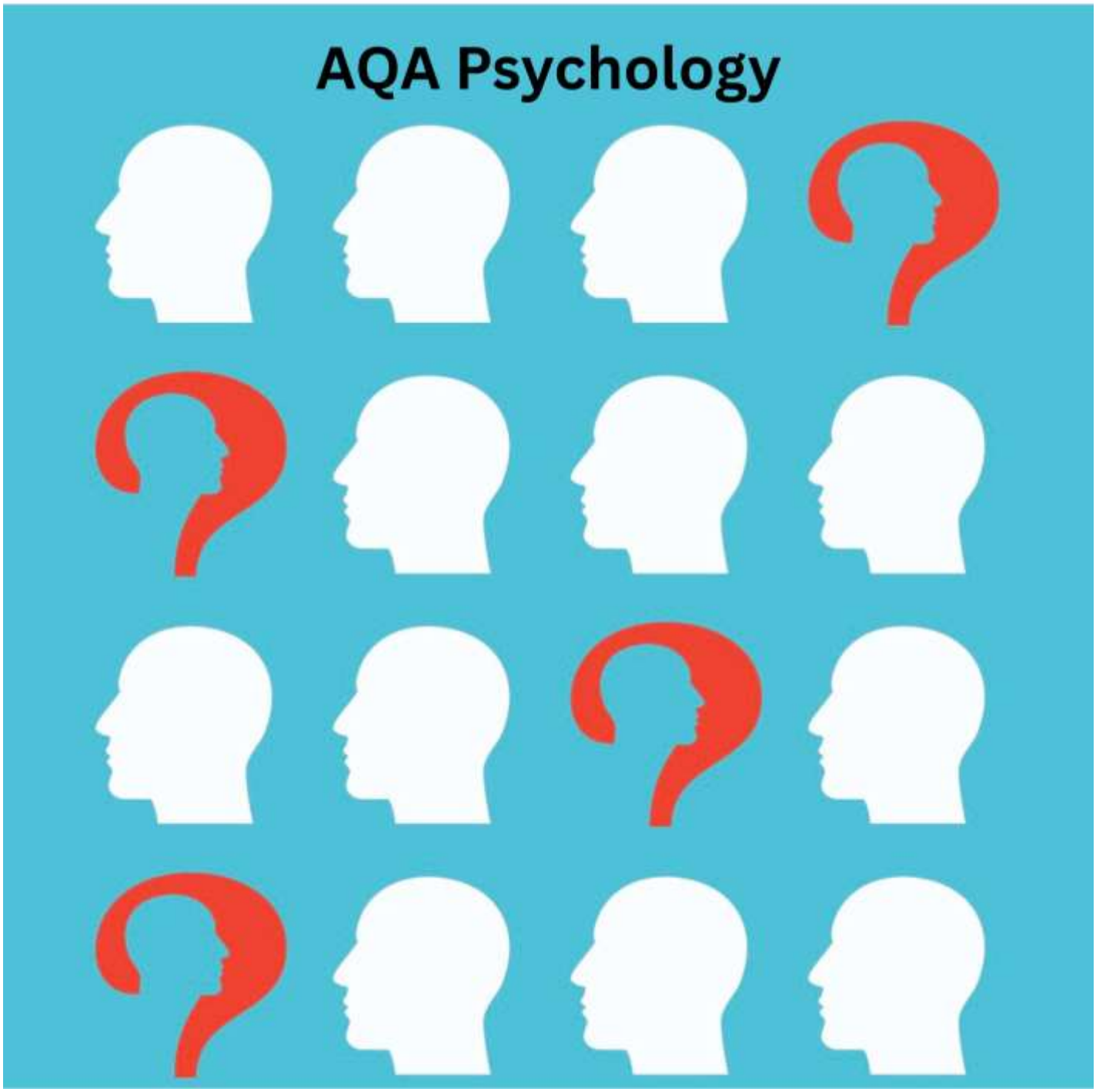
Exam Questions

Answer Booklet



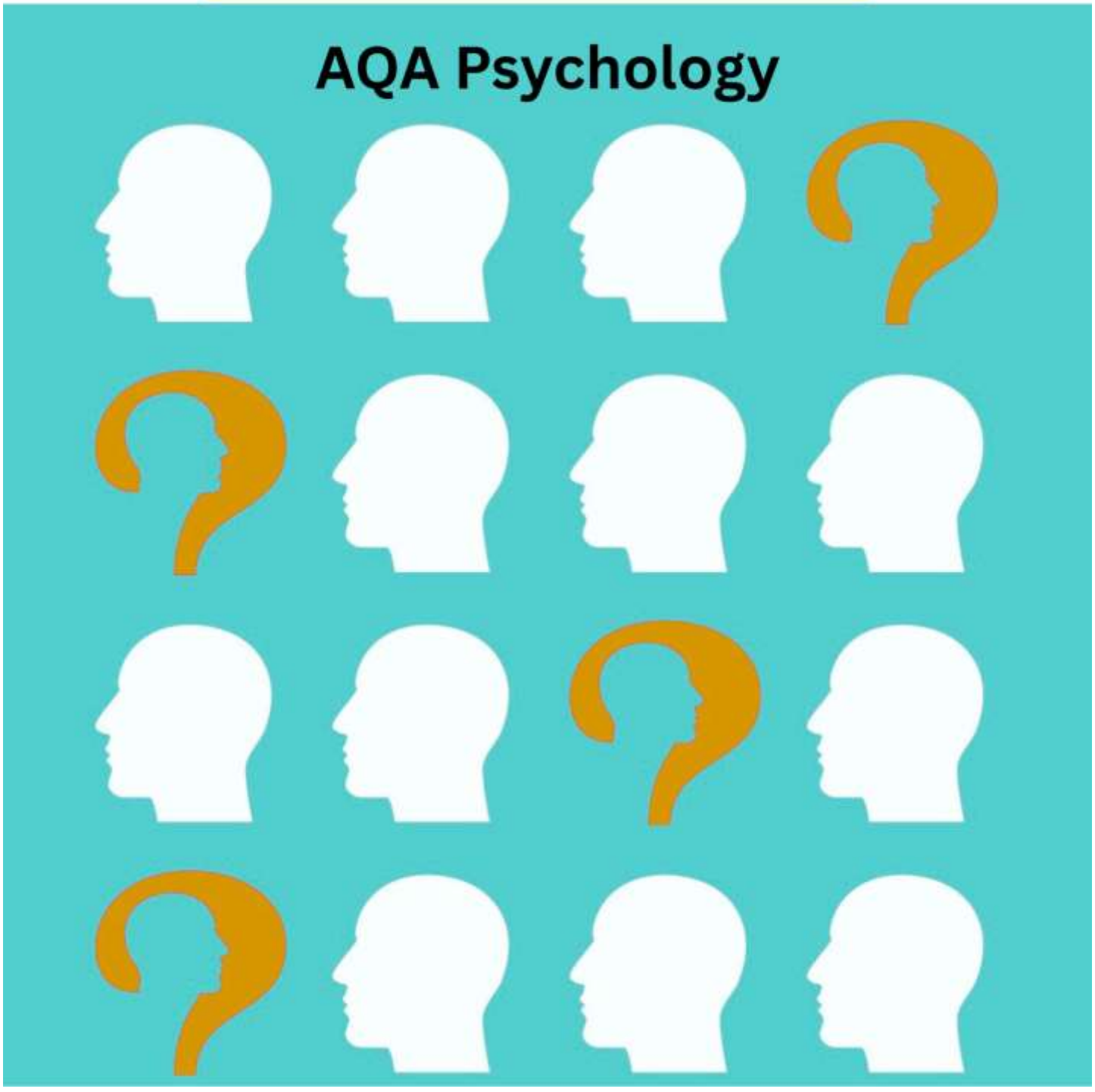
TAKE 5

Topics:

Issues & Debates
Relationships
Gender
Cognition & Development
Schizophrenia
Eating Behaviour
Stress
Aggression
Forensic Psychology
Addiction

Paper 3

AQA Psychology



Issues & Debates Practice Q's & Answers

1. What is meant by ethnocentrism in Psychology? **[2 marks]**

Mark Scheme

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.

2. Explain what is meant by cultural relativism in Psychology. Use one topic you have studied in Psychology as part of your explanation. **[4 marks]**

Mark Scheme

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

Level	Marks	Description
2	3–4	The explanation of what is meant by cultural relativism is clear and accurate. Application of cultural relativism to an appropriate topic is effective with some detail. There is appropriate use of specialist terminology.
1	1–2	The explanation of cultural relativism is limited/muddled. The application of cultural relativism to a topic is limited/lacks effectiveness. Use of specialist terminology is either absent or inappropriate.
	0	No relevant content.

