Study Psychology

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A-Level Psychology Practice Paper

MARK SCHEME

This is a practice paper intended for revision following the **AQA** specification.

Paper 1: Introductory Topics in Psychology

2 hours

Section A: Social influence

1. AO1 (4)

i. **C**
ii. **D**
iii. **B**
iv. **A**

2. (a) AO1 (2)

Outline of one finding from Zimbardo's study with contextual links to either the prisoners, guards or outcome of the study. **For example:** ***From the beginning of the study the prisoners adopted a generally passive response to the guards requests, whilst the guards assumed a very active initiative role in all interactions. This soon went far beyond their social roles of playing guard to engage in creative cruelty and harassment.*** Other reasonable marking points gain credit.

(b) AO3 (2)

Outline of one weakness/ limitation from Zimbardo's study with contextual links. **For example:** ***The study by Zimbardo was carried out with a group of 24 male undergraduate students, who volunteered in response to a newspaper advert. These participants are not representative of the wider population which means the findings are limited to this group only and cannot be generalised. It, therefore, does not tell us anything about how women would conform to social roles.*** Other reasonable marking points gain credit.

3. AO3 (4)

Outline of one strength and one weakness of research conducted in artificial settings such as Milgram's laboratory experiment into obedience to authority. **For example:** ***One strength of conducting research into obedience in an artificial setting is that variables can be carefully controlled and manipulated. For instance, in Milgram's study they were able to control the responses of the 'learner' which were pre-recorded on an audiotape and played to all 40 participants in the same way. This adds to the reliability of the study and aids with replication. One weakness of conducting research into obedience in artificial settings is that it does not represent the conditions or experiences of people in real life, therefore laboratory experiments like Milgram's lack ecological validity. This suggests the findings do not give us a true reflection of how obedient people may be in real life.*** Other reasonable marking points gain credit.

4. AO2 (2)

Knowledge of how minority influence can be used to explain the behaviour in the context/ scenario of Mary and her supporters; commitment/ augmentation principle, or consistency. **For example:** ***Mary is one of the organisers of the group march, so she might have a minority influence over others. She is showing commitment to the cause by leading the march against animal testing and putting herself in a position of potential risk. Commitment refers to the way that minority influence is more likely to occur if people show dedication/ sacrifice to their position, and in this case Mary was prepared to get arrested for the cause she felt passionate about. This could also be a result of the augmentation principle where the action of protesting highlights the true internal motivations of Mary and her friends despite the risks. This might explain why her supporters continued to march on after she was arrested.*** Other reasonable marking points gain credit.

5. AO1 (4)

Description of either one of Asch's variations of the line comparison test; task difficulty or group size. Elaboration of the methodology is required to gain full marks. **For example:** ***Asch aimed to see how increasing the difficulty of a task affects conformity. He used the same method from his original baseline study in 1951, where participants had to match the test line to one of the three options. However, in this variation he made the task more difficult, by making the difference between the line lengths significantly smaller. This made the correct answer more ambiguous. Each participant was asked to give one answer following the incorrect responses of the confederates around the table. Their conformity was measured by the number of incorrect answers stated in line with the majority.*** Other reasonable marking points gain credit.

6. AO2 (6)

Knowledge of how social influence processes in social change, explain the behaviour in the context/ scenario of why the school's recycling target will be met; obedience theories, explanations of conformity/ majority influence or minority influence. **For example:** ***The school's target for recycling will be met because Meredith and Amy are both senior prefects at the school and will have some authority over the other students. They also have the support of the headteacher who is in a position of legitimate authority and is offering a reward to students if the school target is met. This means that students are likely to obey their requests to recycle plastic bottles in school. Meredith also leads by example and may have a minority influence over her friendship group by showing commitment to the cause herself and by encouraging them to recycle too. As Meredith and Amy are in a position where they can influence the majority, they could create a new social norm for other students to follow. This normative social influence would encourage more students to recycle their plastic bottles.*** Other reasonable marking points gain credit.

Section B: Memory

7. AO1 (2)

Outlining the correct capacity of STM and duration of LTM. Other reasonable marking points gain credit.

