



A-level PSYCHOLOGY 7182/3

Paper 3 Issues and options in psychology

Mark scheme

June 2022

Version: 1.0 Final



J U N 2 2 7 1 8 2 / 3 / M S

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 Examiner.

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

Copyright information

AQA retains the copyright on all its publications. However, registered schools/colleges for AQA are permitted to copy material from this booklet for their own internal use, with the following important exception: AQA cannot give permission to schools/colleges to photocopy any material that is acknowledged to a third party even for internal use within the centre.

Copyright © 2022 AQA and its licensors. All rights reserved.

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.

Section A

Issues and debates in psychology

0 1 Outline what is meant by soft determinism.

[2 marks]

Marks for this question: AO1 = 2

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

1 mark for a limited or muddled outline.

Content:

- the idea that behaviour/actions/traits are to an extent governed/dictated by internal/external forces
- despite this, we still have some element of control over/some free will to control our behaviour/actions/traits etc.

Accept other relevant outlines and outlines embedded in example.

0 2 Explain **two** reasons why it was appropriate to use a Wilcoxon test in this situation. Refer to the description of the study in your answer.

[4 marks]

Marks for this question: AO2 = 4

For **each** of **two** valid reasons, award marks as follows:

2 marks for a clear and coherent reason.

1 mark for a limited/muddled reason.

Reasons:

- tested all participants both alone and in the presence of a friend therefore the psychologist used the same participants in each condition, thus the design was repeated measures/related
- data were ratings of happiness on a ratings scale which would be considered ordinal data as the units can be ranked from high to low but are not of a fixed size/equal intervals
- the psychologist was investigating a difference in happiness ratings between two conditions: the Alone Condition and the Friend Condition.

0 3

What is meant by a causal explanation? Explain why it was appropriate to claim that there was a causal explanation in this case.

[4 marks]

Marks for this question: AO1 = 2, AO2 = 2

Level	Marks	Description
2	3–4	Knowledge of what is meant by a causal explanation is clear and detailed. The explanation of why it was appropriate in this case is clear and detailed and shows sound understanding. There is appropriate use of specialist terminology.
1	1–2	Knowledge of what is meant by a causal explanation is limited/muddled. Any explanation of why it was appropriate in this case lacks detail/understanding. Use of specialist terminology is either absent or inappropriate.
	0	No relevant content.

Content:

- a causal explanation is based on the scientific notion that behaviour is caused/determined by internal/external factors – there is a cause and effect relationship

Application:

- the experiment was a controlled laboratory study so the only thing that changed was the IV (presence of friend or not), all other variables were controlled and there was a (significant) effect on the DV (happiness ratings).

Credit other relevant material.

0	4
---	---

Using an example of a research study you have learned about in psychology, outline what is meant by a nomothetic approach to psychological investigation.

[4 marks]

Marks for this question: AO1 = 4

Content:

Up to 2 marks for knowledge of what is meant by a nomothetic approach.

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

- a nomothetic approach involves studying a (large) sample of participants
- using the findings to generate or substantiate general laws/models of behaviour; make inferences about the wider population/make generalisations; make predictions.

Plus

2 marks for an appropriate research study (no need to name), with clear and coherent explanation of how findings from the sample have been used to generate a theory/applied to a larger population.

OR

1 mark for a relevant research study with limited/muddled explanation.

Suitable examples can be taken from any area of psychology, eg

- Milgram tested a sample of participants to propose his theory of situational obedience
- Ainsworth tested infants using the Strange Situation to propose three attachment types.

Credit other relevant material/examples.

- 0 5** Referring to the example used in your answer to Question **04**, briefly explain how **the same** behaviour might be studied using an idiographic approach to psychological investigation.
[2 marks]

Marks for this question: AO3 = 2

Award 1 mark for an appropriate idiographic method eg the case study method, single-case observation, in-depth interview etc

Plus

1 mark for how it could be used with this behaviour eg carrying out a case study of a mother and baby to study their unique attachment behaviours.

Credit other relevant material.

Note: for the 2nd mark the behaviour must be the same as that given in answer to Question 04 but not necessarily a variation of the same study eg if using Milgram in 04 the proposal should relate to obedience

Note: If there is no answer to 04 or no behaviour is given in answer to 04, no credit can be awarded for 05

- 0 6** Outline what social sensitivity means in the context of psychology. Explain how researchers in psychology could deal with issues related to social sensitivity.

[8 marks]

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

Level	Marks	Description
4	7–8	Outline of social sensitivity is accurate with some detail. Explanation of how researchers in psychology could deal with issues related to social sensitivity 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	Outline of social sensitivity is evident but there are occasional inaccuracies/omissions. Explanation of how researchers in psychology could deal with issues related to social sensitivity is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	3–4	Outline of social sensitivity is present. Focus is mainly on description. Any explanation of how researchers in psychology could deal with issues related to social sensitivity is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1–2	Outline of social sensitivity is very limited. Explanation of how researchers in psychology could deal with issues related to social sensitivity 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:

- research which has potential implications or consequences, eg leading to prejudice and discrimination
- where a group of people represented in the research might be negatively affected as a result of a study, eg women affected by Bowlby's work on attachment
- where a study leads to changes in public policy affecting individuals/groups, eg research into IQ in the 1950s leading to educational changes.

Possible explanation points:

- submit research proposals to ethics committees and abide by any recommendations
- weigh up the possible costs and benefits before conducting any research. Only proceed where the benefits (to many) outweigh the costs (to a few)
- take care when formulating the aim/framing the question so as not to misrepresent certain groups
- be alert to the possibility of misuse of findings and take steps to present findings in a value-free way
- consider the wider effects of publication of the findings eg Sieber and Stanley's recommendations as part of the peer review process
- take steps to avoid prejudicial/biased/sensational media presentation of findings
- consider the possible reactions of participants to any research procedure they experience and take account of ethical issues in the design of any studies
- use of examples to illustrate specific ways in which social sensitivity can be taken into account.

