

A-level PSYCHOLOGY

Paper 3 Issues and options in psychology

Monday 3 June 2024

Afternoon

Time allowed: 2 hours

Materials

For this paper you must have:

- an AQA 16-page Answer Book.

You may use a calculator.

Instructions

- Use black ink or black ball-point pen.
- Write the information required on the front of your answer book. The **Paper Reference** is 7182/3.
- In **Section A**, you should answer **all** questions.
- In **Section B**, choose **one** topic. Answer **all** questions on the topic you choose.
- In **Section C**, choose **one** topic. Answer **all** questions on the topic you choose.
- In **Section D**, choose **one** topic. Answer **all** questions on the topic you choose.
- Do all rough work in your answer book. Cross through any work you do not want to be marked.

Information

- The marks for questions are shown in brackets.
- The maximum mark for this paper is 96.
- You will be marked on your ability to:
 - use good English
 - organise information clearly
 - use specialist vocabulary where appropriate.

Section A**Issues and debates in psychology**

Answer **all** questions in this section.

Read the examples in **Table 1** then answer Questions **01** and **02**.

Table 1

Angie is a psychologist who believes that phobias are affected by unconscious forces.
Bibi is a psychologist who believes that phobias are best treated holistically.
Carlo is a psychologist who believes that phobias are influenced by both nature and nurture.
Dalia is a psychologist who believes that phobias can be explained in terms of conditioning theory.
Emma is a psychologist who believes that phobias can be reduced to the levels of cells and chemicals.

0	1
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Which psychologist believes in interactionism? Write the correct name in your answer book.

[1 mark]

0	2
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Which psychologist believes in environmental reductionism? Write the correct name in your answer book.

[1 mark]

0	3
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What is meant by ethnocentrism in psychology?

[2 marks]

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

[4 marks]

01

Carlo

02

Dalia

03

Ethnocentrism is judging other cultures by the norms, values and standards of your own culture, with the belief or assumption that your own culture is superior, so that behaviour which differs from it is seen as deficient, abnormal or inferior.

04

One limitation is that ethnocentrism in psychology has led to the adoption of a 'Western norm'. Most research uses American and European participants, so behaviour in other cultures is judged as deficient. For example, in the Strange Situation German infants were often classed as insecurely attached because their mothers encouraged independence, which devalues their culture's child-rearing practices.

A second limitation is that ethnocentric research studies only one culture, yet its findings are generalised to all cultures as if they were universal (an imposed etic). This means the findings lack validity outside the culture studied, and can lead to inappropriate diagnoses or treatments being applied to people from other cultures.

0	5
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Maria is a successful gymnast. Her mother was also an athlete and encouraged Maria throughout her childhood, taking her to practice sessions before school from the age of 5 years.

Maria is being interviewed about her success as a gymnast. In the interview she says, 'I don't know if I am like my mum or not. Wherever it came from, I always had a strong motivation to succeed. Maybe I didn't really have much choice. I was destined to be a gymnast.'

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

[16 marks]

Turn over for Section B

Turn over ►

05

Determinism is the view that behaviour is caused by internal or external forces outside the individual's control, so in principle it is predictable. Hard determinism argues that all behaviour has a cause and free will is an illusion. Soft determinism (James) argues that behaviour is constrained by causes, but people still have some conscious control and choice within those limits.

Biological determinism claims behaviour is governed by internal factors such as genes, hormones and neurochemistry. Maria's success may be biologically determined: her mother was an athlete, so Maria may have inherited genes for physical characteristics such as strength, flexibility and coordination, and perhaps a competitive temperament.

Environmental determinism (e.g. Skinner) claims behaviour is shaped by external influences through conditioning and experience. Maria was taken to practice sessions before school from the age of 5 and her mother encouraged her throughout childhood. This encouragement acted as positive reinforcement for training, and her mother was a high-status role model whose sporting behaviour she could imitate.

Psychic determinism (Freud) argues behaviour is caused by unconscious drives and conflicts rooted in early childhood. Maria says 'wherever it came from, I always had a strong motivation to succeed', a motive she cannot consciously explain, which may reflect unconscious identification with her athlete mother. Her belief that she 'didn't really have much choice' and was 'destined' to be a gymnast reflects hard determinism.

A strength of determinism is that it is consistent with the aims of science. Identifying causes allows psychologists to make predictions and test them under controlled conditions, which raises the scientific status of psychology. This has practical value: for example, establishing the role of dopamine in schizophrenia led to antipsychotic drug treatments.

