
A-level PSYCHOLOGY 7182/3

Paper 3 Issues and options in psychology

Mark scheme

June 2024

Version: 1.0 Final



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

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

No student should be disadvantaged on the basis of their gender identity and/or how they refer to the gender identity of others in their exam responses.

A consistent use of 'they/them' as a singular and pronouns beyond 'she/her' or 'he/him' will be credited in exam responses in line with existing mark scheme criteria.

Further copies of this mark scheme are available from [aqa.org.uk](https://www.aqa.org.uk)

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Level of response marking instructions

Level of response mark schemes are broken down into levels, each of which has a descriptor. The descriptor for the level shows the average performance for the level. There are marks in each level.

Before you apply the mark scheme to a student's answer read through the answer and annotate it (as instructed) to show the qualities that are being looked for. You can then apply the mark scheme.

Step 1 Determine a level

Start at the lowest level of the mark scheme and use it as a ladder to see whether the answer meets the descriptor for that level. The descriptor for the level indicates the different qualities that might be seen in the student's answer for that level. If it meets the lowest level then go to the next one and decide if it meets this level, and so on, until you have a match between the level descriptor and the answer. With practice and familiarity you will find that for better answers you will be able to quickly skip through the lower levels of the mark scheme.

When assigning a level you should look at the overall quality of the answer and not look to pick holes in small and specific parts of the answer where the student has not performed quite as well as the rest. If the answer covers different aspects of different levels of the mark scheme you should use a best fit approach for defining the level and then use the variability of the response to help decide the mark within the level, ie if the response is predominantly Level 3 with a small amount of Level 4 material it would be placed in Level 3 but be awarded a mark near the top of the level because of the Level 4 content.

Step 2 Determine a mark

Once you have assigned a level you need to decide on the mark. The descriptors on how to allocate marks can help with this. The exemplar materials used during standardisation will help. Answers in the standardising materials will correspond with the different levels of the mark scheme. These answers will have been awarded a mark by the Lead Examiner. You can compare the student's answer with the standardised examples to determine if it is the same standard, better or worse than the example. You can then use this to allocate a mark for the answer based on the Lead Examiner's mark on the example.

You may well need to read back through the answer as you apply the mark scheme to clarify points and assure yourself that the level and the mark are appropriate.

Indicative content in the mark scheme is provided as a guide for examiners. It is not intended to be exhaustive and you must credit other valid points. Students do not have to cover all of the points mentioned in the indicative content to reach the highest level of the mark scheme.

An answer which contains nothing of relevance to the question must be awarded no marks.

Section A

Issues and debates in psychology

0 1 Which psychologist believes in interactionism?

[1 mark]

Marks for this question: AO2 = 1

Answer: Carlo

0 2 Which psychologist believes in environmental reductionism?

[1 mark]

Marks for this question: AO2 = 1

Answer: Dalia

0 3 What is meant by ethnocentrism in psychology?

[2 marks]

Marks for this question: AO1 = 2

2 marks for a clear, coherent outline of ethnocentrism which includes explicit reference to the belief/assumption/view/judgement of cultural superiority.

1 mark for a limited/partial or muddled outline.

Possible content:

- judging other cultures according to the norms/standard/values of one's own culture
- at the extreme, believing in the superiority of one's own culture
- examples of ethnocentrism including brief explanation of why/how this illustrates ethnocentrism

Credit other relevant material.

0	4
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 Outline **two** limitations of ethnocentrism.

[4 marks]

Marks for this question: AO3 = 4

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

2 marks for a coherent limitation which clearly and explicitly conveys the negative effect

1 mark for limited/partial or muddled limitation where the negative effect is implied.

Possible limitations:

- can lead to prejudice against other ethnic groups/out groups
- can lead to discrimination against other ethnic groups/out groups
- increases in-group, out-group identity – emphasises apparent differences between own ethnic group and others
- assumes members of an ethnic group are all the same/negates individual differences
- in psychology, has led to the adoption of a 'Western norm' which would then devalue other cultures
- findings from ethnocentric research should not be generalised to other cultures as only one culture has been studied – lack of validity.

Credit other relevant limitations and limitations embedded in examples.

0 5

Discuss determinism in psychology. Refer to Maria in your answer.

[16 marks]**Marks for this question: AO1 = 6, AO2 = 4, AO3 = 6**

Level	Marks	Description
4	13–16	Knowledge of determinism is accurate and generally well detailed. Application is effective. Discussion is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	9–12	Knowledge of determinism is evident but there are occasional inaccuracies/omissions. Application/discussion is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	5–8	Limited knowledge of determinism is present. Focus is mainly on description. Any discussion/application is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1–4	Knowledge of determinism is very limited. Discussion/application is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible content:

- determinism – general idea that traits and behaviours are outside our control, due to internal or external factors over which we have no control
- biological/genetic – behaviours/traits are governed by internal factors such as genes and neurochemicals
- environmental – behaviours/traits are governed by external influences such as upbringing and experiences
- psychic – behaviours/traits are governed by unconscious motives/desires and stem from early childhood experiences
- hard – behaviours/traits are entirely out of an individual's control
- soft – behaviours/traits are determined by internal/external forces but we can still exercise some control, eg through thought processes/decision making.

Possible application:

- gymnastic ability may be biologically determined – inherited athlete mother's genes
- gymnastic ability may be environmentally determined – years of practice from the age of 5, reinforcement in form of mother's encouragement
- gymnastic ability may be psychically determined – unconscious identification with athlete mother, Maria refers to unconscious motivation
- hard determinism – Maria refers to the inevitability and lack of free will – 'no choice'.

Possible discussion:

- a cornerstone of the scientific approach – enables psychology to be seen as scientific
- demonstration of causality/establishing cause has many practical applications, eg treatments
- tends to result in a very narrow focus and can lead to reductionism
- does not allow for free will and the idea that people have control
- links with broad approaches in psychology
- implications for society, eg child-rearing; the effect of expectations in education; how we treat offending behaviour/addiction
- soft determinism as a compromise between hard determinism and free will – role of consciousness and subjective awareness.

