A-level
PSYCHOLOGY
7182/1

PAPER 1

Mark scheme

Specimen Material Second Set

Final

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

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

Further copies of this mark scheme are available from aqa.org.uk

Level of response marking instructions

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

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

Step 1 Determine a level

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

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

Step 2 Determine a mark

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

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

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

An answer which does not contain anything of relevance to the question must be awarded no marks.

Examiners are required to assign each of the students' responses to the most appropriate level according to **its overall quality**, then allocate a single mark within the level. When deciding upon a mark in a level examiners should bear in mind the relative weightings of the assessment objectives (included for each question and summarised on page 18) and be careful not to over/under credit a particular skill. For example, in question 11 more weight should be given to AO3 than to AO1. This will be exemplified and reinforced as part of examiner training and standardisation.

Section A

Social influence

01	Outline **two** explanations for obedience.
	[6 marks]

Marks for this question: AO1 = 6

Level	Marks	Description
3	5–6	Knowledge of two explanations of obedience is clear and accurate. The answer is clear and coherent. Specialist terminology is used effectively.
2	3–4	Some knowledge of two explanations of obedience but there may be some detail missing/lack of clarity. There is some appropriate use of specialist terminology.
1	1–2	Some knowledge of an explanation of obedience is evident but lacks clarity/detail/links to obedience. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible explanations:
- Authoritarian personality: a collection of traits/dispositions developed from strict/rigid parenting; examples of traits – conformist /conventional/dogmatic; obedient/servile towards people of perceived higher status
- Legitimacy of authority: of context/setting; genuineness/status of authority figure.
- Agentic shift/state: person 'unthinkingly' carries out orders; diffusion of responsibility.
- Accept other possible explanations: eg 'foot in the door'/gradual commitment; credit situational 'factors' that affect obedience if these are presented as explanations.
- Accept details of Milgram`s original study/variation/other obedience research as elaboration/illustration of the explanation.

02	Briefly evaluate **one** of the explanations that you have outlined in your answer to **question 01**.
	[3 marks]

Marks for this question AO3 = 3

3 marks for brief evaluation of one of the explanations presented in 01. Full marks may be awarded for a single point fully elaborated or for a number of points briefly stated. Content will depend on the explanation chosen.
Possible content:
- Use of evidence/analysis of evidence to illustrate the validity of the explanation
- Methodological evaluation of evidence (if used as commentary to assess the strength, or otherwise, of the explanation)
- Strengths and/or limitations of the explanation
- Comparison with alternatives.

03	Use your knowledge of conformity **and** minority influence to explain the factors that will determine how successful the small group of students will be.

[7 marks]

Marks for this question AO2 = 7

Level	Marks	Description
4	6–7	Knowledge of conformity **and** minority influence research/concepts is clear and generally well detailed. Application to the situation described is clear and effective. The answer is coherent with appropriate use of terminology.
3	4–5	Knowledge of conformity **and** minority influence research/concepts is evident. There is some effective application to the situation described. The answer is mostly clear and organised but may lack clarity in places. Specialist terminology mostly used effectively.
2	2–3	Knowledge of conformity and/or minority influence research/concepts is limited. Application to the situation described may lack clarity or be inappropriate. The answer may lack accuracy and organisation. Specialist terminology used inappropriately on occasions.
1	1	The answer constitutes little more than a 'list' of concepts related to conformity and/or minority influence. There is no attempted application.
	0	No relevant content.

Possible content:
- Factors affecting minority influence: the student body are more likely to be convinced if the group of students are consistent, committed and show flexibility in their views
- Credit examples of how the students might demonstrate this.
- Credit application of explanations of minority influence: eg social cryptoamnesia; the snowball effect; social impact theory.
- Application of variables affecting conformity, including group size (the campaigning group is 'small', the student body is the majority); unanimity (there may be other students who agree with the small group); etc.
- Credit application of explanations of conformity: eg explanations of how views may change through informational social influence/internalisation.

04	Outline the procedures **and** findings of Zimbardo`s research into conformity to social roles. **[4 marks]**

Marks for this question AO1 = 4

Level	Marks	Description
2	3–4	Knowledge of the procedures **and** findings of Zimbardo`s research into conformity to social roles is clear and mostly accurate.
1	1–2	Knowledge of procedures and findings are both incomplete/partly accurate. For 1 mark there may be some detail of procedures but no findings or vice versa.
	0	No relevant content.

