A-LEVEL
PSYCHOLOGY
(7182)

EXAMPLE RESPONSES

Marked responses – specimen assessment materials (SAMs) set 3
7182/3

Using Paper 3 from the third set of SAMs, see responses to difference types of questions and understand how the mark scheme is applied.

Version 2.0 July 2019

Please note that these responses have been reproduced exactly as they were written and have not been subject to the usual standardisation process.

Section A – Issues and debates in Psychology

Question

01   Read the item and then answer the questions that follow.

> Dr Grant and Dr Austin both study people with depression. Dr Grant carries out experimental research to investigate the brain chemistry of people with depression. Dr Austin carries out unstructured interviews with people with depression to find out about their symptoms and various aspects of their lives, including their general behaviour and their relationships.

Referring to the item above, explain what is meant by holism and reductionism.

[4 marks]

Mark scheme

Marks for this question: AO2 = 4

Level	Marks	Description
2	3–4	Knowledge of both holism and reductionism is clear and mostly accurate. Application to the scenario is mostly appropriate. The answer is generally coherent with effective use of psychological terminology.
1	1–2	Some knowledge of holism and/or reductionism is evident. Application to the scenario is not always effective or not presented in psychological terms. The answer lacks accuracy and detail. OR Either holism **or** reductionism explained and applied at Level 2.
	0	No relevant content.

Application
- Holism – focus on the whole system or person.
- Reductionism – focus on constituent elements or smaller, simpler aspects.
- Dr Grant takes a reductionist approach focusing just on biological mechanism.
- Dr Austin takes a more holistic approach focusing on broader experiences and circumstances.

Credit other relevant material.

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Student response

Reductionism involves breaking down complex behaviour into simpler components so that it can be understood at a simpler level of explanation. This would link to Dr Grant as a very complex disorder like depression is reduced down to a chemical level.

Holism is the belief that behaviour is best explained by looking at the whole rather than the many parts, and so considers the whole person. Dr Austin takes this approach because all aspects of the individual's life are considered when investigating depression.

Examiner commentary

This is a level 2 response

Knowledge of both holism and reductionism is clear and accurate. Application to the scenario is appropriate. The answer is generally coherent with effective use of psychological terminology.

Question

03   Discuss the nature-nurture debate in psychology. Refer to **at least two** topics you have studied in your answer.

[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 with effective use of topics. The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail and/or expansion of argument sometimes lacking.
3	9–12	Knowledge of the nature-nurture debate is evident. There are occasional inaccuracies. Discussion is apparent and use of topics is mostly effective. The answer is mostly clear and organised. Specialist terminology is mostly used effectively. Lacks focus in places.
2	5–8	Some knowledge of the nature-nurture debate is present. Focus is mainly on description. Any discussion or use of topics is only partly effective. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1–4	Knowledge of the nature-nurture debate is limited. Discussion/use of topics is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology either absent or inappropriately used.
	0	No relevant content.

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Possible content
- Debate about the relative importance of heredity and environment in determining behaviour.
- Nature side of the debate assumes heredity is more important.
- Nurture side of the debate assumes environment and experience is more important.
- Nature aspect is rooted in nativist theory that knowledge/abilities are innate.
- Nurture rooted in empiricist theory that knowledge derives from learning – Locke's view of the mind as a 'tabula rasa' or blank slate on which experiences are written.

Possible discussion points
- Use of evidence to support the influence of nature eg twin studies showing higher concordance for MZ pairs than DZ pairs.
- Use of evidence to support the influence of nurture eg studies of social learning.
- Need to take an interactionist approach rather than a dichotomous view.
- Links with approaches in psychology eg how the biological approach supports the nature side of the debate.
- Use of examples from topics to support arguments.

Credit other relevant material.

Student response

The nature-nurture debate is concerned with the extent to which behaviour and psychological characteristics are inherited (innate) or acquired from the environment. Those on the nurture side of the debate would say much of our behaviour is a product of our environment and experiences whilst those on the nature side would argue that behaviour is mainly influenced by biology and genetics.

The nurture view is an empiricist view which is the extreme view that all human behaviour is due to environmental influences. The nature view is based on Nativism – that all behaviour is due to genes being passed down the generations/heredity. Many psychologists today do not take either extreme position and do not think it is 'either/or' but believe that the answer lies on the continuum between nature and nurture and that both are necessary to explain human behaviour. So the question then becomes to what extent does nature and nurture contribute to a particular behaviour/state? To answer this question I am going to look at two topics (schizophrenia and PKU) and show that there is evidence for both nature and nurture. The answer will finally consider the interactionist position.

The genetic explanation for Schizophrenia (Sz) looks at why you are more likely to develop Sz if a member of your family has it. Gotesman and Shields did an analysis of studies and found that if you have a brother or sister with schizophrenia then there is a 10% chance that you too will have it, whereas if both parents have Sz then there is a 46% chance that the child will develop it. This is compared to 1% probability of developing Sz in the normal population. This is used as evidence that nature/genes influence Sz but, although such family studies confirm that Sz is more likely if you have a family member with it, it does not show whether this is due to the environment (nurture) or genes (nature). After all, family members share both genes and environment. Studies of identical twins have shown that in MZ twins there is nearly 50% concordance for Sz and as they share identical genes this is used for evidence of the influence of nature. However, others have pointed to the more similar shared environments of twins who are brought up at the same time and treated in a very similar way and some people argue that the environment (nurture) might also explain part of the high concordance for Sz among MZ twins. Such concordance studies are

therefore not clear cut and show It could be both nature and nurture that lead to the development of schizophrenia.

It might be a better way to understand human behaviour to study how both nature and nurture interact. A good example to illustrate how nature and nurture interact is in the genetic disorder PKU. Very occasionally babies are born unable to process dairy products. If they have milk a substance builds up that causes severe learning difficulties. PKU is due to an inherited gene and therefore is 'nature'. However, all babies are now tested for PKU soon after birth with a heel prick and then placed on a special diet. This intervention (nurture) allows the babies to develop normally and this shows the important interaction between nature and nurture.

Examiner commentary

This is a level 4 response

Knowledge of the nature-nurture debate is accurate and generally well detailed. Discussion is thorough with effective use of the topics schizophrenia and PKU. The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail and/or expansion of argument is sometimes lacking, particularly with the second example – PKU.

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Section B – Relationships or Gender or Cognition and development

Question – Relationships

05   Maria has lots of friends on Facebook and spends most of her time in her bedroom chatting on internet sites.

Explain how Maria's self-disclosure during her use of social media might differ from her self-disclosure in face-to-face encounters.

[4 marks]

Mark scheme

Marks for this question: AO2 = 4

Level	Marks	Description
2	3–4	Knowledge of the effect on self-disclosure when using social media is clear and mostly accurate. The material is applied appropriately. The answer is generally coherent with effective use of terminology.
1	1–2	Some knowledge of the effect on self-disclosure when using social media is evident. Application is not always effective. The answer lacks accuracy and detail. Use of terminology is either absent or inappropriate.
	0	No relevant content.

Possible applications
- Maria's self-disclosure will be less inhibited than in face-to-face interaction – she may disclose more personal information to people who are strangers eg where she lives – she may disclose information sooner in the relationship than she would normally.
- She will not apply the usual gating mechanisms that apply to face-to-face encounters.
- She will not employ the normal distancing with which face-to-face interactions are regulated.

Credit other relevant application.

Student response

Maria is living in a virtual world and this can lead to problems particularly in her social life because she is spending all her time in the bedroom rather than out with friends. She might be exaggerating parts of her life so that people think she is busy and confident when really she is very shy – or why would she be alone in her bedroom all the time? I think Maria should go out and make real friends before she gets too old.

Examiner commentary

This is a level 0 response:

Although there is quite a lot of material in this answer relating to Maria, it is all anecdotal and there is no reference to key psychological terms such as 'self-disclosure' as required in the question.

Question – Relationships

07   Outline and evaluate the social exchange theory of relationships.

[8 marks]

Mark scheme

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

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

Possible content
- An economic theory of relationships that considers how parties exchange rewards and costs.
- Assumes that we are attracted to those who offer rewards (fun, attention, esteem etc).
- And put off a relationship perceived to involve great costs (time, emotional strain etc).
- Relationships that are mutually beneficial will succeed.

Possible evaluation points
- Use of evidence to support or contradict social exchange theory.
- Assumes we make rational and calculating decisions about whether or not to pursue relationships.
- Different people perceive rewards and costs differently so theory can account for individual differences in attraction.
- Explains maintenance better than initial attraction because costs become more significant as the relationship goes on.
- Comparison with Rusbult's extension to the theory.
- Cultural bias – more suited to individualist culture than to collectivist cultures.