Credit other relevant material.

Section B

Relationships

0 6

One way of improving this study would be to use random allocation. Explain how random allocation could have been carried out.

[3 marks]

Marks for this question: AO3 = 3

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

- all 60 Ps are given a number/all 60 Ps names are put into a hat/computer
- 30 numbers are drawn at random using either random number tables/hat method/computer-generated random numbers
- the first 30 numbers make up Group 1, second 30 numbers make up Group 2.

Credit other methods that would result in random allocation.

0 7

What conclusion could the psychologist make from the results in **Table 2**? Justify your answer.

[2 marks]

Marks for this question: AO2 = 1, AO3 = 1

1 mark for an appropriate conclusion: increased self-disclosure makes it easier to make 'friends' on social media/increased self-disclosure leads to an increase in formation of social media relationships.

1 mark for an appropriate justification: the median number of 'friends' for Group 1 is higher than the median number of 'friends' for Group 2 (or vice versa).

0 8

Which section of the psychological report should include information about how the participants were allocated to the two groups?

[1 mark]

Marks for this question: AO2 = 1

Answer: Method section (also credit Design or Procedure as sub-sections of the Method).

0	9
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Suggest **two** examples of self-disclosure that might have occurred in the social media communications of the participants in the study.

[2 marks]

Marks for this question: AO2 = 2

Award **1 mark** for **each** relevant suggestion (up to a maximum of 2 marks).

To be creditworthy, the example must be a revelation of some specific aspect of personal information, eg age, background, interests, hobbies, attitudes and must convey the idea of 'telling/saying/informing...'

The suggestion may either be verbatim, eg 'I am 20 years old', 'I like to go shopping at the weekend', or may be a description of the disclosure, eg 'telling people your age', 'telling people what you like to do at the weekend.'

1 0 Discuss the matching hypothesis.

[8 marks]

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

Level	Marks	Description
4	7–8	Knowledge of the matching hypothesis is accurate with some detail. Discussion is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	5–6	Knowledge of the matching hypothesis is evident but there are occasional inaccuracies/omissions. Discussion is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	3–4	Knowledge of the matching hypothesis is present. Focus is mainly on description. Any discussion is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1–2	Knowledge of the matching hypothesis is very limited. Discussion is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible content:

- Walster (1966) proposed people choose romantic partners of similar attractiveness to themselves
- focus is on matching physical attractiveness
- individuals focus attention on prospective partners of perceived similar level of physical attractiveness – effectively narrowing the range to the attainable
- pragmatic balance between desire for the ideal most attractive partner and a realistic awareness of our own level of attractiveness to avoid rejection.

Possible discussion:

- evidence to support/contradict the matching hypothesis: Walster and Walster (1966) – randomly matched dance partners favoured physically attractive partners regardless of their own level of physical attractiveness, contradicting the theory; Murstein (1972) – members of real couples are each separately assessed for attractiveness rating, these are found to correlate for level of attractiveness – but not so for fictitious pairings; Taylor (2011) showed that in online dating people choose prospective partners who are much more attractive than themselves BUT those relationships that continue involve partners of similar attractiveness; matching hypothesis seems to hold true for pairs of friends, but more so for male pairs than for female pairs (Feingold 1988)
- validity of evidence – some studies use real life dating sites so it is likely that the findings have validity
- most studies only look at physical attractiveness but other aspects of similarity may be important, eg personality, background etc.

Credit other relevant material.

1 1

Outline and evaluate the role of sexual selection in human reproductive behaviour.

[8 marks]**Marks for this question: AO1 = 3, AO3 = 5**

Level	Marks	Description
4	7–8	Outline of the role of sexual selection in human reproductive behaviour is accurate with some detail. Evaluation is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	5–6	Outline of the role of sexual selection in human reproductive behaviour is evident but there are occasional inaccuracies/omissions. Evaluation is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	3–4	Outline of the role of sexual selection in human reproductive behaviour is present. Focus is mainly on description. Any evaluation is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1–2	Outline of the role of sexual selection in human reproductive behaviour is very limited. Evaluation is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible content:

- traits that increase reproductive success, eg strength, aggression etc confer evolutionary advantage
- individuals with these traits are likely to survive and reproduce to pass on the genes
- intersexual selection – traits increase attractiveness and thereby induce members of the opposite sex to mate with them, eg females choose to mate with males who are strong and can provide resources; males choose to mate with females who look youthful as a sign of fertility
- intra-sexual selection – traits enable competition with members of the same sex, eg strength enables male to compete successfully for females
- appropriate links to human reproductive strategies, eg male courtship rituals, mate guarding, sneak copulation, female sexy sons hypothesis.

Possible evaluation:

- foundations in evolutionary theory
- problems with falsifiability of evolutionary theory
- consistent with biological differences in gametes (anisogamy) – women have fewer sex cells so must use them wisely, men produce many so may be more likely to adopt more promiscuous behaviours
- evidence in favour – Clark and Hatfield (1989) female selectiveness; Buss (1989) sex differences in preferred traits/characteristics
- less relevant in more modern society where expectations of males and females are less stereotyped, eg women are more autonomous so less dependent on men
- less readily applicable to non-heterosexual relationships
- links with broader approaches, eg nature-nurture, determinism, biological reductionism.

Credit other relevant material.

Section B

Gender

- 1 2** One way of improving this study would be to use random allocation. Explain how random allocation could have been carried out.

[3 marks]

Marks for this question: AO3 = 3

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

- all 60 Ps are given a number/all 60 Ps names are put into a hat/computer
- 30 numbers are drawn at random using either random number tables/hat method/computer-generated random numbers
- the first 30 numbers make up Group 1, second 30 numbers make up Group 2.

Credit other methods that would result in random allocation.

- 1 3** What conclusion could the psychologist make from the results in **Table 3**? Justify your answer.