	STM	LTM
Capacity	7+/- 2 items	Unlimited
Duration	18-30 seconds	Infinite

Table 1

8. AO1 (2)

Outline of any two of the components of the cognitive interview; mentally reinstate the context, change the perspective, change the order or report every detail. Must have more detail than simply stating/ naming the components. Knowledge of the cognitive interview must be evident; reinstating the context – interviewee mentally reinstates the environmental and personal context of the incident, e.g. sights, sounds, weather etc (based on the principle of retrieval failure/cue-dependent forgetting that cues may trigger recall); report everything – interviewer encourages the reporting of every single detail of the event, even though it may seem irrelevant (such detail may trigger other memories); changing order – interviewer tries alternative ways through the timeline of the incident (reduces possibility that recall may be influenced by schema/expectations); changing perspective – interviewee recalls from different perspectives, e.g. how it would have appeared to other witnesses (reduces influence of schema). **For example:** ***One component of the cognitive interview is to ask people to mentally reinstate the context from the event at the time. This could be where an eyewitness describes what they could see in the situation/ surrounding environment and how they felt at the time. Another component of the cognitive interview is to recall the event from a different perspective. Here an eyewitness may be asked to recount the event from the perspective of someone else in the situation.*** Other reasonable marking points gain credit.

9. (a) AO2 (2)

Explanation of why the majority of participants reported seeing a weapon in the film; most likely to suggest the idea of leading questions. Description of how this can be used to explain the behaviour in the context/ scenario of the study by Harry and Luke. **For example:** ***The majority of participants in Harry and Luke's study may have reported seeing a weapon in the film because they were asked to 'describe the weapon used by the offender'. This is an example of a leading question. Leading questions can distort people's memory of events/ lead them to believe something was true, so this may explain why the participants believed a weapon was present in the video.*** Other reasonable marking points gain credit.

(b) AO1 (2)

Any two reasons why a Mann Whitney U test is an appropriate statistical test for Harry and Luke to use to analyse their results; test of difference, independent groups/ unrelated design, ordinal data. **For example:** ***One reason for Harry and Luke to choose a Mann Whitney U test is they were comparing differences between males and females in their study of eyewitness testimony and they used two independent groups (10M/ 10F) to do this.*** Other reasonable marking points gain credit.

10. AO1 (6) AO3 (10)

Outline a description of the Working Memory Model for AO1 and evaluate with direct reference to the model for AO3. Suggestions for AO1 can include; it focuses on STM and sees this store as an active processor, offers a clear description of the components such as the central executive and other 'slave systems' – visuo-spatial scratch/sketch pad; phonological store/loop; articulatory loop/control process; primary acoustic store; episodic buffer, can offer information concerning the capacity and coding of each store if known and how the allocation of resources/ divided attention/ dual-task performance can be explained. Suggestions for AO3 can include; strengths – supporting evidence from studies/ experiments or cases of brain-damaged patients **(H.M. or K.F or Clive Wearing)**, it explains how cognitive processes interact, shows that memory is active rather than passive, it provides an explanation or treatments for processing deficits, also highlights different memory tasks that STM can deal with by identifying separate components or explains the results of any dual task studies such as **Baddeley et al (1966)**. The weaknesses/ limitations – contrasting evidence from case studies or experiments (use of evidence to support or refute the model), an argument for the vague, untestable nature of the central executive, evidence from highly controlled lab studies which may undermine the validity of the model. Can only receive credit for evaluation of the methodology used in studies when made relevant to discussion of the model. **For example:** ***The working memory model proposed by Baddeley & Hitch (1974) was an alternative to the multi-store model of memory. It was developed to challenge the concept of having single unitary stores in memory and suggests short-term memory (STM) is an active processor. It was initially made up of three components; central executive, phonological loop and a visuo-spatial sketchpad. After criticism about its lack of explanation of how information is transferred to or from long-term memory (LTM), they added the episodic buffer in the year 2000. The central executive is involved in problem solving/decision-making and controls our attention. It also allocates new information to the appropriate sub-system ('slave system'). It has a limited capacity and plays a role in planning and synthesising information to and from the STM. The phonological loop deals with speech-based/ verbal information and consists of two parts; the phonological store (responsible for holding small pieces of information in STM) and the articulatory control loop (which acts as an internal rehearsal loop). The visuo-spatial sketchpad deals with visual or spatial information helping to briefly store mental images or navigation based***

