3 and AO2 = 2 and AO3 = 3

| Level | Marks | Description |
|-------|-------|---|
| 4 | 7 - 8 | Knowledge of Bem’s research into androgyny is accurate with some detail. 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 | 5 - 6 | Knowledge of Bem’s research into androgyny is evident but there are occasional inaccuracies/omissions. Application and/or discussion 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 Bem’s research into androgyny is present. Focus is mainly on description. Any application/discussion 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 Bem’s research into androgyny is very limited. Discussion/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:

- Bem devised the Sex Role Inventory as a measure of androgyny
- BSRI consists of 60 characteristics or traits on which respondents rate themselves on a 7-point scale
- scores translate to two dimensions – masculinity-femininity, androgynous-unclassified
- Bem suggested people who are highly androgynous are more psychologically healthy/have greater mental wellbeing than people who are strongly masculine, strongly feminine or undifferentiated
- description of relevant evidence.

Possible application:

According to Bem, students who get a higher androgyny score on the scale should report:

- more positive feelings about themselves and higher self-worth/self-esteem
- relationships with others as more positive/satisfactory.

Credit the same ideas expressed in the opposite way, ie students who score lower on the androgyny scale.

Possible discussion points:

- origins and validity of the BSRI – scientifically established relevant traits using a large sample and has test-retest reliability
- BRSI score is an oversimplification – other aspects of life need consideration, eg work role, abilities, etc
- being androgynous is not necessarily always positive – a person high in androgyny might possess negative traits, eg be excessively competitive
- modification to Bem's original – the addition of undifferentiated type
- social changes, eg in typically male and female roles may mean that the BRSI is out-dated
- use of evidence to support/refute BEM's theory about psychological health, eg other studies show that a high masculinity score is more healthy
- practical applications eg awareness of gender stereotyping

Credit other relevant material.

Section B

Cognition and development

1 7 Briefly outline what Piaget meant by 'class inclusion'.

[2 marks]

Marks for this question: AO1 = 2

2 marks for a clear, coherent outline of the term with some elaboration.

1 mark for a limited or muddled outline.

Content:

ability to understand the difference between subordinate classes/subcategories and superordinate classes/more global/broader categories (or similar)

OR

any object can at the same time be an example of a subordinate group/subcategory (eg apple) and also an example of a superordinate group/global category (eg fruit).

1 8 Outline theory of mind as an explanation for autism. Explain **one** strength of theory of mind as an explanation for autism.

[6 marks]

Marks for this question: AO1 = 3 and AO3 = 3

| Level | Marks | Description |
|-------|-------|--|
| 3 | 5 - 6 | Outline is clear, coherent and mostly accurate, with some detail. Strength is clearly explained. Specialist terminology is used effectively. |
| 2 | 3 - 4 | Outline is appropriate but has minor inaccuracy or lack of clarity. Strength is appropriate but lacks clarity. Specialist terminology is sometimes used appropriately OR one aspect at Level 3. |
| 1 | 1 - 2 | Outline is limited/very limited. Strength is muddled or absent. The answer lacks clarity and accuracy. Specialist terminology is either absent or inappropriately used. OR one aspect at Level 2. |
| | 0 | No relevant content. |

Possible content:

- theory that suggests people with autism have problems taking the point of view of others (similar to egocentrism)
- possibly due to a failure of an innate theory of mind mechanism (ToMM)
- problem is one of mind reading sometimes called mind-blindness
- cannot understand other people's intentions/emotions
- tendency to take literal interpretations.
- knowledge of theory embedded in evidence.

Possible strengths:

- use of evidence to support theory of mind explanations for autism, eg evidence that people with autism have difficulty with the Sally-Anne task/false belief tasks/Eyes task
- theory of mind accounts well for the communication and social deficits associated with autism
- consistent with biological findings in relation to autism
- application of the theory eg understanding autism and interventions.

Credit other relevant material.

1 9

Explain how the researchers could have obtained a stratified sample from the four different schools.

[4 marks]

Marks for this question: AO2 = 4

1 mark for **each** of the following:

- identify strata/sub-groups in their population, eg the four different schools
- calculate the required proportion from each stratum based on the proportion in the population
- select sample at random from each school/stratum/sub-group.
- use a random selection method, eg assign each student a number then use a computer, calculator or random number table to select specified number of numbers between 0 and X (or hat method).