However, hard determinism is unfalsifiable: the claim that every behaviour has a cause can never be disproved, and psychic determinism relies on unconscious processes that cannot be observed. Psychology also rarely achieves precise prediction; behaviour is described in probabilities, for example the concordance rate for schizophrenia in MZ twins is around 48%, not 100%, so genes cannot fully determine behaviour.

Hard determinism also conflicts with the legal system and everyday experience. Courts hold people morally responsible for their actions, and people subjectively feel they make choices. It has worrying implications for society: if Maria's success were seen as purely genetic, her years of effort would be discounted, and offending or addiction could be excused as 'not their fault'.

Determinism also tends to be reductionist, focusing on one cause at one level. An interactionist explanation fits Maria better: she may have inherited a predisposition from her mother, but this was only realised through early training and encouragement, so nature and nurture combined. Soft determinism therefore offers a more convincing compromise. Maria's ability was shaped by genes and upbringing, yet she still consciously chose to keep training and compete, and her 'strong motivation' may involve conscious decision making within those constraints. This preserves moral responsibility while still allowing scientific explanation of behaviour.

Section B

Relationships or Gender or Cognition and development

Choose **one** topic from **Section B**. Answer **all** questions on the topic you choose.

Topic: Relationships

0 6

A psychologist studied the effects of using different social media platforms. There were 60 participants. The psychologist assigned the first 30 people on the alphabetical list of participants to **Group 1** and assigned the remaining 30 people to **Group 2**.

The psychologist asked participants in **Group 1** to use a new social media platform over the course of a month. This platform promotes greater self-disclosure.

The psychologist asked participants in **Group 2**, the control group, to use a different new social media platform over the course of a month. This platform does not promote self-disclosure.

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

[3 marks]

0 7

At the end of the month, the psychologist calculated the median number of 'social media friends' for participants in each group. The results are shown in the following table.

Table 2 Median number of 'social media friends' for Group 1 and Group 2

	Group 1 (platform promoting greater self-disclosure)	Group 2 (platform not promoting self-disclosure)
Median number of 'social media friends'	71	42

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

[2 marks]

0 8

After conducting the study, the psychologist wrote up a psychological report.

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

[1 mark]

06

Each of the 60 participants would be given a number from 1 to 60, and the numbers written on equal-sized slips of paper and put into a hat (or entered into a computer random number generator).

30 numbers would then be drawn at random, without looking, from the hat (or generated by the computer).

The participants whose numbers are drawn first (the first 30) make up Group 1, and the remaining 30 participants make up Group 2.

07

Using a social media platform that promotes greater self-disclosure leads to the formation of more social media relationships ('friends').

This is justified because the median number of 'social media friends' for Group 1 (71) was much higher than the median for Group 2 (42).

08

The Method section (in the Design sub-section).

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

[2 marks]

1	0
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Discuss the matching hypothesis.

[8 marks]

1	1
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Outline and evaluate the role of sexual selection in human reproductive behaviour.

[8 marks]

Turn over for the next topic

Turn over ►

09

1. Telling others their age, e.g. posting 'I am 20 years old'.
2. Telling people about their hobbies, e.g. 'I love going hiking at the weekend'.

10

The matching hypothesis (Walster et al, 1966) proposes that people choose romantic partners whose level of physical attractiveness is similar to their own. Although we may desire the most attractive partner, we make a realistic, pragmatic judgement of our own attractiveness and focus on partners who are attainable, narrowing our choices to people of similar attractiveness to avoid the risk of rejection.

However, Walster et al's (1966) 'computer dance' study contradicts the hypothesis. Students were randomly paired, and the more physically attractive their partner, the more they liked them and wanted another date, regardless of their own attractiveness. This suggests people prefer the most attractive partner rather than a matched one.

In contrast, Murstein (1972) found that photographs of real couples were rated as more similar in attractiveness than randomly paired fictitious couples, supporting matching. Feingold (1988) also found matching in friendships, more strongly in male pairs, suggesting it is a general process.

Taylor et al (2011) studied an online dating site and found people contacted partners more attractive than themselves, challenging matching at the choice stage. However, the relationships that continued were between partners of similar attractiveness, so matching may explain maintenance rather than initial choice. As this used real dating behaviour, the findings have high ecological validity.

A further limitation is that the hypothesis focuses only on physical attractiveness. People may 'complex match', compensating for lower attractiveness with other assets such as personality, status or background,

so matching on looks alone is an oversimplification.

11

Sexual selection is an evolutionary explanation: traits that increase reproductive success are passed on, because individuals with them are more likely to mate and pass on their genes. Anisogamy means men produce millions of sperm with little investment, while women produce few eggs and invest heavily in pregnancy.