Content:
- Procedure: details of the sample, the basic set-up, how participants were recruited, processes used to deindividuate/establish roles, etc.
- Findings: increased passivity of the `prisoners` in the face of increased brutality of the `guards`; study abandoned after 5 days; pathological reactions of the prisoners, etc.

Credit other relevant information.

05	Briefly discuss **two** criticisms of Zimbardo`s research into conformity to social roles. **[4 marks]**

Marks for this question: AO3 = 4

Level	Marks	Description
2	3–4	Discussion of two criticisms is clear and coherent. Some detail/expansion may be lacking for 3 marks.
1	1–2	Two criticisms may be present but briefly stated/identified only. Alternatively, one criticism only may be presented.
	0	No relevant content.

Possible criticisms and discussion:
- Ethical issues: lack of informed consent, whether or not the consent gained was sufficiently informed; deception; lack of protection from psychological harm – whether or not the distress should have been anticipated
- Zimbardo playing a 'dual-role'. Zimbardo's own behaviour affected the way in which events unfolded, thus the validity of the findings could be questioned
- Methodological issues: sample bias; demand characteristics/lack of internal validity; lack of ecological validity/mundane realism and their implications for the findings
- Accept positive points if justified: led to reform of real prisons; valuable insight into human nature, etc.
- Note that a discussion of two ethical issues/criticisms could gain full marks.

Section B

Memory

06	Complete the missing parts of the table, **A**, **B**, **C** and **D**, in relation to features of the multi-store model of memory.
	[4 marks]

Marks for this question: AO1 = 4

A = Unlimited
B = 18–30 seconds
C = Acoustic/phonetic/sound-based
D = Semantic

07	With reference to features of the working memory model, explain the different experiences of Bryan and Bob.
	[4 marks]

Marks for this question: AO2 = 4

Level	Marks	Description
2	3–4	Knowledge of relevant features of the working memory model is clear and accurate. The application of these to the scenario is effective. At the top of the band there must be reference to both characters in the stem. Specialist terminology is used effectively.
1	1–2	Knowledge of relevant features of the working memory model lacks clarity/accuracy/detail. Application may be limited or absent. Specialist terminology is not always used effectively.
	0	No relevant content.

Possible content:
- Reference to attentional capacity/capacity of the central executive – because driving is an 'automated' task for Bryan, it makes fewer attentional demands on his central executive so he is free to perform other tasks (such as talking or listening to music); this is not the case for Bob who requires all of his attentional capacity for driving.
- Credit reference to Bob's inability to dual-task and to divide resources effectively between components of working memory.
- Credit the idea that Bryan is able to divide resources between his visuo-spatial scratch/sketch pad (driving) and articulatory control process/articulatory/phonological loop/primary acoustic store (talking and listening to music) and thus to dual-task.

Accept other valid applications of the model.

08	Discuss research into **two or more** factors that affect the reliability of eyewitness testimony. Refer to the information above in your answer.

[16 marks]

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

Level	Marks	Description
4	13-–16	Knowledge of research into two or more factors is accurate and generally well detailed. Discussion is thorough and effective. Application to the stem is appropriate and links between factors and stem content are explained. 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 research into two or more factors is evident. Discussion is apparent and mostly effective. There are occasional inaccuracies. Application to the stem is appropriate although links to the factors are not always well explained. The answer is mostly clear and organised. Specialist terminology mostly used effectively. Lacks focus in places.
2	5–8	Knowledge of research into at least two factors is present but is vague/inaccurate **or** research into one factor only is present. Focus is mainly on description. Any discussion is only partly effective. Application to the stem is partial. The answer lacks clarity, accuracy and organisation in places. Specialist terminology used inappropriately on occasions.
1	1–4	Knowledge of research into factor(s) is limited. Discussion is limited, poorly focused or absent. Application is limited 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.

AO1 Content
Knowledge of research into two or more factors affecting the accuracy of eyewitness testimony (usually those named in the specification and implied in the stem)

Misleading information, including leading questions:
- Loftus and Palmer's (1974) experiment where the verb in the critical question was changed (smashed, collided, bumped, hit or contacted
- Loftus and Palmer: "Did you see any broken glass?"
- Loftus et al (1978) study using a red Datsun and Stop or Yield signs.
- Research relating to age in relation to misleading information could also be relevant: eg Warren et al (2005) found adults less likely to be influenced by leading questions than children
- Credit other relevant research/theory: eg post-event contamination; confabulation; reconstructive memory/the formation of schemas; confabulation.

