



A-level
PSYCHOLOGY
7182/3

PAPER 3

Mark scheme

Specimen Material Second Set

Final

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

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

Further copies of this mark scheme are available from aqa.org.uk

Level of response marking instructions

Level of response mark schemes are broken down into two, three or four levels, each of which has a descriptor. The descriptor for the level shows the average performance for the level. There are two, three or four 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. There will be an answer in the standardising materials which will correspond with each level of the mark scheme. This answer will have been awarded a mark by the Lead Examiner. You can compare the student's answer with the example 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 does not contain anything of relevance to the question must be awarded no marks.

Examiners are required to assign each of the students' responses to the most appropriate level according to **its overall quality**, then allocate a single mark within the level. When deciding upon a mark in a level examiners should bear in mind the relative weightings of the assessment objectives (included for each question and summarised on page 32) and be careful not to over/under credit a particular skill. This will be exemplified and reinforced as part of examiner training and standardisation.

Section A

Issues and debates in Psychology

01	Which of the following statements best describes a nomothetic approach in psychology? Shade one box only.	[1 mark]
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Marks for this question: AO1 = 1

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02.1	With reference to the item above, explain what is meant by ‘determinism’. Refer to three types of determinism in your answer.	[6 marks]
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Marks for this question: AO2 = 6

Level	Marks	Description
3	5–6	There is accurate and detailed knowledge of determinism with appropriate reference to three different types of determinism. Most of the application to the stem is clear and effective. The answer is coherent and well organised with effective use of specialist terminology.
2	3–4	There is some relevant knowledge of determinism and types of determinism and some appropriate application to the stem. The answer is mostly clear and organised, with appropriate use of specialist terminology.
1	1–2	Knowledge of determinism and/or types of determinism is muddled but can be inferred. Application is limited/absent. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Content and application:

- determinism – understanding that behaviour is controlled and we do not exercise free will over our own behaviour
- biological determinism – behaviour is controlled by aspects of biology eg genes, chemicals etc – depression ‘runs in families’ implies biological determinism
- environmental determinism – behaviour is controlled by external influences eg parents, society etc – ‘serious social problems’ implies environmental determinism
- psychic determinism – behaviour is controlled by unconscious fears, desires etc – ‘experienced traumatic events in the past’ implies psychic determinism

Credit also appropriate references to hard and soft determinism

02.2 With reference to the item above, identify **one** influence of nature on our behaviour and **one** influence of nurture on our behaviour. **[2 marks]**

Marks for this question: AO2 = 2

1 mark – nature is indicated by reference to genetic inheritance ‘runs in families’

Plus

1 mark – nurture is indicated by reference to environment or experience ‘serious social problems’, ‘traumatic events in the past’.

03.1 The study on the opposite page is an example of socially sensitive research.
Briefly explain how the researchers could have dealt with the issue of social sensitivity in this study. **[4 marks]**

Marks for this question: AO3 = 4

Level	Marks	Description
2	3–4	Clear understanding of the notion of social sensitivity is demonstrated through effective application to the stem. Explanation of how the researchers could have dealt with the issue of social sensitivity in this case is clear. The answer is generally coherent with effective use of terminology.
1	1–2	Some understanding of the notion of social sensitivity is demonstrated through limited application to the stem. There is limited/partial explanation of how the researchers could deal with the issue of social sensitivity in this case. The answer lacks accuracy and detail. Use of terminology is either absent or inappropriate.
	0	No relevant content.

Content:

- Awareness of issue: Researchers should be aware of the implications of their research: possible negative impact for the children in the sample; possible negative implications of the research for the reputation of Crayford school and the wider community; possible self-fulfilling prophecy
- Dealing with the issue: Researchers should take adequate steps to counter the above: sensitive briefing/debriefing of participants, parents, teachers etc; care in relation to publication, disclosure of results and confidentiality/anonymity.

03.2 What level of measurement is being used in this study? **[1 mark]**

Marks for this question: AO2 = 1

1 mark for nominal level/categorical level

03.3	Explain one limitation of the level of measurement you have identified in your answer to 03.2.	[2 marks]
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Marks for this question: AO3 = 2

1 mark – categorical data is crude/unsophisticated/does not enable very sensitive analysis

Plus

1 mark – because it does not yield a numerical result for each participant

04	Outline and evaluate reductionist explanations in psychology.	[8 marks]
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Marks for this question: AO1 = 3 and AO3 = 5

Level	Marks	Description
4	7–8	Outline of reductionist explanations is accurate and generally well detailed. Evaluation is effective, with some balance. The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail and/or expansion of argument sometimes lacking.
3	5–6	Outline of reductionist explanations is evident. There are occasional inaccuracies. There is some effective evaluation. The answer is mostly clear, organised and focused. Specialist terminology mostly used effectively.
2	3–4	Outline of reductionist explanations is present. Focus is mainly on description. Any evaluation is of limited effectiveness. The answer lacks clarity, accuracy, organisation and focus in places. Specialist terminology used inappropriately on occasions.
1	1–2	Outline of reductionist explanations is limited. Evaluation is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology either absent or inappropriately used.
	0	No relevant content.

Possible content:

- Reductionism – explaining a phenomenon in terms of constituent parts
- Studying underlying elements
- Description linked to approaches eg biopsychologists analyse brain chemicals, neurons; cognitive psychologists analyse components of models eg models of memory

Possible evaluation:

- Parsimonious thus economical
- Consistent with approach used in other sciences
- Enables a more concrete understanding
- Focus on elements enables greater testability
- Misses complexity of many behaviours
- Fails to take account of context of behaviour
- Contrast with holistic approach

Answers that focus on a particular approach that is reductionist can gain full credit as long as the focus is on the issue of reductionism.