Credit answers based on other strata/sub-groups, eg male and female etc.

3rd and 4th bullet point can only be credited if preceded by strata and proportionality.

2 0

Suggest **two** additional points that could be added to the debriefing statement to better ensure ethical treatment of the students.

[4 marks]

Marks for this question: AO3 = 4

For **each** suggestion, award marks as follows:

2 marks for a detailed, coherent, relevant suggestion

1 mark for a brief or muddled, relevant suggestion.

0 marks for just naming an ethical issue

Possible content:

- confidentiality: advise students that their data is to be kept confidential so their individual responses will not be identifiable and will not be accessible to anyone other than the researchers/their agents
- withdrawal of data: ensure students are told they have the right to withdraw their data after the event even if they consented to the survey and were aware of the aim at the start
- protection from harm: ensure that no one has been upset or offended by questions on the survey, eg if they were felt to be intrusive or offensive, or upset by feelings aroused during the survey. If so, then discuss that these feelings are normal etc
- debrief: explain the full purpose/aim of the survey, check again that they are willing to allow their data to be used.

Answers may be verbatim or as above.

Can gain full credit without naming the issue.

Credit other relevant suggestions consistent with BPS guidelines.

2 1 Discuss Vygotsky’s theory of cognitive development. Refer to the likely findings of the study above in your answer.

[8 marks]

Marks for this question: AO1 = 3 and AO2 = 2 and AO3 = 3

| Level | Marks | Description |
|-------|-------|---|
| 4 | 7 - 8 | Knowledge of Vygotsky’s theory is accurate with some detail. 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 | 5 - 6 | Knowledge of Vygotsky’s theory is evident but there are occasional inaccuracies/omissions. Application and/or discussion 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 Vygotsky’s theory is present. Focus is mainly on description. Any application/discussion 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 Vygotsky’s theory is very limited. Discussion/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:

- social interaction/culture are key to cognitive development – child internalises understanding of others
- child as an apprentice who develops tools of a culture, eg language, use of technology
- language has an important role: external speech leads to inner speech leads to internalised thought
- emphasises scaffolding – more knowledgeable others/experts act as supportive framework, later withdrawn
- zone of proximal development – gap between what can be achieved alone and what can be achieved with help
- knowledge of theory embedded in evidence.

Possible application:

- students might say they learned better with help/scaffolding from teacher/peers
- students might be able to go beyond their current level of attainment with help (move through ZPD)
- students might describe how they can eventually succeed alone – the scaffolding framework can be removed
- according to Vygotsky, students should learn better in activities that involve scaffolding, eg peer tutoring, pair work, teacher demonstration, use of writing frames, etc.

Possible discussion points:

- use of evidence to support/refute Vygotsky's theory about cognitive development, eg evidence for improved performance with scaffolding or evidence that shows tutoring does not accelerate learning
- cross cultural differences in concept development show that understanding depends on social interaction/cultural experience
- comparison with other theories of cognitive development, eg Piaget's view on the role of language/child as scientist
- assumes all children learn better with social interaction – some children prefer to learn alone.

Credit other relevant material.

Section C

Schizophrenia

2 2 In the context of schizophrenia, outline what is meant by co-morbidity.

[2 marks]

Marks for this question: AO1 = 2

2 marks for a clear, coherent outline of co-morbidity in the context of schizophrenia.

1 mark for a limited or muddled outline.

Possible content:

- co-morbidity is where two conditions co-exist in the same individual at the same time/have a tendency to co-exist alongside each other
- so a person with schizophrenia might also at the same time be suffering from another condition, eg personality disorder, depression, alcoholism, etc.

Credit other relevant answers.

2 3 Explain how symptom overlap might lead to problems with the diagnosis **and/or** classification of schizophrenia.

[2 marks]

Marks for this question: AO3 = 2

2 marks for a clear, coherent explanation of how symptom overlap might lead to problems with diagnosis and/or classification of schizophrenia.

1 mark for a limited or muddled explanation.