Credit other relevant material.

Section B**Relationships****0 7**

Use your knowledge of theories of romantic relationships to explain the comments made by Chris and Sam.

[8 marks]**Marks for this question: AO2 = 8**

Level	Marks	Description
4	7–8	Application of knowledge of theories of romantic relationships is detailed and effective. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	5–6	Application of knowledge of theories of romantic relationships is evident and mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	3–4	Application of knowledge of theories of romantic relationships is present but of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1–2	Application of knowledge of theories of romantic relationships 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. Answers without explicit application – Max 2 marks
	0	No relevant content.

Possible application:

- social exchange theory – Chris refers to costs and rewards of the relationship – for him the benefits outweigh the costs (good deal). Chris considers the comparison level – compares his situation with other relationships
- equity theory – Sam says, it balances out. If there is ‘balance’, then neither party under-benefits or over-benefits as the theory suggests relationships are better if there is a balance between cost and reward with emphasis on fairness
- Rusbult’s investment theory – Sam notes how they have both invested time and effort in the relationship (intrinsic investment), and how they have such a nice home together (extrinsic investment)
- Sam refers to the alternatives – how it would be with another partner – social exchange and investment theory both look at comparison with alternatives.

Credit other relevant material.

0 8 Discuss self-disclosure **and** the absence of gating in virtual relationships.

[16 marks]

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

Level	Marks	Description
4	13–16	Knowledge of self-disclosure and the absence of gating in virtual relationships is accurate and generally well detailed. Discussion is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	9–12	Knowledge of self-disclosure and the absence of gating in virtual relationships 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 self-disclosure and the absence of gating in virtual relationships 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. OR one aspect at Level 3/4.
1	1–4	Knowledge of self-disclosure and the absence of gating in virtual relationships is very limited. Discussion is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used. OR one aspect at Level 1/2.
	0	No relevant content.

Possible content:

- self-disclosure in virtual relationships happens more quickly than in face-to-face interaction due to anonymity – strangers on a train effect (Rubin, 1975)
- increased self-disclosure (amount and type of content) means relationships become deeper/intimate more quickly – they are hyper-personal (Walther, 1996)
- hyper-personal model – individuals can engage in selective self-presentation – only show/reveal what they choose to reveal
- absence of gating refers to how virtual relationships are not affected by some of the usual barriers that constrain relationship formation in real-life encounters
- examples of factors that enable gating include distance, lack of physical attractiveness, social awkwardness.

Possible discussion:

- use of evidence in relation to self-disclosure/effects of absence of gating
- interaction between absence of gating and self-disclosure, eg socially awkward individuals have a stronger need to disclose because they cannot normally do so; absence of gating shifts focus from how people look/behave to what they say (disclose)
- discussion in relation to reduced cues theory (Sproull and Kiesler, 1986) – more intimate/increased self-disclosure in a virtual setting because de-individualisation/anonymity leads to disinhibition
- discussion of the possible negative effects of increased self-disclosure, eg too much, too early can be off-putting

- negative effect of absence of gating – makes it easier for individuals to be dishonest/misrepresent themselves in online interactions
- mediating effects of type of virtual interaction, eg chat-room content of disclosures differs from that on computer dating sites because one would never lead to face-to-face interaction whereas the other probably will.

Credit other relevant material.

Section B**Gender**

0 9 Use your knowledge of cognitive explanations for gender development to explain the comments made by Olga and Frank.

[8 marks]**Marks for this question: AO2 = 8**

Level	Marks	Description
4	7–8	Application of knowledge of cognitive explanations for gender development is detailed and effective. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	5–6	Application of knowledge of cognitive explanations for gender development is evident and mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	3–4	Application of knowledge of cognitive explanations for gender development is present but of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1–2	Application of knowledge of cognitive explanations for gender development 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. Answers without explicit application – Max 2 marks
	0	No relevant content.

Possible application:

- Donny's ideas of gender have changed from when he was 'very little' - cognitive explanations suggest age-related changes in understanding
- when he was little Donny used to think he would become 'a mummy' - Kohlberg (1966) – children aged two–three years understand own gender (gender identity) but do not realise it is 'fixed'
- at five years, Donny shows gender stability – thinks his gender is fixed over time – will be 'a tractor man' Kohlberg (1966)
- Donny's gender schema (Martin and Halverson, 1983) includes all his information about the concepts of 'boy' and 'girl' – he seeks out information to confirm/extend his schema by focusing on boys in the playground and ignoring the girls
- Donny gets to socialise with other children at the playground, grows older, begins to focus on others' points of view – 'thinks about what the others are doing and why' - cognitive theory suggests changes in understanding depend on maturation, socialisation, reduction in egocentric thinking

Credit other relevant material.

1 0 Discuss the role of chromosomes **and** hormones in sex and gender.

[16 marks]

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

Level	Marks	Description
4	13–16	Knowledge of the role of chromosomes and hormones in sex and gender is accurate and generally well detailed. Discussion is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	9–12	Knowledge of the role of chromosomes and hormones in sex and gender 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 chromosomes and hormones in sex and gender 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. OR one aspect at L3/4.
1	1–4	Knowledge of the role of chromosomes and hormones in sex and gender is very limited. Discussion is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used. OR one aspect at L1/2.
	0	No relevant content.