[2 marks]

Marks for this question: AO2 = 1, AO3 = 1

1 mark for an appropriate conclusion: exposure to sex-role stereotyping in TV programmes leads to an increase in sex-role stereotyped attitudes.

1 mark for an appropriate justification: the median sex-role stereotyping score for Group 1 is higher than the median sex-role stereotyping score for Group 2 (or vice versa).

- 1 4** Which section of the psychological report should include information about how the participants were allocated to the two groups?

[1 mark]

Marks for this question: AO2 = 1

Answer: Method section (also credit Design or Procedure as sub-sections of the Method).

1	5
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Suggest **two** examples of sex-role stereotyped behaviour that might have occurred in the TV programmes watched by **Group 1**.

[2 marks]

Marks for this question: AO2 = 2

Award **1 mark** for **each** relevant suggestion (up to a maximum of 2 marks).

To be creditworthy, the example can be an observable sex-role stereotyped behaviour that might appear in a TV programme, eg a man drinking beer at a bar, a woman doing cleaning around the house, a man mowing the lawn, a woman using beauty products, or a more general stereotypical behavioural trait, eg a man showing dominance, a woman showing emotion.

Both suggested behaviours may be for the same sex.

1 6

Discuss the role of identification in the development of gender.

[8 marks]**Marks for this question: AO1 = 3, AO3 = 5**

Level	Marks	Description
4	7–8	Knowledge of the role of identification in the development of gender is accurate with some detail. Discussion is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	5–6	Knowledge of the role of identification in the development of gender is evident but there are occasional inaccuracies/omissions. Discussion is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	3–4	Knowledge of the role of identification in the development of gender is present. Focus is mainly on description. Any discussion is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1–2	Knowledge of the role of identification in the development of gender is very limited. Discussion is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible content:

- identification involves understanding of self as similar to another person and wanting to be like another person
- concept is central to both social learning theory and psychodynamic explanations of gender development
- psychodynamic theorists suggest that identification with same-sex parent takes place during the Phallic stage via the Oedipus complex (for boys – identification with the aggressor) and the Electra complex (for girls) and results in the development of gender-related behaviours through internalisation of the parent
- social learning theorists suggest that identification with a same-sex role model arises through observation and will lead to internalisation and adoption of gender-related behaviours through imitation
- for cognitive psychologists, identification occurs after gender identity develops and therefore as a consequence of the understanding of own gender.

Possible discussion:

- problems with the psychodynamic theory of identification during the Oedipus complex/Electra complex – processes are unconscious and unfalsifiable
- lack of evidence for psychodynamic identification and evidence to counter the explanation, eg boys can still identify as male even if they have no father to identify with
- analysis of key difference between psychodynamic identification and SLT identification, eg same-sex parent only versus any role model; process as conscious versus unconscious
- identification may not be necessary for initial development of gender – for cognitive psychologists identification occurs after gender identity develops and therefore as a consequence of the understanding of own gender
- use of evidence to support identification, eg studies of social learning from role models

- links with broader issues such as nature-nurture and determinism.

Credit other relevant material.

Note: students can achieve full credit with coverage of just one theory, eg psychodynamic theory.

1 7 Outline and evaluate psychological research into androgyny.

[8 marks]

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

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

Possible content:

- Bem's (1971) theory that possession of a combination of masculine and feminine traits is advantageous for mental well-being
- Sex Role Inventory devised by Bem to measure of androgyny (BSRI)
- BSRI consists of 60 characteristics/traits – respondents rate themselves on a 7-point scale
- scores translate to two dimensions – masculinity-femininity and androgynous-unclassified
- people with a high androgyny score on BSRI are psychologically more healthy/have better mental well-being than those who score as strongly masculine, strongly feminine (or undifferentiated).

Possible evaluation:

- several early studies showed correlation between mental well-being and androgyny scores (Flaherty and Dusek (1980), Lubinski (1981))
- androgyny may not always be positive – associated with negative traits such as competitiveness
- modification to the original proposal – addition of undifferentiated
- Taylor and Hall (1982) argued that masculine traits are a better predictor of mental well-being than androgyny
- BSRI may be an oversimplification – should consider other factors, eg work role, abilities etc
- BSRI may be outdated – masculinity and femininity are no longer so clearly differentiated with many children raised to be gender-neutral
- use of evidence to counter Bem's views on androgyny and mental well-being
- possible Western bias in emphasis on masculine traits.

Credit other relevant material.

Section B

Cognition and development

1 8

One way of improving this study would be to use random allocation. Explain how random allocation could have been carried out.

[3 marks]

Marks for this question: AO3 = 3

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

- all 60 Ps are given a number/all 60 Ps names are put into a hat/computer
- 30 numbers are drawn at random using either random number tables/hat method/computer-generated random numbers
- the first 30 numbers make up Group 1, second 30 numbers make up Group 2.

Credit other methods that would result in random allocation.

1 9

What conclusion could the psychologist make from the results in **Table 4**? Justify your answer.

[2 marks]

Marks for this question: AO2 = 1, AO3 = 1

1 mark for an appropriate conclusion: using familiar play materials in a conservation task leads to a better ability to conserve.

1 mark for an appropriate justification: the median conservation score for Group 1 is higher than the median conservation score for Group 2 (or vice versa).

2 0

Which section of the psychological report should include information about how the participants were allocated to the two groups?

[1 mark]

Marks for this question: AO2 = 1

Answer: Method section (also credit Design or Procedure as sub-sections of the Method).

2 1

Briefly suggest **two** examples of a conservation task that the psychologist might have used in the study.

[2 marks]

Marks for this question: AO2 = 2

Award **1 mark** for **each** relevant suggestion (up to a maximum of 2 marks).

To be creditworthy, the example must be an example of a task involving physical transformation of material, with the material and transformation explicitly specified, eg:

- lump of clay rolled into a different shape
- counters spread further apart/closer together
- water poured into a different shaped container.

Credit other relevant examples.