Credit other relevant information.

Section B

Topic: Relationships

05 Briefly outline the absorption addiction model of parasocial relationships. **[2 marks]**

Marks for this question: AO1 = 2

1 mark each for any two of the following points:

- parasocial relationships make up for deficits in real life relationships
- parasocial relationships enable a sense of identity
- addictive nature means that parasocial relationships escalate through series of stages

06 Explain **two** limitations of the absorption addiction model of parasocial relationships. **[6 marks]**

Marks for this question: AO3 = 6

Level	Marks	Description
3	5–6	Explanation of two limitations is clear and effective. The answer is coherent and well organised with effective use of specialist terminology.
2	3–4	Explanation of two limitations is mostly effective although one or both lack explanation. The answer is mostly clear and organised, with appropriate use of specialist terminology. OR One limitation is explained at top of Level 3.
1	1–2	At least one limitation is presented. Explanation lacks detail/is minimal/is muddled. Specialist terminology is either absent or inappropriately used. OR One limitation is explained at top of Level 2.
	0	No relevant content.

Possible limitations:

- Views parasocial relationships as psychopathological and thus is negative in contrast to the positive/active view
- Evaluative comparison with attachment explanation
- The absorption–addiction model provides a description rather than an explanation of the processes involved in parasocial relationships.
- Use of evidence against the absorption addiction model
- Broader scientific issues eg difficulty showing cause and effect
- Limited availability of evidence – problems of testability

Credit other relevant limitations.

07	Discuss factors affecting attraction in romantic relationships. Refer to Teddy's comments in your answer.	[16 marks]
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Marks for this question: AO1 = 6, AO2 = 4 and AO3 = 6

Level	Marks	Description
4	13-16	Knowledge of factors affecting attraction is accurate and generally well detailed. Discussion is thorough and effective. Application to the stem is appropriate and links between factors and stem content are explained. The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail and/or expansion of argument sometimes lacking.
3	9-12	Knowledge of factors affecting attraction is evident. Discussion is apparent and mostly effective. There are occasional inaccuracies. Application to the stem is appropriate although links to factors are not always explained. The answer is mostly clear and organised. Specialist terminology mostly used effectively. Lacks focus in places.
2	5-8	Knowledge of factors affecting attraction is present. Focus is mainly on description. Any discussion is only partly effective. Application to the stem is partial. The answer lacks clarity, accuracy and organisation in places. Specialist terminology used inappropriately on occasions.
1	1-4	Knowledge of factors affecting attraction is limited. Discussion is limited, poorly focused or absent. Application is limited or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology either absent or inappropriately used.
	0	No relevant content.

Possible content:

- Self-disclosure is the sharing of personal information about self – increased attraction
- Physical attractiveness – good-looking people are deemed to be more attractive
- Filter theory (field of availables and field of desirables) – we tend to be attracted by those who pass through a series of filters as follows:
 - those who fit a certain social demographic – attracted to those we come into contact with
 - those who are similar in attitude/backgrounds etc.
 - those who complement our emotional needs

Possible applications:

- Filter theory/demographic 'same year at university'
- Filter theory/similarity 'both studying marketing'
- Filter theory/complementarity 'theoretical side practical work', 'specialise in different areas'
- Physical attractiveness 'proud to be seen out with Sasha. Other guys are really jealous when they see her.'
- Self-disclosure 'we tell each other everything...no secrets'

Possible discussion points:

- Difference between role of factors in initial attraction and their role in continuing attraction
- Use of evidence to support the factors eg. Kerckhoff and Davis longitudinal study of similarity and meeting needs
- Role of attractiveness and link to theory eg Murstein's matching hypothesis
- Self-disclosure only effective if appropriate to the stage in relationship – too much too soon has the opposite effect
- Evaluation in the context of general relationship theories eg exchange theory

Topic: Gender

08	Briefly outline the biological explanation for gender identity disorder.	[2 marks]
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Marks for this question: AO1 = 2

1 mark – over or under-exposure to androgens in the womb (over-exposure for females, under-exposure for males) and consequent masculinisation or feminisation

Plus

1 mark – neurobiological abnormality resulting from either genes or pre-natal stress (and links to handedness)

09	Explain two limitations of the biological explanation for gender identity disorder.	[6 marks]
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Marks for this question: AO3 = 6

Level	Marks	Description
3	5–6	Explanation of two limitations is clear and effective. The answer is coherent and well organised with effective use of specialist terminology.
2	3–4	Explanation of two limitations is mostly effective although one or both lack explanation. The answer is mostly clear and organised, with appropriate use of specialist terminology. OR One limitation is explained at top of Level 3.
1	1–2	At least one limitation is presented. Explanation lacks detail/is minimal/is muddled. Specialist terminology is either absent or inappropriately used. OR One limitation is explained at top of Level 2.
	0	No relevant content.