Possible content:
- behaviours/traits can only properly be understood in the culture/context/social environment in which they arise
- it does not make sense to study a behaviour out of its usual context
- we cannot generalise findings beyond the usual culture/context.

Possible application to topics:
- attachment – types of attachment vary according to culture as demonstrated by van Ijzendoorn, presumably because of differing child-rearing norms/practices and expectations of parenting
- social influence – some cross-cultural findings from obedience/conformity research suggests that certain cultures are more inclined to be obedient/conforming, eg collectivist cultures
- psychopathology – mental disorders are sometimes understood differently, diagnosed differently and treated differently depending on the culture/society, eg defining mental disorder according to social norms.

Credit other relevant applications to topics.

3. Bob and Mike each have a daughter. Both girls are talented swimmers. Bob says his daughter was destined to be a good swimmer because her grandfather was a great swimmer when he was young. Mike says it was inevitable that his daughter would be a good swimmer because she was given lots of praise in swimming lessons when she was little. Use your knowledge of determinism to explain Bob's and Mike's comments. **[4 marks]**

Mark Scheme

Marks for this question: AO2 = 4

Level	Marks	Description
2	3–4	Application is clear, appropriate and explicit showing sound understanding of determinism. There is appropriate use of specialist terminology.
1	1–2	Application is limited/muddled showing limited understanding of determinism. The answer lacks detail. Use of specialist terminology is either absent or inappropriate. **OR** 1 person's comments at L1/2.
	0	No relevant content.

Possible application:

- Both fathers' comments could suggest a deterministic view.
- Bob suggests biological determinism, his daughter's swimming ability is genetic, she has inherited her swimming talent from her grandfather who was a good swimmer.
- Mike suggests environmental determinism, his daughter's early experience/learning/reinforcement history/positive reinforcement/operant conditioning (praise) in swimming lessons has influenced her swimming ability.
- Both fathers' comments suggest hard determinism as they imply the daughters had no free choice/free will – Bob refers to 'destiny' and therefore unavoidable (biology is destiny); Mike says it was 'inevitable' and therefore pre-determined.

Credit other relevant applications.

4. Explain one strength and one limitation of a reductionist approach in Psychology. **[4 marks]**

Mark Scheme

Marks for this question: AO3 = 4

In **each case** award marks as follows:

2 marks for a clear and coherent strength/limitation with some elaboration.
1 mark for a limited/muddled strength/limitation.

Possible strengths:

- studying basic units of behaviour underpins the scientific approach/adds weight to scientific research
- more objective to consider basic components of behaviour
- leads to greater clarity of understanding, eg at the chemical, cellular level
- better able to isolate cause when studying basic units of behaviour, eg can see which chemicals are implicated in certain behavioural disorders, then may be able to effect treatment.
- parsimonious – the simplest explanation is often the best

Possible limitations:

- simplistic and ignores the complex interaction of many factors
- leads to us losing sight of behaviour in context
- less able to understand the behaviour because we do not understand its meaning - loss of validity
- ignores emergent properties/distracts from a more appropriate level of explanation

Credit other relevant strengths and limitations.

5. Discuss the nature-nurture debate in Psychology. **[16 marks]**

Mark Scheme

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

Level	Marks	Description
4	13–16	Knowledge of the nature-nurture debate is accurate and generally well detailed. Discussion is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	9–12	Knowledge of the nature-nurture debate is evident but there are occasional inaccuracies/omissions. Discussion is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	5–8	Limited knowledge of the nature-nurture debate present. Focus is mainly on description. Any discussion is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1–4	Knowledge of the nature-nurture debate 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:

- debate about the relative importance of heredity and environment in determining behaviour
- nature view assumes heredity is more influential
- nurture view assumes environment and experience is more influential
- nature side of the debate is founded in nativist theory that knowledge/abilities are innate
- nurture side of the debate is founded in empiricist theory that knowledge derives from learning and experience – Locke's view of the mind as a 'tabula rasa' or blank slate on which experiences are to be written
- knowledge of interactionism.

Credit knowledge of the debate embedded in examples

Possible discussion points:

- use of evidence to support/contradict each side of the argument, eg twin evidence, adoption studies, studies of learning
- links with broad approaches and other debates, eg evidence from biological psychology re effects of neurotransmitters on behaviour
- implications of accepting nature or nurture as the primary driver of behaviour
- discussion in the light of the alternative interactionist view
- role of epigenetics – influence of experiences of previous generations on our genetic code/DNA
- Plomin's theory about niche-picking
- use of material from various topics to support argument.
- credit discussion of treatments only where clearly linked to causes/origins of behaviour

Credit other relevant material.

Relationships Practice Q's & Answers

1. Briefly outline what is meant by 'equity' in relation to theories of romantic relationships. **[2 marks]**

Mark Scheme

Marks for this question: AO1 = 2

2 marks for a clear, coherent outline of the term with some elaboration.
1 mark for a limited or muddled outline.

Content:
an economic model of relationships based on the idea of fairness for each partner; emphasises the need for each partner to experience a balance between their cost/effort and their benefit/reward.

2. Barbara and Jamima are both having relationship difficulties with their respective partners. Barbara says, 'I'm really fed up and I wish the relationship was over. But I can't tell him, because he thinks everything is fine.' Jamima says, 'We are getting through it slowly. We've told the children what's going to happen to them and sorted out the money side. My mum was upset but she's OK about it now. Friends take sides of course.' Referring to Barbara's and Jamima's comments, outline two phases of relationship breakdown proposed by Duck. **[4 marks]**

Mark Scheme

Marks for this question: AO2 = 4

Level	Marks	Description
2	3 - 4	Knowledge of the relevant phases of Duck's model is mostly clear and accurate. The knowledge is applied appropriately to both cases. The answer is generally coherent with effective use of terminology.
1	1- 2	There is limited/partial knowledge of relevant phase(s) of Duck's model. There is some appropriate application. The answer may lack coherence. Use of terminology may be either absent or inappropriate. OR **one** relevant phase of Duck's model is covered at Level 2.
	0	No relevant content.

Application (and selection) of relevant phases:

- intrapsychic phase – one person is privately dissatisfied with the relationship, considering ending the relationship, worrying about problems to come, considering expressing dissatisfaction to partner
- Barbara is in the intrapsychic phase because she wants to end it and is worrying about telling partner who is unaware of how she feels
- social phase – the breakdown has happened, other people are told/it becomes public, there is negotiation about practicalities, eg division of assets, childcare responsibilities etc
- Jamima is in the social phase – friends and mum know, they are taking steps to arrange for children and sort out money.

3. Briefly evaluate absence of gating as a factor in virtual relationships. **[4 marks]**

Mark Scheme

Marks for this question: AO3 = 4

Level	Marks	Description
2	3–4	Evaluation of absence of gating as a factor in virtual relationships is effective with some detail. The answer is clear and coherent. Specialist terminology is used appropriately.
1	1–2	Evaluation of absence of gating as a factor in virtual relationships is limited/lacks effectiveness. The answer lacks clarity. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible evaluation:

- use of evidence to support/contradict the effects of absence of gating, eg McKenna (2002) increased liking in couples that meet online initially; McKenna and Bargh (2000) absence of gating facilitates interaction for socially anxious people
- gates may not be entirely missing from more modern online platforms, they may just present in a different form, eg emoticons/emojis, length of response
- absence of gating may actually lead to reduced self-disclosure – people may be more 'guarded' online
- absence of gating might enable deception in online relationships, eg a person might represent themself dishonestly, for example, an older man might pose as a young boy
- absence of gating in virtual relationships might not be so significant as relationships can often be in multiple modes, ie both online and face-to-face

Credit other relevant material.

4. Outline and briefly discuss the relationship between sexual selection and human reproductive behaviour. **[8 marks]**

Mark Scheme

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

Level	Marks	Description
4	7–8	Outline of the relationship between sexual selection and human reproductive behaviour 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	Outline of the relationship between sexual selection and human reproductive behaviour 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 outline of the relationship between sexual selection and human reproductive behaviour 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	Outline of the relationship between sexual selection and human reproductive behaviour 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:

- traits that increase reproductive success, eg strength, height, aggression, wide hips etc confer an evolutionary advantage
- individuals with these traits are more likely to survive and pass on the genes responsible
- inter-sexual selection where traits increase 'attractiveness' and/or induce members of the opposite sex to mate with them e.g. sexual selection via female mate choice eg males show good genes/resources, females show youth/fertility
- intra-sexual selection where traits allow an individual to compete with members of the same sex for access to mating opportunities e.g. male competition
- anisogamy – differences in male/female sex cells result in different strategies for reproductive success
- human reproductive strategies – male courtship rituals, mate guarding, sneak copulation; female sexy sons hypothesis (Fisher), preference for long courtship.