Credit other relevant information.

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Student response

Social Exchange Theory (SET) is an economic theory of relationships. A relationship is judged on the rewards and costs. So, if the rewards outweigh the costs then we stay in a relationship but if the costs are too high the relationship will break down. Rewards differ from person to person but might be financial or social support, for example. The costs might be the effort that has to be put into the relationship or any stress it is causing etc.

One way to measure the profit in a relationship ie the rewards minus the costs, is by a comparison level. This means the amount of reward you think you are worthy of. This differs between people and their previous experiences with all sorts of relationships. People with low self-esteem might stay in a relationship which seems to be offering very little reward and a high cost. There is also the comparison with alternatives – would we be better off out of this relationship (on our own or with someone else), or is this the best alternative we have? If the costs of our current relationship outweigh the rewards and there are more satisfying alternatives then a relationship is likely to break down, according to SET.

One of the problems with this theory is that the concepts proposed are difficult to investigate and measure. For example, a reward might be considered money – but many people are less interested in this (which might be measurable) than other psychological gains from a relationship such as closeness, honesty and shared interests. Because these are difficult to define and measure it makes the theory difficult to research in the real world.

Many researchers are unhappy with the focus on the rewards/profits and economic nature of the Social Exchange Theory. They argue that in romantic relationships there is no adding up of rewards, although this might be the case with work and social friendships. It is thought that the analogy with the economy is incorrect for more personal relationships.

An important finding of Argyle and others is that in romantic relationships rewards and costs are not weighed up until we become dissatisfied. We would not even look at whether other relationships might be more rewarding if we are satisfied with the current one. So there is a problem here with cause and effect – SET would suggest that we weigh up the rewards and costs of a relationship and this can lead to a breakdown, whilst others argue when our relationship starts to breakdown (ie when we become dissatisfied with it) only then do we look at the rewards and costs. This questions the validity of social exchange theory as a theory of relationships.

Examiner commentary

This is a level 4 response

There is a clear and accurate outline of social exchange theory with sufficient detail. The discussion is clear and the point about cause and effect well explained. The answer is clear, coherent and focused. Specialist terminology is used effectively.

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8

Question – Gender

09   Patrick works as a head baker in a bakery. As part of a work appraisal he has just completed the Bem Sex Role Inventory. His score shows that he is highly androgynous.

Explain how Patrick's high level of androgyny might be demonstrated in his behaviour at work.

[4 marks]

Mark scheme

Marks for this question: AO2 = 4

Level	Marks	Description
2	3–4	Knowledge of the effect of having a high level of androgyny on Patrick's workplace behaviour is clear and mostly accurate. The material is applied appropriately. The answer is generally coherent with effective use of terminology.
1	1–2	Some knowledge of the effect having a high level of androgyny on Patrick's workplace behaviour is evident. Application is not always effective. The answer lacks accuracy and detail. Use of terminology is either absent or inappropriate.
	0	No relevant content.

Possible applications
- Patrick will enjoy a laugh and a joke with the other men in the workplace and will also join in with more sensitive/intimate discussions.
- Patrick will be firm/authoritative with people in his team and also be sensitive/empathic when someone is unwell or stressed.
- Patrick will engage in the heavy work like lifting sacks of flour and will also enjoy the more delicate tasks such as cake decorating and intricate pastry work.

Credit other relevant application.

Student response

Patrick's high androgyny levels means he has both masculine and feminine traits. At work in the bakery he would be able to be empathetic to the other workers showing time and understanding of their problems. He would also be aggressive at times (a more male trait).

Examiner commentary

This is a level 1 response

This is a brief response but there is some appropriate knowledge of the effect of having a high level of androgyny on Patrick's workplace behaviour. The application just lacks sufficient detail and needs further expansion, for example in how the more aggressive behaviour might manifest. There is some appropriate use of specialist terminology.

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9

Question – Gender

11   Outline and evaluate Freud's explanation of gender development.

[8 marks]

Mark scheme

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

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

Possible content
- Gender development occurs in the Phallic stage (age 4/5 years) through resolution of either the Oedipus or Electra complex.
- Child identifies with the same-sex parent (identification with the aggressor).
- Child internalises and adopts the gender-related behaviours and attitudes of the same sex-parent.

Possible evaluation points
- Use of evidence to contradict/support Freud's explanation eg evidence to show that children from 'atypical' households do not have sex-role identification problems.
- Evidence to show that children show gender-typical behaviours before the age of 4/5.
- Problems with any evidence that supports Freud's theory eg Little Hans.
- Understanding of gender continues to develop after the age of 4/5.
- Lack of testability – related concepts (eg Oedipus complex) are unconscious therefore not falsifiable.

Credit other relevant information.

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Student response

Freud's explanation for gender development is related to his theory of psychosexual development. Gender develops in the third Stage which is known as the phallic stage aged about 4-5 years.

During this stage there is a major conflict to overcome – for boys the Oedipus conflict, and for girls the Electra conflict. Boys have sexual desires for mother, and see father as a rival. Boys fear punishment from father, in particular castration, and this fear of castration makes the boy anxious so he begins to identify with his father. It is this process of identification that gender develops because the boy becomes as much like the father as possible by imitating the father's gender etc.

At the same time, girls realize that they don't have penises, so they develop penis envy. This leads the girl to turn away from her mother and become attracted to her father, as he does have a penis. But then girls turn back to their mother and identify with them which includes taking on the mother's gender role behaviours etc.

Examiner commentary

This is a level 2 response

There is a reasonable outline of Freud's explanation of gender development, with reference to the stage, conflict and identification. The focus of the material is on description however and there is no evaluation evident. This restricts the marks that can be awarded for this response even though the answer is clear and accurate and has good us of specialist terminology.

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11

Question – Cognition and development

12   Katie is three years old and likes to play with her toy medical kit. Her mother plays with her. Katie's mother helps Katie to bandage her doll's leg and talks through the different stages if she is struggling.

Referring to Katie and her mother, explain what is involved in scaffolding.

[4 marks]

Mark scheme

Marks for this question: AO2 = 4

Level	Marks	Description
2	3–4	Knowledge of the scaffolding in relation to cognitive development is clear and mostly accurate. The material is applied appropriately. The answer is generally coherent with effective use of terminology.
1	1–2	Some knowledge of scaffolding in relation to cognitive development is evident. Application is not always effective. The answer lacks accuracy and detail. Use of terminology is either absent or inappropriate.
	0	No relevant content.

Possible applications
- Scaffolding acts as a support structure or framework for Katie's learning about medical procedure.
- Mother playing with Katie maintains interest and participation.
- Mother shows Katie how to use a bandage – demonstration.
- Talking when Katie is struggling controls the child's frustration.
- By talking, Katie is encouraged to do more and more of the process alone – verbal support/prompt/encouragement.
- Eventually Katie will be able to do this alone without any support from her mother – independence.

Credit other relevant information.

Student response

Parents often help children develop skills by interacting and through play and this is known as scaffolding. There are a number of steps where the adult will be less and less involved. First of all Kate's mother would demonstrate and show Kate how to bandage. Then she might simply instruct her and this would become less and less until she is just giving the occasional word. Through this help Kate will eventually be able to do these things on her own.

Examiner commentary

This is a level 2 response

Knowledge of scaffolding in relation to cognitive development is reasonably clear and accurate. The material is applied appropriately. The answer is fairly coherent with some use of specialist terminology, although it does lack a little clarity in parts.

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13

Question – Cognition and development

15   Outline and evaluate Piaget's research into object permanence.

[8 marks]

Mark scheme

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

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

Possible content
- Object permanence (object concept) is the understanding that an object still exists even when out of sight.
- Piaget's study involved a child playing with a toy which was then covered in a blanket/cloth.
- Children under 8 months would not continue to search for the toy.
- Children over 8 months would continue to search for the toy.
- In variations on the original research, the toy would be hidden in place A or place B – children show the A not B error.

Possible evaluation points
- Piaget may have underestimated children's cognitive ability in relation to object permanence.
- Object permanence tasks lack human sense – response may be a reaction to the deliberate removal of the toy.
- Possible confusion of lack of performance with lack of understanding – failure to search does not necessarily mean child did not understand that the toy still existed.
- Counter-evidence shows that children do continue to search if object is made to disappear in more subtle ways eg Bower and Wishart.
- Contrast with infants' performance in violation of expectation studies.

Credit other relevant information.

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Student response

Object permanence is the understanding that objects exist even when they are no longer visible and according to Piaget this develops in the sensory motor stage from 0-2 years.