Possible content:

- shared symptoms could lead to an unreliable/incorrect diagnosis (not valid)
- because the person may exhibit a symptom typical of schizophrenia (eg delusions) but could instead have another condition with the same symptom (eg bipolar disorder).

Credit other relevant explanations.

2 4 Using the data in **Table 2**, explain how the distribution of scores in **Group A** differs from the distribution of scores in **Group B**.

[4 marks]

Marks for this question: AO2 = 4

1 mark for **each** of the following points:

- group A scores indicate a normal distribution
- because in Group A the mean, median and mode are almost the same (as in a bell-shaped curve)
- group B scores indicate a (positively) skewed distribution
- because the mean is higher than the median/mode or to the right hand side of the distribution.

2 5 Discuss **one or more** biological explanations for schizophrenia.

[16 marks]

Marks for this question: AO1 = 6 and AO3 = 10

| Level | Marks | Description |
|-------|---------|---|
| 4 | 13 - 16 | Knowledge of one or more biological explanations for schizophrenia is accurate with some detail. 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 one or more biological explanations for schizophrenia 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 one or more biological explanations for schizophrenia 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 one or more biological explanations for schizophrenia 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:

- genetic explanation – schizophrenia is heritable/inherited through the generations through transmission of genes/DNA; runs in families/familial link; involves a combination of affected genes/is polygenic; candidate genes, eg PCM1
- dopamine hypothesis – schizophrenia is linked to excess activity of the dopamine in subcortical areas of the brain (hyperdopaminergia) or to low activity of dopamine in outer areas/cortex especially the prefrontal cortex (hypodopaminergia)
- role of other neurotransmitters, eg serotonin, acetylcholine, glutamate
- other neural correlates – size/function of various brain structures has been found to be linked to schizophrenia and/or to specific symptoms of the disorder, eg enlarged ventricles/reduced grey matter density/activity of basal ganglia
- knowledge of explanations embedded in research.

Possible discussion points:

- use of evidence supporting/refuting a biological cause, eg twin and adoption studies; scanning evidence
- consequences of assuming a genetic cause, eg family responsibility; determinism; blame, etc
- problems determining cause and effect – eg unusual dopamine activity may be a consequence of the disorder rather than the cause
- unusual neural activity may be due to medication rather than a factor in the disorder
- treatment fallacy – just because dopamine blockers reduce symptoms it does not mean that dopamine activity is the cause
- implications for treatment, eg early identification, neural explanations lend themselves to medication etc.
- broader issues and debates, eg biological reductionism versus a more holistic diathesis-stress approach
- comparison with other explanations.

Credit other relevant material.

Section C

Eating behaviour

2 6 Briefly outline **one** psychological explanation for obesity.

[2 marks]

Marks for this question: AO1 = 2

2 marks for a clear, coherent outline of one psychological explanation with some explicit link to obesity.
1 mark for a limited or muddled outline.

Possible content:

- restraint theory – involves using self-imposing targets that are often unrealistic; a high control strategy that tends to be practised by people with low self-control; eating driven by the regimen rather than by hunger; preoccupation with food; paradoxical outcome
- disinhibition – external cues trigger uncontrolled eating; linked to high body mass index, anxiety, low emotional control; seeking comfort through eating
- boundary model – physiological model of balance between hunger and satiety; hunger motivates eating; fullness motivates us to stop eating; restrained eaters have higher satiety boundary so eat more.

Note that these explanations may overlap.
Credit other relevant explanations.

2 7 Outline **one** strength of the explanation you have given in your answer to **Question 26**.
[2 marks]

Marks for this question: AO3 = 2

2 marks for a clear, coherent strength of the explanation in **Question 26**.

1 mark for a limited or muddled strength.

Possible strengths:

- use of evidence to support the explanation, eg studies show restrained eating does not lead to long-term weight loss; restrained eaters fail to maintain weight loss over time
- boundary model more holistic, considers both physiological and cognitive processes
- consistent with everyday experiences of dieting so has intuitive appeal.

Credit other relevant strengths.