Possible limitations:

- Biological explanations would not support the lack of continuity between childhood gender identity disorder and gender identity disorder in adulthood (Drummond et al)
- Gender identity disorder as biological determined and thus inevitable, ‘biology is destiny’
- Evaluative comparison with other explanations
- Use of evidence against the biological explanation
- Broader scientific issues eg difficulty showing cause and effect; reductionism
- Limited incidence therefore limited evidence – problems of testability

Credit other relevant limitations

10	Discuss the influence of culture and media on the development of gender roles. Refer to the report above in your answer.	[16 marks]
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Marks for this question: AO1 = 6, AO2 = 4 and AO3 = 6

Level	Marks	Description
4	13–16	Knowledge of influence of culture and media on the development of gender roles is accurate and generally well detailed. Discussion is thorough and effective. Application to the stem is appropriate and links between influence of culture and media and stem content are explained. The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail and/or expansion of argument sometimes lacking.
3	9–12	Knowledge of influence of culture and media on the development of gender roles is evident. Discussion is apparent and mostly effective. There are occasional inaccuracies. Application to the stem is appropriate although links to influence of culture and media are not always explained. The answer is mostly clear and organised. Specialist terminology mostly used effectively. Lacks focus in places.
2	5–8	Knowledge of influence of culture and media on the development of gender roles is present but is vague/inaccurate or one only is present. Focus is mainly on description. Any discussion is only partly effective. Application to the stem is partial. The answer lacks clarity, accuracy and organisation in places. Specialist terminology used inappropriately on occasions.
1	1–4	Knowledge of influence of culture and/or media on the development of gender roles is limited. Discussion is limited, poorly focused or absent. Application is limited or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology either absent or inappropriately used.
	0	No relevant content.

Possible content:

- Social learning theory and modelling – role of factors such as observation, imitation, identification, vicarious reinforcement
- Mediating cognitive variables – children more likely to imitate models who are attractive, similar, high status etc.
- Cultural representations of gender and reinforcement in various forms of media (TV, books, computer games etc)
- Role of direct reinforcement of gender stereotypical behaviours by parents, teachers, peers

Possible applications:

- Parental reinforcement ‘parents still tend to buy pink for girls’ ‘parents tend to buy more competitive or combat-type toys’
- Stereotypical media representations ‘.. adverts aimed at girls ‘pink and fluffy’ ‘good against evil adverts aimed at boys’
- Schools reinforce different activities ‘playground activities are different’
- Age as a mediating variable ‘more shared interests like music’

Possible discussion points:

- Use of evidence to support the influence of culture eg cross-cultural evidence of differences in gender roles in different societies supports the view that gender is socially determined; Serbin's evidence of the effects of teachers on boys' and girls' behaviour
- Use of evidence to support the influence of media eg Wober's study of 'male' and 'female' occupations
- Influence of media per se versus specific forms of media – not all representations are stereotyped – discussion of degree of stereotyping in different forms of media eg TV versus computer games versus books
- Age as a mediating variable
- Differences in effects for boys and girls
- Problems of inferring cause and effect and the issue of determinism
- Evaluation of evidence where used to discuss influence of culture and media
- Comparison with alternative explanations eg biological and evolutionary explanations

Credit other relevant information

Topic: Cognition and Development

11	Briefly outline theory of mind as an explanation for autism.	[2 marks]
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Marks for this question: AO1 = 2

1 mark – autism results from very specific form of impaired cognitive functioning or mindblindness

Plus

1 mark – lacking a theory of mind means people with autism cannot understand/appreciate the mental states of others

12	Explain two limitations of theory of mind as an explanation for autism.	[6 marks]
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Marks for this question: AO3 = 6

Level	Marks	Description
3	5–6	Explanation of two limitations is clear and effective. The answer is coherent and well organised with effective use of specialist terminology.
2	3–4	Explanation of two limitations is mostly effective although one or both lack explanation. The answer is mostly clear and organised, with appropriate use of specialist terminology. OR One limitation is explained at top of Level 3.
1	1–2	At least one limitation is presented. Explanation lacks detail/is minimal/is muddled. Specialist terminology is either absent or inappropriately used. OR One limitation is explained at top of Level 2.
	0	No relevant content.

Possible limitations:

- Theory of mind describes a state but does not offer a causal explanation
- Evaluative comparison with other explanations
- Use of evidence against the theory of mind explanation for autism – some people with autism can take the perspective of others
- Broader scientific issues eg difficulty showing cause and effect; reductionism
- Only explains deficits – cannot explain islets of ability/special talents demonstrated by autistic savants

Credit other relevant limitations

13	Discuss Piaget's and Vygotsky's views on the development of cognition. Refer to the inspectors' comments in your answer.	[16 marks]
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Marks for this question: AO1 = 6, AO2 = 4 and AO3 = 6

Level	Marks	Description
4	13–16	Knowledge of Piaget's and Vygotsky's views is accurate and generally well detailed. Discussion is thorough and effective. Application to the stem is appropriate and links between views of the two researchers and stem content are explained. The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail and/or expansion of argument sometimes lacking.
3	9–12	Knowledge of Piaget's and Vygotsky's views is evident. Discussion is apparent and mostly effective. There are occasional inaccuracies. Application to the stem is appropriate although links to the views of the researchers are not always explained. The answer is mostly clear and organised. Specialist terminology mostly used effectively. Lacks focus in places.
2	5–8	Knowledge of Piaget's and Vygotsky's views is present but is vague/inaccurate or one view only is present. Focus is mainly on description. Any discussion is only partly effective. Application to the stem is partial. The answer lacks clarity, accuracy and organisation in places. Specialist terminology used inappropriately on occasions.
1	1–4	Knowledge of Piaget's and/or Vygotsky's views is limited. Discussion is limited, poorly focused or absent. Application is limited or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology either absent or inappropriately used.
	0	No relevant content.