Piaget observed the behaviour of infants who were looking at an object when it was removed from their sight. (eg a toy is placed behind a screen). Until about 8 months, children would immediately switch their attention away from the object once it was out of sight. From about 8 months onwards the infant would actively look for the object. Piaget concluded that before the age of 8 months children did not have object permanence.

Piaget also noticed that when children get used to looking behind a particular screen for a hidden object, they will continue to look behind the same screen even when they have seen the experimenter hide the object elsewhere.

Some people suggest that Piaget underestimated the infant's ability on object permanence and that the problem was with the task Piaget did which confused children. Bower carried out an experiment that seemed to show babies with object permanence much younger than Piaget suggested. Bower presented 4 to 8-month old infants with an object which moved from right to left behind a screen before reappearing. Bower observed the direction of the infant's gaze when the object disappeared behind the screen, and found that the infants continued to look for the invisible object. This suggests infants develop object permanence earlier than Piaget proposed.

Examiner commentary

This is a 3 level response

The outline of Piaget's research into object permanence is accurate and generally well detailed. There is some effective evaluation, although this is limited to the one piece of contradictory research. The answer is mostly clear and organised. Specialist terminology is generally used effectively.

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15

Section C – Schizophrenia

Question

16.3   Explain **one** advantage of cognitive behaviour therapy in the treatment of schizophrenia.

[2 marks]

Mark scheme

Marks for this question: AO3 = 2

1 mark for brief explanation of advantage

Plus

1 further mark for accurate elaboration

Possible content
- Allows patient to take some responsibility for own treatment.
- Enhances effectiveness in other areas of life.
- Research supports its effectiveness alongside drug therapy.
- Effectiveness can be long term/ongoing.

Credit other relevant advantages.

Student response

Cognitive behaviour therapy teaches the individual how to use coping strategies to reduce the psychotic symptoms and this means patients with schizophrenia can reduce some of their medication.

Examiner commentary

Mark awarded = 1 mark

There is a brief advantage associated with CBT explained in this response (reduction in drug use) but it is not fully developed eg perhaps the reduction in medication might lead to fewer side effects.

Question

17   Outline and evaluate **one or more** psychological 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 psychological explanations for schizophrenia is accurate and generally well detailed. Evaluation is thorough with effective use of material. The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail and/or expansion of argument sometimes lacking.
3	9–12	Knowledge of one or more psychological explanations for schizophrenia is evident. There are occasional inaccuracies. Evaluation is apparent and use of material is mostly effective. The answer is mostly clear and organised. Specialist terminology is mostly used effectively. Lacks focus in places.
2	5–8	Some knowledge of one or more psychological explanations for schizophrenia is present. Focus is mainly on description. Any evaluation or use of material is only partly effective. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1–4	Knowledge of one or more psychological explanations for schizophrenia is limited. Evaluation/use of material is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology either absent or inappropriately used.
	0	No relevant content.

Possible content
- Family dysfunction - historical views such as the refrigerator mother and Bateson's double bind.
- Expressed emotion and family systems theory.
- Cognitive approaches - dysfunctional thought processing, impairments in selective attention.
- Frith's ideas on self-monitoring, and his more general approach using deficits in meta representation.
- Slade and Bentall's five factor model.
- Maher's anomalous experience model.

Possible evaluation points
- Limited systematic research evidence on family dysfunction as a cause of schizophrenia though there are a number of relevant case studies.
- The effectiveness of family therapy based on reducing expressed emotion supports a family dysfunction approach.
- Patients with schizophrenia show deficits on theory on mind tasks, suggesting problems with metarepresentation and supporting Frith.

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- Some studies show that CBT can be effective in schizophrenia, supporting an involvement of cognitive factors in the disorder.
- However patients with schizophrenia can show a wide range of cognitive deficits, and there are also a wide variation in cognitive symptoms between patients.
- Use of counter-evidence for genetic and neural factors in schizophrenia.
- Implications of accepting psychological explanations eg assuming family dysfunction as a cause, economic implications.

Credit other relevant material.

Note that students may cover one explanation in more detail or more than one explanation in less detail.

Student response

The cognitive approach explains some symptoms of schizophrenia (Sz) such as hallucinations and delusions. Up to 70% of people with Sz have auditory hallucinations and this is where the imaginary world takes over. One theory that has been proposed to explain these types of symptoms is the 5 factor model. This model proposes that when a Sz patient suffers anxiety they hallucinate more and these hallucinations relieve the anxiety to some extent and become a reinforcement. However, the research into this is contradictory as some findings show hallucinations cause anxiety.

Szasz was an American psychiatrist who proposed the labelling theory for schizophrenia. He said that using terms like 'illness' and 'diagnosis' is simply putting a medical label on mental illness and it is a way of social control. It excludes from society individuals who do not conform to our social/cultural norms. Rosenhan, 1973, in a now famous study, provided an example of how easy it is to receive a label and be 'misdiagnosed' as suffering from schizophrenia. 8 normal patients went to hospital saying they were hearing voices etc. They were kept in hospital for up to 52 days and even normal behaviour like writing in a notebook was interpreted as abnormal. When they were discharged they were given a label of Sz in remission, showing not only how easy it was to be given a misdiagnosis but also how people are stereotyped by the label they are given.

There are also various explanations about Sz and the family, known as family dysfunction theories. Bateson proposed a theory called 'double bind' where a parent might be saying one thing to a child like 'give me a hug', but their face/body language says the opposite. Children experiencing these 'double-binds' can grow up to mistrust and this can lead to paranoid schizophrenics. Another is in a family with high expressed emotion (EE), if the family is emotionally involved too much then a Sz patient returning from hospital is more likely to relapse.

A similar type of family theory of Sz is skewed families. This is where one person is over dominating and the other submissive. Because the children follow the dominant person it affects their development particularly social development. This causes anxiety, and schizophrenia may be a way of handling these family conflicts. The problem with all these types of family theories is they are only based on correlation - it is difficult to find what is the cause and what is the effect. The child could be difficult and this is causing the family problems rather than the other way around.

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Examiner commentary

This is a level 2 response

This response has gone for breadth over depth and there is sound but limited knowledge of a variety of psychological explanations for schizophrenia. The focus is mainly on description with only very limited evaluative points and a brief use of the Rosenhan study. Any evaluation or use of material is only partly effective. The answer lacks coherence and organisation in places. Specialist terminology is mostly used appropriately.

Question

18   Outline **one** irrational belief associated with anorexia nervosa.

[2 marks]

Mark scheme

Marks for this question: AO1 = 2

1 mark for brief outline of one irrational belief **1 further mark** for accurate elaboration

Possible content
* All or nothing thinking ('either I am attractive or ugly').
* Catastrophising ('if I eat this apple I will immediately get fat').
* Unfavourable comparisons with others, leading to negative self-labelling.

Credit other relevant material. Note that personality characteristics such as perfectionism or low self-esteem are not relevant to this question.

Student response

Anorexics do not think logically, their reasoning is flawed and catastrophic and one irrational belief might be if I eat anything containing fat it will make be obese, so one crisp will turn to fat on my stomach.

Examiner commentary

Mark awarded = 2 marks

Catastrophic thinking is appropriately linked to an example and this response would gain both marks.

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Question

19   Suggest **one or more** strategies that might help Nicky to lose weight and to maintain the weight loss.

[4 marks]

Mark scheme

Marks for this question: AO2 = 4

Level	Marks	Description
2	3–4	Knowledge of one or more strategies for losing weight and maintaining weight loss is clear and mostly accurate. The material is applied appropriately. The answer is generally coherent with effective use of terminology.
1	1–2	Some knowledge of one or more strategies for losing weight and maintaining weight loss is evident. Application is not always effective. The answer lacks accuracy and detail. Use of terminology is either absent or inappropriate.
	0	No relevant content.

Possible content
- Cognitive therapy might help especially if it also emphasises the positive rewards of dieting.
- Group-based social and practical support eg joining an organised group such as Weight Watchers.
- Interventions combining group therapy, health advice and exercise have been shown to produce moderate but sustained weight loss.
- Moderating aims (not try to lose a kilogram every week) increases the chances of sustained success.
- Taking an interest in preparing food and organising a varied healthy diet help restrained eaters see dieting as very positive.

Credit other relevant material.

No credit for knowledge of the boundary model and restraint theory.

Student response

Nicky has shown that she can lose weight so when she is at her ideal weight she should reward herself eg with nice clothes that fit her new figure and make her look good. This will make her feel good which is rewarding but also others might then comment on how well she looks and this will please her. This is based on the behaviourists and reinforcement, Nicky is reinforced by the comments of others and her behaviour will continue (healthy eating to keep her weight down).

