



Gender

A-level Revision Notes AQA(A)

By [PsychLogic](#), published 2018

Exam Paper Advice

In the exam, you will be asked a range of questions on the topic of relationships, which may include questions about research methods or using mathematical skills based on research into relationships.

As in Paper One and Two, you may be asked a 16-mark question, which could include an item (6 marks for AO1 Description, 4 marks for AO2 Application and 6 marks AO3 Evaluation) or simply to discuss the topic more generally (6 marks AO1 Description and 10 marks AO2 Evaluation).

There is no guarantee that a 16-mark question will be asked in this topic though so it is important to have a good understanding of all of the different areas linked to the topic.

There will be 24 marks for gender questions, so you can expect to spend about 30 minutes on this section, but this is not a strict rule.

Sex and Gender

Sex refers to an individual's biological status as either male or female (or hermaphrodite). For example, chromosomes (female XX, male XY), reproductive organs (ovaries, testes), hormones (oestrogen, testosterone).

Gender refers to a person's sense of, and expression of, their maleness or femaleness. Gender is often determined by the cultural differences expected by society of men and women according to their sex.

Sex-role stereotypes AO1

Gender is the most obvious physical (and perhaps psychological) difference between humans and (almost most) animals, and is a fundamental division within nature.

Common-sense, traditional Western viewpoints designate males and females as binary opposites and argue that gender is an inescapable, natural biological fact.

- **Males** – independent, aggressive, dominant, problem-solvers, should be the main provider in the family, and should control and suppress their feelings.
- **Females** – dependent, submissive, domestic, nurturing carers, emotional.

AO3

Cross-cultural and historical evidence may challenge these assumptions, however, and since the early 20th Century Feminism emerged as a social and political force fighting for equal opportunities and challenging traditional sexism and patriarchy.

Although gender is determined soon after conception, genetic and hormonal factors can masculinise females and feminise males, and all societies contain members who feel unhappy with their biological gender or the gender role assigned to them.

Psychological theories of gender tend to revolve around the question of whether gender is a natural, biological fact (Freud: 'anatomy is destiny'), or whether gender is a socially-constructed category which culture socialises/conditions children into: i.e. boys and girls learn to be boys and girls. This question is of great importance in relation to society's view of and treatment of men and women: in particular, whether traditional gender roles are natural/normal/desirable.

Androgyny (AO1)

Although we tend to view masculine and feminine as polar opposites it may be more accurate to view gender on a scale with most people fitting somewhere between the 2 extremes.

Sandra Bem was aware that society considers some traits masculine and some feminine. However, she believed that any person can have both feminine and masculine traits, as they are independent traits (i.e. not related).

This means that a person's level of masculinity doesn't determine their level of femininity and vice versa. This means that people can score high or low on either masculinity or femininity or both.

Androgyny refers to people who are possessed of equally male and female gender traits.

Bem's Sex Role Inventory is a questionnaire designed to measure how masculine/feminine/androgynous a person is. Bem asked 50 male and 50 female students to rate 200 traits for how desirable they were for males or females.

From this list she selected 20 traits which were regarded as desirable for men (e.g. self-reliance independence, aggressiveness), 20 for women (e.g. warmth, cheerfulness, friendliness), and 20 which were gender-neutral (e.g. honesty).

She then asked over 600 participants to rate each of the 60 items on a scale of 1 (never true of me) to 7 (always true of me). Although many participants' scores clustered around feminine or masculine, many were fairly androgynous (high scores on both masculine and feminine traits) and some were undifferentiated (low scores on both masculine and feminine traits).

AO3

Implications - Our gender identity influences how we behave and how we feel and how we think. A traditional idea is that it is 'healthier' for males to be masculine and females to be feminine – e.g. evolutionary psychology. Most often a person's gender role identity conforms to expectation of society. However, there are costs involved in the maintenance of gender role stereotypes.

These costs included limiting opportunities for boys and girls, ignoring talent, and perpetuating unfairness in our society. Witt (1997) also suggests that an androgynous gender role orientation may be more beneficial to children than strict adherence to traditional gender roles as it opens up more opportunities in society.