Possible content:

- typical chromosome pattern for 23rd pair is XY in males and XX in females
- the Y chromosome houses the SRY gene – this determines the development of the testes, which produce testosterone
- testosterone determines male sexual characteristics and has been linked to aggression in animal studies (Van de Poll, 1988)
- oestrogen affects female sexual characteristics and menstruation and has been linked to emotional behaviour as in pre-menstrual syndrome
- oxytocin – higher levels in females – thought to influence several sex differences in behaviour, eg responses to stress (Taylor, 2000), nurturing behaviour, trust (Zak, 2011)
- testosterone may be responsible for increased size of an area of the hypothalamus in males – sexually dimorphic nucleus (SDN)
- possible role of hormones in gender dysphoria – Paterski (2014)
- atypical chromosome patterns for 23rd pair include XO (Turner's syndrome) and XXY (Klinefelter's syndrome)
- Turner's syndrome occurs in females missing an X chromosome and generally includes the following effects: good language/reading skills, shorter than usual stature, no breast development, infertility
- Klinefelter's syndrome occurs in males with an extra X chromosome and generally includes the following effects: difficulty reading and writing, tendency to emotional upset, passivity, lack of facial hair, extra height, small testes.

Possible discussion:

- use of evidence to support/contradict the effects of chromosomes and hormones on sex and gender, eg Young (1966) – male hormones given to female rats led to change in behaviour; Berenbaum and Bailey (2003) – individuals with congenital adrenal hyperplasia (CAH) have higher than usual testosterone and females with CAH show increased aggression and ‘tomboy’ behaviour; Hines 2014 – CAH individuals show increased cross-gender behaviours; Paterski (2014) – possible role of hormones in gender dysphoria; Insel (2001) oxytocin promotes pair-bonding in prairie voles; van Goozen (1995) – effects of opposite sex hormones on aggression and visuo-spatial skills; case study evidence, eg David Reimer and the Batista family
- problems with some evidence – small samples, use of non-human animals
- hard determinism – strong emphasis on role of chromosomes sees gender as fixed and binary from birth whereas gender might be viewed as a continuum
- social sensitivity – misuse of gender research
- reductionism – oversimplifies gender to say that gender-related behaviour is simply due to biological structures and chemicals
- comparison with alternative explanations for gender-related behaviours, eg social learning theory view of gender as a social construct
- cross-cultural evidence challenging the existence of two genders.

Credit other relevant material.

Section B**Cognition and development**

- 1 1** Use your knowledge of theories of cognitive development to explain the comments made by Leonard and Felix.

[8 marks]**Marks for this question: AO2 = 8**

Level	Marks	Description
4	7–8	Application of knowledge of theories of cognitive development is detailed and effective. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	5–6	Application of knowledge of theories of cognitive development is evident and mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	3–4	Application of knowledge of theories of cognitive development is present but of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1–2	Application of knowledge of theories of cognitive development 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. Answers without explicit application – Max 2 marks
	0	No relevant content.

Possible application:

- Leonard refers to how children learn through making mistakes until they get things right - Piaget's theory of cognitive development suggests a child learns by active exploration and by trial and error
- Leonard refers to the child being able to learn by experimenting - Piaget saw children as scientists
- Leonard refers to 'the right sort of tasks' - Piaget says schema development will occur if we provide appropriate materials that encourage active exploration
- Felix refers to 'more able children' as effective partners - Vygotsky sees the child as an apprentice to a more knowledgeable other
- Felix refers to 'levels of guidance' eg demonstration, specific prompts etc Vygotsky's theory rests on the notion of scaffolding – where other people provide various levels of support
- Felix refers to achievement of potential, an idea fundamental to Vygotsky's view of the zone of proximal development ZPD.

Credit other relevant material eg links between stem and schema development.

- 1 2** Discuss theory of mind **and** Selman's levels of perspective-taking in the development of social cognition.

[16 marks]

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

Level	Marks	Description
4	13–16	Knowledge of theory of mind and Selman's levels of perspective-taking in the development of social cognition is accurate and generally well detailed. Discussion is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	9–12	Knowledge of theory of mind and Selman's levels of perspective-taking in the development of social cognition 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 theory of mind and Selman's levels of perspective-taking in the development of social cognition 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. OR one aspect at Level 3/4.
1	1–4	Knowledge of theory of mind and Selman's levels of perspective-taking in the development of social cognition is very limited. Discussion is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used. OR one aspect at Level 1/2.
	0	No relevant content.

Possible content:

- theory of mind (ToM) – the idea that children develop an understanding of what others are thinking, eg their beliefs, intentions, motives etc
- ToM is investigated using various 'mind reading' tasks, eg false belief tasks, the Sally-Anne studies, the eyes task
- perspective-taking or role-taking was investigated by Selman using interpersonal dilemmas requiring multiple perspectives/social and moral understanding, eg Holly's kitten
- involves ability to take the view of others, five levels showing age-related shift from egocentric view to understanding other people's points of view
- Selman's levels: egocentric, social informational role-taking, self-reflective role-taking, mutual/third-party role-taking, social and conventional system (societal) role-taking.

Possible discussion:

- use of evidence for theory of mind, eg Baron-Cohen (1985), Wimmer and Perner (1983)
- use of evidence to support/contradict Selman's theory, eg Gurucharri and Selman (1982) – longitudinal evidence for age-related change; Selman and Byrne (1974) – viewpoint of characters in a dilemma, changes with age; Fitzgerald and White (2003) – linked parenting style and perspective taking

- parallels between Selman's work (eg Holly's dilemma) and ToM research (eg Sally-Anne studies) and how they relate to Piaget's findings on egocentrism
- status of ToM as an explanation for ASD and alternative explanations
- practical applications, eg in assessment of ASD, family therapy, mediation etc
- biological underpinnings, eg role of mirror neurons in social cognition
- implications, eg for age of responsibility, apportioning responsibility, blame etc.