Anxiety:
- Loftus's (1979) weapon focus experiment found that more participants correctly identified a person holding a pen (49%) than a person holding a knife covered in blood.
- Loftus and Burns (1982) found that participants who saw a violent version of a crime where a boy was shot in the face had impaired recall for events leading up to the accident.
- Peters (1988) found that participants who visited a healthcare centre were better able to recognise a researcher than a nurse who gave an injection.

- Yuille and Cutshall (1986) found that witnesses who had been most distressed at the time of a shooting gave the most accurate account five months later.
- Christianson and Hubinette (1993) found that victims of genuine bank robberies were more accurate in their recall than bystanders.
- Credit other relevant research/theory: eg the Yerkes-Dodson law of arousal.

Post-event discussion:
- Source monitoring theory; effects of conformity; Bodner et al (2009) – the effects of post-event discussion can be reduced if witnesses are warned of its effects.

AO2 Application points
- Links to leading questions – 'Did you see the knife?' (as opposed to a knife); question from officer is leading the witness who was not sure that there was a knife in the first place.
- Links to anxiety – witness claims that she was 'so scared' when the incident took place; this may inhibit or enhance her memory depending upon how severe the fear was.
- Links to post-event discussion – 'my friends and I have talked about what happened so many times since that I'm almost not sure what I did see'.

AO3 Discussion points
Will depend on research chosen but might include:
- Issue of validity in laboratory studies or lack of control in real-life situations
- Methodological issues, including sampling, replication and corroboration with other studies
- Ethical issues
- Practical applications/implications of the research: eg development of cognitive interview

Credit other relevant evaluation points.

Section C

Attachment

09	Match each of the research findings **1**, **2**, **3** and **4** with one of the researchers **A**, **B**, **C**, **D** or **E**. Write A, B, C, D or E in the box next to the appropriate research finding. Use each letter once only.
	[4 marks]

Marks for this question: AO1 = 4

1 = E
2 = A
3 = C
4 = D

10	Briefly discuss how researchers might address difficulties encountered when trying to investigate caregiver–infant interaction.
	[4 marks]

Marks for this question: AO3 = 4

Level	Marks	Description
2	3–4	Discussion of how to address difficulties is clear and coherent. There are appropriate suggestions for caregiver–infant research. Specialist terminology is used effectively.
1	1–2	Discussion lacks clarity/detail. The links to caregiver–infant research may be partial. Specialist terminology is not always used effectively.
	0	No relevant content.

Possible suggestions:
- Problem of context affecting behaviour – research should take place in natural setting eg child's home to increase validity
- Most research is observational so bias in observer interpretation – may be countered by using more than one observer
- Practical issues eg need for fewer but shorter observation periods because of limited waking periods
- Taking extra care in relation to ethics so as not to affect child/parent in any way eg protection from harm, confidentiality etc.

11	Discuss the effects of institutionalisation. Refer to the studies of Romanian orphans in your answer.
	[16 marks]

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

Level	Marks	Description
4	13-16	Knowledge of the effects of institutionalisation is accurate and generally well detailed. Discussion is thorough and effective. There is appropriate reference to studies of the Romanian orphans and clear links are made between these and the effects of institutionalisation. 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 effects of institutionalisation is evident. Discussion is apparent and mostly effective. There are occasional inaccuracies. There is appropriate reference to Romanian orphan studies although links to the effects are not always well explained. The answer is mostly clear and organised. Specialist terminology mostly used effectively. Lacks focus in places.
2	5-8	Knowledge of the effects is present but may be vague or inaccurate in places. Focus is mainly on description. Any discussion is only partly effective. Reference to Romanian orphan research may be partial or absent. The answer lacks clarity, accuracy and organisation in places. Specialist terminology used inappropriately on occasions.
1	1-4	Knowledge of the effects is limited, for instance, may be 'listed' rather than explained. 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.

