



General Certificate of Education

Psychology 1186

Specification B

**Unit 2 (PSYB2) Social Psychology,
Cognitive Psychology and
Individual Differences**

Mark Scheme

2010 examination – January series

Further copies of this Mark Scheme are available to download from the AQA Website: www.aqa.org.uk

Copyright © 2010 AQA and its licensors. All rights reserved.

COPYRIGHT

AQA retains the copyright on all its publications. However, registered centres 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 centres to photocopy any material that is acknowledged to a third party even for internal use within the centre.

Set and published by the Assessment and Qualifications Alliance.

SECTION A: SOCIAL PSYCHOLOGY

1

Total for this question: 20 Marks

- (a) Psychologists have suggested there are different explanations for conformity. Read the descriptions of behaviour below.
- A** James knows his friends want to go to an open-air pop festival for a weekend in the summer. Although he does not really like pop festivals, James decides he will go on the festival trip with his friends.
- B** Gemma thinks she doesn't really understand politics. However, her friends are all active supporters of the Green Party. After talking to her friend, Gemma now believes the Green Party has the best policies.
- (i) Use your knowledge of social influence to explain why James conformed with his friends. *(2 marks)*
- (ii) Use your knowledge of social influence to explain why Gemma now believes that the Green Party has the best policies. *(2 marks)*

[AO1 = 2, AO2 = 2]

AO1 1 mark for showing knowledge of each explanation.

AO2 1 mark each for explaining the reasons identified.

Likely answers:

(i) Normative social influence/compliance (AO1) – James has conformed in order to gain approval/ acceptance with (or to avoid rejection by) the group/James is agreeing with the group decision publicly, but has a different personal opinion (AO2).

(ii) Informational social influence/internalisation (AO1) – Gemma has conformed because she believes the group is more knowledgeable about an issue than herself/because she has now accepted the group answer as her own (AO2).

(b) A university professor studying defiance of authority told his students to complete a questionnaire. The questionnaire contained personal and embarrassing questions. There were two conditions in this experiment. In both conditions, participants in this experiment sat with confederates (stooges) of the professor.

Condition A: The confederates all sat quietly, filling in their answers.

Condition B: After two minutes, the confederates refused to complete the questionnaire and demanded to be released from the experiment.

The professor recorded whether or not the participants completed the questionnaire.

(i) Identify the *independent variable* and the *dependent variable* in the above experiment. (2 marks)

[AO3 = 2]

AO3 Independent variable – whether the confederates are obedient or defiant – similar expressions gain credit.
 Dependent variable – whether or not the participants completed the questionnaire.

(ii) The professor used an independent groups design in the experiment. Explain **one** advantage and **one** disadvantage of using independent groups in this experiment. (4 marks)

[AO3 = 4]

AO3 Advantage (1) explained (1)
 Disadvantage (1) explained (1)

Likely answers for advantage:

The participants are naïve because they only take part in one condition of the experiment.

There are no order effects such as practice or fatigue, because people only participate in one condition of the experiment.

The researcher can use the same questionnaire in both conditions because each participant is only presented with the questionnaire once.

Likely answers for disadvantage:

The results might be confounded because there are different participants/participant variables in each condition.

The experiment might be time-consuming because more participants are needed to provide enough data.

- (c) Discuss methodological **and** ethical issues that might arise when studying social influence. Refer to evidence in your answer. *(10 marks)*

[AO1 = 5, AO2 = 5]

AO1 AO1 Up to 5 marks for description. Likely methodological points include: issue of ecological validity and the extent to which artificial settings might not reflect everyday life (mundane realism). Issues of external validity: the participants in the research and their representativeness of populations, the locations used and the time when the research took place, (accept practical issues such as time-consuming formats). Demand characteristics in which participants attempt to produce behaviour that fits their understanding of aims of the research. Ethical issues include participant embarrassment/stress, deception, right to withdraw and lack of informed consent. Maximum of one mark for listing or naming ethical issues. Maximum of one mark for listing or naming methodological issues. Credit description of evidence up to 2 marks.

AO2 Up to 5 marks for discussion and evaluation of the issues. Likely points include: Analysis of why (and if) the issue produces methodological flaws or ethical concerns; counter arguments such as why there might need to be good control of variables and less realistic settings; use of relevant evidence to illustrate issues and also challenge issues such as absence of demand characteristics in some research eg Bickman; why deception or other unethical procedures were necessary. Credit use of evidence.