Inter-sexual selection (between the sexes) is the female strategy: women are choosy, preferring men who are strong and able to provide resources, while men prefer youthful women with cues of fertility, such as a low waist-to-hip ratio. Intra-sexual selection (within a sex) is the male strategy: men compete with other men, so strength and aggression are favoured, along with strategies such as mate guarding and sneak copulation.

Clark and Hatfield (1989) support female choosiness: when approached by a stranger, about 75% of male students agreed to sex compared with 0% of females. Buss (1989) surveyed over 10,000 people in 37 cultures and found women valued resources while men valued youth and physical attractiveness, suggesting these preferences are universal and innate.

However, the explanation underestimates social and cultural change. Women now have far greater access to education and resources, so they are less dependent on men, and partner preferences may reflect social norms rather than evolution.

Evolutionary explanations are also hard to falsify, as they are post hoc accounts of the distant past, and they cannot easily explain same-sex relationships. The theory is biologically reductionist and deterministic, ignoring individual choice.

Topic: Gender

1 2

A psychologist studied the effects of sex-role stereotyping in the media. There were 60 participants. The psychologist assigned the first 30 people on the alphabetical list of participants to **Group 1** and assigned the remaining 30 people to **Group 2**.

The psychologist asked participants in **Group 1** to watch a list of sex-role stereotyped TV programmes over the course of a month.

The psychologist asked participants in **Group 2**, the control group, to watch a list of TV programmes which did not show sex-role stereotyping over the course of a month.

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

[3 marks]

1 3

To analyse the results, the psychologist calculated the median sex-role stereotyping score in a questionnaire for participants in each group at the end of the month. A high score in the questionnaire means a participant shows higher sex-role stereotyped attitudes. The results are shown in the following table.

Table 3 Median sex-role stereotyping score in a questionnaire for Group 1 and Group 2

	Group 1 (sex-role stereotyped TV programmes)	Group 2 (non sex-role stereotyped TV programmes)
Median sex-role stereotyping score in the questionnaire (out of 100)	71	42

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

[2 marks]

1 4

After conducting the study, the psychologist wrote up a psychological report.

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

[1 mark]

1 5

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

[2 marks]

12

Each of the 60 participants would be given a number from 1 to 60, and the numbers written on equal-sized slips of paper and put into a hat (or entered into a computer random number generator).

30 numbers would then be drawn at random, without looking, from the hat (or generated by the computer).

The participants whose numbers are drawn first (the first 30) make up Group 1, and the remaining 30 participants make up Group 2.

13

Exposure to sex-role stereotyping in TV programmes leads to an increase in sex-role stereotyped attitudes.

This is justified because the median sex-role stereotyping score for Group 1 (71) was much higher than the median for Group 2 (42).

14

The Method section (in the Design sub-section).

15

1. A woman doing all the cleaning and cooking around the house.

2. A man mowing the lawn or fixing the car.

1	6
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Discuss the role of identification in the development of gender.

[8 marks]

1	7
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Outline and evaluate psychological research into androgyny.

[8 marks]

Turn over for the next topic

Turn over ►

16

Identification means seeing yourself as similar to another person and wanting to be like them. In Freud's psychodynamic theory, during the phallic stage (3 to 6 years) the boy experiences the Oedipus complex: he desires his mother, sees his father as a rival and fears castration, so he resolves this by identifying with the aggressor (his father) and internalising his gender identity. Girls experience the Electra complex, and through penis envy and fear of losing their mother's love, identify with and internalise their mother.

In social learning theory (Bandura), children identify with role models who are similar (same sex) or high status, and this leads to imitation and adoption of gender-appropriate behaviours, especially when these are vicariously reinforced.

A limitation of the psychodynamic account is that the Oedipus and Electra complexes are unconscious, so they are unfalsifiable. The evidence is mainly the case study of Little Hans, which cannot be generalised. Also, children raised without a same-sex parent, such as by single or lesbian mothers, still develop typical gender identity (Green, 1978), contradicting the need for identification with a same-sex parent.

SLT offers a more flexible account: identification can be with any role model, such as peers or media figures, not just a parent, and it is a conscious process. Perry and Bussey (1979) found children imitated the choices of same-sex models, supporting identification.

However, Kohlberg argues identification is not necessary for gender to begin developing: children only seek same-sex models once they reach gender constancy, so identification is a consequence of gender understanding rather than a cause. Both theories emphasise nurture and may underestimate biological influences such as hormones.

17

Bem (1974) proposed that androgyny, a high level of both masculine and feminine traits, is advantageous for psychological well-being, as androgynous people can adapt their behaviour to different situations. She devised the Bem Sex Role Inventory (BSRI), which has 60 traits (20 masculine, 20 feminine, 20 neutral) which respondents rate on a 7-point scale. Scores classify people as masculine, feminine, androgynous (high in both) or undifferentiated (low in both).