The concept of androgyny implied that women were no longer expected or encouraged to resist their behavior to traditional gender role specific traits. Bem, together with other

feminist psychologists, described androgyny as a liberating force, leading women to live fuller lives.

Nature vs. Nurture : Parents who adopt an equal attitude regarding gender roles are more likely to foster this attitude in their children. Children whose mothers work outside the home are not as traditional in sex role orientation as children whose mothers stay home.

Families with one or more androgynous parent (i.e., a mum who repairs the family car or a dad who bakes cookies) have been found to be highest on scores of parental warmth and support. These androgynous parents are found to be highly encouraging regarding achievement and developing a sense of self worth in sons and daughters (Sedney, 1987).

Critics argue that the Bem SRI, developed in the 1970's is outdated and based around stereotypes from 40+ years ago. In 2001 a sample of 400 students failed to reach agreement on what adjectives were stereotypically masculine or feminine. Thus, the SRI may lack temporal validity (not accurately apply to modern society).

The role of chromosomes and hormones

Chromosomes AO1

The sex of a baby is determined at conception when the sperm and ovum form a zygote (fertilised egg). The sperm and the egg both contribute chromosomes to the zygote. The 23rd chromosome contains DNA instructions to determine the zygote's sex.

The ovum can only supply an X chromosome (female); the sperm can contribute either an X or a Y chromosome (male). If the sperm contributes a Y chromosome the zygote will be genetically male (XY), if the sperm contributes an X the zygote will be female (XX).

Male and female embryos up to 8 weeks have external genitalia that look the same. At 8 weeks, genetically XY males produce androgens which stimulates the development of male genitalia. In XX females this process does not take place, thus female genitalia develop.

Androgen Insensitivity Syndrome (AIS) is a rare condition where an XY male foetus is insensitive to androgen, thus male genitals do not appear meaning that the newly born

infant although genetically male will have female genitals and be labelled as female.

Hormones AO1

Hormones are chemical substances secreted by glands throughout the body and carried in the bloodstream. The same sex hormones occur in both men and women, but differ in amounts and in the effect that they have upon different parts of the body.

Hormones affect the development of the brain which influences gender behavior (e.g. male testosterone and aggression).

Testosterone is a sex hormone, which is more present in males than females, and affects development and behavior both before and after birth.

Testosterone, when released in the womb, causes the development of male sex organs (at 8 weeks) and acts upon the hypothalamus which results in the masculinisation of the brain. Testosterone can cause typically male behaviors such as: Aggression, competitiveness, Visio-spatial abilities, higher sexual drive etc. An area of the hypothalamus at the base of the brain called the sexually dimorphic nucleus is much larger in male than in females.

At the same time testosterone acts on the developing brain. The brain is divided into two hemispheres, left and right. In all humans the left side of the brain is more specialised for language skills and the right for non-verbal and spatial skills.

It appears that in males brain hemispheres work more independently than in females, and testosterone influences this lateralisation.

Oestrogen in females governs the development of secondary sexual characteristics and menstruation from adolescence onwards.

Oxytocin promotes feelings of bonding, contentedness and calming. It is particularly important in breastfeeding to promote lactation and is released at times of stress to reduce the fight-flight response.

AO3

The effects of testosterone have been confirmed in non-human animals. Young (1966) gave male hormones to female rats and vice versa. He found that they showed reversed sex behaviors, males adopting the lordosis position and females attempting to mount them. This suggests that hormones play a powerful role in gender behavior.

Despite evidence pointing towards biological factors being of prime importance in determining gender, genes and hormones do not produce a simple formula for determining gender. Social, cultural and parental influences during socialisation also have a part to play. For example, congenital adrenal hyperplasia (CAH) occurs when XX females are exposed to unnaturally high levels of testosterone in the womb which results in rudimentary male genitalia at birth. Dessens ('05) study of 250 CAH females who were raised as females found that 95% were content with the female gender assigned to them.

The study of the influence of genes and hormones in gender development is a classic example of the **Nature-Nurture debate**. In this case, evidence seems to suggest that gender is primarily determined by biology but can be modified by social-environmental factors: for example, gender is expressed by men and women in different ways in different cultures, and notions of acceptable behaviors for the genders have changed dramatically in Europe over the past century (feminist and gender equality).