2 8 Using the data in **Table 3**, explain how the distribution of scores in **Group A** differs from the distribution of scores in **Group B**.
[4 marks]

Marks for this question: AO2 = 4

1 mark for **each** of the following points:

- group A scores indicate a normal distribution
- because in Group A the mean, median and mode are almost the same (as in a bell-shaped curve)
- group B scores indicate a (positively) skewed distribution
- because the mean is higher than the median/mode or to the right hand side of the distribution.

2 9 Discuss **one or more** biological explanations for anorexia nervosa.

[16 marks]

Marks for this question: AO1 = 6 and AO3 = 10

| Level | Marks | Description |
|-------|---------|---|
| 4 | 13 - 16 | Knowledge of biological explanation(s) for anorexia nervosa is accurate with some detail. 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 biological explanation(s) for anorexia nervosa 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 biological explanation(s) for anorexia nervosa 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 biological explanation(s) for anorexia nervosa 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:

- genetic explanation – disorder is heritable; genes/DNA passed down through generations; concordance in twins; identification of specific genes, eg EPHX2/ combination of genes
- genetic explanation – evolutionary - disorder has an adaptive function; Guisinger’s ‘flee famine’ view; contemporary adaptive function of thinness, eg thin = attractive
- season of birth – spring babies’ vulnerability
- neural explanations – activity of neurotransmitters serotonin, dopamine and noradrenaline; abnormal levels of serotonin and dopamine metabolites found in people with anorexia nervosa
- abnormalities in brain activity in areas associated with feeding behaviour, eg hypothalamus; insula area of the cortex
- knowledge of explanation embedded in evidence.

Possible discussion points:

- use of evidence to support/refute the explanation, eg use of twin evidence; metabolite studies
- implications of accepting the genetic explanation
- relevance of the flee famine hypothesis in modern Western society
- discussions of cause and effect, eg altered neurotransmitter function may be due to the disorder rather than the cause, but recovered patients show reductions in serotonin and dopamine function post-recovery
- problems of isolating the activity of specific brain structures
- discussions relating to broader issues of reductionism and determinism
- comparisons with other explanations, eg social/family etc

Credit other relevant material.

Section C

Stress

3 0 Briefly outline **one** therapy used to manage stress.

[2 marks]

Marks for this question: AO1 = 2

2 marks for a clear, coherent outline of one therapy with some detail.

1 mark for a limited or muddled outline.

Possible content:

- Drug therapy – benzodiazepines (Valium, Librium) increase GABA activity causing an inhibitory effect in the CNS; beta blockers reduce activity of noradrenaline/adrenaline and influence the cardiovascular system lowering heart rate/blood pressure
- Stress inoculation therapy – cognitive approach where client is taught techniques to control own stress levels in problem situations, eg cognitive appraisal, positive self-talk, counting, imagery, mastery
- Biofeedback – behavioural intervention where operant conditioning and reinforcement are used to enable client to have conscious control over involuntary physiological functions, eg muscle relaxation, heart rate.

Credit other relevant therapies.

3 1 Outline **one** limitation of the therapy in your answer to **Question 30**.

[2 marks]

Marks for this question: AO3 = 2

2 marks for a clear, coherent limitation related to the therapy in **Question 30**.

1 mark for a limited or muddled limitation.

Possible limitations:

- problems with side effects of medication and/or dependence
- lack of appropriateness for different types of stress, eg SIT not so useful for stress that is unpredictable
- whether any beneficial effects are sustained over time/outside treatment
- whether the client takes an active part in the therapy or is a passive recipient
- therapies, eg drugs, might alleviate symptoms but external causes could still be a problem
- ethical issues relevant to the specified therapy, eg protection from harm
- use of evidence to show that the therapy lacks effectiveness.

Credit other relevant limitations.

3 2 Using the data in **Table 4**, explain how the distribution of scores in **Group A** differs from the distribution of scores in **Group B**.

[4 marks]

Marks for this question: AO2 = 4

1 mark for **each** of the following points:

- group A scores indicate a normal distribution
- because in Group A the mean, median and mode are almost the same (as in a bell-shaped curve)
- group B scores indicate a (positively) skewed distribution
- because the mean is higher than the median/mode or to the right hand side of the distribution.

3 3 Discuss the role of stress in illness.