Possible discussion points:

- sound scientific basis – founded on evolutionary theory
- problems with evolutionary explanations – falsifiability, pseudoscientific
- consistent with anisogamy – differences in male and female sex cells; women must use their gametes wisely; men have many gametes so can be less choosy
- supporting evidence, eg Clark and Hatfield (1989) female choosiness; Pawlowski & Dunbar older women disguise age to appear fertile (1999)
- not as relevant to today's society – influence of changes in social attitudes and expectations, eg women now less dependent than previous generations so male resources are less important
- not consistent with male preference for 'the older woman'
- more difficult to apply to non-heterosexual relationships.

Credit other relevant material.

5. Describe and evaluate the social exchange theory of romantic relationships. **[16 marks]**

Mark Scheme

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

Level	Marks	Description
4	13–16	Knowledge of social exchange theory of romantic relationships is accurate and generally well detailed. 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	9–12	Knowledge of social exchange theory of romantic relationships 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	5–8	Limited knowledge of social exchange theory of romantic relationships 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	1–4	Knowledge of social exchange theory of romantic relationships 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:

- an economic theory of romantic relationships
- considers how partners exchange rewards and costs
- assumes that those who offer rewards are attractive and those who are perceived to involve great cost are less attractive
- Thibaut and Kelley's 4-stage model – sampling, bargaining, commitment, institutionalisation
- uses comparison level and comparison level alternatives
- predicts that relationships that benefit both parties will succeed whereas relationships that are imbalanced will fail.

Possible evaluation points:

- use of evidence to support or contradict the theory
- assumes people make rational and calculated decisions about romantic relationships
- can account for individual differences in attraction as different people will perceive certain rewards and costs differently
- explains maintenance better than initial attraction – as time goes on costs become more evident
- oversimplifies complex human romantic relationships – does not account for selfless behaviour
- comparison with Rusbult's elaboration of the theory

Credit other relevant material.

Gender Practice Q's & Answers

1. Briefly outline what is meant by 'gender schema'. **[2 marks]**

Mark Scheme

Marks for this question: AO1 = 2

2 marks for a clear, coherent outline of the term with some elaboration.
1 mark for a limited or muddled outline.

Possible content:

- organised group of related concepts/cognitive structures/mental representation
- about each sex and sex appropriate behaviour

Credit other relevant material eg directs child's behaviour such as preference for same-sex play

No credit for answers without reference to gender

2. Two mothers are talking about their respective children Ben and Dido. One of the children has Turner's syndrome and the other has Klinefelter's syndrome. Ben's mum says, 'He had problems at school, and there were physical differences too.' Dido's mum says, 'She did better at schoolwork in some ways than other children. But physically, there will always be noticeable differences.' Referring to the comments about Ben and Dido, outline Turner's syndrome and Klinefelter's syndrome. **[4 marks]**

Mark Scheme

Marks for this question: AO2 = 4 marks

Level	Marks	Description
2	3 - 4	Outline of Klinefelter's syndrome and Turner's syndrome is mostly clear and accurate. The knowledge is applied appropriately to both cases. The answer is generally coherent with effective use of terminology. For 4 marks the sex chromosome patterns for both syndromes should be correct
1	1- 2	There is limited/partial knowledge of Klinefelter's syndrome and/or Turner's syndrome. There is some appropriate application. The answer may lack coherence. Use of terminology may be either absent or inappropriate. OR one syndrome at Level 2.
	0	No relevant content.

Application to Ben

- Ben is male – Klinefelter's syndrome is a chromosomal disorder occurring in males with an extra X chromosome (XXY pattern)
- school problems mentioned by Ben's mum might include: problems reading and writing; a tendency to get upset/depressed easily; passivity compared to other boys
- physical differences referred to by Ben's mum might include: extra height/long legs, small testes, lacking facial hair.

Application to Dido

- Dido is female – Turner's syndrome is a chromosomal disorder occurring in females with a missing X chromosome (XO pattern)
- effects at school mentioned by Dido's mum might include: good language skills/reading
- physical effects referred to by Dido's mum might include: short stature, no breast development, short neck, later infertility.

Credit other characteristics found in Klinefelter's and Turner's that are relevant to the scenario/stem.

3. Outline social learning theory as an explanation for gender development. Explain one strength of social learning theory as an explanation for gender development. **[6 marks]**

Mark Scheme

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

Level	Marks	Description
3	5 - 6	Outline is clear, coherent and mostly accurate, with some detail. Strength is clearly explained. Specialist terminology is used effectively.
2	3 - 4	Outline is appropriate but has minor inaccuracy or lack of clarity. Strength is appropriate but lacks clarity. Specialist terminology is sometimes used appropriately OR one aspect at Level 3.
1	1 - 2	Outline is limited/very limited. Strength is muddled or absent. The answer lacks clarity and accuracy. Specialist terminology is either absent or inappropriately used. OR one aspect at Level 2.
	0	No relevant content.

Possible content:

- SLT explains gender development in terms of socialisation and experience
- involves observation and imitation of same-sex role model, eg parents, older siblings, TV characters
- identification with same-sex model is more likely if model is attractive, high status, similar etc
- vicarious reinforcement is important, eg child sees others rewarded for what is seen as sex-appropriate behaviour and therefore imitates
- mediational processes are involved, eg attention, retention etc
- knowledge of theory embedded in evidence.

Possible strengths:

- use of evidence to support social learning explanations for gender, eg evidence that young children do copy same-sex models
- SLT is consistent with findings that gender-related behaviours differ across cultures
- consistent with findings that suggest media influence in gender behaviour.

Credit other relevant material.

4. Outline and briefly discuss Freud's theory of the Oedipus complex as an explanation for gender development in boys. **[8 marks]**

Mark Scheme

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

Level	Marks	Description
4	7–8	Outline of Freud's theory of the Oedipus complex as an explanation for gender development in boys 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	Outline of Freud's theory of the Oedipus complex as an explanation for gender development in boys 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 outline of Freud's theory of the Oedipus complex as an explanation for gender development in boys 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	Outline of Freud's theory of the Oedipus complex as an explanation for gender development in boys 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:

- unconscious process which occurs during the phallic stage of development (approximately 4–5 years)
- young boy has feelings for mother, experiences castration anxiety, fears castration by father, the aggressor
- boy resolves the internal conflict through identification with aggressor, the father
- as a consequence of conflict resolution the boy internalises the male role and adopts male-related behaviours and attitudes of his father.

Possible discussion points:

- use of evidence to support/contradict Freud's Oedipus complex, eg evidence of 'typical' gender development in boys from 'gender atypical' households
- status of Freud's case study evidence, eg interpretation of Little Hans
- lack of testability – Oedipus complex is unconscious therefore not falsifiable
- inability to explain continuing gender development beyond age 4/5 years
- contrast with other explanations eg (cognitive, biological, the influence of social factors (SLT).

5. Discuss what psychological research has told us about atypical gender development. **[16 marks]**

Mark Scheme

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

Level	Marks	Description
4	13 - 16	Knowledge of what psychological research has told us about atypical gender development is accurate and generally well detailed. Discussion is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	9 - 12	Knowledge of what psychological research has told us about atypical gender development is evident but there are occasional inaccuracies/omissions. Discussion is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	5 - 8	Limited knowledge of what psychological research has told us about atypical gender development is present. Focus is mainly on description. Any discussion is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1 - 4	Knowledge of what psychological research has told us about atypical gender development 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:

- gender identity disorder (gender dysphoria) – mismatch between external sexual characteristics and psychological experience of self as male/female
- social explanations - operant conditioning, reinforcement
- social explanations - identification, imitation, modelling; gender identity individuals lack stereotypical male role model (Rekers 1995)
- social-psychological explanations – extreme separation anxiety in males (psychoanalytic)
- cognitive explanations - development of non sex-typed schema (dual pathway theory).
- cultural variations e.g. third gender
- genetic explanation – twin evidence approx. 60-70% of variance in cross-gender behaviour due to genetic factors (Beijsterveldt 2006) (Coolidge 2002); correlation between gender identity disorder and variant of androgen receptor gene (Hare 2009)
- brain structure explanation - differences in hypothalamic area of gender reassignment individuals post-mortem (Garcia-Falgueras and Swaab 2008); sexually dimorphic nucleus smaller (as in female brain) in gender dysphoric males; BSTc comparable size to typical female brain (Zhou 1995)
- hormonal explanation - imbalance due to abnormal levels of male hormone from testes in the womb

Possible discussion:

- counter-evidence, eg lack of continuity - counter to biological explanations experience of gender identity disorder for the majority is transient - few years only (Zucker 2008); few hormonal differences between gender identity individuals and other men (Gladue 1985)
- counter evidence e.g. psychoanalytic theory does not explain atypical development in females
- comparisons between explanations
- distinction between cross-gender behaviours and beliefs/behaviours
- issue of cause and effect – research cannot show causal influence
- broader issues, eg biological versus environmental determinism; reductionism of the biological approach; nature versus nurture
- social implications – increasing acceptance of gender roles outside the traditional male/female dichotomy
- problems of research – social sensitivity.