Atypical sex chromosome patterns

There are a number of conditions caused by abnormalities in chromosome pair 23. These include Turner's syndrome and Klinefelter's syndrome.

The term syndrome refers to a collection of characteristics which are shared by a group with a common problem. Individuals with atypical chromosomes develop differently than individuals with typical chromosomes - socially, physically and cognitively.

Klinefelter's Syndrome AO1

Klinefelter's Syndrome occurs (approx. 1/1000 males) due an extra X chromosome (e.g. XXY). The infant is born with male genitals.

Sufferers are usually taller than average, have poor muscular coordination, and low levels of testosterone may cause infertility and a more feminine look – less facial hair, broader hips, breast tissue.

The syndrome becomes noticeable in childhood, as the boy has poor language skills. At three years of age, the child may still not talk. At school, their poor language skills affect reading

ability. When they are babies, their temperament is described as passive and co-operative. This calmness and shyness remains with them throughout their lives.

Turner's Syndrome AO1

Turner's Syndrome occurs (approx. 1/2000 females) due to the 2nd sex chromosome being partially or completely missing – therefore, the infant is referred to as Xo.

Sufferers have a vagina and womb but do not menstruate due to undeveloped ovaries, are shorter than average and may present symptoms such as small lower jaw, webbed neck, narrow hips, etc.

In addition to physical differences, there are differences in cognitive skills and behavior compared with typical chromosome patterns. The affected individuals have higher than average verbal ability but lower than average spatial ability, visual memory and mathematical skills. They also have difficulty in social adjustment at school and generally have poor relationships with their peers.

AO3

Nature vs. Nurture - Studying people with Turner's syndrome and Klinefelter's syndrome might help our understanding of gender because by studying people with atypical sex chromosomes and comparing their development with that of people with typical sex chromosomes, psychologists are able to establish which types of behavior are genetic (e.g. determined by chromosomes).

Cognitive Explanations of Gender Development

The Cognitive-Developmental Approach emphasises the role of cognitions (how we think) in the process of gender development. As infants grow older physical changes in the brain mean we progress from simple to complex, abstract thought about our gender identity.

Kohlberg's (1966) Theory AO1

Kohlberg proposed that aged 2-6 we pass through 3 stages:

1. **GENDER LABELLING**. Aged 2-3 infants label themselves and others as a boy or girl based on outward appearances such as hairstyle or dress. Children will tend to change gender labels as appearances change: i.e. a boy with long hair might be labelled a girl.
2. **GENDER STABILITY**. Around 4 years children recognise that gender is stable over time – boys grow into men, etc. but they do not recognise that gender is consistent across situations – believing, for example, that males might change into females if they engage in female activities
3. **GENDER CONSISTENCY**. Around the age of 6 children come to realise that gender is consistent across situations: e.g. that just because a boy may dress or play like a girl they remain a boy. Gender is now a fixed rather than a fluid category in the child's mind.

Kohlberg's theory drew on Piaget's concept of 'conservation' – the ability that develops around the age of 6 to understand that despite superficial appearances the basic properties of an object stay the same.

Children who can't conserve may believe that superficial changes to appearance means that the essence of something has changed: e.g. a man who puts on a woman's wig becomes a woman. Once the ability to conserve develops children realise that despite changes in appearance gender is consistent.

AO3

Although influential, Kohlberg's theory tends to be descriptive rather than explanatory. The theory describes how a child's thinking regarding gender changes as they get older.

However, the theory fails to explain why gender schemas change with age. What is affecting the child's schemas / thinking to change over time? The social learning theory believes a child's thinking is affected by reinforcement and imitation. SLT provides a better account of children's motivation for selecting & conforming to gender categories

Kohlberg's theory predicts that as infants grow older they are increasingly accurate in correctly labelling gender. Thompson ('75) found that whereas 76% of 2 year olds could accurately identify their sex, 90% of 3 year olds could.

Slaby ('75) asked young children questions such as: 'were you a girl or a boy when you were a baby?' and 'when you grow up will you be a mummy or a daddy?' As predicted by Kohlberg, infants only started to give correct answers once they had recognised that gender was stable

over time: e.g. stage 2 – gender stability.