Likely studies include Milgram 1963, 1974, Sherif 1936, Asch 1951,1956, Bickman 1974, Crutchfield 1955, Miranda et al 1981, Michaels 1982, Zimbardo 1971.

Maximum 6 marks if only one type of issue.

Maximum 6 marks if no evidence

Mark Bands

8 - 10 marks

Good answers

The answer provides an accurate, well-organised and detailed description of both methodological and ethical issues and of the evidence used. There is clear, coherent and detailed evaluation. The answer is well-focused with little or no misunderstanding.

The answer is well-structured with effective use of paragraphs and sentences. There are very few errors of spelling and punctuation.

4 - 7 marks

Average answers

The answer provides a reasonably accurate and organised description of both types of issues and evidence at the top of the band. There is reasonable evaluation although it may lack clarity and coherence. There might be some irrelevance, inaccuracy or lack of focus.

The answer has some structure with some appropriate use of paragraphs and sentences. There are some errors of spelling and punctuation.

1 – 3 marks

Poor answers

The answer provides some basic or limited knowledge and/or evaluation of at least one issue and/or some evidence.

The response may contain some inaccuracies and/or be poorly focused.

There is little evidence of structure in terms of correct use of paragraphs and sentences. There are frequent errors of spelling and punctuation.

0 marks

No relevant content

Total AO1 marks for Question 1 = 7

Total AO2 marks for Question 1 = 7

Total AO3 marks for Question 1 = 6

Total marks for Question 1 = 20

2**Total for this question: 20 Marks**

(a)	(i)	What is meant by a <i>social schema</i> ?	(2 marks)
-----	-----	---	-----------

[AO1 = 2]**AO1** Up to 2 marks for a definition of the term.

Likely points: A social schema is a mental representation of information about the (social) world, ourselves, others or events. There are different types of social schemas – person/role/event/self.

(a)	(ii)	Use an example to explain how social schemas might affect the impressions we form of people.	(2 marks)
-----	------	--	-----------

[AO2 = 2]**AO2** 1 mark for an example. 1 mark for an explanation of how social schemas affect impressions formed.

Possible answer: Social schemas set up expectations about the personality and behaviour we might encounter, for example we might expect a doctor to be calm in an emergency situation.

(b)	In a study of stereotyping, participants were randomly allocated to one of two conditions. All participants read a description of a person. They were then asked to give a rating of the person's suitability for a career in nursing. The rating scale was from 1 to 10, with 1 meaning 'not at all suitable' and 10 meaning 'very suitable.' In both conditions the descriptions were the same except for the following:
-----	--

Condition A: The person in the description was a 17-year-old girl named Jo.

Condition B: The person in the description was a 17-year-old boy named Joe.

(i)	Identify the independent variable and the dependent variable in the above study.	(2 marks)
-----	--	-----------

[AO3 = 2]**AO3** Independent variable – gender or sex of the person in the description.
Dependent variable – the rating of suitability for a nursing career.

- (b) (ii) The experimenter used an independent groups design in the study. Explain **one** advantage of using independent groups in this study. (2 marks)

[AO3 = 2]

AO3 Advantage (1) explained (1)

Likely answers:

The participants are naïve because they only take part in one condition of the study.

There are no order effects such as practice or fatigue, because people only participate in one condition of the study

- (b) (iii) Briefly explain why this study might be said to lack ecological validity. (2 marks)

[AO3 = 2]

AO3 1 mark for a brief or slightly muddled explanation, 2 marks for a clear explanation.

Possible answer: It is not a usual task (1) for most people to have to read a passage and rate someone's suitability for a nursing career, so the responses may not reflect normal behaviour (1).

- (c) Discuss **at least two** functions of attitudes. (10 marks)

[AO1 = 5, AO2 = 5]

AO1 Up to 5 marks for description. Likely points include:

Knowledge function: attitudes help us make sense of the world and help us to think it is predictable.

Adaptive function: attitudes help us gain social approval/acceptance/goals when we display generally-accepted attitudes. We avoid punishment by displaying these attitudes.

Ego/self-expressive function: attitudes help us to establish identity when we express our own values and opinions. This function represents the fact that we are social beings who need to communicate with others.