[16 marks]

Marks for this question: AO1 = 6 and AO3 = 10

| Level | Marks | Description |
|-------|---------|--|
| 4 | 13 - 16 | Knowledge of the role of stress in illness is accurate with some detail. 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 the role of stress in illness 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 the role of stress in illness 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 the role of stress in illness 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:

- stress and illness linked due to the effects of stress on the immune system
- mechanisms of immunosuppression – sustained production of cortisol reduces immune function; interferes with activity of white blood cells (leucocytes); reduced ability to fight infection
- stress linked to cardiovascular disorders (heart problems, high blood pressure, etc), infections (colds), cancer
- immune function is shown to be compromised in vulnerable populations, eg carers, students at exam time
- epidemiological studies show greater vulnerability in people with stressful occupations, eg air traffic controllers
- knowledge of role of stress in illness embedded in evidence.

Possible discussion points:

- use of evidence to support arguments that naturally occurring or induced stress affect immune function/response
- some stress can have a beneficial effect on immune function
- problems of drawing firm conclusions based on correlational data
- behaviour/lifestyle factors are a confounding factor, eg diet, lack of exercise, alcohol consumption, etc
- individual differences (eg gender, personality type, hardiness) can mediate the responses of the immune system to stress, eg Type A more likely to experience stress-related CHD
- social support has been found to mediate effects of stress on illness
- discussion of implications, eg targeted strategies to reduce stress in vulnerable populations.

Credit other relevant material.

Section D

Aggression

3 4 Which **two** of the following statements are **TRUE**? Write the **two** correct letters in your answer book.

[2 marks]

Marks for this question: AO1 = 2

1 mark for each correct letter:

B
E

3 5 Some people suggest that the media influences aggression through desensitisation. Evaluate desensitisation as an explanation for aggression.

[6 marks]

Marks for this question: AO3 = 6

| Level | Marks | Description |
|-------|-------|---|
| 3 | 5 - 6 | Evaluation is effective and appropriate. Minor detail and/or expansion of argument is sometimes lacking. Answer is clear, coherent and focused. Specialist terminology is used effectively. |
| 2 | 3 - 4 | Evaluation is sometimes effective, mostly clear and focused. Specialist terminology is sometimes used appropriately. |
| 1 | 1 - 2 | Evaluation is very limited and lacks clarity. Specialist terminology is either absent or inappropriately used. |
| | 0 | No relevant content. |

Possible evaluation points:

- use of evidence to support/refute media desensitisation as an explanation, eg lower levels of arousal in regular viewers of violent media when exposed to violent stimuli
- evaluation of the correlational nature of evidence
- counterargument, eg viewing violent images may be cathartic (psychoanalytic theory) and therefore prevent actual expression of violence
- role of individual differences, eg personality – some individuals are more influenced than others
- analysis of implications of accepting the desensitisation explanation, eg need for media regulation.

Credit other relevant material.

3 6 Discuss **one or more** social psychological explanations for aggression. Refer to some of the comments in **Table 5** in your answer.

[16 marks]

Marks for this question: AO1 = 6 and AO2 = 4 and AO3 = 6

| Level | Marks | Description |
|-------|---------|---|
| 4 | 13 - 16 | Knowledge of one or more social psychological explanations for aggression is accurate with some detail. 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 one or more social psychological explanations for aggression is evident but there are occasional inaccuracies/ omissions. Application and/or 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 one or more social psychological explanations for aggression is present. Focus is mainly on description. Any application and/or 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 one or more social psychological explanations for aggression is very limited. Discussion/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:

- frustration-aggression hypothesis – aggression results from goal prevention; psychodynamic theory of aggression as a physiological drive needing cathartic release; aggression as displacement; importance of environmental cues; importance of proximity to goal
- social learning theory – aggression learned as a result of observation, imitation, modelling, identification; vicarious reinforcement; mediating cognitive factors affect likelihood of behaviour being reproduced, eg attention
- de-individuation – membership of a co-acting group/crowd leads to reduction in feeling of personal responsibility; loss of personal identity; anonymity; assume group identity; lowering of private/public self-awareness; lowered inhibition; in-group out-group effect
- knowledge of explanations embedded in evidence.