Gender Schema Theory AO1

MARTIN AND HALVERSON (1981) agreed with Kohlberg that a child's thinking is the basis of gender behavior, but believed this thinking starts earlier

Martin argues that the process of acquiring gender relevant information happens before gender consistency/constancy is achieved (aged 6). Martin argues that the basic gender identity acquired at the gender labelling stage (aged 2) is sufficient for an infant to take an interest in and begin identifying with their gender.

At the core of the theory is the notion of 'schema', a mental representation that guides the processing of information and experiences.

GST argues that children gain their gender identity between the ages of 2 and 3 when they work out that they are a boy or a girl. At this stage, their gender schema is extremely simple, consisting of two groups – boys and girls. Their own group is viewed as the 'in group' and the opposite sex is viewed as the 'out group'.

Schemas

A schema is a mental map of understanding or set of ideas about the world. Gender schemas play an important role in organising and structuring the infant's thoughts about information such as what behaviors or emotional responses are appropriate for males/females.

The first schema consists of 2 categories: boy/girl. Own sex is considered the in-group, opposite sex is considered the out-group

Once a child identifies with their gender they think of others of that gender as an in-group, and those who are 'different' (i.e. don't share their gender) as an out-group. Out-groups will be negatively evaluated. This identification leads infants to emulate in-group behaviors and avoid out-group behaviors. Infants will actively seek out information about what their in-group does: i.e. try to acquire schemas of understanding relating to gender-appropriate behavior, such as it is wrong for boys to cry.

AO3

Liben and Signorella (1993) showed 106 primary school children sixty drawings of male and female characters engaged in masculine, feminine, and neutral activities/occupations (e.g.

firefighter, washing dishes), and then asked them to recall as many of the pictures as possible. **Results** : Children recalled more pictures of men performing masculine behaviors than of men performing feminine behaviors. **Conclusion** : The influence of gender schemas can be so strong that counter stereotypical information may be distorted to make it fit in with the schemas.

Psychodynamic Explanation of Gender Development

Freud's Psychoanalytic Theory^{AO1}

After passing through the oral and anal psychosexual stages of development, Freud argued that males and females experience a different complex (or crisis) during the phallic stage aged around 5. If the child successfully resolves this crisis they acquire the gender behavior typical of their sex.

OEDIPUS COMPLEX

Boys wish to be the sole object of their mother's attention and experience immature sexual desire for her. They view their father as a rival for their mother's attention/affection but also fear the father and feel guilty about their desires to get rid of him. The fear of the father is experienced as a fear of castration. This fear is repressed in to the Unconscious.

To resolve this crisis, boys repress their desires for their mother and enter a period of sexual latency (which lasts until puberty) where they find a substitute mother in the form of a girlfriend/partner. They also identify with (**identification**) and internalise (**internalisation**) their father's gender role and adopt stereotypically masculine behaviors.

ELECTRA COMPLEX

Girls are initially attracted to their mothers in the same way as boys. Awareness of the lack of a penis leads to the girl believing she has been castrated and experiencing penis envy. The girl's immature sexual desires then focus on the father.

To resolve this crisis the girl converts her desire for a penis into a desire for a baby. The girl

then identifies with (identification) the mother and internalises (internalisation) stereotypical feminine behaviors.

Girls repress their desires for their father and enter a period of sexual latency (which lasts until puberty) where they find a substitute mother in the form of a boyfriend/partner

AO3

RESEARCH EVIDENCE

Freud's highly controversial case study of [Little Hans](#) (1905) formed the basis for his belief in the Oedipus Complex. The 5 year old Hans was phobic of horses which Freud argued was a repressed and displaced fear of his father. Freud also claimed he expressed sexual desire towards his mother and wished his father dead, and feared castration.

This case study is highly criticisable for generalising from a sample of 1 boy, and that Freud may have interpreted Han's behavior to provide proof for the Oedipus Complex. Case studies such as Levine (21) who claimed that of 32 manic-depressives, 22 were suffering from unresolved Oedipal or Electra crises, have problems with researcher bias and subjectivity.