Possible content:

- Piaget – cognition develops as a result of active discovery; action on the world; child as scientist; schema development via assimilation and adaptation and striving for equilibrium; development takes place in stages (description of Piaget's stages is neither necessary nor expected); language as a byproduct of cognitive development
- Vygotsky – cognition is socially and culturally determined; child as apprentice learning tools of the culture; scaffolding as a support structure provided by more knowledgeable others and gradually withdrawn as child becomes more capable; peer learning; language as the key to cognitive development

Possible applications:

- Piaget – discovery learning 'students worked alone'
- Piaget – teacher's role is to provide the materials and environment 'they were given tasks and materials ... had to sort out the problem by trial and error'
- Vygotsky – child as apprentice and peer tutoring 'worked in pairs of different abilities so they could help each other'
- Vygotsky – scaffolding by more knowledgeable other 'teacher demonstrated until they could manage on their own'
- Vygotsky's views on language and thought 'talk it through'

Possible discussion points:

- Use of evidence for/against Piaget's view
- Use of evidence for/against Vygotsky's view
- Contrast/comparison of the two views
- Implications of the two views eg for education

Credit other relevant information

Section C**Topic: Schizophrenia**

14	Discuss reliability and/or validity in relation to the diagnosis and classification of schizophrenia.	[8 marks]
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Marks for this question: AO1 = 3 and AO3 = 5

Level	Marks	Description
4	7–8	Outline of reliability and/or validity in relation to the diagnosis and classification of schizophrenia is accurate and generally well detailed. Discussion is effective. The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail and/or expansion of argument sometimes lacking.
3	5–6	Outline of reliability and/or validity in relation to the diagnosis and classification of schizophrenia is evident. There are occasional inaccuracies. There is some effective discussion. The answer is mostly clear, organised and focused. Specialist terminology mostly used effectively.
2	3–4	Outline of reliability and/or validity in relation to the diagnosis and classification of schizophrenia is present. Focus is mainly on description. Any discussion is of limited effectiveness. The answer lacks clarity, accuracy, organisation and focus in places. Specialist terminology used inappropriately on occasions.
1	1–2	Outline of reliability and/or validity in relation to the diagnosis and classification of schizophrenia is limited. Discussion is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology either absent or inappropriately used.
	0	No relevant content.

Possible Content

- Definitions of reliability in relation to diagnosis and classification – level of agreement on the diagnosis by different psychiatrists across time and cultures; stability of diagnosis over time given no change in symptoms
- Definitions of validity – the extent to which schizophrenia is a unique syndrome with characteristic, signs and symptoms
- Identification of issues such as range of symptoms across individuals, comorbidity and symptom overlap

Possible discussion points

- Use of evidence on the reliability of major classification systems (ICD IV, DSM IV or V)
- Use of evidence on reliability of diagnosis between different clinicians and across different cultures
- Range of different symptoms in different patients – positive and negative symptoms
- Evidence on comorbidity with eg depression, mixed syndromes eg schizo-affective disorder, symptom overlap eg bipolar disorder
- Factors affecting reliability and validity of diagnosis
- Wider implications of reliability and validity of diagnosis eg labelling, cultural bias.

Material must be explicitly linked to reliability and/or validity to earn credit.

Credit other relevant material

15 What do the data in **Table 1** seem to show about the effectiveness of typical and atypical antipsychotics in the treatment of schizophrenia? **[4 marks]**

Marks for this question: AO2 = 4

Level	Marks	Description
2	3–4	Knowledge of the effectiveness of atypical and typical antipsychotics on positive and negative symptoms is clear and mostly accurate. The findings in the table are used appropriately. The answer is generally coherent with effective use of terminology.
1	1–2	Some knowledge of the effectiveness of atypical and typical antipsychotics and positive and negative symptoms is evident. Use of findings from the table is not always effective. The answer lacks accuracy and detail. Use of terminology is either absent or inappropriate.
	0	No relevant content.

- Atypical and typical antipsychotics are equally effective against positive symptoms with more than half of patients responding well
- The main difference is that negative symptoms respond better to atypical antipsychotics, 30% improve compared with typical antipsychotics 16%
- Atypical antipsychotics are more effective against negative symptoms
- These findings support the view that they act on different neurotransmitters'

16 Apart from effectiveness, briefly explain **one** limitation of drug therapy for schizophrenia. **[2 marks]**

Marks for this question: AO3 = 2

Content:

- All drugs have side effects that can be severe and may lead to patients avoiding medication and hence to relapse
- It is questionable whether or not severely affected patients can give informed consent to medication
- Drugs may simply be suppressing symptoms

2 marks for a clear and coherent limitation

1 mark for a vague/muddled limitation or limitation merely identified

17	Briefly outline family dysfunction as an explanation for schizophrenia.	[2 marks]
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Marks for this question: AO1 = 2

Possible content

- Characteristics of dysfunction eg difficulties in communication, high levels of interpersonal conflict
- Critical and controlling parents, expressed emotion
- The role of double bind in the development of negative symptoms
- The role of hostility and disapproval in positive symptoms and relapse
- The role of expressed emotion in relapse

2 marks for a clear and coherent outline

1 mark for a vague /muddled outline

18	Discuss token economies as a method used in the management of schizophrenia.	[8 marks]
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Marks for this question: AO1 = 3 and AO3 = 5

Level	Marks	Description
4	7-8	Outline of token economies is generally accurate and mostly well detailed. Discussion is thorough and effective. The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail sometimes lacking.
3	5–6	Outline of token economies is generally accurate. Discussion is mostly effective. The answer is mostly clear and organised. Specialist terminology mostly used effectively.
2	3–4	Outline of token economies is present. There are some inaccuracies. Discussion is sometimes effective. There is some appropriate use of specialist terminology.
1	1–2	Outline of token economies is limited and lacks detail. There is substantial inaccuracy/muddle. Discussion is limited, poorly focused or absent. Specialist terminology either absent or inappropriately used.
	0	No relevant content.