Possible application:

- frustration-aggression: John's fighting might be triggered by frustration due to his team losing and/or other supporters taunting; John displaces anger at losing match/unfairness onto rival supporters
- social learning: John observes players fighting on the pitch – these are his role models – he identifies with these high status models – observes, imitates; John saw everyone else fighting and imitated
- de-individuation: John is part of a group/co-acting; therefore less likely to feel individually responsible for his aggressive act due to de-individuation; rival groups of supporters leads to in-group/out-group effect.

Possible discussion points:

- use of evidence to support/refute explanation/s
- not all frustration leads to aggression
- factors such as personality and past experience mediate frustration-aggression effect
- mediating cognitive factors in SLT can explain why people react aggressively in some situations and not others
- de-individuation can result in pro-social as well as antisocial behaviours – depends on contextual cues and norms
- implications for explanation/s – how knowledge of causes might enable aggression to be reduced, eg regulating exposure to aggressive media
- comparison with other explanations, eg biological
- discussion linked to broader issues, eg determinism, role of nurture etc.

Credit other relevant material.

Section D

Forensic psychology

3 7 Which **two** of the following statements about Eysenck’s theory of the criminal personality are **TRUE?** Write the **two** correct letters in your answer book.

[2 marks]

Marks for this question: AO1 = 2

1 mark for each correct letter:

B
E

3 8 Evaluate the atavistic form explanation for offending.

[6 marks]

Marks for this question: AO3 = 6

| Level | Marks | Description |
|-------|-------|---|
| 3 | 5 - 6 | Evaluation is effective and appropriate. Minor detail and/or expansion of argument is sometimes lacking. Answer is clear, coherent and focused. Specialist terminology is used effectively. |
| 2 | 3 - 4 | Evaluation is sometimes effective, mostly clear and focused. Specialist terminology is sometimes used appropriately. |
| 1 | 1 - 2 | Evaluation is very limited and lacks clarity. Specialist terminology is either absent or inappropriately used. |
| | 0 | No relevant content. |

Possible evaluation points:

- important role in shift away from theories based on feeble-mindedness, wickedness and demonic possession
- forerunner of more scientific biological explanations
- use of evidence to support/refute the atavistic explanation
- biological determinism – racial undertones, discrimination and eugenic implications
- emphasised the criminal stereotype
- use of evidence to support/refute the explanation.

Credit other relevant material.

3 9 Discuss **one or more** ways of dealing with offending behaviour. Refer to some of the suggestions in **Table 6** in your answer.

[16 marks]

Marks for this question: AO1 = 6 and AO2 = 4 and AO3 = 6

| Level | Marks | Description |
|-------|---------|---|
| 4 | 13 - 16 | Knowledge of one or more ways of dealing with offending behaviour is accurate with some detail. 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 one or more ways of dealing with offending behaviour is evident but there are occasional inaccuracies/omissions. Application and/or 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 one or more ways of dealing with offending behaviour is present. Focus is mainly on description. Any discussion and/or application 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 one or more ways of dealing with offending behaviour is very limited. Discussion/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:

- anger management – cognitive therapy involving three stages – cognitive preparation/restructuring/appraisal to understand cause; skills acquisition, eg use of relaxation, mantra; application practice - using new skills in role play
- behaviour modification – behavioural therapy based on principles of operant conditioning; systematic use of reinforcement for desired behaviours; tokens as secondary reinforcers to be exchanged for primary reinforcers
- restorative justice – rehabilitation through reconciliation and collaboration; offenders made aware of effect of their actions; supervised meetings with victim; pay reparation to victim/society
- custodial sentencing – aims are deterrence, incapacitation, retribution and rehabilitation
- knowledge of ways of dealing with offending behaviour embedded in evidence.

Possible application:

- anger management involves cognitive awareness/understanding - talking about what makes him angry
- anger management involves acquisition of skills/strategies to control own anger – teach him how to calm himself down
- behaviour modification involves use of reinforcement for good behaviour – points for TV time as tokens/secondary reinforcement (could be applied in custodial setting); seeing the link between behaviour and consequences
- restorative justice involves making reparation – something to help the victim, seeing the consequences for the victim.