Another strategy is going to weight watchers as this will give Nicky social support and encouragement.

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Examiner commentary

This is a level 2 response

There is sound knowledge of two strategies for losing weight and maintaining weight loss, although the second is brief (social support/Weight Watchers). The answer is reasonably clear and mostly accurate. The material is applied appropriately. The answer is generally coherent with effective use of terminology although there is scope for further explanation.

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Question

20   Explain **one** strength of the family systems theory of anorexia nervosa.

[2 marks]

Mark scheme

Marks for this question: AO3 = 2

1 mark for brief explanation

Plus

1 further mark for accurate elaboration

Possible content
*   Supporting evidence that families where one or more members have an eating disorder have particular characteristics, such as over-involved, high achieving and controlling parents.
*   Family systems theory can explain particular symptoms, such as failing to eat and weight loss as attempts to exert some personal control and achieve autonomy.
*   Takes account of the fact that AN is a serious and complex disorder of self-perception, and considers the family and social context.

Student response

There is evidence to support Family systems theory for anorexia. For example, Minuchin found families of anorexics were over-protective and enmeshed (which means members of a family are not seen as individuals, but a unit). This evidence is good because a control group was used.

Examiner commentary

Mark awarded = 2 marks

The answer makes a valid point concerning supporting evidence and then gives an appropriate example to elaborate and thus gains both marks.

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23

Question

24   Sadiq has a stressful job, a young family, and a mother who has recently had a fall and been hospitalised. Sadiq visits her whenever he can. Although he feels he is coping with the stress in his life his blood pressure has risen dangerously in the last six months. Sadiq feels that he needs to manage his stress.

From your knowledge of managing and coping with stress, explain how Sadiq could deal with his stress.

[4 marks]

Mark scheme

Marks for this question: AO2 = 4

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

Possible content
• Drugs should be used to in the short term, as drugs work far faster than psychological coping techniques.
• In the longer term psychological therapies such as stress inoculation therapy should be used to help Sadiq understand the sources of stress in his life and how to cope with them more effectively.
• As part of SIT or independently, Sadiq should be encouraged to seek out more emotional and instrumental support from his family and friends, for instance, in looking after his mother.

Credit other relevant material.

Student response

There are both biological and psychological methods that Sadiq could use to help him deal with his stressful situation. It might be better to have a combination, so go to his doctors and get drugs to lower his very high BP eg Better-blockers (biological). These will take effect quite quickly. Sadiq's doctor might also offer him SIT which is a cognitive therapy which makes you think differently about life. Thinking differently according to cognitive therapy leads to different feelings etc.

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Examiner commentary

This is a level 2 response

Knowledge of managing and coping with stress is clear and mostly accurate. The material is applied to Sadiq appropriately. The answer is generally coherent with effective use of terminology (apart from 'better-blockers'!). To be at the top of this level the response would need a little more detail, eg on stress inoculation therapy.

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25

Question

25   Discuss individual differences in responses to stress.

[16 marks]

Mark scheme

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

Possible content
- Type A – competitive, vulnerable to stress-related illness.
- Type B – non-Type A, not vulnerable to stress-related illness.
- Type C – cancer-prone personality (Eysenck).
- Hardiness and its defining characteristics – commitment, challenge, control.
- Individual differences in biological responses to stress eg individual variability in levels of stress hormones produced.

Credit other relevant material, such as locus of control and gender, and Type D ('distressed') personality.

Possible discussion points
- Research evidence supporting the vulnerability of eg Type A to stress-related illness.
- Research evidence not supporting such a relationship.
- Conclusions that Type A is a mix of characteristics, some of which protect against stress related illness.
- Research evidence showing that high levels of hardiness can protect against the negative effects of stress.
- Problems in identifying which components of hardiness are the most important in protecting against stress.
- Gender differences in responses to stress (eg emotion v problem-focused coping).

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- Underlying causes eg source of individual differences.
- Implications of accepting individual differences explanations, eg economic implications.

Credit other relevant material.

Student response

Psychologists have identified 3 personality types known as Type A, B and C. Type A personality types are more likely to experience stress. People with Type A personalities are very competitive, self-critical and focused on achieving goals. When they do achieve their goals they seem not to be satisfied and do not show happiness. They also feel everything has to be done as soon as possible, and life is a constant race against the clock. Type A people are impatient, try to do many things at the same time and set deadlines that are difficult to achieve. Also, Type A people quickly become angry and show hostility to other people.

Type B Personalities are more easy going with lower levels of competitiveness and less time urgency. They tend to be friendlier and have a more positive approach to others. Finally, there is the Type C Personality and evidence seems to link this type to the risk of developing cancer. Type C people tend to be passive and do not complain but comply with things. One of the problems associated with this personality type is they suppress emotions and this may be stressful for the person and lead to illness/depression.

There has been a lot of research into the relationship between Type A behaviour and stress-related illness. Type A people show a stronger response to stress, including increased blood pressure and heart rate which are related to risk for heart disease.
Friedman did an investigation to see whether there is a link between Type A behaviours and coronary heart disease. This was an interview about exercise, diet sleep etc. of 2 groups of men one group identified as Type A and another group Type B. They also had ECG and cholesterol levels checked. The Type A group were 5 times more likely than Type B men to be at risk of developing heart disease. It was concluded that men with Type A behaviour patterns are more at risk of developing heart disease than men with Type B personalities. More recent research has looked at hostility in Type A personality and found hostility and stress reactivity (eg increased blood pressure) to be closely linked.

One of the problems with the research linking Stress to Type A behaviour is that it is only correlation and no cause and effect can be established. Type A personality may be linked to stress which may be linked to illness but the relationship between stressful life events and illness could result from a third variable (eg anxiety).

The study of personality Types and stress is usually measured with an interview where a set of questions are asked about behaviours and emotions to do with competitiveness, impatience and hostility (for Type A). At the same time, the style of interaction of the person with the interviewer is assessed and Type A behaviours identified in this way also. So the interviewer would be assessing interruptions, challenges, signs of impatience and so on from the person. Having two approaches to assess Type A behaviour is a strength since it allows comparison of findings with each approach (both interviews and observed behaviour). The weakness is that it is time-consuming and relies on using highly trained interviewers and then ratings of the behaviours by a number of other people. The structured interview can also be biased by socially desirable responses. This would make any findings less valid.

Examiner commentary

This is a level 3 response

This answer has gone for depth over breadth by concentrating on Type A personality. There is good knowledge of personality types and their link to stress and an outline of some research. There is some discussion but some of the points lack explanation. The answer is largely descriptive and would need further discussion points to gain more marks. The answer is mostly clear and organised. Specialist terminology is mostly used effectively. The answer begins to lose focus towards the end when the criticism is of the measure of personality and not sufficiently linked back to the question.

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Section D – Aggression or Forensic Psychology or Addiction

Question – Forensic Psychology

30   Outline what is meant by geographical profiling in forensic psychology.

[2 marks]

Mark scheme

Marks for this question: AO1 = 2

1 mark for brief outline

Plus

1 further mark for elaboration

Possible content
- The study of spatial behaviour in relation to crime and offenders.
- Focuses on the location of crime as clues to where offenders live, work and socialise.
- Relevant data include the crime scene, local crime statistics, local transport, geographical spread of similar crimes etc.
- Based on the notion of schema theory and mental mapping.

The data can be combined into a model, the jeopardy surface, though explicit reference to this is not necessary for 2 marks.

Student response

Geographical profiling as the name suggests looks at the place where the crime(s) took place. So, for example, if there is a series of murders then they would plot the area and see if there are roads, rail links etc.

Examiner commentary

Mark awarded = 1 mark

There is a brief suggestion that geographical profiling is focused on the location of the crime but the answer lacks sufficient detail/elaboration for both marks.

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Question – Forensic Psychology

33   Discuss ways of measuring crime.

[8 marks]

Mark scheme

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

Possible content
- Official Home Office statistics.
- Victim surveys (CSEW formerly BCS).
- Offender surveys.

Possible discussion points
- No fully acceptable way of defining crime – crime as social construction.
- Official statistics may be selective eg number of crimes or conviction rates?
- Figures may be massaged for political reasons.
- Victim surveys include crimes not officially reported, so are more accurate.
- It would be relevant to discuss reasons for non-reporting of crime eg lack of trust in police, trivial nature of some crime, fear of revenge attacks.
- Offender surveys may be unreliable – over or under reporting; largely ignore white collar crime.

Note that problems in defining crime are not referred to in the question and answers not covering definitions can receive marks across the board. However, as definitions and measurement are necessarily linked, discussion of ways of defining crime can be credited.