AO1 Content
Knowledge of studies and/or theory into the effects of institutionalisation, including reference to the Romanian orphan studies
- Likely effects include: effects identified by Bowlby (1946): eg affectionless psychopathy, delinquency, low IQ
- Effects identified in privation studies: eg Harlow's findings of delinquency, affectionless behaviour
- ERA findings of quasi-autistic symptoms in Romanian orphans, impaired language and social skills; disinhibited attachment; attention seeking, clinginess; lower frequency of pretend play and reduced empathy (Kreppner et al 1999); more likely to be classified as disorganised attachment type (Zeanah et al 2005)
- The effects of levels of privation in institutions (Gunnar 2000)
- Credit links to theory – reactive attachment disorder; lack of internal working model.

AO3 Discussion points
Discussion/analysis/use of evidence:
- Research enhanced understanding of negative effects – establishment of key workers in institutions

- Evidence that adverse effects of institutionalisation can be overcome with adequate substitute care: eg Rutter (1998); Hodges and Tizard (1989)
- Importance of age of adoption and quality/stability of aftercare
- Problems of generalising from Romanian studies as standards of care were particularly poor
- Adoption vs control groups were not randomly assigned in ERA studies – more sociable children may have been selected
- Other studies, eg Bucharest Early Intervention Project, did randomly allocate but ethical issues with this
- Long-term effects on Romanian orphans are not yet clear
- Early studies of institutionalisation were poorly controlled or effects extrapolated from animal studies
- Credit use of evidence

Credit other relevant discussion points.

Section D

Psychopathology

12	Explain **two** factors that the researcher had to take into account when deciding to use the sign test. Refer to the investigation on the previous page in your answer.
	[4 marks]

Marks for this question: AO2 = 4

2 marks for identifying two factors that are relevant for use of the sign test: nominal/categorical data; test of difference; related design/repeated measures.

Plus

Up to 2 marks for application of these to the investigation described:
- Nominal data as patients are assigned to one of three categories – 'improved', 'deteriorated' or 'neither'
- Testing for difference in the number of absences in the year following and prior to treatment
- Repeated measures as the same patients` work records are compared before and after treatment

13	Calculate the sign test value of *s* for the data in **Table 1** on the previous page. Explain how you reached your answer.
	[2 marks]

Marks for this question: AO2 = 2

1 mark for identifying the correct value of *s* as 5

Plus

1 mark for explanation/calculation of how this was arrived at:
- The most commonly occurring sign is + (12) and the least frequently occurring sign is – (5). The 0s are disregarded.
- The total for the least frequently occurring sign is the value of s = 5

14 With reference to the critical values in **Table 2**, explain whether or not the value of s that you calculated in response to **question 13** is significant at the 0.05 level for a two tailed test.

[2 marks]

Marks for this question: AO2 = 2

1 mark for stating that the value of s (5) is not significant at the 0.05 level.

Plus

1 mark for explanation:
- The critical value is 4. As the calculated value is higher than/exceeds the critical value, the result is significant not at the 0.05 level.

Accept alternative wording

15 In what ways would the use of primary data have improved this investigation?

[3 marks]

Marks for this question: AO3 = 3

Marks may be awarded for a single point that is expanded/elaborated or more than one point briefly stated.

1 mark only if there is no reference to the investigation described.

Possible points:
- Primary data are obtained 'first-hand' from the participants' themselves so are likely to lead to greater insight: eg into the patients` experience of treatment, whether they found it beneficial, negative, etc.
- Secondary data, such as time off work, may not be a valid measure of improvement in symptoms of depression. Primary data are more authentic and provide more than a surface understanding: eg participants may have taken time off work for reasons not related to their depression.
- The content of the data is more likely to match the researcher's needs and objectives because questions, assessment tools, etc. can be specifically tailored: eg an interview may produce more valid data than a list of absences.

| 16 | Outline the implications of psychological research for the economy. Refer to the investigation above in your answer. |
| | **[5 marks]** |

Marks for this question: AO1 = 3 and AO2 = 2

Level	Marks	Description
3	4–5	Knowledge of the implications of psychological research for the economy is clear. Application to the investigation described is effective. The answer is coherent with effective use of terminology.
2	2–3	Some knowledge of the implications of psychological research for the economy is present but there is a lack of detail/clarity. Application to the investigation described is limited or absent. Terminology is used appropriately on occasion.
1	1	An implication of psychological research for the economy is briefly stated.
	0	No relevant content.