Possible discussion points:

- use of evidence for effectiveness/lack of effectiveness/effects on recidivism
- whether the intervention has any long-term beneficial effects, eg anger management offers transferable skills, life enhancement
- whether there is a need for trained personnel, eg anger management
- whether the intervention can be used in different settings, eg behaviour modification can only be used in controlled environment
- victim effects – whether the victim will co-operate, will benefit etc
- restorative justice as an easy way out – no real remorse
- attitudes of wider society and societal demand for retribution
- negative effects of custodial sentencing eg brutalisation, effects on mental health etc
- comparison of different ways of dealing with offending.

Credit other relevant material.

Section D

Addiction

4 0 Which **two** of the following statements best describe the effects of tolerance? Write the **two** correct letters in your answer book.

[2 marks]

Marks for this question: AO1 = 2

1 mark for each correct letter:

- A
- D

4 1 Evaluate Prochaska’s model of behaviour change.

[6 marks]

Marks for this question: AO3 = 6

| Level | Marks | Description |
|-------|-------|---|
| 3 | 5 - 6 | Evaluation is effective and appropriate. Minor detail and/or expansion of argument is sometimes lacking. Answer is clear, coherent and focused. Specialist terminology is used effectively. |
| 2 | 3 - 4 | Evaluation is sometimes effective, mostly clear and focused. Specialist terminology is sometimes used appropriately. |
| 1 | 1 - 2 | Evaluation is very limited and lacks clarity. Specialist terminology is either absent or inappropriately used. |
| | 0 | No relevant content. |

Possible evaluation points

- represents a positive move away from all-or-nothing view of addiction
- humane view - considers relapse as normal part of process rather than failure
- identification of separate stages should enable better understanding of the processes
- practical application – therapies can be devised that are appropriate for particular stages
- use of evidence to support/refute existence of stages
- use of evidence to show effectiveness or otherwise of stage specific therapies
- validity - stages may not be discrete/exclusive
- arbitrary nature of stages.

Credit other relevant material.

4 2 Discuss **one or more** ways of reducing addiction. Refer to some of the suggestions in **Table 7** in your answer.

[16 marks]

Marks for this question: AO1 = 6 and AO2 = 4 and AO3 = 6

| Level | Marks | Description |
|-------|---------|---|
| 4 | 13 - 16 | Knowledge of one or more ways of reducing addiction is accurate with some detail. 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 one or more ways of reducing addiction is evident but there are occasional inaccuracies/omissions. Application and/or 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 one or more ways of reducing addiction is present. Focus is mainly on description. Any discussion and/or application 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 one or more ways of reducing addiction is very limited. Discussion/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:

- drug therapy – replacement therapy using chemical substitutes or agonists (eg nicotine patches/gum/methadone etc); similar effect to addictive substance at the synapse; aversive drugs as used in aversion therapy, eg emetics to induce vomiting; use of blockers (antagonists) to prevent addictive substance having the desired chemical effect
- aversion therapy – based on classical conditioning; pairing of noxious stimulus (UCS) with undesired behaviour (NS); UCS causes unpleasant effect (UCR); through association NS acquires properties of UCS and becomes a conditioned stimulus (CS) creating an unpleasant conditioned response (CR). To avoid CR the CS is avoided. Credit concrete descriptions of the conditioning process using specified substances
- covert sensitisation – in vitro alternative to aversion therapy; use of revolting imaginal stimulus as an alternative to in vivo use of noxious stimulus; image can be suggested by therapist or devised in collaboration with client; classical conditioning principles as above
- cognitive behaviour therapy – focus on changing thinking and learning skills to avoid relapse; stages might include cognitive appraisal and restructuring, skills acquisition where client learns skills to avoid substance, eg assertiveness, self-monitoring etc, role play of potentially difficult situations.

Possible application:

- 'the patches' is a reference to nicotine patches, medication/drug substitutes, an example of agonist drug therapy; pills block the effects of nicotine - antagonist
- rapid smoking to induce 'feeling sick' is an example of aversion therapy/images of horrid things create aversion
- use of unpleasant imagery 'horrid things to her body' is a strategy used in covert sensitisation
- refusal training to say 'No' would be part of cognitive therapy; giving knowledge about effects is part of cognitive therapy.