Credit other relevant material.

Section C

Schizophrenia

1 3 Which of the following **best** describes the diathesis-stress model of schizophrenia?

Write the correct letter in your answer book.

[1 mark]

Marks for this question: AO1 = 1

Answer: **C – Stressful conditions trigger the development of schizophrenia in people with an underlying predisposition.**

1 4 Tokens are sometimes used in the management of schizophrenia. Which of the following **best** describes the tokens that are used in token economies?

Write the correct letter in your answer book.

[1 mark]

Marks for this question: AO1 = 1

Answer: **C – Something neutral that is presented for good behaviour.**

1 5

Outline a cognitive explanation for schizophrenia and outline **one** limitation of this explanation.

[6 marks]

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

Level	Marks	Description
3	5–6	Outline is clear, accurate and detailed. Limitation is appropriate and well outlined. Answer is organised and coherent. Specialist terminology is used effectively.
2	3–4	Outline is mostly clear but lacks detail in places. Limitation is appropriate but lacks detail. There is some appropriate use of specialist terminology. OR one aspect at L3 (maximum 3 marks).
1	1–2	Outline is limited/muddled. Limitation is limited/muddled. The answer lacks clarity and accuracy. Specialist terminology is either absent or inappropriately used. OR one aspect at L1/2.
	0	No relevant content.

Possible content:

- dysfunctional thinking/information processing/maladaptive thought explains symptoms of schizophrenia
- poor memory function in people with schizophrenia
- people with schizophrenia are poor at understanding their own thinking (metacognition) as distinct from environmental stimuli
- people with schizophrenia are poor at recognising their own output, eg their own drawings
- central control deficits may explain disordered thinking and language deficits, eg lack of fluency, word salads etc.

Possible limitations:

- does not explain the underlying cause which is probably biological, only explains some aspects of how people with schizophrenia think
- does not address the underlying cause, so any therapeutic attempts based on the cognitive explanation might just deal with some symptoms
- not so good at explaining negative symptoms, can explain certain symptoms, eg delusions, hallucinations better than others
- reductionist – explaining a complex disorder at the level of individual cognitive symptoms.

Credit other relevant material and limitations.

1 6

Explain why the data in **Table 1** does **not** enable the researchers to draw proper conclusions about the effectiveness of therapy for the two groups. What should the researchers do about this?

[4 marks]

Marks for this question: AO3 = 4

Level	Marks	Description
2	3–4	Explanation of the problem(s) is clear, coherent and appropriate. Suggestion(s) of how to deal with problem is appropriate and well explained. There is mostly effective use of specialist terminology.
1	1–2	Explanation of the problem(s) is limited/muddled. Any suggestion(s) of how to deal with the problem lacks detail/understanding. Specialist terminology is either absent or inappropriate. OR One aspect at L2
	0	No relevant content.

Possible explanations:

- the table does not include any baseline measure against which to compare the results after therapy
- the table does not show SDs/measures of dispersion so some Ps may be more affected than others by the therapy
- the mean values in the table might be misleading because they could have been distorted by extreme scores/outliers

Possible suggestions:

- include the test results for each group from before the therapy programme began
- include an appropriate measure of dispersion
- use a different measure of central tendency, such as the median which is not affected by outliers/extreme scores

If a creditworthy problem is given, the suggestion must relate to the same problem for credit.

An appropriate suggestion can be credited even if no credit has been awarded for the explanation.

Credit other relevant material but answer must be based on the data in the Table **not** the design of the study.

1 7

In this study, the mood scores were assumed to be an interval level of measurement because the test of mood was standardised.

Explain how you could convert the mood scores from this study into:

- ordinal data
- and**
- nominal data.

[4 marks]

Marks for this question: AO2 = 4

Ordinal data explanation

2 marks for a clear and coherent explanation with some detail.

1 mark for a limited/muddled explanation.

- All the mood scores should be ordered from lowest to highest and given a rank place (eg the highest score would get a rank of one, the next highest a rank of two etc)
- Any equal scores would share a rank place.

Nominal data explanation

2 marks for a clear and coherent explanation with some detail.

1 mark for a limited/muddled explanation.

- Scores could be categorised into groups according to mood, so each participant would then be in one of the categories.
- For example, scores under 40, scores between 40 and 60, scores over 60.

Answers must refer to conversion of existing data for credit. Do not credit a new way of collecting data. If Ps are asked to do anything new then the answer is not about conversion.

Credit can be given for explanations in diagram form.

1 8 Evaluate antipsychotics as a therapy for schizophrenia.

[8 marks]

Marks for this question: AO3 = 8

Level	Marks	Description
4	7–8	Evaluation of antipsychotics as a therapy for schizophrenia 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	Evaluation of antipsychotics as a therapy for schizophrenia is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	3–4	Evaluation of antipsychotics as a therapy for schizophrenia is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1–2	Evaluation of antipsychotics as a therapy for schizophrenia is limited and poorly focused. 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 evaluation:

- use of evidence for effectiveness or otherwise, eg meta-analysis of the use of chlorpromazine (Adams 2005); atypicals, eg risperidone, are more effective than typical anti-psychotics (Bagnall 2003); comparison of chlorpromazine with placebo (Thornley, 2003)
- relative effectiveness with certain symptoms – typical drugs more effective for positive symptoms
- side effects, eg weight gain, muscle tremors etc and the need to balance costs and benefits to the patient
- preventative use – olanzapine used effectively with high risk individuals
- historical appraisal – revolutionised treatment of patients with psychosis – no longer any need for physical restraint
- short-term v long-term benefits, possibility of relapse, revolving door effect
- comparison with alternatives, eg family therapy, cognitive therapy
- implications for the patient and family, and for the economy; reasoned discussion of cost/time

Credit other relevant material.