Credit other relevant materials.

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Student response

One way of measuring crime is through official statistics. This is a government document that comes out every year which covers all the reported and recorded crime in England. It is then used to help prevent crime and by the police. One problem with this official way of measuring crime is some say it is only the 'tip of iceberg' as there is definitely much more crime than is reported and/or recorded and this is known as the dark figure of crime.

There are other ways of measuring crime such as self ? studies. This would involve asking people if they have committed any crimes, they would be confidential. These types of statistics are collected using scales. The problem with this type of self-report is people might exaggerate to make themselves more important, or lie even if they have committed crime they don't trust to admit it. Also, these self-reports are usually on a limited sample and may not generalise to everyone who may be committing crime. Another way of measuring crime is to do studies on victims of crime such as the one on the Home Office website. This type of measure may give more information on the true scale of crime because some of the victims admit to not having reported eg domestic violence. Victim surveys give information on the areas that crimes are more likely to occur in etc. There are some problems with this type of measure, for example it relies on the accurate memory of a victim. It is also a method that is only relevant for crimes on a person and does not include, eg fraud.

Examiner commentary

This is a level 3 response

There is sound knowledge of different ways of measuring crime. There are occasional inaccuracies/omissions such as 'self-report' at the start of paragraph 2. There is some effective discussion but the points are brief. The answer is mostly clear and organised, although additional paragraphing would be helpful. Specialist terminology mostly used effectively.

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Section A – Issues and debates in Psychology

Question

01 Read the item and then answer the questions that follow.

> Dr Grant and Dr Austin both study people with depression. Dr Grant carries out experimental research to investigate the brain chemistry of people with depression. Dr Austin carries out unstructured interviews with people with depression to find out about their symptoms and various aspects of their lives, including their general behaviour and their relationships.

Referring to the item above, explain what is meant by holism and reductionism.

[4 marks]

Mark scheme

Marks for this question: AO2 = 4

Level	Marks	Description
2	3–4	Knowledge of both holism and reductionism is clear and mostly accurate. Application to the scenario is mostly appropriate. The answer is generally coherent with effective use of psychological terminology.
1	1–2	Some knowledge of holism and/or reductionism is evident. Application to the scenario is not always effective or not presented in psychological terms. The answer lacks accuracy and detail. OR Either holism **or** reductionism explained and applied at Level 2.
	0	No relevant content.

Application
- Holism – focus on the whole system or person
- Reductionism – focus on constituent elements or smaller, simpler aspects
- Dr Grant takes a reductionist approach focusing just on biological mechanism
- Dr Austin takes a more holistic approach focusing on broader experiences and circumstances

Credit other relevant material.

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Student response

Reductionism involves breaking down complex behaviour into simpler components so that it can be understood at a simpler level of explanation. This would link to Dr Grant as a very complex disorder like depression is reduced down to a chemical level.

Holism is the belief that behaviour is best explained by looking at the whole rather than the many parts, and so considers the whole person. Dr Austin takes this approach because all aspects of the individual's life are considered when investigating depression.

Examiner commentary

This is a level 2 response

Knowledge of both holism and reductionism is clear and accurate. Application to the scenario is appropriate. The answer is generally coherent with effective use of psychological terminology.

Question

03   Discuss the nature-nurture debate in psychology. Refer to **at least two** topics you have studied in your answer.

[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 with effective use of topics. The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail and/or expansion of argument sometimes lacking.
3	9–12	Knowledge of the nature-nurture debate is evident. There are occasional inaccuracies. Discussion is apparent and use of topics is mostly effective. The answer is mostly clear and organised. Specialist terminology is mostly used effectively. Lacks focus in places.
2	5–8	Some knowledge of the nature-nurture debate is present. Focus is mainly on description. Any discussion or use of topics is only partly effective. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1–4	Knowledge of the nature-nurture debate is limited. Discussion/use of topics is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology either absent or inappropriately used.
	0	No relevant content.

Possible content
- Debate about the relative importance of heredity and environment in determining behaviour
- Nature side of the debate assumes heredity is more important
- Nurture side of the debate assumes environment and experience is more important
- Nature aspect is rooted in nativist theory that knowledge/abilities are innate
- Nurture rooted in empiricist theory that knowledge derives from learning – Locke's view of the mind as a 'tabula rasa' or blank slate on which experiences are written

Possible discussion points
- Use of evidence to support the influence of nature eg twin studies showing higher concordance for MZ pairs than DZ pairs
- Use of evidence to support the influence of nurture eg studies of social learning
- Need to take an interactionist approach rather than a dichotomous view
- Links with approaches in psychology eg how the biological approach supports the nature side of the debate
- Use of examples from topics to support arguments

Credit other relevant material.

Student response

The nature-nurture debate is concerned with the extent to which behaviour and psychological characteristics are inherited (innate) or acquired from the environment. Those on the nurture side of the debate would say much of our behaviour is a product of our environment and experiences whilst those on the nature side would argue that behaviour is mainly influenced by biology and genetics.

The nurture view is an empiricist view which is the extreme view that all human behaviour is due to environmental influences. The nature view is based on Nativism – that all behaviour is due to genes being passed down the generations/heredity. Many psychologists today do not take either extreme position and do not think it is 'either/or' but believe that the answer lies on the continuum between nature and nurture and that both are necessary to explain human behaviour. So the question then becomes to what extent does nature and nurture contribute to a particular behaviour/state? To answer this question I am going to look at two topics (schizophrenia and PKU) and show that there is evidence for both nature and nurture. The answer will finally consider the interactionist position.

The genetic explanation for Schizophrenia (Sz) looks at why you are more likely to develop Sz if a member of your family has it. Gotesman and Shields did an analysis of studies and found that if you have a brother or sister with schizophrenia then there is a 10% chance that you too will have it, whereas if both parents have Sz then there is a 46% chance that the child will develop it. This is compared to 1% probability of developing Sz in the normal population. This is used as evidence that nature/genes influence Sz but, although such family studies confirm that Sz is more likely if you have a family member with it, it does not show whether this is due to the environment (nurture) or genes (nature). After all, family members share both genes and environment. Studies of identical twins have shown that in MZ twins there is nearly 50% concordance for Sz and as they share identical genes this is used for evidence of the influence of nature. However, others have pointed to the more similar shared environments of twins who are brought up at the same time and treated in a very similar way and some people argue that the environment (nurture) might also explain part of the high concordance for Sz among MZ twins. Such concordance studies are

therefore not clear cut and show It could be both nature and nurture that lead to the development of schizophrenia.

It might be a better way to understand human behaviour to study how both nature and nurture interact. A good example to illustrate how nature and nurture interact is in the genetic disorder PKU. Very occasionally babies are born unable to process dairy products. If they have milk a substance builds up that causes severe learning difficulties. PKU is due to an inherited gene and therefore is 'nature'. However, all babies are now tested for PKU soon after birth with a heel prick and then placed on a special diet. This intervention (nurture) allows the babies to develop normally and this shows the important interaction between nature and nurture.

Examiner commentary

This is a level 4 response

Knowledge of the nature-nurture debate is accurate and generally well detailed. Discussion is thorough with effective use of the topics schizophrenia and PKU. The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail and/or expansion of argument is sometimes lacking, particularly with the second example – PKU.

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Section B – Relationships or Gender or Cognition and development

Question – Relationships

05   Maria has lots of friends on Facebook and spends most of her time in her bedroom chatting on internet sites.

Explain how Maria's self-disclosure during her use of social media might differ from her self-disclosure in face-to-face encounters.

[4 marks]

Mark scheme

Marks for this question: AO2 = 4

Level	Marks	Description
2	3–4	Knowledge of the effect on self-disclosure when using social media is clear and mostly accurate. The material is applied appropriately. The answer is generally coherent with effective use of terminology.
1	1–2	Some knowledge of the effect on self-disclosure when using social media is evident. Application is not always effective. The answer lacks accuracy and detail. Use of terminology is either absent or inappropriate.
	0	No relevant content.

Possible applications
- Maria's self-disclosure will be less inhibited than in face-to-face interaction – she may disclose more personal information to people who are strangers eg where she lives – she may disclose information sooner in the relationship than she would normally
- She will not apply the usual gating mechanisms that apply to face-to-face encounters
- She will not employ the normal distancing with which face-to-face interactions are regulated

Credit other relevant application.

Student response

Maria is living in a virtual world and this can lead to problems particularly in her social life because she is spending all her time in the bedroom rather than out with friends. She might be exaggerating parts of her life so that people think she is busy and confident when really she is very shy – or why would she be alone in her bedroom all the time? I think Maria should go out and make real friends before she gets too old.