IMPLICATIONS

Feminists argue that Freud's view is inherently sexist (e.g. penis envy) and views females as less moral than men (because they did not suffer a much fear of the father at a young age). Post-Freudians usually argue that penis envy is symbolic: i.e. women are envious of men's' power and status in society.

These theories imply that children raised in single-parent households would fail to acquire gender identity in the normal way. Patterson (04) found that the gender identity of girls raised by lesbian mothers was very similar to those raised by heterosexual parents.

Social Learning Theory

Bandura's Learning Cognitive Theory (SLT) emphasises that parents, peers and media figures act as gender-appropriate models whom children base their behaviors on and who contribute to children's cognitions about gender identity.

Media AO1

Social learning theory regards gender identity and role as a set of behaviors that are learned from the environment. The main way that gender behaviors are learned is through the process of **observational learning**. Children observe the people around them behaving in various ways, some of which relate to gender.

Individuals that are observed are called models. In society children are surrounded many influential **models**, such as parents within the family, characters on children's TV, friends within their peer group and teachers at school. These models provide examples of masculine and feminine behavior to observe and imitate.

They pay attention to some of these people (models) and encode their behavior. At a later time they may **imitate** (i.e. copy) the behavior they have observed. They may do this regardless of whether the behavior is 'gender appropriate' or not but there are a number of processes that make it more likely that a child will reproduce the behavior that its society deems appropriate for its sex.

First, the child is more likely to attend to and imitate those people it perceives as similar to itself. Consequently, it is more likely to imitate behavior modelled by people the same sex as it is.

Second, the people around the child will respond to the behavior it imitates with either reinforcement or punishment. It is likely that the child will be reinforced for acting in gender appropriate ways and punished or ignored for gender inappropriate behavior. Third, the child will also take into account of what happens to other people when deciding whether or not to copy someone's actions. This is known as **vicarious reinforcement**.

AO3

Williams (1986) carried out a natural experiment in an isolated community called Notel where TV was about to be introduced for the first time. Measures of attitudes and behavior were taken before and after the introduction of TV. Two other towns were used for comparison purposes. He found that, in the two years following the introduction of TV, the children of Notel became much more stereotyped in the gender attitudes. There was no corresponding change in the comparison towns.

Children were re-assessed 2 years after the introduction of TV into Notel and it was found

that behaviors/attitudes had become significantly more sex-typed. This implies that the media and media stereotypes can have a profound effect on how children think about their own and others' gender and this has led to pressure being put upon programme makers to try to present males and females in non-gender-typed ways to encourage women to pursue, for example, careers typically defined as male: e.g. a lawyer.

The social learning approach is unable to explain why:

Children reared in one-parent or homosexual families do not have difficulties with the development of gender identity. There is no evidence that the absence of a powerful same-sex model, or non-stereotypical models for male or female behavior, affect a child's gender identity.

Children persist in behavior which they do not see modelled. The film Billy Elliott is an example of this. Billy was drawn to ballet and desperately wanted to be a ballet dancer, despite being surrounded by men who were typical of the male stereotype. The only ballet dancers he saw were female, but he did not want to be female, he was comfortable as a male. He just wanted to dance.

IMPLICATIONS

Much of the research done on the damaging effects of gender stereotyping has focused on the way in which these stereotypes serve to further suppress women. However, men are hurt as well.

Men are told that they should never show their emotions, they are socialized to be aggressive, and they are taught to derogate anything female. This manifests itself as a high level of competitiveness, a disability to be open and vulnerable, and a lack of competence in interpersonal relationships (Kimmel, 1990).

Culture AO1

In terms of the nature nurture debate if culture does influence gender role this would suggest that gender is learnt. On the other hand, evidence that gender role behavior is consistent across cultures would suggest that gender role is inherited.

CULTURAL SIMILARITIES

In support of the nature debate, psychologists have looked at cultures and tried to show

behaviors that are not influenced by gender role. They argue that consistency across cultures shows that learning does not influence gender roles, instead our genes do.