Ego-defensive function: protecting the individual from recognising personal deficiencies or inferiority. This function can protect our self-esteem and promote a positive self image to others. Freudian roots.

Accept social adjustment function: this helps a person to manage social situations and create harmony in a social group by communicating attitudes that impress others.

1 mark for description of relevant study.

Maximum of 1 mark for listing or naming functions.

AO2 Up to 5 marks for discussion and evaluation of the functions.
This might include: The use of examples to illustrate the functions. Discussion of the disadvantages that might arise from these functions, eg stereotyping/prejudice/discrimination from the knowledge function when information is ignored or rejected. Cultural differences in functions
Recognition that one attitude might serve more than one function so the divisions are simplistic Olson and Zanna 1993. The use of the functional approach as a way of understanding how attitudes might be changed.
Credit use of evidence.

Likely studies include Razran, 1950, Martin, 1987, Tajfel et al 1971, Han and Shavitt, 1993, Herek, 1987.

Maximun 6 marks if only one function

Mark Bands

8 - 10 marks **Good answers**
The answer provides an accurate, well-organised and detailed description of at least two functions of attitudes. There is clear, coherent and detailed evaluation. The answer is well-focused with little or no misunderstanding.

The answer is well-structured with effective use of paragraphs and sentences. There are very few errors of spelling and punctuation.

4 - 7 marks **Average answers**
The answer provides a reasonably accurate and organised description of at least two functions of attitudes at the top of the band. There is reasonable evaluation although it may lack clarity and coherence. There might be some irrelevance, inaccuracy or lack of focus.

The answer has some structure with some appropriate use of paragraphs and sentences. There are some errors of spelling and punctuation.

1 – 3 marks **Poor answers**
The answer provides some basic or limited knowledge and/or evaluation of at least one function of attitudes.
The answer may contain some inaccuracies and/or be poorly focused.

There is little evidence of structure in terms of correct use of paragraphs and sentences. There are frequent errors of spelling and punctuation

0 marks **No relevant content**

Total AO1 marks for Question 2 = 7
Total AO2 marks for Question 2 = 7
Total AO3 marks for Question 2 = 6
Total marks for Question 2 = 20

SECTION B: COGNITIVE PSYCHOLOGY**3****Total for this question: 20 Marks**

- (a) Psychologists have suggested that forgetting can be explained in a number of ways. Four possible explanations are listed below:

- A** lack of consolidation;
B displacement;
C motivated forgetting;
D decay.

In your answer book, identify which explanation, **A**, **B**, **C** or **D** is most likely to be illustrated by **each** of the following statements.

- (i) Kim could not remember the numbers at the start of the telephone number she had just looked up because there were twelve digits in total. (1 mark)
- (ii) Peter was knocked unconscious at the end of the ice-hockey game and could not remember the goal he had just scored. (1 mark)

[AO2 = 2]

The following answers are correct.

- (i) B
(ii) A

- (b) Read the following conversation.

Debbie: "I have found it really difficult to remember my new email address and I keep putting in my old one instead."

Dave: "I have a different problem. Since I have had an automatic car I can't remember how to drive my wife's car with its manual gears."

Use your knowledge of interference theory to explain Debbie's and Dave's memory problems. (4 marks)

[AO1 = 2, AO2 = 2]

- AO1** Debbie has proactive interference (1).
Dave has retroactive interference (1).

- AO2** 1 mark for explaining Debbie has proactive interference because her earlier knowledge is affecting retrieval of her new memory.

1 mark for explaining Dave has retroactive interference because his new information is affecting retrieval of his previous knowledge.

- (c) Describe **one** study in which the working memory model was investigated. Indicate why the study was conducted, the method used, results obtained and conclusion drawn. (4 marks)

[AO1 = 4]

AO1 Likely studies include: Paulescu et al (1993), Logie et al (1989), Robbins et al (1996), Hunt (1980), Brooks (1968), Baddeley, Thomson and Buchanan (1975), Hoosain and Salili (1988), Hulme, Thomson, Muir and Lawrence (1984), Levey, Aldaz, Watts and Coyle (1991), Baddeley et al (1998).