2 2 Discuss the role of the mirror neuron system in social cognition.

[8 marks]

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

Level	Marks	Description
4	7–8	Knowledge of the role of the mirror neuron system in social cognition is accurate with some detail. Discussion is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	5–6	Knowledge of the role of the mirror neuron system in social cognition is evident but there are occasional inaccuracies/omissions. Discussion is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	3–4	Knowledge of the role of the mirror neuron system in social cognition is present. Focus is mainly on description. Any discussion is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1–2	Knowledge of the role of the mirror neuron system in social cognition is very limited. Discussion is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible content:

- mirror neurons are brain cells activated when we observe another person's actions
- cell activation is the same as if we carry out the action ourselves
- thought to allow for shared understanding on intention and emotional experience
- early studies by Di Pelligrino (1992) and Rizzolatti (1996) involved use of electrodes to measure brain activity of macaques observing other macaques reaching for peanuts
- findings showed mirror neurons only fire when the actor interacts with the object
- investigated using scanning technology – cells are most prevalent in the pars opercularis and Brodman's area (frontal lobe).

Possible discussion:

- theory has application: deficits in mirror neuron function may account for social cognition deficits such as in perspective taking and empathy, eg Dapretto (2006) found impaired mirror neuron activity in cases of ASD
- evidence of link with empathy: Gazzola (2006) mirror neuron system is less active in people with low empathy scores
- existence is controversial – cells can only be identified by their function – invasive cell recording techniques carried out with monkeys cannot be used in human participants
- scanning reveals activity in a general area/region, not specific cells
- cells may be a result of social interaction rather than cause
- links to broader concepts, eg biological reductionism – social cognition involves highly complex social behaviours that take place in a complex societal context.

Credit other relevant material.

2 3 Outline and evaluate Vygotsky's theory of cognitive development.

[8 marks]

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

Level	Marks	Description
4	7–8	Outline of Vygotsky's theory of cognitive development is accurate with some detail. Evaluation is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	5–6	Outline of Vygotsky's theory of cognitive development is evident but there are occasional inaccuracies/omissions. Evaluation is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	3–4	Outline of Vygotsky's theory of cognitive development is present. Focus is mainly on description. Any evaluation is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1–2	Outline of Vygotsky's theory of cognitive development is very limited. Evaluation is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible content

- social interaction/culture govern cognitive development as the child internalises thinking of others
- role of language – external speech – inner speech – internalised thoughts
- scaffolding – more knowledgeable experts act as a framework which is gradually withdrawn until child is independent
- notion of the zone of proximal development – gap between child's current ability and what can be achieved with assistance – incorporates notion of potential
- child is seen as an apprentice, developing tools of the culture, eg language.

Possible evaluation

- use of evidence to support/counter the theory, eg effectiveness of scaffolding (eg Wood and Middleton 1975); cultural transmission of skills (Greenfield and Lave 1982)
- theory can account for cultural differences, unlike Piaget
- contrast with Piaget's views on cognitive development in a relatively fixed sequence at certain ages and Piaget's view of the child as a lone scientist
- emphasis on social interaction means that biological maturation and individual processes are seen as less important
- implications for education – use of peer tutoring
- theory focuses on processes rather than outcomes making it hard to test
- links to broader issues such as nature-nurture.

Credit other relevant material.

Section C

Schizophrenia

- 2 4** Suggest **one** of the following techniques as an appropriate way to combine the results of different studies.

[1 mark]

Marks for this question: AO3 = 1

Answer: C – Meta-analysis

- 2 5** Which **one** of the following explains how typical antipsychotics work in the treatment of schizophrenia?

[1 mark]

Marks for this question: AO1 = 1

Answer: A – They block dopamine receptor sites.

- 2 6** Outline **one** limitation of the use of drugs in the treatment of schizophrenia.

[2 marks]

Marks for this question: AO3 = 2

2 marks for a clear, coherent limitation.

1 mark for a limited/partial/muddled limitation.

Possible limitations:

- side effects, for example, dry mouth, weight gain etc
- masking the symptoms rather than dealing with the cause
- ethical issues, for example, control.

Credit other relevant limitations.

2 7

Using an example of **each**, explain the difference between positive and negative symptoms of schizophrenia.

[4 marks]

Marks for this question: AO1 = 2, AO3 = 2

AO1

1 mark for an example of a positive symptom and **1 mark** for an example of a negative symptom.

To be creditworthy the answer should be a specific symptom and clearly state/indicate which symptom is positive and which is negative.

Positive symptoms, eg hallucinations, delusions, disordered/incoherent/jumbled language or word salad.

Negative symptoms, eg avolition, speech poverty, social withdrawal.

Credit other valid symptoms.

Examples of each type of symptom will probably be embedded in the analysis of the difference.

AO3

2 marks for a clear and coherent explanation of the difference which clearly conveys the notion of behaviour added versus behaviour lost/absent.

1 mark for a limited/partial explanation of the difference.

0 marks no relevant content.

Content:

Positive symptoms are behaviours that appear that are in addition to/extra/over and above normal behaviours whereas negative symptoms are a loss of/failure to show usual/normal/typical behaviours.

2 8

Discuss family dysfunction as an explanation for schizophrenia. Refer to Jade in your answer.

[16 marks]

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

Level	Marks	Description
4	13–16	Knowledge of the family dysfunction explanation is accurate and generally well detailed. Application is effective. Discussion is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	9–12	Knowledge of the family dysfunction explanation is evident but there are occasional inaccuracies/omissions. Application/discussion is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	5–8	Limited knowledge of the family dysfunction explanation is present. Focus is mainly on description. Any discussion/application is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1–4	Knowledge of the family dysfunction explanation is very limited. Discussion/application is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible content:

- general notion that hostility and difficulties in family communication cause stress and tension which leads the child to develop schizophrenia
- double-bind theory – (Bateson) parents of children with schizophrenia give out mixed messages, showing/wanting affection then pushing away. This contradiction between verbal and non-verbal messages results in a no-win situation for the child
- high expressed emotion – negative emotions are expressed towards the person with schizophrenia, eg verbal criticism/disapproval, hostility, emotional over-involvement causing stress for the sufferer
- schizophrenogenic mother – Fromm-Reichmann's psychodynamic notion of the schizophrenia-causing mother who is cold, rejecting and controlling.