Examiner commentary

This is a level 0 response:

Although there is quite a lot of material in this answer relating to Maria, it is all anecdotal and there is no reference to key psychological terms such as 'self–disclosure' as required in the question.

Question – Relationships

07   Outline and evaluate the social exchange theory of relationships.

[8 marks]

Mark scheme

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

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

Possible content
- An economic theory of relationships that considers how parties exchange rewards and costs
- Assumes that we are attracted to those who offer rewards (fun, attention, esteem etc)
- And put off a relationship perceived to involve great costs (time, emotional strain etc)
- Relationships that are mutually beneficial will succeed

Possible evaluation points
- Use of evidence to support or contradict social exchange theory
- Assumes we make rational and calculating decisions about whether or not to pursue relationships
- Different people perceive rewards and costs differently so theory can account for individual differences in attraction
- Explains maintenance better than initial attraction because costs become more significant as the relationship goes on
- Comparison with Rusbult's extension to the theory
- Cultural bias – more suited to individualist culture than to collectivist cultures

Credit other relevant information.

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Student response

Social Exchange Theory (SET) is an economic theory of relationships. A relationship is judged on the rewards and costs. So, if the rewards outweigh the costs then we stay in a relationship but if the costs are too high the relationship will break down. Rewards differ from person to person but might be financial or social support, for example. The costs might be the effort that has to be put into the relationship or any stress it is causing etc.

One way to measure the profit in a relationship ie the rewards minus the costs, is by a comparison level. This means the amount of reward you think you are worthy of. This differs between people and their previous experiences with all sorts of relationships. People with low self-esteem might stay in a relationship which seems to be offering very little reward and a high cost. There is also the comparison with alternatives – would we be better off out of this relationship (on our own or with someone else), or is this the best alternative we have? If the costs of our current relationship outweigh the rewards and there are more satisfying alternatives then a relationship is likely to break down, according to SET.

One of the problems with this theory is that the concepts proposed are difficult to investigate and measure. For example, a reward might be considered money – but many people are less interested in this (which might be measurable) than other psychological gains from a relationship such as closeness, honesty and shared interests. Because these are difficult to define and measure it makes the theory difficult to research in the real world.

Many researchers are unhappy with the focus on the rewards/profits and economic nature of the Social Exchange Theory. They argue that in romantic relationships there is no adding up of rewards, although this might be the case with work and social friendships. It is thought that the analogy with the economy is incorrect for more personal relationships.

An important finding of Argyle and others is that in romantic relationships rewards and costs are not weighed up until we become dissatisfied. We would not even look at whether other relationships might be more rewarding if we are satisfied with the current one. So there is a problem here with cause and effect – SET would suggest that we weigh up the rewards and costs of a relationship and this can lead to a breakdown, whilst others argue when our relationship starts to breakdown (ie when we become dissatisfied with it) only then do we look at the rewards and costs. This questions the validity of social exchange theory as a theory of relationships.

Examiner commentary

This is a level 4 response

There is a clear and accurate outline of social exchange theory with sufficient detail. The discussion is clear and the point about cause and effect well explained. The answer is clear, coherent and focused. Specialist terminology is used effectively.

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Question – Gender

09   Patrick works as a head baker in a bakery. As part of a work appraisal he has just completed the Bem Sex Role Inventory. His score shows that he is highly androgynous.

Explain how Patrick's high level of androgyny might be demonstrated in his behaviour at work.

[4 marks]

Mark scheme

Marks for this question: AO2 = 4

Level	Marks	Description
2	3–4	Knowledge of the effect of having a high level of androgyny on Patrick's workplace behaviour is clear and mostly accurate. The material is applied appropriately. The answer is generally coherent with effective use of terminology.
1	1–2	Some knowledge of the effect having a high level of androgyny on Patrick's workplace behaviour is evident. Application is not always effective. The answer lacks accuracy and detail. Use of terminology is either absent or inappropriate.
	0	No relevant content.

Possible applications
- Patrick will enjoy a laugh and a joke with the other men in the workplace and will also join in with more sensitive/intimate discussions
- Patrick will be firm/authoritative with people in his team and also be sensitive/empathic when someone is unwell or stressed
- Patrick will engage in the heavy work like lifting sacks of flour and will also enjoy the more delicate tasks such as cake decorating and intricate pastry work

Credit other relevant application.

Student response

Patrick's high androgyny levels means he has both masculine and feminine traits. At work in the bakery he would be able to be empathetic to the other workers showing time and understanding of their problems. He would also be aggressive at times (a more male trait).

Examiner commentary

This is a level 1 response

This is a brief response but there is some appropriate knowledge of the effect of having a high level of androgyny on Patrick's workplace behaviour. The application just lacks sufficient detail and needs further expansion, for example in how the more aggressive behaviour might manifest. There is some appropriate use of specialist terminology.

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Question – Gender

11   Outline and evaluate Freud's explanation of gender development.

[8 marks]

Mark scheme

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

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

Possible content:
- Gender development occurs in the Phallic stage (age 4/5 years) through resolution of either the Oedipus or Electra complex
- Child identifies with the same-sex parent (identification with the aggressor)
- Child internalises and adopts the gender-related behaviours and attitudes of the same sex-parent

Possible evaluation points:
- Use of evidence to contradict/support Freud's explanation eg evidence to show that children from 'atypical' households do not have sex-role identification problems
- Evidence to show that children show gender-typical behaviours before the age of 4/5
- Problems with any evidence that supports Freud's theory eg Little Hans
- Understanding of gender continues to develop after the age of 4/5
- Lack of testability – related concepts (eg Oedipus complex) are unconscious therefore not falsifiable

Credit other relevant information.

Student response

Freud's explanation for gender development is related to his theory of psychosexual development. Gender develops in the third Stage which is known as the phallic stage aged about 4-5 years.

During this stage there is a major conflict to overcome – for boys the Oedipus conflict, and for girls the Electra conflict. Boys have sexual desires for mother, and see father as a rival. Boys fear punishment from father, in particular castration, and this fear of castration makes the boy anxious so he begins to identify with his father. It is this process of identification that gender develops because the boy becomes as much like the father as possible by imitating the father's gender etc.

At the same time, girls realize that they don't have penises, so they develop penis envy. This leads the girl to turn away from her mother and become attracted to her father, as he does have a penis. But then girls turn back to their mother and identify with them which includes taking on the mother's gender role behaviours etc.

Examiner commentary

This is a level 2 response

There is a reasonable outline of Freud's explanation of gender development, with reference to the stage, conflict and identification. The focus of the material is on description however and there is no evaluation evident. This restricts the marks that can be awarded for this response even though the answer is clear and accurate and has good us of specialist terminology.

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Question – Cognition and development

12   Katie is three years old and likes to play with her toy medical kit. Her mother plays with her. Katie's mother helps Katie to bandage her doll's leg and talks through the different stages if she is struggling.

Referring to Katie and her mother, explain what is involved in scaffolding.

[4 marks]

Mark scheme

Marks for this question: AO2 = 4

Level	Marks	Description
2	3–4	Knowledge of the scaffolding in relation to cognitive development is clear and mostly accurate. The material is applied appropriately. The answer is generally coherent with effective use of terminology.
1	1–2	Some knowledge of scaffolding in relation to cognitive development is evident. Application is not always effective. The answer lacks accuracy and detail. Use of terminology is either absent or inappropriate.
	0	No relevant content.

Possible applications
- Scaffolding acts as a support structure or framework for Katie's learning about medical procedure
- Mother playing with Katie maintains interest and participation
- Mother shows Katie how to use a bandage – demonstration
- Talking when Katie is struggling controls the child's frustration
- By talking, Katie is encouraged to do more and more of the process alone – verbal support/prompt/encouragement
- Eventually Katie will be able to do this alone without any support from her mother – independence

Credit other relevant information.

Student response

Parents often help children develop skills by interacting and through play and this is known as scaffolding. There are a number of steps where the adult will be less and less involved. First of all Kate's mother would demonstrate and show Kate how to bandage. Then she might simply instruct her and this would become less and less until she is just giving the occasional word. Through this help Kate will eventually be able to do these things on her own.

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Examiner commentary

This is a level 2 response

Knowledge of scaffolding in relation to cognitive development is reasonably clear and accurate. The material is applied appropriately. The answer is fairly coherent with some use of specialist terminology, although it does lack a little clarity in parts.