Credit other relevant material.

Material on Klinefelter's and Turner's syndromes can be credited if made relevant to atypical gender development

Cognition and Development Practice Q's & Answers

1. Briefly outline what Piaget meant by 'class inclusion'. **[2 marks]**

Mark Scheme

Marks for this question: AO1 = 2

2 marks for a clear, coherent outline of the term with some elaboration.
1 mark for a limited or muddled outline.

Content:
ability to understand the difference between subordinate classes/subcategories and superordinate classes/more global/broader categories (or similar)
OR
any object can at the same time be an example of a subordinate group/subcategory (eg apple) and also an example of a superordinate group/global category (eg fruit).

2. Mario is 4 years old. His mother is watching him use bricks to build a tower. She shows him how to put two bricks together, then she suggests that he looks for a big blue brick. When he can't find the right one, she shows it to him. He takes the brick and places it on top of another brick. "Well done, Mario. Now which one goes next?" she asks. After a while his mother sits back and watches as Mario completes the tower. Explain how Vygotsky's theory of cognitive development can be applied to the interactions between Mario and his mother. **[4 marks]**

Mark Scheme

Marks for this question: AO2 = 4

Level	Marks	Description
2	3–4	Application of Vygotsky's theory of cognitive development to the scenario is effective with some detail. The answer is clear and coherent. Specialist terminology is used effectively.
1	1–2	Application of Vygotsky's theory of cognitive development to the scenario is limited/lacks effectiveness. The answer lacks clarity. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible application:

- Mario's mother acts as 'a more knowledgeable other'/expert: Vygotsky emphasises how children develop through interactions with/support from people who are more experienced/skilled, like Mario's mother
- Mario's mother 'scaffolds' or assists his actions in various ways, her scaffolding support is then withdrawn as Mario becomes more competent to build the bricks on his own
- the text illustrates various aspects of scaffolding: demonstration – she shows him; verbal instruction – she tells him which brick to use; pointing – she shows the suitable brick; reinforcing – she says, "Well done"; prompting – which one to use next; withdrawing – she sits back as he completes the task
- brick building is within Mario's zone of proximal development – can currently be achieved with help from his mother
- credit other terms associated with scaffolding as applied to the text, eg recruitment, direction maintenance etc.

Credit other relevant material

3. Outline theory of mind as an explanation for autism. Explain one strength of theory of mind as an explanation for autism. **[6 marks]**

Mark Scheme

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

Level	Marks	Description
3	5 - 6	Outline is clear, coherent and mostly accurate, with some detail. Strength is clearly explained. Specialist terminology is used effectively.
2	3 - 4	Outline is appropriate but has minor inaccuracy or lack of clarity. Strength is appropriate but lacks clarity. Specialist terminology is sometimes used appropriately OR one aspect at Level 3.
1	1 - 2	Outline is limited/very limited. Strength is muddled or absent. The answer lacks clarity and accuracy. Specialist terminology is either absent or inappropriately used. OR one aspect at Level 2.
	0	No relevant content.

Possible content:

- theory that suggests people with autism have problems taking the point of view of others (similar to egocentrism)
- possibly due to a failure of an innate theory of mind mechanism (ToMM)
- problem is one of mind reading sometimes called mind-blindness
- cannot understand other people's intentions/emotions
- tendency to take literal interpretations.
- knowledge of theory embedded in evidence.

Possible strengths:

- use of evidence to support theory of mind explanations for autism, eg evidence that people with autism have difficulty with the Sally-Anne task/false belief tasks/Eyes task
- theory of mind accounts well for the communication and social deficits associated with autism
- consistent with biological findings in relation to autism
- application of the theory eg understanding autism and interventions.

Credit other relevant material.

4. Outline and briefly discuss the role of the mirror neuron system in social cognition. **[8 marks]**

Mark Scheme

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

Level	Marks	Description
4	7–8	Outline 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	Outline 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	Limited outline 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	Outline 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:

- believed to be responsible for human ability to share understanding of intention and emotional experience
- brain cells that are activated when we observe actions carried out by another person
- cell activation is the same as if we had carried out the action ourselves
- links with work on social understanding, eg perspective taking, theory of mind, and empathy
- deficits in social cognition may be linked to problems in mirror neuron function
- investigated using scanning techniques – certain areas thought to be rich in mirror neurons include pars opercularis and Brodmann's area of the frontal lobe.

Possible discussion points:

- mirror neuron system could be fundamental to the development of human society
- might explain social understanding, eg perspective taking and theory of mind so deficits in social cognition may be linked to problems in mirror neuron function
- existence is controversial – individual cells can only be identified by their function
- scanning studies which do not locate/identify individual cells, just activity in an area/region
- some evidence of impaired mirror neuron activity in cases of autistic spectrum disorder (Hadjikhani 2007, Dapretto 2006)
- critics – they may just be a by-product of social interaction
- links with broader issues, eg determinism.

Credit other relevant material.

5. Discuss what Baillargeon's research has told us about early infant abilities. **[16 marks]**

Mark Scheme

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

Level	Marks	Description
4	13 - 16	Knowledge of what Baillargeon's research has told us about early infant abilities is accurate and generally well detailed. Discussion is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	9 - 12	Knowledge of what Baillargeon's research has told us about early infant abilities is evident but there are occasional inaccuracies/omissions. Discussion is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	5 - 8	Limited knowledge of what Baillargeon's research has told us about early infant abilities is present. Focus is mainly on description. Any discussion is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1 - 4	Knowledge of what Baillargeon's research has told us about early infant abilities 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:

- focus on infants' knowledge of the physical world
- investigations of core knowledge theory (focus on object representation); infants have an innate, hard-wired physical reasoning system enabling object perception and representation
- violation of expectation studies – familiarisation with possible events (habituation stage) introduction of impossible events (expt stage); use of looking time to indicate surprise that expectation has been violated
- specific studies, eg tall/short rabbit and window (Baillargeon and Graber 1987) drawbridge and box (Baillargeon 1995); truck and ramp (Baillargeon 1987); tall/short carrot and window (Baiilargeon and DeVos 1991); Minnie Mouse (Aguiar and Baillargeon 1999).

Possible discussion:

- challenge to Piaget's age at which infants can represent objects (Piaget's view that object permanence arises at approx. 8 months)
- Baillargeon's improvements on Piaget's object permanence studies
- infants in Baillargeon's research (approx. 2 ½ months+) – not new-born
- implications of accepting view that ability to reason about physical world is innate; basic pre-programming enables rapid learning and so confers survival value; focus on novel/unusual facilitates survival
- parallels between Baillargeon's view of an innate physical reasoning system and other theories about innate abilities, eg Chomsky's innate language acquisition device
- discussion of scientific value of Baillargeon's paradigm including: use of infants in controlled experiments: reliance on inference and the interpretation of 'looking' and 'surprise' as dependent variables
- alternative interpretations, eg infants observe 'difference' rather than show 'surprise' (Schöner and Thelen 2004); results show attraction to novel/engaging stimuli rather than surprise (Cashon and Cohen 2000)
- wider issues and debates, eg nature v nurture, biological determinism.

Only credit methodological issues if used to discuss findings.

Credit other relevant material.

Schizophrenia Practice Q's & Answers

1. In the context of schizophrenia, outline what is meant by co-morbidity. **[2 marks]**

Mark Scheme

Marks for this question: AO1 = 2

2 marks for a clear, coherent outline of co-morbidity in the context of schizophrenia.
1 mark for a limited or muddled outline.

Possible content:

- co-morbidity is where two conditions co-exist in the same individual at the same time/have a tendency to co-exist alongside each other
- so a person with schizophrenia might also at the same time be suffering from another condition, eg personality disorder, depression, alcoholism, etc.