In support of this view Williams and Best explored gender stereotypes in 30 different nations involving 2800 university students as participants. The students were given a 300 item adjective (e.g. aggressive, kind, gentle) checklist and asked to decide whether it was most associated with men or women. They found that there was a broad consensus across countries with men being seen as more dominant and aggressive and women being seen as nurturing and deferent. This suggests there are universal gender stereotypes which seem to point to gender roles being biologically determined.

However, methodological issues undermine Williams and Best's study, although the sample was drawn from a large geographical pool which should indicate representativeness, they were all students who share common attributes and so they may not be representative of all social groups. Younger populations like students may have more stereotyped attitudes compared to older persons. Also, the checklist did not include an 'equal' category alongside the 'male' and 'female' categories so this means that the division between male and female categories may be exaggerated, because people were forced to make a choice. Therefore, the basis for the conclusion that gender roles is determined from genes and not culture may lack validity.

However, the research by Buss (1989) uses a wide ranging sample from the population and still supports the idea that gender role is biological. He explored what males and females looked for in a marriage partner. The study involved over 10,000 people from 37 different cultures, including a wide diversity of ethnic, religious, political and economic groups. It was found that: Women desired mates who had good financial prospects, men placed more importance on physical attractiveness, men universally wanted mates who were younger than them, both sexes wanted mates who were intelligent, kind and dependable.

Because these findings were common to all men and women it can be concluded that this study points to gender roles being biologically determined. However, it could be argued that the fact that women want providers may be less to do with biology and more to do with the fact that women earn less in most societies, therefore the issue is social and not biological.

CULTURAL DIFFERENCES

Supporting evidence that culture influences gender role comes from the work of Margaret Mead. She studied social groups in Papua New Guinea.

Initially, she argued that the Arapesh men and women were gentle, the Mundugumor men and women were violent and the Tchambuli exhibited gender role differences with women being dominant and men dependant. She concluded that this data demonstrated cultural determinism and that gender differences are determined by social factors. This supports the view that gender role is influenced by nurture.

A methodological strength of the Mead study is that it was a natural experiment, which means that it can provide a true reflection of gender behavior. However, there are a number of methodological issues which undermines the research. First, demand characteristics, Freeman argued that the natives simply provided Mead with the information she wanted to hear and therefore the study is not as valid as it would initially seem.

Second, observer affect could have played a role, the behaviors of the tribes were different because they were aware of being watched. Third, the evidence from this study was collected from a western researcher (Mead) the way she measured aggression and gender roles would be influenced by their own cultural norms, the behaviors that Mead considered as 'aggressive' might not have the same meaning in the tribes she observed.

Therefore, although Mead's evidence supports the idea that gender role is caused by 'nurture' the methodological issues mean we need to be careful in accepting the view.

Furthermore, when Mead reanalysed her data she realised that although both sexes of the Arapesh were non aggressive and both sexes of the Mundugamor were aggressive, in all three cultures the men were more aggressive than women. If this re-analysis is reliable the results would suggest that some behaviors are innate and universal but the degree to which these behaviors are expressed is relative to the particular culture. This is known as cultural relativism and is the idea that nature and nurture both interact with each other.

Atypical Gender Development

Gender Identity Disorder AO1

Gender dysphoria refers to an individual's sense of feeling uncomfortable/inappropriate with their sex and the gender assigned to them. This may lead to gender reassignment surgery. Gender Identity Disorder (GID) is a psychiatric classification for those who

experience gender dysphoria but are not intersex individuals.

PSYCHOSOCIAL EXPLANATIONS: MENTAL ILLNESS

Some view gender dysphoria as a psychiatric problem arising from childhood trauma or maladaptive upbringing. Coates ('91) produced a case study of a GID boy and proposed that his condition was a defensive reaction to his mother's depression following an abortion. Coates suggested that the boy developed cross-gender fantasies as a means of resolving the anxiety he experienced as a result of his mother's depression.

Stoller ('75) claimed to have found evidence from interviews with male GID sufferers that they had overly close mother-son relationships and thus developed an exaggeratedly strong identification with women and confused gender identity.

PSYCHOSOCIAL EXPLANATIONS

Hare ('09) examined the DNA of 112 male-to-female transsexuals and found that they were likely to have a longer version of the androgen receptor gene. This may lead to reduced action of testosterone in the womb which may lead to a more 'feminised' brain.