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Question – Cognition and development

15   Outline and evaluate Piaget's research into object permanence.

[8 marks]

Mark scheme

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

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

Possible content
- Object permanence (object concept) is the understanding that an object still exists even when out of sight
- Piaget's study involved a child playing with a toy which was then covered in a blanket/cloth
- Children under 8 months would not continue to search for the toy
- Children over 8 months would continue to search for the toy
- In variations on the original research, the toy would be hidden in place A or place B – children show the A not B error

Possible evaluation points
- Piaget may have underestimated children's cognitive ability in relation to object permanence
- Object permanence tasks lack human sense – response may be a reaction to the deliberate removal of the toy
- Possible confusion of lack of performance with lack of understanding - failure to search does not necessarily mean child did not understand that the toy still existed
- Counter-evidence shows that children do continue to search if object is made to disappear in more subtle ways eg Bower and Wishart
- Contrast with infants' performance in violation of expectation studies

Credit other relevant information.

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Student response

Object permanence is the understanding that objects exist even when they are no longer visible and according to Piaget this develops in the sensory motor stage from 0-2 years.

Piaget observed the behaviour of infants who were looking at an object when it was removed from their sight. (eg a toy is placed behind a screen). Until about 8 months, children would immediately switch their attention away from the object once it was out of sight. From about 8 months onwards the infant would actively look for the object. Piaget concluded that before the age of 8 months children did not have object permanence.

Piaget also noticed that when children get used to looking behind a particular screen for a hidden object, they will continue to look behind the same screen even when they have seen the experimenter hide the object elsewhere.

Some people suggest that Piaget underestimated the infant's ability on object permanence and that the problem was with the task Piaget did which confused children. Bower carried out an experiment that seemed to show babies with object permanence much younger than Piaget suggested. Bower presented 4 to 8-month old infants with an object which moved from right to left behind a screen before reappearing. Bower observed the direction of the infant's gaze when the object disappeared behind the screen, and found that the infants continued to look for the invisible object. This suggests infants develop object permanence earlier than Piaget proposed.

Examiner commentary

This is a 3 level response

The outline of Piaget's research into object permanence is accurate and generally well detailed. There is some effective evaluation, although this is limited to the one piece of contradictory research. The answer is mostly clear and organised. Specialist terminology is generally used effectively.

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Section C – Schizophrenia

Question

16.3   Explain **one** advantage of cognitive behaviour therapy in the treatment of schizophrenia.

[2 marks]

Mark scheme

Marks for this question: AO3 = 2

1 mark for brief explanation of advantage

Plus

1 further mark for accurate elaboration

Possible content
- Allows patient to take some responsibility for own treatment
- Enhances effectiveness in other areas of life
- Research supports its effectiveness alongside drug therapy
- Effectiveness can be long term/ongoing

Credit other relevant advantages.

Student response

Cognitive behaviour therapy teaches the individual how to use coping strategies to reduce the psychotic symptoms and this means patients with schizophrenia can reduce some of their medication.

Examiner commentary

Mark awarded = 1 mark

There is a brief advantage associated with CBT explained in this response (reduction in drug use) but it is not fully developed eg perhaps the reduction in medication might lead to fewer side effects.

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Question

17   Outline and evaluate **one or more** psychological 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 psychological explanations for schizophrenia is accurate and generally well detailed. Evaluation is thorough with effective use of material. The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail and/or expansion of argument sometimes lacking.
3	9–12	Knowledge of one or more psychological explanations for schizophrenia is evident. There are occasional inaccuracies. Evaluation is apparent and use of material is mostly effective. The answer is mostly clear and organised. Specialist terminology is mostly used effectively. Lacks focus in places.
2	5–8	Some knowledge of one or more psychological explanations for schizophrenia is present. Focus is mainly on description. Any evaluation or use of material is only partly effective. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1–4	Knowledge of one or more psychological explanations for schizophrenia is limited. Evaluation/use of material is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology either absent or inappropriately used.
	0	No relevant content.

Possible content
* Family dysfunction - historical views such as the refrigerator mother and Bateson's double bind
* Expressed emotion and family systems theory
* Cognitive approaches - dysfunctional thought processing, impairments in selective attention.
* Frith's ideas on self-monitoring, and his more general approach using deficits in meta representation
* Slade and Bentall's five factor model
* Maher's anomalous experience model

Possible evaluation points
* Limited systematic research evidence on family dysfunction as a cause of schizophrenia though there are a number of relevant case studies
* The effectiveness of family therapy based on reducing expressed emotion supports a family dysfunction approach
* Patients with schizophrenia show deficits on theory on mind tasks, suggesting problems with metarepresentation and supporting Frith

- Some studies show that CBT can be effective in schizophrenia, supporting an involvement of cognitive factors in the disorder
- However patients with schizophrenia can show a wide range of cognitive deficits, and there are also a wide variation in cognitive symptoms between patients
- Use of counterevidence for genetic and neural factors in schizophrenia
- Implications of accepting psychological explanations eg assuming family dysfunction as a cause, economic implications

Credit other relevant material.

Note that students may cover one explanation in more detail or more than one explanation in less detail.

Student response

The cognitive approach explains some symptoms of schizophrenia (Sz) such as hallucinations and delusions. Up to 70% of people with Sz have auditory hallucinations and this is where the imaginary world takes over. One theory that has been proposed to explain these types of symptoms is the 5 factor model. This model proposes that when a Sz patient suffers anxiety they hallucinate more and these hallucinations relieve the anxiety to some extent and become a reinforcement. However, the research into this is contradictory as some findings show hallucinations cause anxiety.

Szasz was an American psychiatrist who proposed the labelling theory for schizophrenia. He said that using terms like 'illness' and 'diagnosis' is simply putting a medical label on mental illness and it is a way of social control. It excludes from society individuals who do not conform to our social/cultural norms. Rosenhan, 1973, in a now famous study, provided an example of how easy it is to receive a label and be 'misdiagnosed' as suffering from schizophrenia. 8 normal patients went to hospital saying they were hearing voices etc. They were kept in hospital for up to 52 days and even normal behaviour like writing in a notebook was interpreted as abnormal. When they were discharged they were given a label of Sz in remission, showing not only how easy it was to be given a misdiagnosis but also how people are stereotyped by the label they are given.

There are also various explanations about Sz and the family, known as family dysfunction theories. Bateson proposed a theory called 'double bind' where a parent might be saying one thing to a child like 'give me a hug', but their face/body language says the opposite. Children experiencing these 'double-binds' can grow up to mistrust and this can lead to paranoid schizophrenics. Another is in a family with high expressed emotion (EE), if the family is emotionally involved too much then a Sz patient returning from hospital is more likely to relapse.

A similar type of family theory of Sz is skewed families. This is where one person is over dominating and the other submissive. Because the children follow the dominant person it affects their development particularly social development. This causes anxiety, and schizophrenia may be a way of handling these family conflicts. The problem with all these types of family theories is they are only based on correlation - it is difficult to find what is the cause and what is the effect. The child could be difficult and this is causing the family problems rather than the other way around.

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Examiner commentary

This is a level 2 response

This response has gone for breadth over depth and there is sound but limited knowledge of a variety of psychological explanations for schizophrenia. The focus is mainly on description with only very limited evaluative points and a brief use of the Rosenhan study. Any evaluation or use of material is only partly effective. The answer lacks coherence and organisation in places. Specialist terminology is mostly used appropriately.

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Question

18   Outline **one** irrational belief associated with anorexia nervosa.

[2 marks]

Mark scheme

Marks for this question: AO1 = 2

1 mark for brief outline of one irrational belief **1 further mark** for accurate elaboration

Possible content
* All or nothing thinking ('either I am attractive or ugly')
* Catastrophising ('if I eat this apple I will immediately get fat')
* Unfavourable comparisons with others, leading to negative self-labelling

Credit other relevant material. Note that personality characteristics such as perfectionism or low self-esteem are not relevant to this question.

Student response

Anorexics do not think logically, their reasoning is flawed and catastrophic and one irrational belief might be if I eat anything containing fat it will make be obese, so one crisp will turn to fat on my stomach.

Examiner commentary

Mark awarded = 2 marks

Catastrophic thinking is appropriately linked to an example and this response would gain both marks.

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Question

19   Suggest **one or more** strategies that might help Nicky to lose weight and to maintain the weight loss.

[4 marks]

Mark scheme

Marks for this question: AO2 = 4

Level	Marks	Description
2	3–4	Knowledge of one or more strategies for losing weight and maintaining weight loss is clear and mostly accurate. The material is applied appropriately. The answer is generally coherent with effective use of terminology.
1	1–2	Some knowledge of one or more strategies for losing weight and maintaining weight loss is evident. Application is not always effective. The answer lacks accuracy and detail. Use of terminology is either absent or inappropriate.
	0	No relevant content.