Possible applications:

- Jade's parents give mixed messages (double bind) – caring but also criticising
- Jade's mother is reported to be cold (uncomfortable/unloved) suggesting schizophrenogenic behaviour
- Jade's parents watch her closely indicating control and over-involvement
- Jade's parents argue about how to treat her – negative communication within the family.

Possible discussion:

- evidence to support/contradict the dysfunction explanation(s), eg Bateson (1956) case study observations of double-bind communication; Nomura (2005) higher rate of relapse where families show high expressed emotion; Read (2005) many people with schizophrenia report difficult childhood relationships with family

- problems establishing cause and effect – the disordered behaviour of the child may cause family dysfunction rather than the other way round
- ethical implications of blaming the mother/family – nowadays it is not acceptable to blame every psychological problem on poor mothering/parenting
- applications, eg development of family therapy
- comparison with alternative biological explanations which are well-established and well-evidenced
- discussion in the light of broader debates, eg nature-nurture, determinism.

Credit other relevant material.

Section C

Eating behaviour

2 9

Suggest **one** of the following techniques as an appropriate way to combine the results of different studies.

[1 mark]

Marks for this question: AO3 = 1

Answer: C – Meta-analysis

3 0

Which **one** of the following statements is **TRUE**?

[1 mark]

Marks for this question: AO1 = 1

Answer: B – Ghrelin travels to the hypothalamus before eating.

3 1

Outline **one** limitation of neural explanations for anorexia nervosa.

[2 marks]

Marks for this question: AO3 = 2

2 marks for a clear, coherent limitation.

1 mark for a limited/partial/muddled limitation.

Possible limitations:

- reductionist – considering anorexia at the levels of cells and chemicals – does not acknowledge the wider social influences on eating behaviour – anorexia takes place in a social context so cannot be fully understood at the neural level
- implications of determinism – if we believe anorexia is due to neural activity then people with anorexia might feel there is little they can do to change their behaviour
- the difficulty explaining the rise of anorexia in recent years from a neural perspective
- evidence to contradict the neural explanation.

Credit other relevant limitations.

3 2 Using an example of **each**, explain the difference between neophobia and taste aversion. **[4 marks]**

Marks for this question: AO1 = 2, AO3 = 2

AO1

1 mark for a valid example of neophobia and **1 mark** for a valid example of taste aversion.

To be creditworthy the neophobia example should involve avoidance of a specific new/unfamiliar food and the taste aversion example should involve avoidance of a specific food after it has been paired with a toxic substance/event or that has characteristics likely to induce illness (eg bitterness).

Example of neophobia: babies' avoidance of new vegetables.

Examples of taste aversion: avoidance of bitter tasting foods, eg broccoli/sprouts; avoidance of poison-laced bait in rats; rats' avoidance of sweet liquid after paired with injections of lithium chloride; avoidance of ice-cream after pairing with chemotherapy.

Credit other valid examples.

Examples will probably be embedded in the analysis of the difference.

AO3

2 marks for a clear and coherent explanation of a difference which clearly conveys the notion of innate dislike of newness versus dislike based on danger/toxicity/bitterness (which could be innate/learnt).

1 mark for a limited/partial explanation of the difference.

0 marks no relevant content.

Content:

Neophobia is innate avoidance relating only to new/unfamiliar foods (usually occurs in young children) whereas taste aversion is innate/conditioned avoidance of foods that are likely to result in a bad experience/poisoning/illness (and can occur at any age).

3 3 Discuss family systems theory as an explanation for anorexia nervosa. Refer to Zack in your answer.

[16 marks]

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

Level	Marks	Description
4	13–16	Knowledge of the family systems theory is accurate and generally well detailed. Application is effective. Discussion is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	9–12	Knowledge of the family systems theory explanation is evident but there are occasional inaccuracies/omissions. Application/discussion is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	5–8	Limited knowledge of the family systems theory explanation is present. Focus is mainly on description. Any discussion/application is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1–4	Knowledge of the family systems theory explanation is very limited. Discussion/application is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible content:

- family systems theory suggests family dynamics are a significant factor in the development of anorexia nervosa
- FST suggests the families of people with anorexia tend to show characteristic behaviours:
- Enmeshment – excess involvement of family members where the identities of individual family members become blurred. A child with anorexia cannot become independent/autonomous/lacks privacy so the eating disorder arises as a way of exerting control
- Overprotectiveness – family members try excessively hard to protect each other from external threat not allowing for independence
- Rigidity – family has fixed patterns of behaviour/routine and fails to adapt to changing outside circumstances
- Conflict avoidance – family avoid arguments and maintain a positive image for the outside world.

Possible application:

- family members seem to be enmeshed – they spend most of their time together and show excessive concern for each other
- Zack lacks autonomy – he wants to have a life outside the family
- Zack's mother is very controlling – watches him closely
- the family shows rigidity in their daily routine
- any conflict is suppressed – there is no outward disagreement or argument.

Possible discussion:

- evidence to support/contradict family systems theory, eg Brockmeyer (2003) desire for autonomy in people with anorexia nervosa; Karwuat (2003) lower levels of autonomy in siblings with anorexia nervosa
- problems establishing cause and effect – the disordered behaviour of the child may cause family dysfunction rather than the other way round
- FST is rooted in psychodynamic theory and therefore concepts are hard to falsify, eg desire for autonomy
- cannot account for increased incidence in anorexia nervosa – family dysfunction is not new
- ethical implications of blaming the mother/family – nowadays it is not acceptable to blame every psychological problem on poor mothering/parenting
- comparison with alternative biological explanations which are well-established and well-evidenced
- discussion in the light of broader debates, eg nature-nurture, determinism.