Credit other relevant answers.

2. Name and briefly outline one negative symptom of schizophrenia. **[2 marks]**

Mark Scheme

Marks for this question: AO1 = 2

Award **1 mark** for naming **one** relevant symptom from the following:

- avolition/apathy
- speech poverty/alogia
- flat affect/emotional blunting
- poor/absent social functioning
- anhedonia .

Plus

1 mark for a brief outline of the symptom, eg avolition is where the person lacks the will to act.

Credit other relevant negative symptoms.

3. Outline and evaluate the use of antipsychotic drugs to treat schizophrenia. **[8 marks]**

Mark Scheme

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

Level	Marks	Description
4	7 - 8	Knowledge of the use of antipsychotic drugs to treat schizophrenia 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	Knowledge of the use of antipsychotic drugs to treat schizophrenia 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	Limited knowledge of the use of antipsychotic drugs to treat schizophrenia 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	Knowledge of the use of antipsychotic drugs to treat schizophrenia 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.

Outline:

- typical antipsychotics (eg chlorpromazine) are dopamine antagonists reducing dopamine activity by blocking dopamine receptors at the synapse. This reduces positive symptoms such as hallucinations and has a calming/sedative effect
- atypical antipsychotics (eg clozapine and risperidone) block dopamine receptors and also act on other neurotransmitters eg acetylcholine and serotonin; also address the negative symptoms such as avolition.

Possible evaluation:

- use of evidence re effectiveness in reduction of symptoms and/or relapse rates, eg Thornley 2003
- side effects – typical antipsychotics: dry mouth, constipation, lethargy and confusion, involuntary muscle movement - tardive dyskinesia; atypical antipsychotics: weight gain, cardiovascular problems, agranulocytosis (autoimmune disorder affecting white blood cells)
- comparison of effectiveness, eg atypical antipsychotics v typical antipsychotics, eg Bagnall 2003, Marder 1996
- comparison with other treatments, eg cognitive therapy, family therapy
- need to assess long-term benefits – many studies focus on short-term effects only
- enhanced quality of life: for patients who can live independently/ outside of institutional care; for family members
- economic implications eg cost in relation to other treatments/ hospitalisation; analysis of benefit re ability of patient to return to work.

Credit other relevant material.

4. Jack has been diagnosed with schizophrenia. He describes his family background to his therapist: 'I could never talk to mum. She fussed over me all the time. I tried to do what she said but could never please her. One minute she seemed all affectionate and the next minute she would make nasty comments. My dad hated all the arguments and stayed out of it.' Describe the family dysfunction explanation for schizophrenia and explain how Jack's experiences can be linked to the family dysfunction explanation. **[8 marks]**

Mark Scheme

Marks for this question: AO1 = 4 marks, AO2 = 4 marks

Level	Marks	Description
4	7 - 8	Knowledge of the family dysfunction explanation for schizophrenia is accurate with some detail. Application is thorough and effective. Minor detail and/or expansion is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	5 - 6	Knowledge of the family dysfunction explanation for schizophrenia is evident but there are occasional inaccuracies/omissions. Application 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 family dysfunction explanation for schizophrenia is present. Any application 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 family dysfunction explanation for schizophrenia is very limited. 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:

- schizophrenia is due to family experiences of conflict, communication problems, criticism and control
- double-bind communication (Bateson 72) - child receives mixed messages and cannot do the right thing – results in disorganised thinking and paranoia
- high expressed emotion where family shows exaggerated involvement, control, criticism which increases likelihood of relapse (Kavanagh 1992); relapse rate is doubled (Butzlaff and Hooley 1998)
- psychodynamic theorists recognised a schizophrenogenic (schizophrenia-causing) mother – typically cold, controlling and rejecting which leads to excessive stress which triggers psychotic thinking; father in such families is often passive.
- family schism and skew

Possible application:

Credit explanation of links between theory and stem content.

- several references to conflict ('arguments'), communication problems ('could never talk to mum'), criticism ('nasty comments') and control ('tried to do what she said')
- Jack experiences the double-bind (mother's behaviour alternates between affection and nastiness) so Jack doesn't know how she wants him to behave and becomes confused – loses touch with reality
- the family show high expressed emotion – over-fussy ('she fussed over me..') and critical ('nasty comments')
- Jack's mother is cold and unpredictable, (schizophrenogenic characteristics) and father was passive ('stayed out of it').
- symptoms of skewed family – father is uninvolved

Credit other relevant material.

5. Discuss one or more biological explanations for schizophrenia. **[16 marks]**

Mark Scheme

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

Level	Marks	Description
4	13 - 16	Knowledge of **one or more** biological explanations for schizophrenia 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	9 - 12	Knowledge of **one or more** biological explanations for schizophrenia is evident but there are occasional inaccuracies/omissions. Discussion is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	5 - 8	Limited knowledge of **one or more** biological explanations for schizophrenia is present. Focus is mainly on description. Any discussion is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1 - 4	Knowledge of **one or more** biological explanations for schizophrenia is very limited. Discussion is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible content:

- genetic explanation – schizophrenia is heritable/inherited through the generations through transmission of genes/DNA; runs in families/familial link; involves a combination of affected genes/is polygenic; candidate genes, eg PCM1
- dopamine hypothesis – schizophrenia is linked to excess activity of the dopamine in subcortical areas of the brain (hyperdopaminergia) or to low activity of dopamine in outer areas/cortex especially the prefrontal cortex (hypodopaminergia)
- role of other neurotransmitters, eg serotonin, acetylcholine, glutamate
- other neural correlates – size/function of various brain structures has been found to be linked to schizophrenia and/or to specific symptoms of the disorder, eg enlarged ventricles/reduced grey matter density/activity of basal ganglia
- knowledge of explanations embedded in research.

Possible discussion points:

- use of evidence supporting/refuting a biological cause, eg twin and adoption studies; scanning evidence
- consequences of assuming a genetic cause, eg family responsibility; determinism; blame, etc
- problems determining cause and effect – eg unusual dopamine activity may be a consequence of the disorder rather than the cause
- unusual neural activity may be due to medication rather than a factor in the disorder
- treatment fallacy – just because dopamine blockers reduce symptoms it does not mean that dopamine activity is the cause
- implications for treatment, eg early identification, neural explanations lend themselves to medication etc.
- broader issues and debates, eg biological reductionism versus a more holistic diathesis-stress approach
- comparison with other explanations.

Credit other relevant material.

Eating Behaviour Practice Q's & Answers

1. Briefly outline one psychological explanation for obesity. **[2 marks]**

Mark Scheme

Marks for this question: AO1 = 2

2 marks for a clear, coherent outline of one psychological explanation with some explicit link to obesity.
1 mark for a limited or muddled outline.

Possible content:

- restraint theory – involves using self-imposing targets that are often unrealistic; a high control strategy that tends to be practised by people with low self-control; eating driven by the regimen rather than by hunger; preoccupation with food; paradoxical outcome
- disinhibition – external cues trigger uncontrolled eating; linked to high body mass index, anxiety, low emotional control; seeking comfort through eating
- boundary model – physiological model of balance between hunger and satiety; hunger motivates eating; fullness motivates us to stop eating; restrained eaters have higher satiety boundary so eat more.

Note that these explanations may overlap.
Credit other relevant explanations.

2. Briefly outline the role of ghrelin in the control of eating behaviour. **[2 marks]**

Mark Scheme

Marks for this question: AO1 = 2

1 mark – ghrelin is a hormone/chemical released from stomach and small intestine into the bloodstream in relation to food intake.

Plus

1 mark – levels are lowest after a meal and then rise gradually, increasing feelings of hunger and stimulating eating behaviour.

3. Describe and evaluate the boundary model explanation for obesity. **[8 marks]**

Mark Scheme

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

Level	Marks	Description
4	7–8	Knowledge of the boundary model explanation for obesity 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	Knowledge of the boundary model explanation for obesity 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	Knowledge of the boundary model explanation for obesity 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	Knowledge of the boundary model explanation for obesity 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:

- the model incorporates both restraint and disinhibition
- recognises the balance/space between hunger and satiation – the zone of biological indifference
- notion of set points and self-imposed boundaries – once broken overeating can occur through disinhibition/'what the hell' effect
- at the extremes eating is motivated by deficit/hunger and fullness/satiation motivates cessation of eating
- acknowledges the importance of cognition and social factors in the space between hunger and satiety.