Possible content
- Cognitive therapy might help especially if it also emphasises the positive rewards of dieting
- Group-based social and practical support eg joining an organised group such as Weight Watchers
- Interventions combining group therapy, health advice and exercise have been shown to produce moderate but sustained weight loss
- Moderating aims (not try to lose a kilogram every week) increases the chances of sustained success
- Taking an interest in preparing food and organising a varied healthy diet help restrained eaters see dieting as very positive

Credit other relevant material.

No credit for knowledge of the boundary model and restraint theory.

Student response

Nicky has shown that she can lose weight so when she is at her ideal weight she should reward herself eg with nice clothes that fit her new figure and make her look good. This will make her feel good which is rewarding but also others might then comment on how well she looks and this will please her. This is based on the behaviourists and reinforcement, Nicky is reinforced by the comments of others and her behaviour will continue (healthy eating to keep her weight down).

Another strategy is going to weight watchers as this will give Nicky social support and encouragement.

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Examiner commentary

This is a level 2 response

There is sound knowledge of two strategies for losing weight and maintaining weight loss, although the second is brief (social support/Weight Watchers). The answer is reasonably clear and mostly accurate. The material is applied appropriately. The answer is generally coherent with effective use of terminology although there is scope for further explanation.

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Question

20   Explain **one** strength of the family systems theory of anorexia nervosa.

[2 marks]

Mark scheme

Marks for this question: AO3 = 2

1 mark for brief explanation

Plus

1 further mark for accurate elaboration

Possible content
- Supporting evidence that families where one or more members have an eating disorder have particular characteristics, such as over-involved, high achieving and controlling parents
- Family systems theory can explain particular symptoms, such as failing to eat and weight loss as attempts to exert some personal control and achieve autonomy
- Takes account of the fact that AN is a serious and complex disorder of self-perception, and considers the family and social context.

Student response

There is evidence to support Family systems theory for anorexia. For example, Minuchin found families of anorexics were over-protective and enmeshed (which means members of a family are not seen as individuals, but a unit). This evidence is good because a control group was used.

Examiner commentary

Mark awarded = 2 marks

The answer makes a valid point concerning supporting evidence and then gives an appropriate example to elaborate and thus gains both marks.

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Question

24   Sadiq has a stressful job, a young family, and a mother who has recently had a fall and been hospitalised. Sadiq visits her whenever he can. Although he feels he is coping with the stress in his life his blood pressure has risen dangerously in the last six months. Sadiq feels that he needs to manage his stress.

From your knowledge of managing and coping with stress, explain how Sadiq could deal with his stress.

[4 marks]

Mark scheme

Marks for this question: AO2 = 4

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

Possible content
- Drugs should be used to in the short term, as drugs work far faster than psychological coping techniques
- In the longer term psychological therapies such as stress inoculation therapy should be used to help Sadiq understand the sources of stress in his life and how to cope with them more effectively
- As part of SIT or independently, Sadiq should be encouraged to seek out more emotional and instrumental support from his family and friends, for instance, in looking after his mother.

Credit other relevant material.

Student response

There are both biological and psychological methods that Sadiq could use to help him deal with his stressful situation. It might be better to have a combination, so go to his doctors and get drugs to lower his very high BP eg Better-blockers (biological). These will take effect quite quickly. Sadiq's doctor might also offer him SIT which is a cognitive therapy which makes you think differently about life. Thinking differently according to cognitive therapy leads to different feelings etc.

Examiner commentary

This is a level 2 response

Knowledge of managing and coping with stress is clear and mostly accurate. The material is applied to Sadiq appropriately. The answer is generally coherent with effective use of terminology (apart from 'better-blockers'!). To be at the top of this level the response would need a little more detail, eg on stress inoculation therapy.

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Question

25   Discuss individual differences in responses to stress.

[16 marks]

Mark scheme

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

Possible content
- Type A – competitive, vulnerable to stress-related illness
- Type B – non-Type A, not vulnerable to stress-related illness
- Type C – cancer-prone personality (Eysenck)
- Hardiness and its defining characteristics – commitment, challenge, control
- Individual differences in biological responses to stress eg individual variability in levels of stress hormones produced.

Credit other relevant material, such as locus of control and gender, and Type D ('distressed') personality.

Possible discussion points
- Research evidence supporting the vulnerability of eg Type A to stress-related illness
- Research evidence not supporting such a relationship
- Conclusions that Type A is a mix of characteristics, some of which protect against stress related illness
- Research evidence showing that high levels of hardiness can protect against the negative effects of stress
- Problems in identifying which components of hardiness are the most important in protecting against stress
- Gender differences in responses to stress (eg emotion v problem-focused coping)

- Underlying causes eg source of individual differences.
- Implications of accepting individual differences explanations, eg economic implications.

Credit other relevant material.

Student response

Psychologists have identified 3 personality types known as Type A, B and C. Type A personality types are more likely to experience stress. People with Type A personalities are very competitive, self-critical and focused on achieving goals. When they do achieve their goals they seem not to be satisfied and do not show happiness. They also feel everything has to be done as soon as possible, and life is a constant race against the clock. Type A people are impatient, try to do many things at the same time and set deadlines that are difficult to achieve. Also, Type A people quickly become angry and show hostility to other people.

Type B Personalities are more easy going with lower levels of competitiveness and less time urgency. They tend to be friendlier and have a more positive approach to others. Finally, there is the Type C Personality and evidence seems to link this type to the risk of developing cancer. Type C people tend to be passive and do not complain but comply with things. One of the problems associated with this personality type is they suppress emotions and this may be stressful for the person and lead to illness/depression.

There has been a lot of research into the relationship between Type A behaviour and stress-related illness. Type A people show a stronger response to stress, including increased blood pressure and heart rate which are related to risk for heart disease.
Friedman did an investigation to see whether there is a link between Type A behaviours and coronary heart disease. This was an interview about exercise, diet sleep etc. of 2 groups of men one group identified as Type A and another group Type B. They also had ECG and cholesterol levels checked. The Type A group were 5 times more likely than Type B men to be at risk of developing heart disease. It was concluded that men with Type A behaviour patterns are more at risk of developing heart disease than men with Type B personalities. More recent research has looked at hostility in Type A personality and found hostility and stress reactivity (eg increased blood pressure) to be closely linked.

One of the problems with the research linking Stress to Type A behaviour is that it is only correlation and no cause and effect can be established. Type A personality may be linked to stress which may be linked to illness but the relationship between stressful life events and illness could result from a third variable (eg anxiety).

The study of personality Types and stress is usually measured with an interview where a set of questions are asked about behaviours and emotions to do with competitiveness, impatience and hostility (for Type A). At the same time, the style of interaction of the person with the interviewer is assessed and Type A behaviours identified in this way also. So the interviewer would be assessing interruptions, challenges, signs of impatience and so on from the person. Having two approaches to assess Type A behaviour is a strength since it allows comparison of findings with each approach (both interviews and observed behaviour). The weakness is that it is time-consuming and relies on using highly trained interviewers and then ratings of the behaviours by a number of other people. The structured interview can also be biased by socially desirable responses. This would make any findings less valid.

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Examiner commentary

This is a level 3 response

This answer has gone for depth over breadth by concentrating on Type A personality. There is good knowledge of personality types and their link to stress and an outline of some research. There is some discussion but some of the points lack explanation. The answer is largely descriptive and would need further discussion points to gain more marks. The answer is mostly clear and organised. Specialist terminology is mostly used effectively. The answer begins to lose focus towards the end when the criticism is of the measure of personality and not sufficiently linked back to the question.

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Section D – Aggression or Forensic Psychology or Addiction

Question – Forensic Psychology

30   Outline what is meant by geographical profiling in forensic psychology.

[2 marks]

Mark scheme

Marks for this question: AO1 = 2

1 mark for brief outline

Plus

1 further mark for elaboration

Possible content
- The study of spatial behaviour in relation to crime and offenders.
- Focuses on the location of crime as clues to where offenders live, work and socialise.
- Relevant data include the crime scene, local crime statistics, local transport, geographical spread of similar crimes etc.
- Based on the notion of schema theory and mental mapping

The data can be combined into a model, the jeopardy surface, though explicit reference to this is not necessary for 2 marks.

Student response

Geographical profiling as the name suggests looks at the place where the crime(s) took place. So, for example, if there is a series of murders then they would plot the area and see if there are roads, rail links etc.

Examiner commentary

Mark awarded = 1 mark

There is a brief suggestion that geographical profiling is focused on the location of the crime but the answer lacks sufficient detail/elaboration for both marks.

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