A strength is that the BSRI was developed from the ratings of a large sample of judges and showed good test-retest reliability when given again a month later, so it is a consistent measure.

Supporting evidence comes from Flaherty and Dusek (1980), who found androgynous people had higher self-esteem and better psychological adjustment. However, Taylor and Hall (1982) argued that masculine traits, not androgyny, are the best predictor of well-being, challenging Bem's claim.

The BSRI may also be outdated and culturally biased: it was developed in 1970s America, when gender roles were more clearly differentiated, and may not apply to other cultures or to today's more gender-neutral upbringing.

Androgyny may not always be positive either, as it can include negative traits such as competitiveness.

Finally, the BSRI relies on self-report, so responses may be affected by social desirability bias, and reducing gender to a score on a questionnaire is an oversimplification that ignores factors such as work role and abilities.

Topic: Cognition and development

1 | 8

A psychologist studied the effects of using familiar play materials in a conservation experiment. There were 60 participants, all six years old. The psychologist assigned the first 30 children on the alphabetical list of participants to **Group 1** and assigned the remaining 30 children to **Group 2**.

Participants in **Group 1** carried out 10 conservation tasks using familiar play materials.

Participants in **Group 2**, the control group, carried out 10 conservation tasks using unfamiliar play materials.

For each participant, the psychologist recorded the number of conservation tasks solved correctly.

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

[3 marks]

1 | 9

To analyse the results, the psychologist calculated the median conservation score for the participants in each group. The results are shown in the following table.

Table 4 Median conservation scores for Group 1 and Group 2

	Group 1 (familiar play materials)	Group 2 (unfamiliar play materials)
Median conservation score	9	2

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

[2 marks]

2 | 0

After conducting the study, the psychologist wrote up a psychological report.

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

[1 mark]

2 | 1

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

[2 marks]

18

Each of the 60 participants would be given a number from 1 to 60, and the numbers written on equal-sized slips of paper and put into a hat (or entered into a computer random number generator).

30 numbers would then be drawn at random, without looking, from the hat (or generated by the computer).

The participants whose numbers are drawn first (the first 30) make up Group 1, and the remaining 30 participants make up Group 2.

19

Using familiar play materials in conservation tasks leads to a better ability to conserve.

This is justified because the median conservation score for Group 1 (9) was much higher than the median for Group 2 (2).

20

The Method section (in the Design sub-section).

21

1. A ball of play dough is rolled into a long sausage shape and the child is asked if there is still the same amount.

2. Water is poured from a short, wide glass into a tall, thin glass and the child is asked whether there is the same amount.

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

[8 marks]

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

[8 marks]

Turn over for Section C

Turn over ►

22

Mirror neurons are brain cells that fire both when we perform an action and when we observe another person perform the same action, so cell activation is the same as if we carried out the action ourselves. They are thought to allow shared understanding of others' intentions and emotions, so they underpin social cognition such as empathy and theory of mind. They were discovered by Rizzolatti and colleagues (Di Pellegrino et al, 1992) using electrodes implanted in macaques' brains: the same neurons fired when a monkey reached for a peanut and when it watched another reach for one. Scanning suggests they are concentrated in the frontal lobe, e.g. the pars opercularis.

A strength is the application to autism. Dapretto et al (2006) found children with ASD showed less mirror neuron activity when imitating emotional expressions, which could explain deficits in perspective taking and empathy. Gazzola et al (2006) also found the mirror neuron system was less active in people with low empathy scores.

However, the existence of mirror neurons in humans is controversial. Single-cell recording is too invasive to use with humans, and fMRI only shows activity in a general brain region, not in specific cells, so their role in humans is inferred.

In addition, the evidence is correlational: mirror neuron activity may be a result of social experience and interaction rather than its cause.

Finally, the explanation is biologically reductionist: social cognition involves complex behaviour in a social and cultural context, which cannot be fully explained by the activity of one type of cell.

23

Vygotsky argued that cognitive development is driven by social interaction and culture: higher mental functions first appear between people and are then internalised by the child, who is an apprentice learning the 'tools' of

the culture, especially language. Language begins as external (social) speech, becomes private speech, then inner speech, i.e. internalised thought. The zone of proximal development (ZPD) is the gap between what a child can do alone and what they can achieve with the help of a more knowledgeable other (MKO). Learning in the ZPD occurs through scaffolding: the expert gives a framework of support which is gradually withdrawn as the child becomes independent.

Wood and Middleton (1975) support scaffolding: mothers helping children build a block pyramid were most effective when they adjusted their help to the child's performance, giving more help after failure and less after success.