Research has focused on neurological abnormalities in transsexual's brains. A location in the brain called the BSTc (located in the thalamus) is x2 as large in males as females and contains x2 the amount of neurons. Studies by Zhou ('95) and Krujiver ('00) found that male-to-female transsexuals had the same number of neurons in the BSTc as normal females, and that female-to-male transsexuals had a similar number of neurons to normal men.

AO3

BIOLOGICAL EXPLANATIONS

Cole ('97) studied 435 gender dysphoria sufferers and found no greater incidence of psychiatric problems than in the general population. Thus, gender dysphoria seems generally unrelated to childhood trauma or dysfunctional families.

Zucker ('96) studied 115 boys with concerns about their gender identity. Of the boys eventually diagnosed with GID 64% were also diagnosed with separation anxiety disorder. This points to some kind of disordered relationship with mothers as being an important determinant in male-to-female transsexuals.

BIOLOGICAL EXPLANATIONS

Brain-Sex Theory was challenged by Chung ('00) who noted that differences in BSTc volume in transsexuals did not develop until adulthood, whereas most transsexuals report that their feelings of gender dysphoria emerged in childhood. Thus changes in BSTc may be the result rather than the cause of gender dysphoria.

Also, the transsexuals in the original studies into BSTc size were receiving hormone therapy, and it may have been these hormones which caused changes to the BSTc and to their gender identity.

Exam Question Guides

Revision Resources

[How To Write AQA Psychology Essays for 16 Marker Questions](#)

[How To Answer AQA Psychology Short Context Questions](#)

[How to Answer 'Design a Study' Research Methods Questions](#)

[Research Methods Exam Questions and Answers](#) ☐

[Research Methods Exam Questions and Answers \(48 marks\)](#) ☐

[Research Methods Exam Questions and Answers \(24 marks\)](#) ☐

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Revision Notes

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Attachment
Psychopathology

Paper 2: Psychology in Context
Biopsychology
Research Methods

Paper 3: Issues and Options
Issues & Debates
Schizophrenia
Aggression
Forensic Psychology
Relationships
Gender

Past Papers

AS Paper 1
2017 Exam Paper
2017 Mark Scheme
2017 Examiner Report
2016 Exam Paper
2016 Mark Scheme

A-Level Paper 1

2017 Exam Paper

2017 Mark Scheme

2017 Examiner Report

Assessment Objectives

AO1

Demonstrate knowledge

(a) demonstrate knowledge and understanding of scientific ideas, processes, techniques and procedures.

(b) show a knowledge and understanding of psychological theories, terminology, concepts, studies and methods.

AO2

Application of knowledge

(a) apply knowledge and understanding of scientific ideas, processes, techniques and procedures:

in a theoretical context

in a practical context

when handling qualitative data

when handling quantitative data

This skill area tests knowledge of research design and data analysis, and applying

theoretical understanding of psychology to everyday/real-life examples.

AO3

Analyse, interpret and evaluate

(a) analyse, interpret and evaluate scientific information, ideas and evidence, including in relation to issues, to:

make judgements and reach conclusions

develop and refine practical design and procedures.

Examples of how you can score AO3 marks

Whether or not theories are supported or refuted by valid research evidence.

After describing a theory go on to describe a piece of research evidence saying, 'X's study supports/refutes this theory...' and then describe the research study.

Contextualising how the topic in question relates to broader debates and approaches in Psychology.

For example, would they agree or disagree with a theory or the findings of the study?

Animal Research - This raises the issue of whether it's morally and/or scientifically right to use animals.

The main criterion is that benefits must outweigh costs.

Animal research also raises the issue of extrapolation. Can we generalize from studies on animals to humans as their anatomy & physiology is different from humans?

General criticisms and/or strengths of theories and studies.

E.g. 'Bandura's Bobo Doll studies are laboratory experiments and therefore criticisable on the grounds of lacking ecological validity'.

To gain marks for criticising study's methodologies the criticism must be contextualised:

i.e. say why this is a problem in this particular study.

‘Therefore, the violence the children witnessed was on television and was against a doll not a human’.