Possible content

- Outline of token economies – awarding of ‘tokens’ when patients with schizophrenia show desirable behaviour. Tokens can be exchanged later for eg sweets
- Based on Skinnerian operant conditioning principles
- Used for behavioural shaping and management so that patients in long stay hospitals are easier to manage

Possible discussion points

- Evidence suggest token economies can be effective in improving behaviour in psychiatric hospitals
- Token economies do not address symptoms of schizophrenia, so they are not a ‘treatment’
- Not effective with unresponsive patients eg with negative symptoms
- Ethical issues – treats patients as lab rats

Credit other relevant material.

Topic: Eating Behaviour

19	Discuss one or more biological explanations for anorexia nervosa.	[8 marks]
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Marks for this question: AO1 = 3 and AO3 = 5

Level	Marks	Description
4	7–8	Outline of one or more biological explanations for anorexia nervosa is accurate and generally well detailed. Evaluation is effective. The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail and/or expansion of argument sometimes lacking.
3	5–6	Outline of one or more biological explanations for anorexia nervosa is evident. There are occasional inaccuracies. There is some effective evaluation. The answer is mostly clear and organised. Specialist terminology mostly used effectively.
2	3–4	Outline of one or more biological explanations for anorexia nervosa is present. Focus is mainly on description. Any evaluation is of limited effectiveness. The answer lacks clarity, accuracy and organization in places. Specialist terminology used inappropriately on occasions.
1	1–2	Outline of one or more biological explanations for anorexia nervosa is limited. Evaluation is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology either absent or inappropriately used.
	0	No relevant content.

Possible content

- Genetic factors, including Guisinger’s ‘adapted to flee famine’ evolutionary hypothesis
- Abnormalities in neurotransmitters such as serotonin
- Abnormalities in the brain’s feeding control centres – especially involving the hypothalamus
- Combination of abnormalities in neurotransmitters and feeding centres

Possible discussion points

- Support from MZ and DZ twin studies for genetic factors in anorexia nervosa
- No genes actually identified
- No direct evidence for the evolutionary famine hypothesis – and why would it not affect males?
- Support from recovered patients for reductions in serotonin function in anorexia nervosa (reduced levels of serotonin receptors)
- Findings hard to interpret as severe weight loss itself may produce changes in brain function
- No direct evidence of structural brain abnormalities eg in hypothalamus
- Evidence for alternative non-biological explanations – family dynamics, media – though focus must remain on biological explanations

Credit other relevant material.

20	With reference to psychological explanations for the success and failure of dieting, how would you explain the data in Table 2 ? [4 marks]
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Marks for this question: AO2 = 4

Level	Marks	Description
2	3–4	Knowledge of psychological explanations for the success and failure of dieting is clear and mostly accurate. The material is applied appropriately. The answer is generally coherent with effective use of terminology.
1	1–2	Some knowledge of psychological explanations for the success and failure of dieting is evident. Application is not always effective. The answer lacks accuracy and detail. Use of terminology is either absent or inappropriate.
	0	No relevant content.

Possible content

- Restrained eaters clearly consume more cakes than unrestrained eaters.
- Restraint and boundary approaches would argue that restrained eaters have an extended biological satiety boundary as they are dieting. Before this boundary they have a cognitive boundary. They try to stay below this cognitive boundary when dieting. The preload takes them beyond this boundary and the ‘what the hell effect’ kicks in, and they eat to their biological satiety boundary.
- Unrestrained eaters are quite full after the preload and simply have to eat less to reach their biological satiety boundary. So restrained eaters paradoxically eat more after a preload than unrestrained eaters

It would be difficult to apply other models/approaches to this study but credit feasible attempts

21	Discuss social learning theory as an explanation for anorexia nervosa. [8 marks]
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Marks for this question: AO1 = 3 and AO3 = 5

Level	Marks	Description
4	7-8	Knowledge of social learning theory as an explanation for anorexia is accurate and generally well detailed. Discussion is thorough and effective. Answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail sometimes lacking and/or expansion of argument sometimes lacking. .
3	5–6	Knowledge of social learning theory as an explanation for anorexia is generally accurate. Discussion is mostly effective. The answer is mostly clear and organised. Specialist terminology is mostly used appropriately.
2	3–4	Knowledge of social learning theory as an explanation for anorexia is present. There are some inaccuracies. Discussion is sometimes effective. There is some appropriate use of specialist terminology.
1	1–2	Knowledge of social learning theory as an explanation for anorexia is limited and lacks detail. There is substantial inaccuracy/muddle. Discussion is limited, poorly focused or absent. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible content

- Features of SLT, including imitation, modelling, vicarious reinforcement; then direct reinforcement for weight loss from friends and family
- Media influences – magazines, TV, films, digital media, images of the idealised ‘thin’ woman
- Family influences – imitation of parents and peers
- Interaction with personality factors – eg low self-esteem, cognitive distortions of body size, perfectionism

Possible discussion points

- Findings of research studies eg introduction of TV to isolated communities and subsequent increase in cases of anorexia nervosa
- Correlation between increases in anorexia and increased media focus on idealised thin women
- Problem of susceptibility, given that all young women are exposed to media influences
- Evidence for alternative explanations – family dynamics, biological factors – though focus must remain of SLT

Credit other relevant material.