A strength is that the theory accounts for cultural differences in development, unlike Piaget, who proposed fixed universal stages and saw the child as a lone scientist. Greenfield and Lave (1982) showed how Zinacanteco girls learned weaving through guided, scaffolded participation, supporting cultural transmission.

The theory has applications to education, such as peer tutoring and teachers scaffolding tasks. However, it focuses on processes rather than outcomes, so concepts like the ZPD are hard to test, and it underplays biological maturation and individual factors such as motivation.

Section C**Schizophrenia or Eating behaviour or Stress**

Choose **one** topic from **Section C**. Answer **all** questions on the topic you choose.

Topic: Schizophrenia

2	4
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Studies into the effectiveness of drugs in the treatment of schizophrenia sometimes combine the results of a number of different studies.

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

Write the correct letter in your answer book.

[1 mark]

- A** Content analysis
- B** Correlational analysis
- C** Meta-analysis
- D** Thematic analysis

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

Write the correct letter in your answer book.

[1 mark]

- A** They block dopamine receptor sites.
- B** They block dopamine receptor sites and prevent the re-uptake of dopamine.
- C** They increase the number of dopamine receptor sites.
- D** They prevent the re-uptake of dopamine.

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

[2 marks]

24

C

25

A

26

One limitation is side effects. Typical antipsychotics such as chlorpromazine can cause weight gain, dry mouth and tardive dyskinesia (involuntary facial movements), so many patients stop taking the drugs and relapse.

2	7
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Using an example of **each**, explain the difference between positive and negative symptoms of schizophrenia.

[4 marks]

2	8
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Jade has been diagnosed with schizophrenia. Her parents tell her they care about her but also complain that she is too dependent. They watch Jade closely, criticising her behaviour, and often argue about how they should treat her. Jade says her mother makes her feel uncomfortable and unloved, almost as if she was a stranger.

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

[16 marks]

Turn over for the next topic

Turn over ►

27

Positive symptoms are experiences or behaviours that are added to, or in excess of, normal behaviour, for example hallucinations such as hearing voices that are not there.

Negative symptoms are a loss or reduction of normal, typical behaviour, for example avolition, a loss of motivation to carry out everyday goal-directed activities such as washing.

So the difference is that positive symptoms add abnormal behaviour, whereas negative symptoms involve the absence of usual behaviour.

28

Family dysfunction explanations propose that hostility and difficulties in communication within the family create stress and tension, which can trigger schizophrenia in a vulnerable child.

Fromm-Reichmann's psychodynamic idea of the schizophrenogenic mother describes a mother who is cold, rejecting and controlling, creating distrust and tension. Jade says her mother makes her feel 'uncomfortable and unloved, almost as if she was a stranger', which fits this cold, rejecting style.

Bateson et al's (1956) double-bind theory suggests the child receives contradictory messages, for example a verbal expression of love alongside non-verbal coldness or criticism, so they cannot respond correctly and are punished whatever they do. Jade's parents say they care about her but also complain she is too dependent and criticise her, a no-win situation that may lead to disorganised thinking and paranoia.

Expressed emotion (EE) is the level of negative emotion expressed towards the person, including verbal criticism, hostility and emotional over-involvement. Jade's parents watch her closely (over-involvement), criticise her behaviour and argue about how to treat her, suggesting a high-EE family, which is a source of stress that can trigger onset or

relapse.

There is supporting evidence. Read et al (2005) reviewed studies and found many adults with schizophrenia reported insecure attachment and difficult childhood relationships with their family. High EE has also been linked to relapse: Nomura et al (2005) found higher relapse rates where families showed high expressed emotion.

However, much of the evidence is retrospective and correlational, so cause and effect cannot be established. It is possible that Jade's disordered behaviour caused her parents' arguments and criticism, rather than the other way round. Evidence for the double bind is also weak, coming largely from Bateson's case observations.

Family explanations have been criticised for being socially sensitive: blaming mothers and families for a child's schizophrenia causes guilt and distress, and has little support today. Nevertheless, the research has a useful application in family therapy, which aims to reduce EE and has been shown to reduce relapse.

Family dysfunction alone cannot explain schizophrenia, as biological explanations are well established: concordance rates are higher in MZ than DZ twins (Gottesman, 1991), and dopamine abnormalities are involved. A diathesis-stress model is more convincing: Jade may have a genetic vulnerability, and the stress of her family environment may have triggered the disorder.

Further support comes from Tienari et al (2004), who found that adopted children with a biological mother with schizophrenia were more likely to develop the disorder if raised in a dysfunctional adoptive family, showing that family environment interacts with genetic risk rather than acting alone.