Credit other relevant material.

Section C

Stress

- 3 4** Suggest **one** of the following techniques as an appropriate way to combine the results of different studies.

[1 mark]

Marks for this question: AO3 = 1

Answer: C – Meta-analysis

- 3 5** Which **one** of the following is **TRUE** of the sympathomedullary pathway?

[1 mark]

Marks for this question: AO1 = 1

Answer: B – Action of the pathway involves the release of both adrenaline and noradrenaline.

- 3 6** Outline **one** limitation of the use of drug therapy in the treatment of stress.

[2 marks]

Marks for this question: AO3 = 2

2 marks for a clear, coherent limitation.

1 mark for a limited/partial/muddled limitation.

Possible limitations:

- side effects, eg benzodiazepine side effects include unsteadiness, cognitive impairment; beta blocker side effects include tiredness, psychotic symptoms such as hallucinations
- Benzodiazepines are addictive – even at low doses – withdrawal symptoms occur when people stop taking them
- drugs mask the symptoms rather than deal with the external cause
- ethical issues, for example, control of agitated/distressed patients in care settings
- not suitable for long-term use.

Credit other relevant limitations.

3 7

Using an example of **each**, explain the difference between instrumental support and emotional support.

[4 marks]

Marks for this question: AO1 = 2, AO3 = 2

AO1

1 mark for a valid example of instrumental support and **1 mark** for a valid example of emotional support.

To be creditworthy the example should be a specific supportive behaviour appropriate for someone in a stressful situation and should clearly state/indicate which is instrumental and which is emotional.

Instrumental support, eg preparing family meals for someone who is stressed and struggling to cope with household responsibilities.

Emotional support, eg listening to/consoling/sympathising with a friend who is stressed after a relationship breakdown.

Credit other valid examples.

Examples will probably be embedded in the analysis of the difference.

AO3

2 marks for a clear and coherent explanation of the difference which clearly conveys the notion of practical assistance versus non-practical assistance directed at enhancing mood.

1 mark for a limited/partial explanation of the difference.

0 marks no relevant content.

Content:

Instrumental support involves the giving of practical support by physically helping or giving some kind of practical advice to improve the situation better whereas emotional support involves listening, expressing concern, empathy, affection to make the stressed person feel better.

3 8 Discuss the role of stress in illness. Refer to Keira in your answer.

[16 marks]

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

Level	Marks	Description
4	13–16	Knowledge of the role of stress in illness is accurate and generally well detailed. Application is effective. Discussion is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	9–12	Knowledge of the role of stress in illness is evident but there are occasional inaccuracies/omissions. Application/discussion is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	5–8	Limited knowledge of the role of stress in illness is present. Focus is mainly on description. Any discussion/application is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1–4	Knowledge of the role of stress in illness is very limited. Discussion/application is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible content:

- stress and illness are linked because stress affects the immune system
- role of cortisol in immunosuppression – sustained production of cortisol reduces immune function; interferes with the activity of white blood cells (leucocytes); reduces ability to fight infection
- stress is linked to infections (colds, viruses), cardiovascular disorders (heart problems, high blood pressure), cancers
- immune systems in vulnerable populations (carers, students at exam time) are compromised
- people in stressful occupations are more likely to suffer from illness.

Possible applications:

- Keira is experiencing chronic (long-term) stress – caring for elderly relative
- Keira is experiencing acute stress (difficulties at work)
- Keira is showing signs/symptoms of stress – poor sleep, anxiety, crying, panic-type symptoms (heart pounding/faint)
- the doctor is checking cardiovascular function (taking blood pressure) and a blood sample might show markers of stress and/or infection
- Keira's sore throat may be due to infection because her immune system has been compromised due to long-term stress.

Possible discussion:

- use of evidence to support the role of stress in illness, eg Kiecolt-Glaser (1984) NK cell activity in students at exam time; Kiecolt-Glaser (1995) increased wound healing times in stressed populations; Cohen (1993) incidence of the cold virus in people with high stress score; Yusuf (2004) link between heart attacks and chronic stress

- problems establishing cause and effect – being ill could cause/exacerbate stress; most studies are correlational so cannot determine causality
- alternative and interactionist explanations for illness – stress as a result of the combined effects of physiological pre-disposition, temperament/personality type and external stressors
- discussion of the beneficial effects of moderate stress
- practical implications – important to deal with the source of the stress rather than just mask the symptoms
- discussion in the light of broader debates, eg nature – nurture, determinism.

Credit other relevant material.

Section D

Aggression

3 9 Three further pieces of information are missing from the reference. What are they? [3 marks]

Marks for this question: AO3 = 3

1 mark for date (of publication).

1 mark for publisher.

PLUS

1 further mark for any 1 of the following: place of publication/location, page number(s), date accessed, chapter, volume, edition.

4 0 Suggest how the response options on the questionnaire could be modified to better assess how much prisoners agree with the statement. [2 marks]

Marks for this question: AO3 = 2

2 marks for a clearly outlined and appropriate way of recording the extent of agreement. For credit, the response options must be consistent with items that are statements seeking agreement/disagreement and must have more than 2 response levels.

Examples:

a 5-point scale: Strongly Agree – Agree – Don't Know – Disagree – Strongly Disagree

a 3-point scale: Always – Sometimes – Never

1 mark for a partly appropriate or less detailed way, for example, just offering a midpoint option of 'don't know' or 'use a scale instead of just two options'

Answers suggesting use of an additional open question are not creditworthy.

4 1 What is meant by an innate releasing mechanism? [3 marks]

Marks for this question: AO1 = 3

3 marks for a clear, coherent and elaborated outline including reference to neural basis.

2 marks for a clear outline with some detail.

1 mark for a limited/muddled outline.