information. All components have limited capacity as STM has been shown to hold about 7+/-2 items (Miller, 1956). The episodic buffer was added to explain how memories are integrated or manipulated to and from LTM, particularly those emotionally significant events (episodic). One strength of the working memory model is there is supporting evidence from lab studies such as Baddeley et al (1975) who investigated word length and the structure of STM, particularly testing the phonological loop. They found that when prevented from recall, words can only be held for a limited time in the phonological store. This shows that the articulatory control (repetition) is a separate part of STM. One problem with lab based evidence is it lacks ecological validity and may not reflect how human memory works in situations in real life. In addition, Shallice and Warrington (1970) reported that a brain-damaged patient K.F could recall visual information immediately after its presentation but struggled with verbal information. This supports the working memory model's claim that separate short-term stores manage phonological (verbal) and visual memories. However, evidence from small sample sizes or case studies with brain-damaged patients raise issues with generalisation. Also unlike the multi-store model of memory this model provides an explanation for parallel/ dual processing. One weakness of the working memory model is the lack of evidence for the existence of the central executive as a separate component. This may be due to an inability to test this component experimentally, as is so easily done with the visuo-spatial sketchpad and the phonological loop. The information we attend to could go directly to the 'slave-system' which processes it. A further problem with the working memory model is that it does not explain how emotional and motivational factors influence how working memory is used. For example, Damasio (1994) identified brain-damaged patients whose working memory is apparently intact but still cannot function normally. Despite the limitations the working memory model is accepted as the most credible explanation for how information is processed actively in STM. Other reasonable marking points gain credit.

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

Section C: Attachment

11. AO1 (2)

Brief outline demonstrating knowledge of the internal working model in attachment. Suggestions include; the first attachment forms a blueprint for future relationships; the model acts as a form of schema/ mental representation of what relationships are like; a child whose first attachment is loving and secure will go on to form successful relationships with peers, romantic partners, their own children, etc; a child whose first relationship involves poor treatment will expect such treatment from others/ will carry this forward to future relationships; the quality of the IWM can be influenced by the consistency and/ or responsiveness of the caregiver. **For example:** ***The internal working model acts as a cognitive framework or blueprint based on our experiences of attachment in early life. This framework is used to inform our attachments in relationships later in life. For instance, if a child has a positive, secure attachment in their childhood, this creates a framework of what to expect in adult relationships. They then go on to form secure attachments with others, such as friendships or romantic relationships.*** Other reasonable marking points gain credit.

12. AO1 (2)

State/ name two effects of institutionalisation. 1 mark each for any 2 of the following: mental retardation/ low IQ; delayed language development; quasi-autism; disinhibited attachment; disorganised attachment; delayed physical development, e.g. restricted growth; impaired adult relationships. **For example:** ***Two effects of institutionalisation are disinhibited attachment and cognitive deficits such as low IQ.*** Other reasonable marking points gain credit.

13. AO1 (4)

State/ name all four stages of the development identified by Schaffer. 1 mark each of the 4 stages; asocial, indiscriminate, specific, multiple attachments. **For example:** ***The four stages are; asocial, indiscriminate, specific, multiple attachments.*** Other reasonable marking points gain credit.

14. AO1 (6) AO3 (10)

Outline a description of the Strange Situation method conducted by Mary Ainsworth for AO1 and evaluate with direct reference to this method of studying attachment types for AO3. Suggestions for AO1 can include; structured observation method/ artificial setting; outline of the 8 stages used in the strange situation method; reference to behavioural observations such as stranger anxiety, separation anxiety, proximity-seeking/ safe base behaviour, reunion behaviour; use of one of Ainsworth's studies to describe

the process; mention of the 3 types of attachments - secure, insecure-avoidant, insecure-resistant. AO3 can include; as it was a controlled observation it lacks ecological validity; the standardised procedure allows for replication; sole focus on the mother-child relationship, which is limiting; supporting evidence in practice, e.g. **Bick et al (2012),** which suggests inter-rater reliability is high (94%); it was a culture-bound test/ imposed etic; the original study used only three attachment types; the procedure may measure something other than attachment type, e.g. temperament; discussion of the ethics of the study. **For example:** ***The Strange Situation method was proposed by Mary Ainsworth as a way of measuring how infants respond to separations and reunions with their caregiver. It allows psychologists to identify different attachment styles seen in young children such as secure, insecure-avoidant, or insecure-resistant. This is measured using a standardised procedure in a structured observation in order to assess and measure the quality of attachment. The observation is carried out in an artificial setting designed to appear as a normal waiting room/ playroom. It has 8 pre-determined stages. In stage 1 the mother and child enter the playroom, and in stage 2 the child is encouraged to explore the room. In stage 3 a stranger enters and attempts to interact with the child, when in stage 4 the mother leaves, leaving the stranger in the room with the child. In stage 5 the mother re-enters the room and the stranger quietly leaves. In stage 6 the mother leaves the child alone in the room, when in stage 7 the stranger returns and attempts to comfort the child, before the final stage 8 when the mother returns. Ainsworth was measuring a number of variables during the procedure; separation anxiety (child's anxious response when the mother leaves the room), stranger anxiety (child's anxious response when the stranger enters the room), proximity-seeking/ safe base behaviour (child actively seeks closeness to the mother or tries to find comfort in where she was seated after leaving the room), and reunion behaviour (child's ability to seek solace and calm when reunited with its mother). Ainsworth & Bell (1970) used this method to assess a group of American children and found 70% to be securely attached. One strength of the Strange Situation method is it is considered to be reliable allowing for easy replication because of its standardised procedure. All participants go through the same 8-stage process. This method has been replicated and many studies have found similar results to Ainsworth. In addition, Bick et al (2012) demonstrated high inter-rater reliability of the Strange Situation, with observers agreeing on infant attachment classifications 94% of the time. This high level of agreement confirms the procedure's consistency and objectivity in measuring attachment behaviours under controlled conditions. However, one weakness of the Strange Situation method is that as it is conducted under artificial conditions it lacks ecological validity as it may not represent the attachment types when observed in more naturalistic settings. The procedure has also been criticised for its internal validity with regard to how it measures the key variables, it could be that the children are displaying personality characteristics/ temperament not attachment types. Another weakness of the Strange Situation method is it raises ethical issues using children in the procedure and creating a situation which deliberately instigates anxiety. This causes psychological harm and mental stress for the young children in the procedure.*** Other reasonable marking points gain credit.