The explanation is environmentally deterministic, but an interactionist view

*of nature and nurture provides a fuller account, and supports combining
drug treatment with family therapy for people like Jade.*

Topic: Eating behaviour

2	9
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Studies into the effectiveness of drugs in the treatment of conditions such as eating disorders sometimes combine the results of a number of different studies.

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

Write the correct letter in your answer book.

[1 mark]

- A Content analysis
- B Correlational analysis
- C Meta-analysis
- D Thematic analysis

3	0
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Which **one** of the following statements is **TRUE**?

Write the correct letter in your answer book.

[1 mark]

- A Ghrelin is released from fat cells.
- B Ghrelin travels to the hypothalamus before eating.
- C Leptin is secreted from the wall of the stomach.
- D Leptin levels increase before eating.

3	1
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Outline **one** limitation of neural explanations for anorexia nervosa.

[2 marks]

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

[4 marks]

29

C

30

B

31

Neural explanations are reductionist: they explain anorexia at the level of neurotransmitters such as serotonin and dopamine, ignoring social influences such as the media and peers. Anorexia occurs in a social context, so it cannot be fully understood at the neural level.

32

Neophobia is an innate avoidance of any new or unfamiliar food, usually seen in young children, for example a toddler refusing to try a new vegetable such as avocado simply because it is unfamiliar.

Taste aversion is an innate or learned avoidance of a food linked to illness or danger, for example avoiding bitter foods such as sprouts, or avoiding a food after eating it was followed by sickness, as in Garcia's rats which avoided saccharin water paired with lithium chloride.

So neophobia is a dislike of newness itself, whereas taste aversion is based on likely toxicity or a bad experience, and can occur at any age.

3	3
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Zack has been diagnosed with an eating disorder. His parents tell him constantly how much they care about him and how they will always be together. Zack rarely goes out, except for going to school, and his mother watches him very closely. The family have a strict routine which Zack resents, but he does not complain or argue. Zack sometimes wishes he could have fun like other boys at school.

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

[16 marks]

Turn over for the next topic

Turn over ►

33

Family systems theory (Minuchin et al, 1978) proposes that dysfunctional family dynamics are a significant cause of anorexia nervosa. These 'psychosomatic families' show four characteristic features.

Enmeshment is excessive involvement between family members, so individual identities become blurred and there is a lack of privacy. Zack's parents tell him constantly how much they care and that they will 'always be together', suggesting an enmeshed family. Zack cannot develop a separate identity, so anorexia may arise as a way of exerting control and gaining autonomy, especially in adolescence.

Overprotectiveness is when family members try too hard to protect each other from outside threats, preventing independence. Zack rarely goes out except to school and his mother watches him very closely, so he lacks autonomy, and he wishes he could 'have fun like other boys'.

Rigidity is a fixed pattern of behaviour and routine that fails to adapt to changing circumstances, such as a child's need for more independence in adolescence. Zack's family has a strict routine which he resents.

Conflict avoidance means disagreement is suppressed to keep up a positive image. Zack does not complain or argue, so his frustration is not expressed and may instead be channelled into restricting his eating.

There is supporting evidence. Brockmeyer et al found that people with anorexia nervosa frequently described a strong desire for autonomy, and Karwautz et al (2003) found that siblings with anorexia had lower levels of autonomy than their healthy siblings, supporting the role of enmeshment and lack of independence.

However, the evidence is correlational, so it is hard to establish cause and effect. Zack's illness may have caused his parents to become overprotective and watchful, rather than the family dynamics causing the anorexia.

FST is rooted in psychodynamic ideas, so concepts such as the desire for

autonomy are difficult to operationalise and falsify. It also cannot explain the recent increase in anorexia, since dysfunctional families are not new, or why most children in enmeshed families never develop anorexia.

The theory has been criticised for blaming families, especially mothers, which may cause guilt and is now regarded as unacceptable. It also ignores well-evidenced biological explanations, such as higher concordance in MZ twins and serotonin dysfunction. A diathesis-stress approach, where family stress triggers anorexia in a genetically vulnerable person like Zack, is more convincing.

Family systems theory also struggles to explain why anorexia is far more common in females than males, whereas Zack is male, and it relies largely on clinical observation of families who are already in treatment, which may not be representative of families in general.

Despite this, FST has led to family therapy for anorexia, which is effective with adolescents, showing the practical value of considering the family system.

Topic: Stress

3	4
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Studies into the effectiveness of drug therapy in the treatment of stress sometimes combine the results of a number of different studies.

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

Write the correct letter in your answer book.