Possible evaluation:

- use of evidence to support/contradict the explanation, eg Boyce and Kuijer (2014) responses of restrained eaters to media images; Wilkinson (2010) links between disinhibited eating, obesity and attachment style
- boundary model recognises the underlying role of physiological mechanisms
- consideration of how explanations are overlapping: restrained eating occurs where there is a higher satiety boundary so person eats more: disinhibition and restraint are part of a continuous cycle
- comparison with biological explanations, eg genetics, neural, hormonal
- links with broader approaches in psychology, eg biological, learning theories
- evaluation linked to issues such as nurture, determinism etc.

Credit other relevant material.

4. Outline and evaluate the evolutionary explanation for food preferences. **[8 marks]**

Mark Scheme

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

Level	Marks	Description
4	7 - 8	Knowledge of evolutionary explanation for food preferences 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	Knowledge of evolutionary explanation for food preferences 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	Limited knowledge of evolutionary explanation for food preferences 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	Knowledge of evolutionary explanation for food preferences 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:

- varied diet high in energy and essential nutrients aids survival so genetic preferences for certain foods are bred into a population
- salt preference appears innate – essential for hydration/cell function
- high calorie foods (eg fat) are preferred as they provide energy, essential for survival
- sweet taste preference – sugar is high energy, enabling survival
- avoidance of bitter/sour foods that may be toxic ensures survival to reproduce so aversions are bred into the population
- neophobia – avoidance of novel/unusual foods is adaptive, reducing the likelihood of ingesting harmful food, ensuring survival
- biological preparedness - Seligman proposed humans are genetically prepared to rapidly learn avoidance of harmful foods.

Possible evaluation:

- use of evidence for innate taste preference/avoidance, eg Desor 1973 – neonates prefer sweet foods; Harris 1990 – infants prefer salty cereal
- evidence for conditioning in food preference, eg Birch 1987 – neophobia reduces with continued exposure; Garcia and Koelling 1966 – rats learn to avoid sweet liquid paired with aversive chemical
- cultural differences in food preferences counter to evolutionary view
- individual differences – preferences/avoidances are not universal, contradicting the evolutionary explanation; only some people have an inherited ability to taste the bitter chemical PROP (Drewnowski 2001)
- neophobia restricts diet and may be harmful if individuals are unable to adapt to variability in food sources
- variability in levels of neophobia at different ages
- food preferences may arise for benefit of gut microbes rather than host
- mediating effects of hunger levels and brain chemistry, eg leptin inhibits taste of sweetness
- evaluation linked to broader issues, eg nature-nurture, reductionism
- contrast with alternative explanations.

Credit other relevant material.

5. Discuss one or more biological explanations for anorexia nervosa. **[16 marks]**

Mark Scheme

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

Level	Marks	Description
4	13 - 16	Knowledge of biological explanation(s) for anorexia nervosa 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	9 - 12	Knowledge of biological explanation(s) for anorexia nervosa is evident but there are occasional inaccuracies/omissions. Discussion is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	5 - 8	Limited knowledge of biological explanation(s) for anorexia nervosa is present. Focus is mainly on description. Any discussion is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1 - 4	Knowledge of biological explanation(s) for anorexia nervosa is very limited. Discussion is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible content:

- genetic explanation – disorder is heritable; genes/DNA passed down through generations; concordance in twins; identification of specific genes, eg EPHX2/ combination of genes
- genetic explanation – evolutionary - disorder has an adaptive function; Guisinger's 'flee famine' view; contemporary adaptive function of thinness, eg thin = attractive
- season of birth – spring babies' vulnerability
- neural explanations – activity of neurotransmitters serotonin, dopamine and noradrenaline; abnormal levels of serotonin and dopamine metabolites found in people with anorexia nervosa
- abnormalities in brain activity in areas associated with feeding behaviour, eg hypothalamus; insula area of the cortex
- knowledge of explanation embedded in evidence.

Possible discussion points:

- use of evidence to support/refute the explanation, eg use of twin evidence; metabolite studies
- implications of accepting the genetic explanation
- relevance of the flee famine hypothesis in modern Western society
- discussions of cause and effect, eg altered neurotransmitter function may be due to the disorder rather than the cause, but recovered patients show reductions in serotonin and dopamine function post-recovery
- problems of isolating the activity of specific brain structures
- discussions relating to broader issues of reductionism and determinism
- comparisons with other explanations, eg social/family etc

Credit other relevant material.

Stress Practice Q's & Answers

1. Briefly outline one therapy used to manage stress. **[2 marks]**

Mark Scheme

Marks for this question: AO1 = 2

2 marks for a clear, coherent outline of one therapy with some detail.
1 mark for a limited or muddled outline.

Possible content:

- Drug therapy – benzodiazepines (Valium, Librium) increase GABA activity causing an inhibitory effect in the CNS; beta blockers reduce activity of noradrenaline/adrenaline and influence the cardiovascular system lowering heart rate/blood pressure
- Stress inoculation therapy – cognitive approach where client is taught techniques to control own stress levels in problem situations, eg cognitive appraisal, positive self-talk, counting, imagery, mastery
- Biofeedback – behavioural intervention where operant conditioning and reinforcement are used to enable client to have conscious control over involuntary physiological functions, eg muscle relaxation, heart rate.

Credit other relevant therapies.

2. With reference to hardiness, outline what is meant by 'challenge'. **[2 marks]**

Mark Scheme

Marks for this question: AO1 = 2

2 marks – accurate outline with elaboration: an aspect of hardiness that sees change positively as an opportunity for personal growth and achievement, rather than negatively as a source of stress.

1 mark – brief or muddled outline.

3. Wally worries about work. He lies awake at night worrying that he is not good enough for the job and does not want to go to work in the morning. He thinks that his workmates laugh at him and gets embarrassed when they try to talk to him. He avoids his supervisor because he thinks that his supervisor will tell him off for not working hard enough. Describe stress inoculation therapy as a way of managing stress and explain how Wally's stress could be managed using stress inoculation. **[8 marks]**

Mark Scheme

Marks for this question: AO1 = 4 marks, AO2 = 4 marks

Level	Marks	Description
4	7 - 8	Knowledge of stress inoculation therapy as a way of managing stress is accurate with some detail. Application is thorough and effective. Minor detail and/or expansion is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	5 - 6	Knowledge of stress inoculation therapy as a way of managing stress is evident but there are occasional inaccuracies/omissions. Application 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 stress inoculation therapy as a way of managing stress is present. Any application 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 stress inoculation therapy as a way of managing stress is very limited. 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:

- involves cognitive restructuring – changing client's thoughts about source of stress/stressful situation and own ability to control stress
- based on the idea that thoughts affect emotions/behaviour so changing thoughts will change the emotional response/behaviour
- stage 1 – conceptualisation – cognitive appraisal of stressor; client identifies negative thoughts and situations that provoke to stress
- stage 2 – skill acquisition and rehearsal – client learns coping strategies, eg relaxation, positive self-talk
- stage 3 – application – newly acquired skills are put into practice in role play, virtual learning environment, through visualisation
- seeing setbacks as learning opportunities rather than failure.

Possible application:

Credit explanation of links between therapy and stem content.

- Wally needs to identify negative thoughts, eg 'not good enough', 'will laugh at him', 'supervisor will tell him off'
- Wally needs to understand negative thoughts cause his stress
- Wally needs to develop strategies to use when he's stressed:
    - monitor/catch negative thought/self-talk as it occurs: ('They are laughing...'; 'He's going to tell me off...')
    - use positive self-statements: ' I am as good as anyone at this job'; 'This job is easy for me'; 'Workmates are good natured and fun'; 'Supervisor knows I work hard'
    - use relaxation techniques eg breathing techniques before he goes into work; restful imagery to aid sleep
- Wally needs to practise new techniques either with his therapist or alone at home so he can use them confidently at work.

4. Outline and evaluate one or more self-report scales that have been used by psychologists to measure stress. **[8 marks]**

Mark Scheme

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

Level	Marks	Description
4	7 - 8	Knowledge of self-report scale(s) as measures of stress 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	Knowledge of self-report scale(s) as measures of stress 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	Limited knowledge of self-report scale(s) as measures of stress 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	Knowledge of self-report scale(s) as measures of stress 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 outline:

- SRRS (Holmes and Rahe) scale of 43 life events experienced over a specified time each event is accorded life change units (LCUs) which can be added up to give an overall life change score (credit also knowledge of how the scale was constructed)
- Hassles and Uplifts Scale (Kanner) 117 daily hassles, respondent indicates hassles occurring over last month and their severity, 135 uplift events which mediate effect of hassles.