1 mark – why the study was conducted (must go beyond the stem)

1 mark – information about the method

1 mark – indication of results

1 mark – indication of a conclusion to be drawn

- (d) Describe and evaluate the multi-store model of memory. Refer to evidence in your answer. (10 marks)

[AO1 = 5, AO2 = 5]

AO1 Up to 5 marks for description of the model with 1 mark for naming **two** stores and 1 mark each for accurate information about the characteristics (duration, capacity and coding) of each store, linear/information processing model, related types of forgetting, transfer from sensory to STM via attention, and for description of rehearsal loop. Up to 3 of these marks can be credited for the same information conveyed by an accurately labelled diagram.
Credit description of evidence up to 2 marks

AO2 Up to 5 marks for:

Analysis which might include explanation of primacy and recency effects in serial position studies, discussion of the nature of deficits in case studies of neurological damage. Evaluation is likely to include criticisms of aspects of the model by comparison with later work, such as arguments that the STS and LTS are not unitary stores, and that rehearsal is not a complete explanation of transfer to LTM.
Credit use of evidence.

Likely studies include: Murdock (1962) Glanzer and Cunitz (1966), Peterson and Peterson (1959) Craik and Watkins (1973), Conrad (1963/4), Baddeley (1966), Milner et al (1978), Blakemore (1988) Craik and Tulving (1975), Hyde and Jenkins (1973), and Working Memory studies such as Baddeley, Thomson and Buchanan (1975), Hoosain and Salili (1988) when used as evaluation of multi-store model.

Maximum 6 marks if no evidence

Mark Bands

8 - 10 marks

Good answers

The answer provides an accurate, well-organised and detailed description of the multi-store model and relevant evidence. There is clear, coherent and detailed evaluation. The answer is well-focused with little or no misunderstanding.

The answer is well-structured with effective use of paragraphs and sentences. There are very few errors of spelling and punctuation.

4 - 7 marks

Average answers

The answer provides a reasonably accurate and organised description of the multi-store model and evidence at the top of the band. There is reasonable evaluation although it may lack clarity and coherence. There might be some irrelevance, inaccuracy or lack of focus.

The answer has some structure with some appropriate use of paragraphs and sentences. There are some errors of spelling and punctuation.

1 – 3 marks

Poor answers

The answer provides some basic or limited knowledge and/or evaluation of the multi-store model.

The answer may contain some inaccuracies and/or be poorly focused.

There is little evidence of structure in terms of correct use of paragraphs and sentences. There are frequent errors of spelling and punctuation.

0 marks

No relevant content

Total AO1 marks for Question 3 = 11

Total AO2 marks for Question 3 = 9

Total marks for Question 3 = 20

4

Total for this question: 20 Marks

(a)	(i)	Identify two monocular depth cues in Figure 1 below.	(2 marks)
-----	-----	--	-----------

[AO2 = 2]

AO2 Any two from:
Linear perspective, superimposition/interposition, height in plane, relative/decreasing size.

(a)	(ii)	Explain why the people at the top of Figure 1 are perceived to be of a similar size to the people at the bottom of Figure 1 .	(2 marks)
-----	------	---	-----------

[AO2 = 2]

AO2 1 mark for a brief or slightly muddled explanation, 2 marks for a clear explanation of size constancy.

Possible answers:

We perceive the size of similar objects to be constant even though the image on the retina will be smaller when an object is further away.

Once we know an object is distant, we mentally enlarge/scale it up so it looks a normal size.

(b)	Name one ambiguous figure. Briefly describe how it is ambiguous.	(2 marks)
-----	---	-----------

[AO1 = 2]

AO1 1 mark for naming an ambiguous figure. 1 mark for describing how it is ambiguous.

Possible ambiguous figures: Rubin's vase, Necker cube, rat man.

Further mark for describing the two possible interpretations (such as faces/vase; front face or back face of cube; figure of a rat or man's face.)

Accept other ambiguous figures.