22 Briefly explain **one** limitation of the evolutionary explanation of food preferences.

[2 marks]

Marks for this question: AO3 = 2

Possible content

- Evolutionary explanation based on the environment of evolutionary adaptation and the need for a balanced diet
- Social and cultural evolution has completely altered the availability of food in contemporary advanced cultures
- So biological requirements for eg fats, carbohydrates, proteins, can be easily satisfied
- The food industry has exploited our evolutionary bias towards sugary foods, leading to the ‘obesogenic’ diet, high in sugar and carbohydrates and low in fruit and vegetables
- Food preference is also influenced by food availability, and social and cultural factors
- The evolutionary approach therefore does not provide a full explanation for contemporary food preferences

Credit other relevant material.

2 marks for a clear and coherent limitation

1 mark for a vague/muddled limitation or limitation merely identified.

23 Briefly outline neophobia as an explanation for food preferences.

[2 marks]

Marks for this question: AO1= 2

Possible content

- Neophobia is 'fear of the new'. In this context it is fear of new foods
- Animals have a natural aversion to new foods
- This is an adaptation to avoid possible toxic foods

2 marks for a clear and coherent outline

1 mark for a vague/muddled outline.

Topic: Stress

24 Briefly outline what is meant by instrumental social support. **[2 marks]**

Marks for this question: AO1 = 2

Content:

Instrumental social support is where the support is practical, enabling the person to cope better on a practical level with the stressor.

2 marks for a clear and coherent outline

1 mark for a vague/muddled outline.

25 Using your knowledge of gender differences in types of social support, how would you explain the findings in **Table 3**. **[4 marks]**

Marks for this question: AO2 = 4

Level	Marks	Description
2	3–4	Knowledge of the different types of social support used by males and females is clear and mostly accurate. The findings in the table are used appropriately. The answer is generally coherent with effective use of terminology.
1	1–2	Some knowledge of types of social support used by males and females is evident. Use of findings from the table is not always effective. The answer lacks accuracy and detail. Use of terminology is either absent or inappropriate.
	0	No relevant content.

Possible content

- Findings for the table
 - Males use instrumental social support more than emotional social support (54% use instrumental and 23% emotional)
 - Females use emotional support more than instrumental social support (20% use instrumental and 48% emotional)
 - A significant number of males and females use both instrumental and emotional social support
 - More females than males use both forms of social support (males, 23% females, 32%)
- How these findings relate to other research findings

26	Discuss sources of workplace stress.	[8 marks]
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Marks for this question: AO1 = 3 and AO3 = 5

Level	Marks	Description
4	7–8	Knowledge of sources of workplace stress is accurate and generally well detailed. Discussion is effective. The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail and/or expansion of argument sometimes lacking.
3	5–6	Knowledge of sources of workplace stress is evident. There are occasional inaccuracies. There is some effective discussion. The answer is mostly clear and organised. Specialist terminology mostly used effectively.
2	3–4	Knowledge of sources of workplace stress is present. Focus is mainly on description. Any discussion is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology used inappropriately on occasions.
1	1–2	Knowledge of sources of workplace stress is limited. Discussion is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology either absent or inappropriately used.
	0	No relevant content.

Possible content

- The effects of workload and control are mentioned in the specification but credit also other sources eg work life balance, role conflict
- Key features of each should be outlined briefly
- Interaction between control and demand (workload)

Possible discussion points

- Findings of research studies of workplace stress (high demand low control interaction)
- Problems of measuring workplace stress
- Limitations of questionnaire data
- Relevance of such sources in today's changing workplace
- Economic implications of such research

Credit other relevant material.

27 Explain **one** limitation of the Hassles and Uplifts Scale as a method of measuring stress. **[2 marks]**

Marks for this question: AO3 = 2

Possible content

- Demand characteristics, self-presentation
- Reliance on recall
- Does scale cover all possible hassles and uplifts?
- Ignores major life events that can affect stress
- Results linking H & U and stress measures (illness, depression etc) are correlational, cause/effect cannot be concluded

2 marks for a clear and coherent explanation

1 mark for a vague /muddled explanation or for a limitation merely identified

28 With reference to research evidence, discuss links between stress and illness. **[8 marks]**

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

Level	Marks	Description
4	7–8	Knowledge of links between stress and illness is accurate and generally well detailed. Discussion is effective. The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail and/or expansion of argument sometimes lacking.
3	5–6	Knowledge of links between stress and illness is evident. There are occasional inaccuracies. There is some effective discussion. The answer is mostly clear and organised. Specialist terminology mostly used effectively.
2	3–4	Knowledge of links between stress and illness is present. Focus is mainly on description. Any discussion is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology used inappropriately on occasions.
1	1–2	Knowledge of links between stress and illness is limited. Discussion is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology either absent or inappropriately used.
	0	No relevant content.

Possible content

- Stress and illness are linked mainly through the effects of stress on the immune system and the pathological effects of raised heart rate and blood pressure
- Direct studies of immune function in vulnerable populations eg students, carers for Alzheimer patients, nurses (eg the work of Kiecolt-Glaser)
- Epidemiological studies (eg studies on GPs, Marmot’s work on civil servants)
- Controlled laboratory studies of vulnerability to illness in stressed participants (eg Cohen’s study on the common cold)

Possible discussion points

- Findings and conclusions of research studies supporting or contradicting links between stress and illness
- Some inconsistencies, and correlations between stress measures and illness often very low
- Correlational nature of much of the data; no cause and effect conclusions
- Individual differences – some individuals/personalities more resistant to stress
- Problems in defining and measuring stress

Credit other relevant material.