Section C

Eating behaviour

1 9

Which of the following is the **best** example of a cognitive distortion in anorexia nervosa?

Write the correct letter in your answer book.

[1 mark]

Marks for this question: AO1 = 1

Answer: **B – Believing that you are bigger than you really are.**

2 0

Which of the following **best** describes enmeshment in family systems theory?

Write the correct letter in your answer book.

[1 mark]

Marks for this question: AO1 = 1

Answer: **D – Where an individual member of the family lacks a sense of individuality and personal identity.**

- 2 1** Outline the role of learning in food preference and outline **one** limitation of this explanation. [6 marks]

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

Level	Marks	Description
3	5–6	Outline is clear, accurate and detailed. Limitation is appropriate and well outlined. Answer is organised and coherent. Specialist terminology is used effectively.
2	3–4	Outline is mostly clear but lacks detail in places. Limitation is appropriate but lacks detail. There is some appropriate use of specialist terminology. OR one aspect at L3 (maximum 3 marks).
1	1–2	Outline is limited/muddled. Limitation is limited/muddled. The answer lacks clarity and accuracy. Specialist terminology is either absent or inappropriately used. OR one aspect at L1/2.
	0	No relevant content.

Possible content:

- food preferences are acquired through experience and association
- role of classical/operant conditioning/reinforcement and social learning/modelling
- cultural norms influence attitudes to certain foods leading to cultural differences in likes/dislikes (exposure hypothesis).

Possible limitations:

- learning does not explain innate food preferences, eg preference for sweetness
- evolutionary explanation better able to explain some food preferences, eg preference for fat due to biological drive for survival
- classical conditioning better able to explain food aversions than preferences
- not possible to explain complex behaviour using just one explanation – probably multiple influences.

Credit other relevant material and limitations.

- 2 2** Explain why the data in **Table 2** does **not** enable the researchers to draw proper conclusions about the effectiveness of different types of support. What should the researchers do about this? [4 marks]

Marks for this question: AO3 = 4

Level	Marks	Description
2	3–4	Explanation of the problem(s) is clear, coherent and appropriate. Suggestion(s) of how to deal with problem is appropriate and well explained. There is mostly effective use of specialist terminology.
1	1–2	Explanation of the problem(s) is limited/muddled. Any suggestion(s) of how to deal with the problem lacks detail/understanding. Specialist terminology is either absent or inappropriate. OR One aspect at L2
	0	No relevant content.

Possible explanations:

- the table does not include any baseline measure against which to compare the results after support sessions
- the table does not show SDs/measures of dispersion so some Ps may be more affected than others by the support sessions
- the mean values in the table might be misleading because they could have been distorted by extreme scores/outliers

Possible suggestions:

- include the test results for each group from before the support programme began
- include an appropriate measure of dispersion
- use a different measure of central tendency, such as the median which is not affected by outliers/extreme scores

If a creditworthy problem is given, the suggestion must relate to the same problem for credit.

An appropriate suggestion can be credited even if no credit has been awarded for the explanation.

Credit other relevant material but answer must be based on the data in the Table **not** the design of the study.

2 3

In this study, the mood scores were assumed to be an interval level of measurement because the test of mood was standardised.

Explain how you could convert the mood scores from this study into:

- ordinal data
- nominal data.

and

[4 marks]

Marks for this question: AO2 = 4

Ordinal data explanation

2 marks for a clear and coherent explanation with some detail.

1 mark for a limited/muddled explanation.

- All the mood scores should be ordered from lowest to highest and given a rank place (eg the highest score would get a rank of one, the next highest a rank of two etc).
- Any equal scores would share a rank place.

Nominal data explanation

2 marks for a clear and coherent explanation with some detail.

1 mark for a limited/muddled explanation.

- Scores could be categorised into groups according to mood, so each participant would then be in one of the categories.
- For example, scores under 40, scores between 40 and 60, scores over 60.

Credit can be given for explanations in diagram form.

Answers must refer to conversion of existing data for credit. Do not credit a new way of collecting data. If Ps are asked to do anything new then the answer is not about conversion.

2 4 Evaluate **one or more** psychological explanations for obesity.

[8 marks]

Marks for this question: AO3 = 8

Level	Marks	Description
4	7–8	Evaluation of psychological explanation(s) for obesity 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	Evaluation of psychological explanation(s) for obesity is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	3–4	Evaluation of psychological explanation(s) for obesity is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1–2	Evaluation of psychological explanation(s) for obesity is limited and poorly focused. 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 evaluation:

- use of evidence to support/contradict psychological explanations, eg restrained eaters actually eat more – paradoxical effect (Wardle and Beales, 1988); disinhibited eating linked to attachment anxiety (Wilkinson, 2010); the ‘what the hell effect’ (Herman and Mack, 1975)
- comparison with alternative explanations, eg genetic and neural
- psychological explanations describe the thinking patterns associated with obesity but most do not explain the original cause
- implications for dieting success and failure – perhaps obese people can learn to think about food intake differently
- implications for the economy, eg cost of obesity to the NHS and other services
- stigma and blame – whether or not obese people should take responsibility for their excess weight
- broader debates, eg nature-nurture, determinism.

Credit other relevant material.

Section C

Stress

- 2 5** Which of the following describes what happens when skin conductance is used to indicate that a person is stressed?

Write the correct letter in your answer book.

[1 mark]

Marks for this question: AO1 = 1

Answer: **D – The level of moisture on the surface of a person's skin increases and skin conductivity increases.**

- 2 6** Which of the following statements about the hypothalamic pituitary-adrenal (HPA) system is correct?