Level	Marks	Description
4	13–16	Knowledge of **the strange situation method** is accurate and generally well detailed. Evaluation is thorough and effective. The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail and/or expansion of argument sometimes lacking.
3	9–12	Knowledge of **the strange situation** is evident and there is some reference to **attachment types.** There are occasional inaccuracies. Evaluation is apparent and mostly effective. The answer is mostly clear and organised. Specialist terminology mostly used effectively. Lacks focus in places.
2	5–8	Knowledge of some **of the strange situation** is present. Focus is mainly on description. Any evaluation is only partly effective. The answer lacks clarity, accuracy and organisation in places. Specialist terminology used inappropriately on occasions.
1	1–4	Knowledge **of the SS** is limited. Evaluation is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology either absent or inappropriately used.
	0	No relevant content.

Section D: Psychopathology

15. AO1 (2)

Outlined description of the deviation from social norms as an explanation of abnormality. Suggestions include; all societies make collective judgments about what counts as 'normal'/ usual/ typical behaviour; any behaviour that does not conform to accepted/ expected standards is abnormal; norms vary from culture to culture, e.g. homosexuality is regarded as 'abnormal' in some countries. **For example:** ***Deviation from social norms is an explanation for abnormality which suggests that abnormal/ atypical behaviour is that which deviates from social or cultural norms. These norms are defined by society and govern what is and what is not acceptable behaviour. For instance, walking down a public street shouting out loud and talking to yourself is deemed as unusual and abnormal in most western cultures.*** Other reasonable marking points gain credit.

16. AO1 (2)

Name/ state any two behavioural characteristics of depression. 1 mark each for two of the following; avolition; changes in sleep patterns such as sleeping less (insomnia) or sleeping more (hypersomnia); changes in eating patterns such as eating more or eating less; social withdrawal; reduced movement or reduced speech. **For example:** ***Two behavioural characteristics of depression are lack of motivation in everyday life (avolition) and changes to existing sleep patterns.*** Other reasonable marking points gain credit.

17. AO3 (4)

Clear explanation of one strength and one weakness of using self-reports to collect data from patients regarding their mental health. Examples can be used to support the evaluation points made. Suggestions for strengths could include; high reliability/ validity, cost or time effective; ethical. Suggestions for weaknesses could include; subjectivity; social desirability; social sensitivity, issues with confidentiality or invasion of privacy. **For example:** ***One strength of using self-reports as a method of data collection from patients is that both qualitative and quantitative data can be collected through the use of both open-ended and fixed-choice questions. This gives a reliable and valid picture of how patients might be experiencing a mental health disorder. One weakness of using self-reports as a method of data collection are they are open to subjectivity and responses may be socially desirable. This would lower the validity of the responses and do not provide a true picture about why or how patients experience mental health.*** Other reasonable marking points gain credit.

18. (a) AO2 (4)

A clear suggestion and obvious application of how the behavioural approach might be used to explain Finlay's phobia of balloons. Features of classical and/ or operant conditioning (the 'two process model') applied to Finlay's phobia of balloons will get credit. Reference to the UCS/ UCR, NS, CS and CR in application also receive credit. **For example:** ***The behavioural approach could be used to explain Finlay's phobia of balloons by suggesting it developed through classical conditioning. This is the idea that he has formed an association between the neutral stimulus (balloon) and the response of fear. This neutral stimulus (NS) was paired with the unconditioned stimulus (loud noises) over time creating a conditioned response (CR). Every time Finlay sees a balloon (or hears similar noises), the conditioned response is triggered. His phobia has now generalised to situations where balloons might be present, such as parties and weddings, and to similar noises such as 'banging' and 'popping'. His phobia could be maintained through operant conditioning (reinforcement) if he feels relief when now avoiding balloons and situations where balloons may be present.*** Other reasonable marking points gain credit.