Section D**Topic: Aggression**

29	Discuss the role of genetic factors in aggression.	[16 marks]
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Marks for this question: AO1 = 6 and AO3 = 10

Level	Marks	Description
4	13–16	Knowledge of genetic factors in aggression is accurate and generally well detailed. Discussion is thorough with effective use of evidence. The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail and/or expansion of discussion sometimes lacking.
3	9–12	Knowledge of genetic factors in aggression is evident. There are occasional inaccuracies. Discussion is apparent with use of evidence mostly effective. The answer is mostly clear and organised. Specialist terminology is mostly used effectively. Lacks focus in places.
2	5–8	Some knowledge genetic factors in aggression is present. Focus is mainly on description. Any discussion is only partly effective with some use of evidence. The answer lacks clarity, accuracy and organisation in places. Specialist terminology used inappropriately on occasions.
1	1–4	Knowledge of genetic factors in aggression is limited. Discussion is limited, poorly focused or absent, with little or no use of evidence. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology either absent or inappropriately used.
	0	No relevant content.

Possible content

- XYY genotype
- Genetic determination of testosterone levels
- The role of MAOA gene (linked to serotonin function in the brain)
- Genes for dopaminergic and serotonergic receptors

Possible discussion points

- Research evidence to support the role of genetics – twin and family studies of genes and aggression eg MAOA gene; studies with non-human animals would also be relevant
- Problems of research into genes and aggression – defining aggression, confounding of environmental and genetic factors in family studies, many genes involved in aggressive behaviour.
- Evidence that challenges the role of genetics, such as hormones (testosterone) and social learning, though the focus should remain on discussion of the role of genetic

Credit other relevant material.

30 Complete **Table 4** by calculating the median for the two groups. Why did the psychologist use the median as a measure of central tendency rather than the mean? **[4 marks]**

Marks for this question: AO2 = 4

Content

- Median is 11 for Group A ($9 + 13/2$) and 8.5 for Group B ($8 + 9/2$)

1 mark for each accurately calculated median

PLUS

2 further marks for explaining that the median is used because of the outlying/extreme scores (one in each group) which would have distorted the mean.

Also accept answers based on unsafe level of measurement.

31 Briefly outline the possible role of cognitive priming in the effects of computer games on aggression. **[2 marks]**

Marks for this question: AO1 = 2

Possible content

- Cognitive priming refers to the priming effects of media images on previously learnt behaviours or cognitive schema, activating the memories and making aggression more likely
- Violent computer games may increase the likelihood of aggression in players who have learned aggressive responses in the past and/or who hold aggressive schema

1 mark for limited outline that shows some understanding of 'cognitive priming'

PLUS

1 further mark for additional detail explicitly linked to computer games and aggression

32 Briefly explain **one** limitation of the situational explanation for institutional aggression. **[2 marks]**

Marks for this question: AO3 = 2

Possible content

- There is evidence that institutional aggression is due to characteristics brought in to the institution by individuals, not by situational factors such as deprivation
- Research evidence suggests that institutional aggression in prisons can be reduced by modifying situational variables and reducing deprivation, but some studies find that situational change makes no difference to institutional aggression
- Institutional aggression can occur unexpectedly and in circumstances where situational variables do not seem to have changed

1 mark for outlining one limitation

PLUS

1 further mark for elaboration of the explanation

Topic: Forensic psychology

33 Briefly outline differential association theory as an explanation for offending. **[2 marks]**

Marks for this question: AO1 = 2

Possible content

- Notion that offending depends on the norms/values of the offender's social group
- Offending is more likely to occur where social group values deviant behaviour

2 marks for a clear and coherent outline

1 mark for a vague/muddled outline

34 Briefly explain **one** limitation of this theory. **[2 marks]**

Marks for this question: AO3 = 2

Possible limitation

- Only evidence in correlational
- Findings could also be explained through heritability
- Offenders may seek out people with criminal values

2 marks for a clear and coherent explanation

1 mark for a vague/muddled explanation

35 Complete **Table 5** by calculating the median for the two groups. Show your working. Why did the psychologist use the median as a measure of central tendency rather than the mean? **[4 marks]**

Marks for this question: AO2 = 4

Content

- Median is 34.5 for Group A ($32 + 37/2$) and 50.5 for Group B ($45 + 56/2$)

1 mark for each accurately calculated median

Plus

2 further marks for explaining that the median is used because the level of measurement is not interval – ratings data with units of variable size.

36	Discuss biological explanations of offending behaviour.	[16 marks]
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Marks for this question: AO1 = 6 and AO3 = 10

Level	Marks	Description
4	13–16	Knowledge of biological explanations of offending behaviour is accurate and generally well detailed. Discussion is thorough. The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail and/or expansion of argument sometimes lacking.
3	9–12	Knowledge of biological explanations of offending behaviour is evident. There are occasional inaccuracies. Discussion is apparent and mostly effective. The answer is mostly clear and organised. Specialist terminology is mostly used effectively. Lacks focus in places.
2	5–8	Some knowledge of biological explanations of offending behaviour is present. Focus is mainly on description. Any discussion is only partly effective. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1–4	Knowledge of biological explanations of offending behaviour is limited. Discussion is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology either absent or inappropriately used.
	0	No relevant content.

Possible content

- Genetic explanations, focusing on ‘criminal’ genes such as the MAOA gene (which controls levels of brain serotonin) linked to criminal aggression
- Brain pathology explanations, possibly linked to genes and/or early abuse; examples include the relationship between psychopathy and abnormalities of frontal lobe and amygdala function
- Credit biological aspects of Eysenck’s theory – cortical underarousal

Possible discussion points

- Evidence from MZ/DZ twin studies and family studies looking at genetic factors
- Findings support a genetic involvement in criminal behaviour but concordance rates in MZ twins are not high and leave plenty of room for non-genetic environmental factors
- Brain scanning studies that show pathology in brains of criminal psychopaths, but cannot conclude whether these abnormalities are genetic or signs of early abuse
- Some evidence from genome-wide association studies for particular genetic factors linked to criminal psychopathy, but little replication
- Counter-evidence for environmental factors in offending behaviour; socio-economic status, social learning theory
- General nature of ‘offending behaviour’ – some specific forms may be more ‘biological’ than others eg physical aggression

Credit other relevant material.