Content:

- hard-wired, inherited neural circuits/networks of neuronal connections in the brain
- activated by an external/environmental stimulus/releaser/sign stimulus
- activation triggers/releases action-specific energy to produce a fixed behavioural response – fixed action pattern
- examples to illustrate, eg male stickleback raising operculum in response to red/orange stimulus.

Credit other relevant material.

- 4 2** Discuss **one or more** social psychological explanations for aggression. Refer to Angel in your answer.

[16 marks]

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

Level	Marks	Description
4	13–16	Knowledge of one or more social psychological explanations for aggression is accurate and generally well detailed. Application is effective. Discussion is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	9–12	Knowledge of one or more social psychological explanations for aggression is evident but there are occasional inaccuracies/omissions. Application/discussion is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	5–8	Limited knowledge of one or more social psychological explanations for aggression is present. Focus is mainly on description. Any discussion/application is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1–4	Knowledge of one or more social psychological explanations for aggression is very limited. Discussion/application is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible content:

- social learning theory explanation – aggression is the result of observation, identification, modelling, vicarious reinforcement (Bandura 1961); features of a model likely to be imitated include similarity, attractiveness, status etc; cognitive factors are involved, eg attention, retention, motivation, perceived ability to reproduce the behaviour
- deindividuation – individuals in a crowd feel less personal responsibility and are less constrained by social norm; private v public self-awareness
- frustration-aggression hypothesis – Dollard and Miller (1930s) proposed frustration results in aggression – obstruction of a goal and proximity to goal, hydraulic model, consistent with psychodynamic notion of catharsis; aggressive response may be displaced.

Possible application:

- social learning theory – Angel observes and imitates the aggressive behaviour of her mother and sisters; Angel joins in with the hitting because she has observed her sisters (high status, similar) fighting with each other; Angel shouts at other children modelling the behaviour of her mother yelling at neighbours
- deindividuation – when Angel is with her sisters she feels less personal responsibility so becomes aggressively threatening, with her hood up she is deindividuated and therefore feels less responsible
- frustration-aggression – Angel is frustrated on the playground when she wants toys/equipment that others are using; Angel is frustrated having to wait for her dinner so pushes to the front.

Possible discussion:

- use of evidence for and against the explanation(s), eg Harris (1974) jumping the queue; Pastore (1952) buses not stopping; Green (1968) jigsaws; Zimbardo (1969); Dodd (1985)
- frustration-aggression – difference between justified and unjustified aggression (Dill and Anderson 1995); individual differences in response to frustration; alternative explanations, eg self-preservation; cues as a mediating factor (Berkowitz and LePage 1967); catharsis may actually increase aggression (Bushman 2002)
- deindividuation does not always lead to aggression – can lead to pro-social behaviour, depends on role of the actor and the social norm
- social learning theory – better explains proactive instrumental aggression rather than reactive aggression; role of the media
- alternative explanations, eg genetics, evolution etc
- implications of the explanations, eg for discouraging aggression and encouraging prosocial behaviour
- links with broader debates, eg nature-nurture, determinism.

Credit other relevant material.

Section D

Forensic psychology

- 4 3** Three further pieces of information are missing from the reference. What are they?
[3 marks]

Marks for this question: AO3 = 3

1 mark for date (of publication).

1 mark for publisher.

PLUS

1 further mark for any 1 of the following: place of publication/location, page number(s), date accessed, chapter, volume, edition.

- 4 4** Suggest how the response options in the questionnaire could be modified to better assess how much the police officers agree with the statement.
[2 marks]

Marks for this question: AO3 = 2

2 marks for a clearly outlined and appropriate way of recording agreement. For credit, the response options must be consistent with items that are statements seeking agreement/disagreement and must have more than 2 response levels.

Examples:

a 5-point scale: Strongly Agree – Agree – Don't Know – Disagree – Strongly Disagree

a 3-point scale: Always – Sometimes – Never.

1 mark for a partly appropriate or less detailed way, for example, just offering a midpoint option of 'don't know' or 'use a scale instead of just two options'

Answers suggesting use of an additional open question are not creditworthy.

4 5

Outline Eysenck's theory of the criminal personality.

[3 marks]

Marks for this question: AO1 = 3

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

2 marks for a clear outline which lacks detail.

1 mark for a limited/muddled outline.

Possible content:

- offenders have distinctive, inherited/genetic personality traits
- high in neuroticism, extraversion and psychoticism
- people with a high extraversion score are impulsive, seek sensation, drawing them to the thrill of criminal behaviour
- people with a high neuroticism score tend towards offending because they are unstable and unpredictable; they do not condition easily therefore do not learn by mistakes
- people with a high psychoticism score are cold, lack empathy and are prone to aggression.

Credit other relevant material.

4 6Discuss **one or more** ways of dealing with offending. Refer to Vera in your answer.**[16 marks]****Marks for this question: AO1 = 6, AO2 = 4, AO3 = 6**

Level	Marks	Description
4	13–16	Knowledge of one or more ways of dealing with offending is accurate and generally well detailed. Application is effective. Discussion is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	9–12	Knowledge of one or more ways of dealing with offending is evident but there are occasional inaccuracies/omissions. Application/discussion is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	5–8	Limited knowledge of one or more ways of dealing with offending is present. Focus is mainly on description. Any discussion/application is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1–4	Knowledge of one or more ways of dealing with offending is very limited. Discussion/application is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible content:

- behaviour modification – operant conditioning techniques to encourage positive behaviours; token economy systems using positive reinforcement in the form of secondary reinforcers for desired behaviours; secondary reinforcers (tokens) accrued and exchanged for primary reinforcers (intrinsic rewards)
- anger management – three-stage approach: cognitive preparation – identification of cues to anger, eg specific context or comments; skills acquisition – offender learns skills to manage own behaviour in anger-provoking situations; application practice – offenders have role-play opportunities to practise new skills and receive feedback
- custodial sentencing – aims (rehabilitation, retribution, deterrence, incapacitation/protection of society); psychological effects, eg brutalisation and repeat offending, deindividuation, depression; recidivism.