Credit other self-report scales, eg Perceived Stress Scale (Cohen) and Stress Appraisal Measure (Peacock and Wong).

Possible evaluation:

- validity issues, eg ambiguity of certain life events on the SRRS that may be stressful for some people but not for others eg marital separation is highly rated but may be a relief for some people
- need to distinguish between positive and negative events on SRRS
- causality issues – illness may lead to some stressful life events (eg job loss) rather than the other way round
- issues of reliability – recall is retrospective so may be inaccurate – test-retest reliability for SRRS varies
- use of evidence, eg Kanner – hassles correlate with psychological health; Johnson – link between high SRRS score and illness
- individual differences, eg hardiness and personality type can mediate stress so measurement needs to take personal variables into account
- ethics – completing self-report Qs may affect a person's stress level
- combined measure of life events and hassles gives fuller picture - one can exacerbate the effect of the other
- hassles a better measure of stress troubling most people
- comparison with other measures, eg objective physiological measures.

Credit other relevant material.

5. Discuss the role of personality type and hardiness in stress. **[16 marks]**

Mark Scheme

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

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

Possible content:

Personality type
- Friedman and Rosenman found personality type was related to negative consequences of stress, especially CHD
- type A experience more negative response to stress, ie higher rates of CHD
- type A traits: time urgency, competitiveness, aggression, hostility
- type B less likely to suffer from stress; Type C easily stressed and cancer prone; Type D routine bound, anxious therefore increased risk of cardiac illness.

Hardiness
- hardy people less likely to suffer from stress
- three aspects of hardiness identified by Kobasa:
  - commitment to life, family society
  - challenge – see change as opportunity not threat
  - control – feel autonomous and in control.

Possible discussion points:
- use of evidence to support or contradict influence of the individual difference, eg Friedman and Rosenman 1974
- specific type A traits more relevant than overall type, eg Forshaw 2012 hostility is key factor
- role of external factors, eg degree of control over circumstances
- effect is not causal, only correlational
- role of other variables, eg gender differences in effects of hardiness on response to stress
- implications for treatment – cannot change personality type but can change behaviour, eg use of hardiness training.

Credit other relevant material.

Aggression Practice Q's & Answers

1. Briefly explain how cognitive priming in the media might influence aggressive behaviour. **[2 marks]**

Mark Scheme

Marks for this question: AO1 = 2 marks

2 marks for a clear, coherent explanation of how cognitive priming in the media might influence aggression.

1 mark for a very brief, limited or muddled explanation.

2. Briefly outline and evaluate the findings of one research study into genetic factors in aggression. **[4 marks]**

Mark Scheme

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

Level	Marks	Description
2	3–4	Findings are clear and accurate. Evaluation is clear and coherent.
1	1–2	Findings are clear but there is no evaluation, or, findings and evaluation are both incomplete/partly accurate. For 1 mark there is some detail of findings but no evaluation.
	0	No relevant content.

Possible findings:

- outline of findings of any study of genetic factors and aggression, eg family studies on the MAOA gene
- non-human animal studies, eg breeding aggressive dogs; gene knock-out studies in mice.

Any genetic study of aggression is acceptable but do not credit studies of the role of hormones.

Possible evaluation points:

- evaluation of findings, eg analysis of implication of findings; contradictory evidence
- alternative explanations; problem of demonstrating cause and effect
- methodological issues such as the validity of extrapolating from animals to humans.

Credit other relevant evaluation points.

3. Some people suggest that the media influences aggression through desensitisation. Evaluate desensitisation as an explanation for aggression. **[6 marks]**

Mark Scheme

Marks for this question: AO3 = 6

Level	Marks	Description
3	5 - 6	Evaluation is effective and appropriate. Minor detail and/or expansion of argument is sometimes lacking. Answer is clear, coherent and focused. Specialist terminology is used effectively.
2	3 - 4	Evaluation is sometimes effective, mostly clear and focused. Specialist terminology is sometimes used appropriately.
1	1 - 2	Evaluation is very limited and lacks clarity. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible evaluation points:

- use of evidence to support/refute media desensitisation an an explanation, eg lower levels of arousal in regular viewers of violent media when exposed to violent stimuli
- evaluation of the correlational nature of evidence
- counterargument, eg viewing violent images may be cathartic (psychoanalyitic theory) and therefore prevent actual expression of violence
- role of individual differences, eg personality – some individuals are more influenced than others
- analysis of implications of accepting the desensitisation explanation, eg need for media regulation.

Credit other relevant material.

4. Outline and evaluate the dispositional explanation for institutional aggression in prisons. **[8 marks]**

Mark Scheme

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

Level	Marks	Description
4	7–8	Knowledge of the dispositional explanation for institutional aggression in prisons 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	Knowledge of the dispositional explanation for institutional aggression in prisons 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	Limited knowledge of the dispositional explanation for institutional aggression in prison 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	Knowledge of the dispositional explanation for institutional aggression in prisons 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:

- dispositional explanation argues that aggression is internal – due to individual characteristics of the prisoners
- idea of 'importation', ie that the aggression is imported into the institution as part of the prisoners' make-up
- people who are aggressive, bullying, angry etc outside prison behave in the same way as inmates
- mediating effects of other imported variables, eg race, level of education, gang membership.

Possible evaluation points:

- use of evidence to support the dispositional explanations, eg DeLisi 2011
- contrast with the situational explanation that aggression is influenced by the prison culture
- difficulty of finding any practical application of this explanation
- debate about whether prison cultures themselves are imported, Irwin & Cressey 1962
- notion of brutalisation – that non-aggressive prisoners become hardened by the prison system
- implications – debate about sources of prison aggression will affect prison policy.

Credit other relevant material.

5. Describe and evaluate evolutionary explanations for human aggression. **[16 marks]**

Mark Scheme

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

Level	Marks	Description
4	13 - 16	Knowledge of evolutionary explanations for aggression is accurate and generally well detailed. 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	9 - 12	Knowledge of evolutionary explanations for aggression 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	5 - 8	Limited knowledge of evolutionary explanations for aggression 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 - 4	Knowledge of evolutionary explanations for aggression 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:

- role of aggression in individual survival and reproductive success
- evolution and adaptation – genetic mutations and survival of the fittest
- competition for resources – aggressive individuals more able to compete for food, females etc so more likely to reproduce successfully
- aggressive genes are passed on to subsequent generations
- sexual jealousy – male violence against partners motivated by jealousy to ensure own paternity and genetic success
- mate retention strategies – direct guarding, negative inducements (threats) linked to aggression
- females look for males with resources – aggressive males more successful.

Possible evaluation

- use of supporting evidence, eg attractiveness of dominant behaviour in males (Sadalla 1987); positive correlation between mate retention behaviours and physical violence (Shackleford 2005)
- can explain gender differences in aggression
- cultural differences in acceptability and prevalence of aggressive behaviour suggest it is learned rather than evolutionary
- evidence cannot demonstrate cause and effect – all correlational
- comparison with other explanations, eg social learning theory
- broader issues/debates, eg reductionism, determinism, nature v nurture
- implications: ethical – suggests aggression is innate and therefore cannot be controlled and individuals are not personally responsible; of psychological research into aggression for the economy.

Credit other relevant material.

Forensic Practice Q's & Answers

1. Briefly outline one aim of custodial sentencing. **[2 marks]**

Mark Scheme

Marks for this question: AO1 = 2

2 marks for a clear and coherent outline of **one** aim using appropriate terminology.
1 mark for a limited/muddled outline.

Possible content:

- Deterrence – a custodial sentence should aim to put off other would-be offenders, and also reduce reoffending – negative consequences are evident to all
- Retribution – a custodial sentence allows justice to be seen to be done by the victim, the family and wider society
- Rehabilitation/Reform – a custodial sentence might provide opportunities for learning more acceptable forms of behaviour/new skills/encourage self-reflection/contrition
- Incapacitation – a custodial sentence makes it impossible for the offender to continue to commit crimes in society avoiding further suffering to the victims/threat to the public.

No marks for simply naming an aim

Credit other relevant material.

2. Briefly evaluate custodial sentencing as a way of dealing with offending behaviour. **[4 marks]**

Mark Scheme

Marks for this question: AO3 = 4

Level	Marks	Description
2	3–4	Evaluation is effective with some detail. The answer is clear and coherent. There is appropriate use of specialist terminology.
1	1–2	Evaluation is limited/lacks effectiveness. The answer lacks clarity. Use of specialist terminology is either absent or inappropriate.
	0	No relevant content.