Possible evaluation points:

- use of evidence for effectiveness/lack of effectiveness/effects on relapse
- whether the intervention has any long-term beneficial effects, eg increase in confidence following CBT
- ease of availability, eg drugs versus cognitive therapy
- appropriateness for certain client groups, eg need for motivation with CBT
- whether the intervention can be used in different settings, eg aversion therapy requires a controlled setting and cannot be practised at home
- side effects of medication – eg with nicotine replacement therapy; problems following regimen
- ethical issues, eg in use of aversion
- comparison of different ways of reducing addiction.

Credit other relevant material.

Can accept ways of reducing other addictions (eg gambling) but no credit for application.

| Assessment Objective Grid | | | | |
|----------------------------------|------------|--------------|-----------------|-----------------|
| Issues and Debates | AO1 | AO2 | AO3 | Total |
| 01 | 4 | | | 4 |
| 02 | 1 | | 1 | 2 |
| 03 | | 2 | | 2 |
| 04 | | | 4 | 4 |
| 05 | | | 4 | 4 |
| 06 | 3 | 2 | 3 | 8 |
| Total | | | | 24 |
| AND | | | | |
| Relationships | | | | |
| 07 | 2 | | | 2 |
| 08 | 3 | | 3 | 6 |
| 09 | | 4 (RM) | | 4 |
| 10 | | | 4 (RM Strand 2) | 4 |
| 11 | 3 | 2 | 3 | 8 |
| Total | 8 | 6 | 10 | 24 |
| OR | | | | |
| Gender | | | | |
| 12 | 2 | | | 2 |
| 13 | 3 | | 3 | 6 |
| 14 | | 4 (RM) | | 4 |
| 15 | | | 4 (RM) Strand 2 | 4 |
| 16 | 3 | 2 | 3 | 8 |
| Total | 8 | 6 | 10 | 24 |
| OR | | | | |
| Cognition and development | | | | |
| 17 | 2 | | | 2 |
| 18 | 3 | | 3 | 6 |
| 19 | | 4 (RM) | | 4 |
| 20 | | | 4 (RM) Strand 2 | 4 |
| 21 | 3 | 2 | 3 | 8 |
| Total | 8 | 6 | 10 | 24 |
| AND | | | | |
| Schizophrenia | | | | |
| 22 | 2 | | | 2 |
| 23 | | | 2 | 2 |
| 24 | | 4 (RM Maths) | | 4 |
| 25 | 6 | | 10 | 16 |
| Total | 8 | 4 | 12 | 24 marks |
| OR | | | | |
| Eating behaviour | | | | |
| 26 | 2 | | | 2 |
| 27 | | | 2 | 2 |
| 28 | | 4 (RM Maths) | | 4 |

| | | | | |
|----------------------------|-----------|--------------|-----------|-----------------|
| 29 | 6 | | 10 | 16 |
| Total | 8 | 4 | 12 | 24 |
| OR | | | | |
| Stress | | | | |
| 30 | 2 | | | 2 |
| 31 | | | 2 | 2 |
| 32 | | 4 (RM Maths) | | 4 |
| 33 | 6 | | 10 | 16 |
| Total | 8 | 4 | 12 | 24 |
| AND | | | | |
| Aggression | | | | |
| 34 | 2 | | | 2 |
| 35 | | | 6 | 6 |
| 36 | 6 | 4 | 6 | 16 |
| Total | 8 | 4 | 12 | 24 |
| OR | | | | |
| Forensic psychology | | | | |
| 37 | 2 | | | 2 |
| 38 | | | 6 | 6 |
| 39 | 6 | 4 | 6 | 16 |
| Total | 8 | 4 | 12 | 24 |
| OR | | | | |
| Addiction | | | | |
| 40 | 2 | | | 2 |
| 41 | | | 6 | 6 |
| 42 | 6 | 4 | 6 | 16 |
| Total | 8 | 4 | 12 | 24 |
| | | | | |
| Paper Totals | 32 | 18 | 46 | 96 marks |

Research Methods marks = 16

Maths marks = 4

AO3 Strand 2 marks = 8

Recall only marks = 6 (Qs 01, 02 (1 mark), 7/12/17, 34/37/40)