Possible application:

- custodial sentencing – Vera has re-offended regularly so aims of custodial sentencing have thus far not been met – she has not reformed, been rehabilitated, been deterred. Prison appears to have been temporary incapacitation only
- behaviour modification – system of reward to manage Vera's temper could involve: tokens (secondary reinforcers) for pre-determined good/desired behaviour, eg waiting in line at mealtimes, not shouting at other prisoners; tokens might be exchanged for extra phone calls, visits, special food (primary reinforcers)
- anger management – to address long-term change: for cognitive preparation Vera writes about times she has been in trouble; in her classes she will practise skills such as relaxation, mantra, breathing techniques, positive self-statements and will role play situations which led to assault.

Possible discussion:

- use of evidence to support/counter effectiveness of ways of dealing with offending, eg Zimbardo (1971) institutionalisation; Snow (2006) self-harm; Hobbs and Holt (1976) token economy; Feindler (1984) anger management; Keen (2000) anger management; Ireland (2000) anger management
- re-offending rates/recidivism as an argument against incarceration
- ethics of control – behaviour modification is seen as manipulative, dehumanising
- short-term versus long-term benefits and suitability for different types of offender
- passivity (behaviour modification) versus active engagement and need for motivation to change (anger management)
- anger management role-play as an artificial situation – benefits do not transfer so well to real life situation
- problems determining effectiveness of interventions
- comparisons with other interventions.

Credit other relevant material, for example, restorative justice (but using this does not lend itself easily to application).

Section D

Addiction

- 4 7** Three further pieces of information are missing from the reference. What are they? **[3 marks]**

Marks for this question: AO3 = 3

1 mark for date (of publication).

1 mark for publisher.

PLUS

1 further mark for any 1 of the following: place of publication/location, page number(s), date accessed, chapter, volume, edition.

- 4 8** Suggest how the response options on the questionnaire could be modified to better assess how much smokers agree with the statement. **[2 marks]**

Marks for this question: AO3 = 2

2 marks for a clearly outlined and appropriate way of recording agreement. For credit, the response options must be consistent with items that are statements seeking agreement/disagreement and must have more than 2 response levels.

Examples:

a 5-point scale: Strongly Agree – Agree – Don't Know – Disagree – Strongly Disagree

a 3-point scale: Always – Sometimes – Never.

1 mark for a partly appropriate or less detailed way, for example, just offering a midpoint option of 'don't know' or 'use a scale with more than two options'

Answers suggesting use of an additional open question are not creditworthy.

- 4 9** Outline Prochaska's model of behaviour change. **[3 marks]**

Marks for this question: AO1 = 3

3 marks for a clear and coherent outline. For 3 marks there must be some reference to the cyclical nature and/or how the model incorporates the notion of relapse.

2 marks for a clear outline with some detail.

1 mark for a limited/muddled outline.

Possible content:

- six-stage cyclical model showing the stages of behaviour change in someone deliberately seeking to change – allows for relapse at any point except final stage
- pre-contemplation: not really thinking about changing behaviour – inertia
- contemplation: thinking about changing/aware of need to change but no commitment
- preparation: preparing to change/planning, eg by seeing a drugs counsellor/GP
- action: doing something to change, eg throwing all the alcohol out of the house
- maintenance: established abstinence for more the 6 months, increased confidence

- termination: newly acquired behaviour is the norm, no temptation to relapse.

5 0Discuss **one or more** ways of reducing addiction. Refer to Asa in your answer.**[16 marks]****Marks for this question: AO1 = 6, AO2 = 4, AO3 = 6**

Level	Marks	Description
4	13–16	Knowledge of one or more ways of reducing addiction is accurate and generally well detailed. Application is effective. Discussion is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	9–12	Knowledge of one or more ways of reducing addiction is evident but there are occasional inaccuracies/omissions. Application/discussion is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	5–8	Limited knowledge of one or more ways of reducing addiction is present. Focus is mainly on description. Any discussion/application is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1–4	Knowledge of one or more ways of reducing addiction is very limited. Discussion/application is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible content:

- aversion therapy or covert sensitisation – use of classical conditioning to pair an unpleasant, noxious event (unconditioned stimulus) with the undesired behaviour (NS); unpleasant event may be real (aversion) or imagined (covert sensitisation); with repeated pairings the undesired behaviour will become a CS that elicits fear/avoidance (CR) leading to extinction
- cognitive behaviour therapy – involves cognitive restructuring/analysis to identify risk situations, skills acquisition might include assertiveness training, problem solving, relaxation techniques.

Possible application:

- Asa could benefit from cognitive behaviour therapy to change his distorted thinking/cognitive biases – he only talks about when he has won and does not refer to the many losses, he ignores talk about losing, he believes he has particular skill
- Asa could be taught to identify risk times (on his own in the evenings) and situations (at the casino); he could practise self-assertiveness skills, eg positive self-statements 'I do not need to gamble', and relaxation techniques to use in the evening when he feels the urge to gamble
- Asa finds the casino exciting – therapist might try classical conditioning techniques such as covert sensitisation (or aversion) with Asa, pairing images of casino with negative/noxious images, eg extreme poverty, leading to conditioned avoidance.

Possible discussion:

- use of evidence to support/counter the effectiveness of different ways of reducing addiction, eg Young (2007) CBT for internet addiction; Cowlshaw (2012) CBT for gambling; McConaghy (1983) covert sensitisation for gambling dependency; Petry (2006) CBT v support group
- suitability for different client groups – clients must be motivated and articulate to benefit fully from CBT

- ethics of using real or imagined noxious stimuli – electric shocks have been used in aversion therapy for gambling addiction
- short-term versus long-term effects. Some evidence that aversion therapy is less effective in the long-term than covert sensitisation. Some studies show that CBT effects are not that durable
- high drop-out rates with use of aversion/covert sensitisation
- comparison with other therapies.

Credit other relevant material, for example, drug therapy (but using this does not lend itself easily to application).