Possible evaluation:

- does not result in a reduction in re-offending/recidivism – recidivism rates are high
- is not much more than retribution to appease the public/society so justice appears to be done and a perception that society has enacted revenge
- can provide opportunities for learning more acceptable forms of behaviour, eg through anger management, education or restorative justice programmes so might have a rehabilitative effect and thus reduce recidivism
- only incapacitates temporarily, many sentences are only partially served
- brutalisation/prisonisation – exposure to a harsh/threatening environment leads prisoner to become hardened and more aggressive, adopting the prison code
- institutionalisation – lack of autonomy and adherence to prison norms fosters dependency with an inability to make independent choices
- poor mental health – imprisonment often leads to deterioration in mental health due to fear, isolation, lack of stimulation. Prisoners are more likely to suffer from anxiety, depression, PTSD which can sometimes result in self-harm and increased suicide risk.

Only credit aims of custodial sentencing if explicitly used as evaluation

Credit other relevant material.

3. Outline Eysenck's theory of the criminal personality. **[3 marks]**

Mark Scheme

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. Outline one strength and one limitation of anger management as a way of dealing with offending. **[6 marks]**

Mark Scheme

Marks for this question: AO3 = 6

For the strength, award marks as follows:

3 marks for a clear, coherent and detailed outline, using appropriate terminology.
2 marks for an outline which lacks some detail.
1 mark for a very limited/muddled outline.

Possible strengths:

- use of evidence to support the effectiveness
- addresses the thoughts/beliefs that underpin aggression, not just the behaviour – links to models in cognitive psychology
- promotes transferable skills such as self-reflection, self-confidence and self-control which can be generally life-enhancing
- comparison with behaviour modification, eg anger management is more long-term.

PLUS

For the limitation, award marks as follows:

3 marks for a clear, coherent and detailed outline, using appropriate terminology.
2 marks for an outline which lacks some detail.
1 mark for a very limited/muddled outline.

Possible limitations:

- requires the skills of a trained therapist so limited availability in prisons and expensive compared to reward-based behaviour management programmes
- relies on practising skills in role-play situations so unlike a real-life incident
- only useful for clients whose offences are caused by aggression – many offences are not aggression driven
- questions over long-term effectiveness – some studies show short-term only
- not all clients benefit – need to be motivated to change and engage properly in sessions and doing homework tasks.

Credit other relevant strengths and limitations.

5. Debi is a thief. She describes what she thinks about her crimes to a newspaper reporter. "I like having good stuff, like a big TV and a nice mobile phone. It's exciting to take other people's stuff and it doesn't hurt anyone. Nobody cares. The police don't bother me. I've been doing it for years and I never get caught, so it's OK. If I do get caught, it would only be a tiny fine, so that's nothing. My mates show me respect – they know I can get them whatever they want."

   Discuss level of moral reasoning as an explanation for offending. Refer to Debi's comments in your answer. **[16 marks]**

Mark Scheme

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

Level	Marks	Description
4	13–16	Knowledge of level of moral reasoning as an explanation for offending is accurate and generally well detailed. Application is clear and 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 level of moral reasoning as an explanation for 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 level of moral reasoning as an explanation for 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 level of moral reasoning as an explanation for 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:

- Kohlberg devised a theory of moral reasoning which can be used to explain why people offend. The theory suggests that the ability to understand right and wrong becomes more sophisticated with age
- offenders have been found to show reasoning at the lowest/least sophisticated pre-conventional level, typical of young children, and do not develop more sophisticated empathic reasoning/perspective-taking skills/do not progress to levels two and three
- the pre-conventional level is divided into punishment and reward stages
- in the punishment stage, wrongdoing is judged to be any behaviour that is punished
- in the reward stage, wrongdoing is judged to be any behaviour that results in reward/benefit for the actor
- description of the Heinz dilemma as used to study moral reasoning.

Possible application:

- Debi shows reward stage/pre-conventional reasoning with reference to: material rewards such as a big TV and mobile phone; excitement/thrill of the crime itself; social reward of having friends respect her for being such a capable thief
- Debi shows punishment stage/pre-conventional reasoning with reference to: police not bothering her; it's OK because she doesn't get caught; any fine being inconsequential
- Debi is not reasoning at the more sophisticated conventional level where she could take the perspective of the victim: she says she 'doesn't hurt anyone' indicating lack of empathy/perspective-taking and 'Nobody cares' suggesting she is unaware of any social contract.

Possible discussion:

- use of evidence to support/contradict the existence of pre-conventional reasoning in offender populations, eg Palmer and Hollin (1998) use of dilemmas with offenders and non-offenders
- comparison with other explanations for offending, eg differential association theory, cognitive biases, biological explanations
- reasoning may be context specific – some evidence suggests that offenders reason at the pre-conventional level only in a context related to their crime and not in other contexts (Ashkar and Kenny, 2007)
- male bias in Kohlberg's research – Gilligan critique
- discussion of underlying causes of pre-conventional thinking in offenders
- discussion of underpinning research – use of moral dilemmas
- links with broader psychological theories, eg theories of cognitive development and to broader debates in psychology, eg reductionism.

Credit other relevant material.

Addiction Practice Q's & Answers

1. What is meant by risk factors in addiction? **[2 marks]**

Mark Scheme

Marks for this question: AO1 = 2

2 marks for a clear and coherent description, using appropriate terminology.
1 mark for a limited/muddled description.

Possible content:
- any biological, personality or environmental factor which might increase the chance of a person developing an addictive behaviour
- factors include genetic predisposition, specific traits (eg neuroticism, impulsivity, sensation-seeking), combination of traits (eg anti-social personality disorder or APD), stress and social factors, such as family/peer group.

Note: can credit description embedded in an example.
Credit other relevant material.

2. Briefly evaluate the role of risk factors in addiction. **[4 marks]**

Mark Scheme

Marks for this question: AO3 = 4

Level	Marks	Description
2	3–4	Evaluation of risk factor(s) is effective with some detail. The answer is clear and coherent. There is appropriate use of specialist terminology.
1	1–2	Evaluation of risk factor(s) is limited/lacks effectiveness. The answer lacks clarity. Use of specialist terminology is either absent or inappropriate.
	0	No relevant content.

Possible evaluation:
- use of evidence to support/contradict the role of any risk factor, eg Wan-Sen Yan (2013) link between personality type and internet addiction; Epstein (1998) link between childhood abuse (stress) and alcohol addiction; Kendler (2006) twin studies of addiction (genetics)
- findings are mostly correlational so there is an issue of causality – does any risk factor cause addiction or is it a consequence of the addictive behaviour? Is there a 3rd factor making the other two appear related?
- general evaluation of risk factor(s) in the light of issues such as reductionism, determinism, free will, nature, nurture
- evaluation of single versus multiple causes approaches to explaining addiction using risk factors
- implications of risk factors in relation to treatment for addiction.

Answers can focus on one risk factor or risk factors in general.
Credit other relevant material.

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

Mark Scheme

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.

4. Describe how brain neurochemistry is involved in nicotine addiction. **[6 marks]**

Mark Scheme

Marks for this question: AO1 = 6

Level	Marks	Description
3	5–6	Description is clear, accurate and detailed. Specialist terminology is used effectively.
2	3–4	Description is mostly clear but lacks detail in places. There is some appropriate use of specialist terminology.
1	1–2	Description is limited/muddled. The answer lacks clarity and accuracy. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible content:

- nicotine binds with nicotinic receptors (a type of acetylcholine receptor) in the ventral tegmental area
- this triggers release of dopamine in the nucleus accumbens in the mesolimbic system (reward centre of the brain)
- activation of reward pathway creates feeling of euphoria and reduced anxiety
- nicotine regulation model – abstinence (eg overnight) leads to increased sensitivity of nicotinic receptors and withdrawal, causing motivation to smoke
- through repeated activation, more nicotine is required to create the same effect (tolerance) which results in craving (addiction)
- nicotine activates natural opioids in the brain (enkephalins and endorphins) creating feelings of pleasure
- role of GABA and serotonin – nicotine increases serotonin

Credit other relevant material.

5. Asa plays internet poker when he is alone in the evening, losing large sums of money. Sometimes he goes to casinos for the extra thrill of being around other gamblers. He talks about all the times he has won and how skilled he is at placing bets. If people point out that he could lose, Asa just ignores them. Asa goes to a therapist for help with problem gambling. The therapist focuses on changing how Asa thinks about gambling and making the casino much less attractive.

   Discuss one or more ways of reducing addiction. Refer to Asa in your answer. **[16 marks]**

Mark Scheme

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; Cowlishaw (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).