Write the correct letter in your answer book.

[1 mark]

Marks for this question: AO1 = 1

Answer: **C – It involves the stimulation of the adrenal cortex to produce corticosteroids.**

2 7

Outline life changes as a source of stress and outline **one** limitation of life changes as a source of stress.

[6 marks]

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

Level	Marks	Description
3	5–6	Outline is clear, accurate and detailed. Limitation is appropriate and well outlined. Answer is organised and coherent. Specialist terminology is used effectively.
2	3–4	Outline is mostly clear but lacks detail in places. Limitation is appropriate but lacks detail. There is some appropriate use of specialist terminology. OR one aspect at L3 (maximum 3 marks).
1	1–2	Outline is limited/muddled. Limitation is limited/muddled. The answer lacks clarity and accuracy. Specialist terminology is either absent or inappropriately used. OR one aspect at L1/2.
	0	No relevant content.

Possible content:

- life changes are life events that might cause stress and illness – can be positive/negative - require adjustment
- Social Readjustment Rating Scale (SRRS) devised by Holmes and Rahe (1967) included 43 such life changes
- each life change can be accorded a value known as a life change unit (LCU) and an overall LCU score can be calculated by adding the LCUs for all the life changes experienced in the last year
- examples include marriage (50 LCUs) and changing job (36 LCUs)
- Holmes and Rahe suggest a high LCU score can predict illness.

Possible limitations:

- life changes can be experienced very differently, eg divorce may be a negative experience for some but positive for others
- individual differences (personality, gender etc) can mediate the effects of life events
- the relationship between LCU score and stress-related illness is correlational so cannot say life changes cause illness
- controllability may affect the extent to which a life change causes stress – changes we can have control over are less stress-inducing
- need to distinguish between positive changes (getting a better job) and negative changes (losing a good job) as they can have vastly different effects.

Credit other relevant material and limitations.

2 8

Explain why the data in **Table 3** does **not** enable the researchers to draw proper conclusions about the effectiveness of therapy for the two groups. What should the researchers do about this?

[4 marks]**Marks for this question: AO3 = 4**

Level	Marks	Description
2	3–4	Explanation of the problem(s) is clear, coherent and appropriate. Suggestion(s) of how to deal with problem is appropriate and well explained. There is mostly effective use of specialist terminology.
1	1–2	Explanation of the problem(s) is limited/muddled. Any suggestion(s) of how to deal with the problem lacks detail/understanding. Specialist terminology is either absent or inappropriate. OR One aspect at L2
	0	No relevant content.

Possible explanations:

- the table does not include any baseline measure against which to compare the results after therapy
- the table does not show SDs/measures of dispersion so some Ps may be more affected than others by the therapy
- the mean values in the table might be misleading because they could have been distorted by extreme scores/outliers

Possible suggestions:

- include the test results for each group from before the therapy programme began
- include an appropriate measure of dispersion
- use a different measure of central tendency, such as the median which is not affected by outliers/extreme scores

If a creditworthy problem is given, the suggestion must relate to the same problem for credit.

An appropriate suggestion can be credited even if no credit has been awarded for the explanation.

Credit other relevant material but answer must be based on the data in the Table **not** the design of the study.

2 9

In this study, the mood scores were assumed to be an interval level of measurement because the test of mood was standardised.

Explain how you could convert the mood scores from this study into:

i) ordinal data

and

ii) nominal data.

[4 marks]

Marks for this question: AO2 = 4

Ordinal data explanation

2 marks for a clear and coherent explanation with some detail.

1 mark for a limited/muddled explanation.

- All the mood scores should be ordered from lowest to highest and given a rank place (eg the highest score would get a rank of one, the next highest a rank of two etc).
- Any equal scores would share a rank place.

Nominal data explanation

2 marks for a clear and coherent explanation with some detail.

1 mark for a limited/muddled explanation.

- Scores could be categorised into groups according to mood, so each participant would then be in one of the categories.
- For example, scores under 40, scores between 40 and 60, scores over 60.

Credit can be given for explanations in diagram form.

Answers must refer to conversion of existing data for credit. Do not credit a new way of collecting data. If Ps are asked to do anything new then the answer is not about conversion.

3 0 Evaluate drug therapy as a way of managing stress.

[8 marks]

Marks for this question: AO3 = 8

Level	Marks	Description
4	7–8	Evaluation of drug therapy as a way of managing stress 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	Evaluation of drug therapy as a way of managing stress is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	3–4	Evaluation of drug therapy as a way of managing stress is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1–2	Evaluation of drug therapy as a way of managing stress is limited and poorly focused. 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 evaluation:

- use of evidence to support/contradict effectiveness of drug therapy, eg beta-blockers for short-term stress (Kelly, 1980); comparison of BZs and placebo (Baldwin, 2013); meta-analysis of BBs for hypertension (Lindholm, 2005)
- comparison with alternatives, eg stress inoculation and biofeedback
- long-term v short-term use – side effects of BZs, eg drowsiness, weight gain, paradoxical effects, dependency – the need to balance costs and benefits
- individual differences, eg in long-term users of BZs (Zandstra, 2004)
- better to focus on cause than just treat symptoms
- implications for the patient and family, and for the economy; reasoned discussion of cost/time
- broader debates, eg reductionism.

Credit other relevant material.

Section D**Aggression**

3 1 Outline the effects of computer games on aggression.

[4 marks]

Marks for this question: AO1 = 4

Level	Marks	Description
2	3–4	Knowledge of the effects of computer games on aggression is clear and has some detail. There is appropriate use of specialist terminology.
1	1–2	Knowledge of the effects of computer games on aggression is limited/muddled. Use of specialist terminology is either absent or inappropriate.
	0	No relevant content.