[1 mark]

- A Content analysis
- B Correlational analysis
- C Meta-analysis
- D Thematic analysis

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

Write the correct letter in your answer book.

[1 mark]

- A Action of the pathway involves the release of adrenaline only.
- B Action of the pathway involves the release of both adrenaline and noradrenaline.
- C Action of the pathway involves the release of neither adrenaline nor noradrenaline.
- D Action of the pathway involves the release of noradrenaline only.

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

[2 marks]

3	7
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Using an example of **each**, explain the difference between instrumental support and emotional support.

[4 marks]

34

C

35

B

36

One limitation is that benzodiazepines are addictive, even at low doses.
People develop tolerance and suffer withdrawal symptoms such as anxiety
and insomnia when they stop, so they are not suitable for long-term use.

37

Instrumental support is practical help that directly improves the stressful
situation, for example a friend cooking meals and doing the shopping for
someone who is stressed and struggling to cope with caring for a sick
relative.

Emotional support is non-practical help aimed at improving the person's
mood and making them feel cared for, for example listening to and
sympathising with a friend who is upset after a relationship break-up.

So instrumental support changes the problem itself, whereas emotional
support makes the stressed person feel better without changing the
situation.

3	8
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Keira goes to Dr Bib because she feels anxious, cries a lot and has not slept properly for weeks. Sometimes she feels her heart pounding and thinks she will faint. She always seems to have a sore throat. Keira tells the doctor about all the problems in her life; she is a long-term carer for an elderly relative and has recently been upset by difficulties at work. Dr Bib thinks Keira is suffering from stress. He takes her blood pressure and also takes a blood sample.

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

[16 marks]

Turn over for Section D

Turn over ►

38

Stress is linked to illness mainly because it affects the immune system.

During chronic stress the HPA axis causes sustained release of cortisol from the adrenal cortex. Although cortisol is helpful in the short term, long-term production suppresses the immune system (immunosuppression) by reducing the activity of white blood cells (leucocytes) such as natural killer cells, so the body is less able to fight infection.

Keira is experiencing chronic stress from being a long-term carer for an elderly relative, plus acute stress from difficulties at work. Her constant sore throat may be an infection resulting from a compromised immune system, and the doctor's blood sample could reveal raised cortisol levels or signs of infection.

Stress is also linked to cardiovascular disorders. The sympathomedullary pathway releases adrenaline and noradrenaline, raising heart rate and blood pressure. If this happens repeatedly it can damage blood vessels, leading to hypertension and coronary heart disease. Keira's pounding heart and feeling faint are signs of sympathetic arousal, which is why Dr Bib takes her blood pressure. Her anxiety, crying and poor sleep are further symptoms of stress.

There is supporting evidence. Kiecolt-Glaser et al (1984) found natural killer cell activity in medical students' blood samples was lower during exams than a month before, showing even short-term stress suppresses immunity. Kiecolt-Glaser et al (1995) found wounds took 24% longer to heal in women caring for relatives with dementia than in controls, which is very relevant to Keira as a carer. Cohen et al (1993) found people with higher stress scores were more likely to develop a cold after exposure to the virus.

Yusuf et al (2004) found chronic stress was a significant risk factor for heart attacks across 52 countries, supporting the cardiovascular link.

However, most research is correlational, so cause and effect cannot be established. Being ill could cause stress, for example Keira's sore throat and poor sleep may add to her stress, rather than stress causing illness. Also, the relationship is not simple: short-term, moderate stress can actually enhance immune function (Seegerstrom and Miller, 2004), so only chronic stress seems harmful.

There are individual differences: not everyone under chronic stress becomes ill. Illness may result from an interaction of physiological predisposition, personality (e.g. Type A or hardiness) and lifestyle factors such as smoking or poor diet, which stressed people are more likely to adopt.

The research has practical implications: it suggests the best way to help Keira is to deal with the source of her stress, for example respite care or social support, rather than just masking the symptoms with drugs, supporting an interactionist rather than a purely biological view.

Section D**Aggression or Forensic psychology or Addiction**

Choose **one** topic from **Section D**. Answer **all** questions on the topic you choose.

Topic: Aggression

3	9
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In psychological reporting it is usual to present book references in an accepted format.

The reference below includes some, but not all, of the necessary pieces of information. The pieces of information included here are the author's surname and initial, and the title of the book.

Reference: Lorenz, K. *On Aggression*.

Three further pieces of information are missing from the reference. What are they?

[3 marks]

4	0
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A prison officer investigating institutional aggression has devised a questionnaire for prisoners to complete. The questionnaire consists of a series of statements about prison life and the prisoners have to indicate how much they agree with each statement.