(c)	Describe one study in which the Gestalt principles of perceptual organisation were investigated. Indicate why the study was conducted, the method used, results obtained and conclusion drawn.	(4 marks)
-----	---	-----------

[AO1 = 4]

AO1 Likely studies include: Navon (1977), Pomerantz and Garner (1973)

1 mark – why the study was conducted (must go beyond the stem)

1 mark – information about the method

1 mark – indication of results

1 mark – indication of a conclusion to be drawn

-
- | |
|---|
| (d) Describe and evaluate Gregory's theory of visual perception. Refer to evidence in your answer. (10 marks) |
|---|

[AO1 = 5, AO2 = 5]

AO1 Up to 5 marks for description. Likely points include: the theory proposes that perception is a top-down/concept-driven process in which prior knowledge/experience is combined with often incomplete sensory information to construct hypotheses about the world. It emphasises the role of inference. The relevance of set and illusions, such as the Muller-Lyer or Ponzo figures. Description of misapplied size constancy. Credit description of evidence up to 2 marks.

AO2 Up to 5 marks for evaluation of Gregory's theory. Likely points include: Application of knowledge of the theory to examples – the theory explains how illusions/set operate. A logical explanation of the process – we are aware that past experience affects present understanding. The use of studies to support the theory, such as set/context/cross – cultural. The limitations of studies, especially lack of validity. Limitations of the theory, comparison with Gibson and infant studies which indicate some abilities are present at birth. Suggestion that it is not sufficient as a single explanation of human perception. Credit use of evidence.

Likely studies include: Lieberman (1963), Deregowski (1972), Bruner and Postman (1949), McGinnes (1949), Bruner and Minturn (1951).

Maximum 6 marks if no evidence

Mark Bands

8 - 10 marks

Good answers

The answer provides an accurate, well-organised and detailed description of Gregory's theory. There is clear, coherent and detailed evaluation. The answer is well-focused with little or no misunderstanding.

The answer is well-structured with effective use of paragraphs and sentences. There are very few errors of spelling and punctuation.

4 - 7 marks

Average answers

The answer provides a reasonably accurate and organised description of Gregory's theory. At the top of the band evidence is given. There is reasonable evaluation although it may lack clarity and coherence. There might be some irrelevance, inaccuracy or lack of focus.

The answer has some structure with some appropriate use of paragraphs and sentences. There are some errors of spelling and punctuation.

1 - 3 marks

Poor answers

The answer provides some basic or limited knowledge and/or evaluation of Gregory's theory.

The answer may contain some inaccuracies and/or be poorly focused.

There is little evidence of structure in terms of correct use of paragraphs and sentences. There are frequent errors of spelling and punctuation.

0 marks

No relevant content

Total AO1 marks for Question 4 = 11

Total AO2 marks for Question 4 = 9

Total marks for Question 4 = 20

SECTION C: INDIVIDUAL DIFFERENCES**5****Total for this question: 20 Marks**

(a) The following examples illustrate phobias.

- A** Alan is terrified of pigeons.
- B** Samina is afraid of crowded shopping centres.
- C** Judy is afraid that she is not going to get a promotion at work.
- D** Mike is extremely anxious about playing his guitar in public.

In your answer book, identify which behaviour, **A**, **B**, **C** or **D**, is an example of the following:

- (i) a social phobia
 (ii) agoraphobia
 (iii) a specific phobia

*(3 marks)***[AO2 = 3]**

- AO2** (i) **D**
 (ii) **B**
 (iii) **A**

(b) (i) Briefly describe **one** investigation into phobias.

*(3 marks)***[AO1= 3]**

AO1 Up to 3 marks for a description of a recognisable study; candidates may briefly describe three of the aim, method, results and/or conclusion or may focus on two sections for full credit.

Likely studies include:

Ohman (1975, 1996), Ehlers and Breuer (1992) Lang and Lazovik (1962), DiGallo et al (1997), Cook and Mineka (1990). Watson and Raynor (1920), also case studies may be described.

(b) (ii) Suggest **one** problem that might arise when researchers investigate phobias. (2 marks)

[AO2 = 2]

AO2 Up to 2 marks for a problem, ethical or methodological, that is elaborated.
Possible answer: it is difficult for the researchers to be sure that a phobia exhibited, or induced, in a laboratory study is the same as one exhibited in the natural environment so the research might lack ecological validity.

(c) Outline **two** symptoms of obsessive-compulsive disorder. (2 marks)

[AO1 = 2]

AO1 Up to 2 marks for description of symptoms.
Likely points:
Recurrent unwanted thoughts (1), recurrent performance of ritual behaviours (1),
distress or disruption caused by obsessions and compulsions (1).