AO1 – possible content:
- Psychological research may lead to improvements in psychological health/treatment programmes which may mean that people manage their health better and take less time off work.
- Absence from work costs the economy an estimated 15 billion a year annually and much of this absence is due to 'mild' mental illness: eg stress, anxiety.
- Psychological research may lead to better ways of managing people whilst they are at work to improve productivity: eg research into motivation and workplace stress.
- 'Cutting-edge' scientific research may encourage investment from overseas companies into this country.

Credit other relevant points/implications, including examples not linked to psychopathology.

AO2 – application
- If research (such as the investigation described) suggests that depressives are better able to manage their condition following CBT and return to work, then it may benefit the economy to make treatment more widely available, improve funding, etc.
- Psychological research such as this plays an important role in sustaining a healthy workforce and reducing absenteeism.

Credit other relevant application points.

17	Outline **one** definition of abnormality.
	[2 marks]

Marks for this question AO1 = 2

Possible definitions:
- Statistical infrequency/deviation from statistical norms – abnormal behaviour is that which is rare/uncommon/anomalous
- Deviation from social norms – abnormal behaviour is that which goes against/contravenes unwritten rules/expectations in a given society/culture
- Failure to function adequately – abnormal behaviour is that which causes person distress/anguish or an inability to cope with everyday life/maladaptiveness
- Deviation from ideal mental health – abnormality is that which fails to meet prescribed criteria for psychological normality/wellbeing: eg accurate perception of reality, resistance to stress, etc.

18	Outline and evaluate **one other** definition of abnormality.
	[6 marks]

Marks for this question AO1 = 2 and AO3 = 4

Level	Marks	Description
3	5–6	Knowledge of definition of abnormality is clear and accurate. Evaluation is relevant and well explained. The answer is clear and coherent. Specialist terminology is used effecively.
3	3–4	Knowledge of definition of abnormality is present though there may be some inaccuracy/lack of clarity. There is some relevant evaluation but there may be some omissions/lack of detail. There are some inaccuracies. There is some appropriate use of specialist terminology.
1	1–2	Knowledge of definition(s) of abnormality is briefly stated with no elaboration. There is a brief attempt to evaluate or this may be absent. The answer is brief, or has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

AO1 – Possible content:
Definitions of abnormality:
- Statistical infrequency/deviation from statistical norms – abnormal behaviour is that which is rare/uncommon/anomalous
- Deviation from social norms – abnormal behaviour is that which goes against/contravenes unwritten rules/expectations in a given society/culture
- Failure to function adequately – abnormal behaviour is that which causes person distress/anguish or an inability to cope with everyday life/maladaptiveness
- Deviation from ideal mental health – abnormality is that which fails to meet prescribed criteria for psychological normality/wellbeing: eg accurate perception of reality, resistance to stress, etc.

Note that definition chosen must be **different** from that outlined in question 17.

AO3 – Possible evaluation points:
- Statistical infrequency/deviation from statistical norms – fails to account for behaviour that is statistically rare but desirable such as having a very high IQ; some disorders are not statistically rare; issue of who decides where the cut-off point is.
- Deviation from social norms – eccentric behaviours are not necessarily abnormal; social norms vary with time and with culture.
- Failure to function adequately – many mental disorders do not cause personal distress; many behaviours, eg smoking are maladaptive but not a sign of psychological abnormality.
- Deviation from ideal mental health – the criteria are too demanding – most people would be judged abnormal based on this definition; many of the criteria reflect Western cultural norms of psychological 'normality'.

Accept other relevant evaluation points.

Assessment Objective Grid

	AO1	AO2	AO3	Total
Social influence				
01	6			**6**
02			3	**3**
03		7		**7**
04	4			**4**
05			4	**4**
Total	**10**	**7**	**7**	**24**

Memory				
06	4			**4**
07		4		**4**
08	6	4	6	**16**
Total	**10**	**8**	**6**	**24**

Attachment				
09	4			**4**
10			4	**4**
11	6		10	**16**
Total	**10**		**14**	**24**

Psychopathology				
12		4 RM/Maths		**4**
13		2 RM/Maths		**2**
14		2 RM/Maths		**2**
15			3 RM/Maths	**3**
16	3 RM	2 RM		**5**
17	2			**2**
18	2		4	**6**
Total	**7**	**10**	**7**	**24**

Paper Total	**37**	**25**	**34**	**96**

Research Methods = 16 marks
Maths = 11 marks