Topic: Addiction

37	Briefly outline the theory of planned behaviour.	[2 marks]
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Marks for this question: AO1 = 2**Possible content**

The theory of planned behaviour (TPB) has three interacting components;

- subjective norms, behavioural beliefs and attitude,
- perceived behavioural control.
- in combination these lead to behavioural intentions, and then to behaviour change

2 marks for outlining the three components of the TPB and their relationship to intentions and actions; a diagram would be an effective way to present this.

1 mark for reference to the three components

38	Explain one limitation of this theory.	[2 marks]
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Marks for this question: AO3 = 2**Possible limitations**

There are several limitations to this theory;

- there is no room for less logical emotional factors that can affect behaviour;
- the three components have been criticised as being conceptually vague and difficult to measure reliably;
- although the TPB can predict behavioural intentions, it is poor at predicting actual behaviour change

1 mark for outlining one limitation of the TPB.

1 further mark for accurate elaboration; examples or research findings would be creditworthy as illustrations/elaboration of one limitation of the TPB

39	Complete Table 6 by calculating the median and range for the two groups. Why did the psychologist use the median rather than the mode?	[4 marks]
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Marks for this question: AO2 = 4**Possible content**

- Median is 29.5 ($29 + 30/2$) for Group A and 24.5 ($24 + 25/2$) for Group B

1 mark for each accurately calculated median

2 further marks for explaining the median is the more appropriate measure because of the outlying extreme scores in each group which could have distorted the mean.

Accept answers based on unsafe level of measurement.

40	Outline and evaluate behavioural interventions aimed at reducing addiction.	[16 marks]
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Marks for this question: AO1 = 6 and AO3 = 10

Level	Marks	Description
4	13–16	Knowledge of at least 2 behavioural interventions aimed at reducing addiction is accurate and generally well detailed. Evaluation is thorough. The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail and/or expansion of argument sometimes lacking.
3	9–12	Knowledge of at least 2 behavioural interventions aimed at reducing addiction is evident. There are occasional inaccuracies. Evaluation is apparent and mostly effective. The answer is mostly clear and organised. Specialist terminology is mostly used effectively. Lacks focus in places. OR knowledge and evaluation of one intervention at level 1.
2	5–8	Some knowledge of at least 2 behavioural interventions aimed at reducing addiction is present. Focus is mainly on description. Any evaluation is only partly effective. The answer lacks clarity, accuracy and organisation in places. Specialist terminology used inappropriately on occasions OR knowledge and evaluation of one intervention at level 3.
1	1–4	Knowledge of behavioural interventions aimed at reducing addiction is limited. Evaluation is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology either absent or inappropriately used.
	0	No relevant content.

Possible content

- Aversion therapy – elements and process of classical conditioning as relevant to aversion therapy
- Covert sensitisation -- individual is asked to imagine aversive consequences and associate this with the negative behaviour
- CBT, cognitive re-framing,

Possible evaluation points

Should address appropriateness and effectiveness

- Findings from studies of effectiveness
- Comparison with alternative interventions
- Practical issues – time commitment, expense,
- Client characteristics – eg willingness to engage with CBT, type of addiction,
- Ethical issues eg with aversion therapy, causing psychological harm to the client

Credit other relevant material.

Assessment Objective Grid

Issues and debates in Psychology	AO1	AO2	AO3	Total
01	1			1
02.1		6		6
02.2		2		2
03.1			4 RM	4
03.2		1 RM/Maths		1
03.3			2 RM/Maths	2
04	3		5	8
Total	4	9	11	24

AND

Relationships	AO1	AO2	AO3	Total
05	2			2
06			6	6
07	6	4	6	16
Total	8	4	12	24

OR

Gender	AO1	AO2	AO3	Total
08	2			2
09			6	6
10	6	4	6	16
Total	8	4	12	24

OR

Cognition and development	AO1	AO2	AO3	Total
11	2			2
12			6	6
13	6	4	6	16
Total	8	4	12	24

AND

Schizophrenia	AO1	AO2	AO3	Total
14	3		5	8
15		4 RM		4
16			2	2
17	2		3	2
18	3		5	8
Total	8	4	12	24

OR

Eating behaviour	AO1	AO2	AO3	Total
19	3		5	8
20		4 RM		4
21	3		5	8
22			2	2
23	2			2
Total	8	4	12	24

OR

Stress	AO1	AO2	AO3	Total
24	2			2
25		4 RM		4
26	3		5	8
27			2	2
28	3		5	8
Total	8	4	12	24

AND

Aggression	AO1	AO2	AO3	Total
29	6		10	16
30		4 RM/Maths		4
31	2			2
32			2	2
Total	8	4	12	24

OR

Forensic Psychology	AO1	AO2	AO3	Total
33	2			2
34			2	2
35		4 RM/Maths		4
36	6		10	16
Total	8	4	12	24

OR

Addiction	AO1	AO2	AO3	Total
37	2			2
38			2	2
39		4 RM/Maths		4
40	6		10	16
Total	8	4	12	24

Paper Total	28	21	47	96
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Research Methods = 15 marks
 Maths = 7 marks