Possible content:

- cognitive priming – repeated exposure to violent computer games gives a script leading to readiness to act aggressively
- regularly playing violent games leads to desensitisation reducing normal physiological response to violent stimuli
- anonymity of gaming is disinhibiting, increasing aggression
- general links to SLT and reinforcement, eg observation, imitation, modelling; positive reinforcement, eg moving through levels in a game; attractive models in computer games make imitation more likely
- what the findings of specific studies tell us about the effects on aggression, eg playing Mortal Kombat leads to an increase in aggression (Bartholomew and Anderson, 2002); playing associated with increased emotion and decreased control, (Matthews, 2006); desensitisation effect (Carnagey, 2007)
- effect of catharsis – playing games may provide a useful outlet for aggression so that aggression reduces in real life.

Credit other relevant material.

3 2 Briefly evaluate the effects of computer games on aggression.

[4 marks]

Marks for this question: AO3 = 4

Level	Marks	Description
2	3–4	Evaluation of the effects of computer games on aggression is clear, appropriate and effective. There is appropriate use of specialist terminology.
1	1–2	Evaluation of the effects of computer games on aggression is limited/muddled. Use of specialist terminology is either absent or inappropriate.
	0	No relevant content.

Possible evaluation:

- use of evidence to support/contradict effects of computer game playing on aggression, eg some evidence for cathartic effect (Kestenbaum and Weinstein, 1985)
- effects appear to be consistent across cultures
- much evidence is correlational so difficult to show that playing computer games has an effect on aggression
- mediating effects of other variables, eg certain personality types may be attracted to violent computer games
- broader issues, eg implications for society.

Note – methodological evaluation of studies must be linked to the **effect** on aggression for L2

Credit other relevant material.

3 3 Discuss the influence of genetic factors in aggression.

[16 marks]

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

Level	Marks	Description
4	13–16	Knowledge of genetic factors in aggression is accurate and generally well detailed. Discussion is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	9–12	Knowledge of genetic factors in aggression 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 genetic factors in aggression 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 genetic factors in aggression 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:

- role of the monoamine oxidase A (MAOA) gene – mice with the gene were more aggressive
- low-activity form (MAOA-L) is a shortened version which produces low levels of the enzyme leading to excess neurotransmitter levels – linked to higher levels of aggression (Brunner, 1993)
- MAOA gene controls enzyme that breaks down neurotransmitters dopamine, noradrenaline and serotonin – increased levels of serotonin lead to impulsivity
- genetic studies, eg selective breeding – selecting for aggressive traits leads to an increase in aggression in animals
- evolutionary explanation – aggression as an adaptive behaviour
- twin studies show higher concordance for certain types of aggression in MZ pairs than DZ pairs (Coccaro, 1997); adoption studies indicate a significant genetic element (Rhee and Waldman, 2002).

Possible discussion:

- use of evidence to support/counter the influence of genetic factors
- evaluation of evidence where linked to the discussion, eg extrapolation from animal studies; problems of twin studies
- discussion of the possible evolutionary advantages of an 'aggressive gene'
- interactionism/diathesis-stress – genetic predisposition can be triggered by childhood trauma or in specific situations only
- reductionism – oversimplifies a complex anti-social behaviour
- determinism – if aggression is biologically determined then there is no free will to choose how we behave
- moral and practical implications: for the justice system and who is to blame; for rehabilitation and the possibility of change.

Credit other relevant material.

Section D**Forensic psychology**

3 4 Outline the bottom-up approach to offender profiling.

[4 marks]

Marks for this question: AO1 = 4

Level	Marks	Description
2	3–4	Knowledge of the bottom-up approach to offender profiling is clear and has some detail. There is appropriate use of specialist terminology.
1	1–2	Knowledge of the bottom-up approach to offender profiling is limited/muddled. Use of specialist terminology is either absent or inappropriate.
	0	No relevant content.

Possible content:

- data-driven approach that involves using data from crime scene and victim to build a statistical database
- statistical information is analysed to find relationships between crimes
- investigative psychology (David Canter) assumptions include: interpersonal coherence – offender behaves consistently at the crime scene and in real life; details of time/place may indicate base or mode of travel
- geographical profiling – using crime-scene location and local knowledge to provide clues about the offender's life, job, habits etc – 3 key principles are the least-effort, distance decay and the circle/centre of gravity hypothesis
- crime mapping and analysis of spatial decision making – marauders and commuters.

Credit other relevant material.

3 5 Briefly evaluate the bottom-up approach to offender profiling.

[4 marks]

Marks for this question: AO3 = 4

Level	Marks	Description
2	3–4	Evaluation of the bottom-up approach to offender profiling is clear, appropriate and effective. There is appropriate use of specialist terminology.
1	1–2	Evaluation of the bottom-up approach to offender profiling is limited/muddled. Use of specialist terminology is either absent or inappropriate.
	0	No relevant content.

Possible evaluation:

- use of evidence to support/contradict the use of the bottom-up approach, eg use of smallest space analysis to determine body disposal sites (Lundrigan and Canter, 2001); analysis of five variables in distinct individual patterns of behaviour (Canter and Heritage, 1990); successful cases, eg John Duffy
- emphasis on data, psychological theory and statistical analysis makes it more objective and scientific than the top-down approach – not reliant on intuition
- can be used for all sorts of crimes, not just violent crimes like murder – comparison with top-down approach
- success depends on accurate and detailed records on crime databases.

Credit other relevant material.

3 6 Discuss psychodynamic explanations of offending.