(d) Describe and evaluate **two** therapies for obsessive-compulsive disorder. (10 marks)

[AO1 = 5, AO2 = 5]

AO1 Up to 5 marks for description of two of the following possible therapies. Likely points include:
Behavioural treatments – exposure and response prevention ERP: used by flooding or systematic desensitisation, steps involved, focus on compulsive behaviours rather than obsessions.
Drug therapy – treatment of anxiety by use of drugs that increase serotonin levels, eg fluoxetine. Other effects of these drugs on orbital frontal cortex.
Cognitive therapy – procedures: describing misinterpretation of thoughts, raising awareness, use of ritual to neutralise obsessions, habituation training.
Psychodynamic therapy – techniques of free association and dream interpretation, unconscious conflicts in anal and phallic stages. Rat man case study.
Combined behaviour and cognitive therapy described O’Kearney (1993).
Credit description of evidence up to 1 mark.

AO2 Up to 5 marks for discussion and evaluation of the therapies. Likely discussion points include:
Behavioural therapy: analysis of the link between theoretical aspects and treatments for OCD, eg how classical conditioning is involved in systematic desensitisation, exposure response prevention, or how operant conditioning might be used to reinforce substitute behaviours. Possible discussion points: treats behaviour not cause; may develop alternative inappropriate behaviours; ethical issues, eg control/manipulation; generalisation outside the therapeutic context; relative effectiveness in relation to other forms of treatment, eg anti-anxiety drugs. Credit references to evidence, eg Jones 1924, Steketee and Foa 1984, Emmelkemp 1994, Wolpe et al 1994.
Similar format for other therapies:
Drug therapy: improvement found in 50-80% cases Julien (2005), reduction of symptoms not elimination, relapse when drugs not taken, dual approach with other therapy eg ERP effective and reduced need for surgery.
Cognitive therapy: how cognitive strategies work, effectiveness Rufer et al (2005)
Psychodynamic therapy: lack of evidence to support effectiveness Foa and Franklin (2004), length of time to complete therapy, more modern approaches shorter.
Credit use of evidence.

Maximum 6 marks if only one therapy
Maximum 6 marks if no explicit link to OCD

Mark Bands

8 - 10 marks

Good answers

The answer provides an accurate, well-organised and detailed description of two therapies for OCD. There is clear, coherent and detailed evaluation. The answer is well-focused with little or no misunderstanding.

The answer is well-structured with effective use of paragraphs and sentences. There are very few errors of spelling and punctuation.

4 - 7 marks

Average answers

The answer provides a reasonably accurate and organised description of two therapies for OCD at the top end. There is reasonable evaluation although it may lack clarity and coherence. There might be some irrelevance, inaccuracy or lack of focus.

The answer has some structure with some appropriate use of paragraphs and sentences. There are some errors of spelling and punctuation.

1 - 3 marks

Poor answers

The answer provides some basic or limited knowledge and/or evaluation of therapy(ies).

The answer may contain some inaccuracies and/or be poorly focused.

There is little evidence of structure in terms of correct use of paragraphs and sentences. There are frequent errors of spelling and punctuation.

0 marks

No relevant content

Total AO1 marks for Question 5 = 10

Total AO2 marks for Question 5 = 10

Total marks for Question 5 = 20

6**Total for this question: 20 Marks**

- | | |
|-----|--|
| (a) | Cole is nearly four years old and has recently been diagnosed as having autism. Suggest three symptoms of autism that Cole might show when he is at home with his mother. (3 marks) |
|-----|--|

[AO2 = 3]

- AO2** Up to 3 marks for identification of symptoms of autism.
Likely answers include: poor use of eye gaze/ he will not look at his mother, lack of joint activities/ he will not play with her, delay in speech/ he will not talk to her, repetitive movements/ such as hand flapping.

Accept other valid behaviours.

- | | | |
|-----|-----|--|
| (b) | (i) | Briefly outline the neurological correlates explanation of autism. (2 marks) |
|-----|-----|--|

[AO1 = 2]

- AO1** Up to 2 marks for description of the neurological correlates explanation.
This explanation suggests that autistic individuals have abnormal structures/damage/functioning in their brains (1) in the areas where the impairments seem to be located (1). (Abnormality might be described by example such as: increased cerebellum size or abnormal blood flow or other functions).