(b) AO2 (4)

A clear suggestion and obvious application of how a psychologist could use flooding to treat Finlay's phobia of balloons. Suggestions include; reference to physiological arousal/ anxiety; in vivo (actual exposure); in vitro (imaginary exposure); reference to relaxation techniques used when directly exposed to the fear. **For example:** ***Flooding occurs when a person experiences overwhelming emotions such as fear or anxiety, during a situation which causes conflict. This reaction increases an individual's level of physiological arousal to trigger the body's fight or flight response. A psychologist would use this during a session of flooding. Finlay could be asked to come to the clinic for flooding after agreeing to participate in this immediate exposure to his fear. He is given the option to have the therapy in vivo, which is where he would actually be exposed to balloons until his anxiety peaked and his response calmed. Or he could have the option to have in vitro therapy which is where the psychologist would use imaginary exposure (thinking about his fear) to reduce his anxiety. Finlay would be taught appropriate relaxation techniques which he could use during the exposure therapy to help manage his anxiety. Finlay would be expected to manage his own response without intervention from the psychologist***. Other reasonable marking points gain credit.

19. AO1 (3) AO3 (5)

A clear outline of the use of cognitive behaviour therapy as a treatment for depression, with direct reference to the disorder of depression. Including evaluative points highlighting the strengths and weaknesses of CBT as a method of treatment for depression. Suggestions for AO1 include; general rationale of therapy which is to challenge negative thoughts/ negative biases (e.g. triad); identification of negative thoughts in therapy such as 'thought catching'; hypothesis testing when seeing the patient with as a 'scientist' view; data gathering through 'homework', e.g. diary keeping; having the reinforcement of positive thoughts through cognitive restructuring; rational confrontation as in Ellis's REBT. Suggestions for AO3 include; use of evidence to support or contradict the effectiveness of cognitive therapies, e.g. March et al; discussion of how the therapy attempts to address cause by assuming the root is based on irrational thought processes; success of therapy may depend more on the quality of the patient-therapist relationship; cognitive therapies require commitment and motivation which may be a problem for depressed patients; over-focus on the patient's present circumstances when some patients may want to explore their past; cognitive therapies may minimise the importance of person's social circumstances; it

relies on the patient self-reporting their thoughts which is unreliable and difficult to verify; comparison with alternative treatments, e.g. antidepressants can also receive credit. **For example:** ***Cognitive behaviour therapy (CBT) aims to change or modify the negative schemas/ biases someone with depression holds. They may be experiencing irrational thoughts and have strong feelings of anxiety. Beck (1967) devised a form of CBT which involved firstly identifying the irrational thoughts or beliefs. This could be done in practice as a 'thought-catching' activity with a therapist. Next the patient is assessed to create a situation where they act as a 'scientist' to validate the irrational though patterns, alongside the therapist. These beliefs are then cognitively restructured after challenge or dispute from the therapist. Patients are given homework tasks to help them reinforce the positive/ adaptive new thought patterns, with an aim to reduce their symptoms of depression. One strength of using CBT to treat patients with depression is that it has been shown to be effective in reducing symptoms. March et al (2007) examined 327 adolescents with a diagnosis of depression and looked at the effectiveness of CBT. They found that CBT was as effective as antidepressants, in treating depression. However, one issue with CBT is that it requires motivation, which patients with depression may lack. Alternative treatments, for example antidepressants, do not require the same level of motivation and maybe more effective. CBT has also been shown to be effective in patients who have a positive relationship with their therapist and feel comfortable to explore the nature of their irrational thoughts together (Wright, 2006). One weakness of CBT is that the method has been criticised for its overemphasis on the role of cognitions, suggesting it is too reductionist and ignores other contributing factors in depression. CBT can also be more costly to conduct compared to other treatments such as drug therapy. Despite the limitations CBT has been shown to have long-term effectiveness with patients suffering from depression who have been resistant to antidepressants (Wiles et al, 2016).*** Other reasonable marking points gain credit.

Level	Marks	Description
4	**7-8**	Knowledge of the cognitive approach to treating depression is accurate and generally well detailed. Discussion is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	**5-6**	Knowledge of the cognitive approach to treating depression 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**	Limited knowledge of the cognitive approach to treating depression is present. Focus is mainly on description. Some discussion is present but it 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 cognitive approach to treating depression 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.

END OF PAPER

Study Psychology (C)

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