[16 marks]

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

Level	Marks	Description
4	13–16	Knowledge of psychodynamic explanations of offending is accurate and generally well detailed. Discussion is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	9–12	Knowledge of psychodynamic explanations of offending 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 psychodynamic explanations of offending 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 psychodynamic explanations of offending 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:

- superego-based explanations – id is insufficiently controlled/moderated because of problems with development of the superego in Phallic stage (morality principle)
 - deviant superego due to identification with deviant parent
 - under-developed/weak superego due to failure to identify fully
 - over-harsh/overdeveloped superego is excessively punitive so crimes are committed to fulfil unconscious desire for punishment
- importance of early experience - attachment-based explanation – Bowlby's maternal deprivation hypothesis – deprivation leads to affectionless psychopathy and delinquency
- defence mechanisms allow offender to unconsciously justify behaviour, eg:
 - displacement – might explain why innocent victims are targeted as substitutes for real objects of anger/frustration
 - sublimation – desire to commit a heinous crime is diluted, eg vandalising a person's car instead of physically attacking them
 - rationalisation, eg 'rich people deserve to be burgled because they have much more than everyone else'.

Possible discussion:

- lack of falsifiability – concepts are unconscious and therefore cannot be empirically tested
- seeing the problem as within the person neglects the complexity of the social conditions of offending, eg deprivation, lack of education, poverty etc
- male identification is stronger (according to Freud) therefore males should be more moral than females – evidence that more males offend
- no evidence to suggest children without a same-sex parent offend more

- problems with maternal deprivation theory: Bowlby's evidence; blaming the mother; confusing privation and deprivation
- psychic determinism: suggests offenders cannot be held responsible; if problems are rooted in childhood experience behaviour cannot change
- alternative explanations, eg social learning, differential association
- nature-nurture debate – psychodynamic theory combines innate drives (id) and effects of early experience.

Credit other relevant material.

Section D**Addiction**

3	7
----------	----------

 Outline the theory of planned behaviour.**[4 marks]****Marks for this question: AO1 = 4**

Level	Marks	Description
2	3–4	Knowledge of the theory of planned behaviour is clear and has some detail. There is appropriate use of specialist terminology.
1	1–2	Knowledge of the theory of planned behaviour is limited/muddled. Use of specialist terminology is either absent or inappropriate.
	0	No relevant content.

Possible content:

- theory of planned behaviour (Ajzen, 1985) describes how a set of beliefs might affect the possibility of behaviour change
- sees intention to change as the key to successful behaviour change
- intention is determined by a combination of three factors:
 - personal attitude/own beliefs about the addictive behaviour
 - subjective norms/social pressure – what we think society/friends/family think about the addictive behaviour
 - perceived control of own behaviour – how we feel able to control own behaviour and effect change (self-efficacy).

Credit other relevant material.

3 8

Briefly evaluate the theory of planned behaviour.

[4 marks]**Marks for this question: AO3 = 4**

Level	Marks	Description
2	3–4	Evaluation of the theory of planned behaviour is clear, appropriate and effective. There is appropriate use of specialist terminology.
1	1–2	Evaluation of the theory of planned behaviour is limited/muddled. Use of specialist terminology is either absent or inappropriate.
	0	No relevant content.

Possible evaluation:

- use of evidence to support/contradict the model, eg positive correlation between attitudes, intention and behaviour (Oh and Hsu, 2001); model predicts reduced alcohol intake (Hagger, 2011); model is a predictor of behaviour – meta-analysis of 185 studies (Armitage and Connor, 2001)
- some evidence that model is a good predictor of intention but does not always predict behaviour change
- acknowledges the importance of social factors (friends/family/social norms) in behaviour change
- practical applications: model is widely used in health psychology to design interventions, assess their effectiveness, predict who is vulnerable.

Credit other relevant material.

3 9 Discuss risk factors in the development of addiction.

[16 marks]

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

Level	Marks	Description
4	13–16	Knowledge of risk factors in the development of addiction is accurate and generally well detailed. Discussion is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	9–12	Knowledge of risk factors in the development of addiction 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 risk factors in the development of addiction 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 risk factors in the development of addiction 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 vulnerability – some twin and adoption studies indicate a genetic influence; linkage studies have shown genetic component for various addictions, eg alcohol, nicotine; genetic factors influence the number of dopamine receptors and activity of enzymes responsible for metabolism of addictive processes, eg alcohol; indirect genetic effects on mediating factors, eg personality traits, IQ etc
- personality traits linked to addiction, eg drug dependency linked to neuroticism and psychoticism; neuroticism linked to nicotine addiction; Cloninger's three dimensions – novelty seeking, harm avoidance, reward dependence; addiction prone personality (APP) (Anderson, 2011)
- stress – correlation between exposure to chronic stress/negative life events and addiction; addictive substances can provide temporary relief from the effects of stress; role of cortisol and dopamine; early childhood/pre-natal stress can affect dopamine receptor development
- family – socialisation has a powerful influence on attitudes and behaviour through processes like modelling and vicarious reinforcement
- peers – effects of social identity and peer group pressure (eg conformity).

Possible discussion

- use of evidence to support/contradict the effects of risk factors, eg relationship between personality traits and addiction (Wan-Sen Yan, 2013); effects of social factors on smoking (Akers and Lee, 1996); adoption study (Kendler, 2012); stressful life events and substance use (Wills, 1992);
- difficulty disentangling genetic and environmental influences – problems in interpretation of twin study evidence

- genetic influence may underly all of the other risk factors, eg may determine how we experience stress and responsivity to social influences
- impossible to assess the relative effects of each risk factor as they are often linked, eg family and peer influences
- cannot manipulate these risk factors so studies are correlational – do not show cause and effect
- discussion of factors in relation to broader psychological theory and debates, eg determinism, free will, nature-nurture
- implications of appreciating risk factors, eg for health initiatives and prevention.

Credit other relevant material.