- | | | |
|-----|------|--|
| (b) | (ii) | Suggest one problem with the neurological correlates explanation of autism. (2 marks) |
|-----|------|--|

[AO2 = 2]

- AO2** Credit for a problem (1) that is elaborated (1).
Possible answers: most evidence is correlational (1) and it is not possible to infer cause and effect from such relationships (1).
The sample sizes in some cases were very small (1) and so the results are not generalisable (1).
Findings are contradictory (1) and therefore no definite localised areas are evident (1).

- | | |
|-----|--|
| (c) | The 'Smartie tube' test and comic strip stories have been used to investigate autism. Briefly describe a study in which one of these techniques was used. (3 marks) |
|-----|--|

[AO1 = 3]

- AO2** Up to 3 marks for a description of one of the identified studies; candidates may briefly describe three of the aim, method, results or conclusion or may focus on two sections for full credit.

- (d) Failure of executive functioning and central coherence deficit have been proposed as explanations for autism. Discuss these **two** explanations. Refer to evidence in your answer. *(10 marks)*

[AO1 = 5, AO2 = 5]

AO1 Up to 5 marks for description of the failure of executive functioning and central coherence deficit explanations for autism. Both are cognitive explanations. Description of (failure of) executive functioning as, (lack of) ability to switch attention and initiate new behaviours. Central coherence, (deficit) as (in)ability to process information in general. These explanations attempt to explain both the deficits and exceptional skills seen in people with autism. Elaboration of 'coherence' or wholeness. Examples of coherent/deficit behaviours to illustrate behaviours in face recognition, memory studies and visual illusions. Credit description of evidence up to 2 marks

AO2 Up to 5 marks for discussion of the explanations. Analysis of how failure of executive functioning and lack of central coherence account for some of the repetitive behaviours/exceptional behaviours seen such as pervasive errors or savant abilities. Discussion of weak coherence versus superior, low level processing. Lack of generalisation as an alternative explanation. Central coherence as a continuum of ability rather than possessed or missing. Discussion of other explanations if they are made relevant to failure of executive functioning and/or central coherence deficit such as theory of mind/biological. Discussion of idea that cognitive explanations do not identify cause and that they do seem to fit with biological explanations and models such as working memory.

Credit use of evidence.

Likely studies include: Shah and Frith (1993), Turner (1999), Hermelin and O'Connor (1967), Happe (1996), Jarrold (2000), Hobson (1988).

Maximum 6 marks if only one explanation
Maximum 6 marks if no evidence

Mark Bands

8 - 10 marks

Good answers

There is an accurate, well-organised and detailed description of both explanations and evidence. There is clear, coherent and detailed evaluation. The answer is well-focused with little or no misunderstanding.

The answer is well-structured with effective use of paragraphs and sentences. There are very few errors of spelling and punctuation.

4 - 7 marks

Average answers

There is a reasonably accurate and organised description of both explanations and evidence at the top of the band. There is reasonable evaluation although it may lack clarity and coherence. There might be some irrelevance, inaccuracy or lack of focus.

The answer has some structure with some appropriate use of paragraphs and sentences. There are some errors of spelling and punctuation.

1 – 3 marks

Poor answers

There is some basic or limited knowledge and/or evaluation of one or both explanations and/or evidence.

The answer may contain some inaccuracies and/or be poorly focused.

There is little evidence of structure in terms of correct use of paragraphs and sentences. There are frequent errors of spelling and punctuation.

0 marks

No relevant content

Total AO1 marks for Question 6 = 10

Total AO2 marks for Question 6 = 10

Total marks for Question 6 = 20

Assessment grid

Question	AO1	AO2	AO3
1a	2	2	
1b(i)			2
1b(ii)			4
1c	5	5	
Total	7	7	6
2a(i)	2		
2a(ii)		2	
2b(i)			2
2b(ii)			2
2b(iii)			2
2c	5	5	
Total	7	7	6
3a(i) and (ii)		2	
3b	2	2	
3c	4		
3d	5	5	
Total	11	9	
4a (i)		2	
4a (ii)		2	
4b	2		
4c	4		
4d	5	5	
Total	11	9	
5a		3	
5b(i)	3		
5b(ii)		2	
5c	2		
5d	5	5	
Total	10	10	
6a		3	
6b(i)	2		
6b(ii)		2	
6c	3		
6d	5	5	
Total	10	10	