One statement in the questionnaire is 'The noise in the prison is unpleasant'. The response options in the questionnaire are 'Agree' and 'Disagree'.

Suggest how the response options in the questionnaire could be modified to better assess how much prisoners agree with the statement.

[2 marks]

4	1
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What is meant by an innate releasing mechanism?

[3 marks]

4	2
---	---

Angel is often aggressive at school. At playtime, she pushes other children off the play equipment and snatches toys away from them. In the dinner queue, she pushes other children out of the way. At home, she sees her two older sisters fighting and listens to her mum yelling at the neighbours. When the sisters all play outside, they race around with their hoods up, hitting other children and shouting at them.

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

[16 marks]

39

1. The date (year) of publication.

2. The publisher.

3. The place of publication.

40

Replace the two options with a 5-point Likert scale: Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree, so prisoners can indicate the extent of their agreement.

41

An innate releasing mechanism (IRM) is an inherited, hard-wired neural network in the brain. When it is activated by a specific environmental stimulus (a sign stimulus or releaser), it releases a fixed action pattern, a stereotyped behavioural response. For example, in male sticklebacks a red underside on another male triggers the IRM, producing aggressive behaviour.

42

Social learning theory (Bandura) proposes that aggression is learned indirectly by observing and imitating role models. Children are more likely to imitate models they identify with, such as those who are similar or high status, and especially if the model is rewarded (vicarious reinforcement). Cognitive mediating processes are involved: attention, retention, reproduction and motivation, and the child must believe they can carry out the aggression (self-efficacy).

Angel observes her older sisters fighting and her mum yelling at the neighbours. They are high-status, similar models with whom she identifies, so she imitates their aggression by pushing children and snatching toys. Because she gets the toys and play equipment she wants, her aggression is directly reinforced, increasing her self-efficacy.

Bandura et al (1961) support SLT: children who watched an adult model act aggressively towards a Bobo doll were much more likely to imitate the

specific aggressive acts than those who saw a non-aggressive model. In later studies, children who saw the model rewarded were more aggressive, supporting vicarious reinforcement. However, a Bobo doll is not a real person and does not hit back, so the findings may lack validity for real aggression like Angel's.

SLT explains proactive, instrumental aggression, such as Angel snatching toys, better than reactive, angry aggression, and it can explain cultural differences in aggression.

Deindividuation (Zimbardo, 1969) suggests that when people are anonymous, for example in a crowd or in uniform, they lose their sense of individual identity and personal responsibility, so they are less constrained by social norms. Prentice-Dunn and Rogers argued that reduced private self-awareness is key. When Angel races around with her sisters with their hoods up, they are anonymous as a group, so they feel less responsible and hit and shout at other children.

Zimbardo (1969) found female students wearing lab coats and hoods gave twice as many shocks as those in their own clothes with name tags. Dodd (1985) found 36% of students' responses about what they would do if they were anonymous were antisocial. However, deindividuation does not always lead to aggression: Johnson and Downing (1979) found people dressed as nurses gave fewer shocks, showing anonymity strengthens whatever norms the situation suggests.

The frustration-aggression hypothesis (Dollard et al, 1939) proposes that frustration of a goal always leads to aggression, which may be displaced onto another target. Angel may be frustrated waiting in the dinner queue or when others have the toys she wants, so she pushes them. Berkowitz and LePage (1967) found environmental cues, such as guns, increased aggression after frustration, suggesting frustration creates a readiness

rather than an automatic response.

Social explanations can be criticised for ignoring biological factors such as testosterone, MAOA genes and evolution; Angel's aggression may be partly inherited from her mother. An interactionist approach is more complete.

However, the explanations have useful implications: if aggression is learned, Angel could be taught prosocial behaviour through positive role models and reinforcement of non-aggressive behaviour.

Topic: Forensic psychology

4	3
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In psychological reporting it is usual to present book references in an accepted format.

The reference below includes some, but not all, of the necessary pieces of information. The pieces of information included here are the author's surname and initials, and the title of the book.

Reference: Eysenck, H.J. *The Measurement of Personality*.

Three further pieces of information are missing from the reference. What are they?

[3 marks]

4	4
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A police trainer investigating offender profiling has devised a questionnaire for police officers to complete. The questionnaire consists of a series of statements about offender profiling and the police officers have to indicate how much they agree with each statement.

One statement in the questionnaire is 'Offender profiling can be helpful in solving crime'. The response options in the questionnaire are 'Agree' and 'Disagree'.

Suggest how the response options in the questionnaire could be modified to better assess how much the police officers agree with the statement.

[2 marks]

4	5
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Outline Eysenck's theory of the criminal personality.

[3 marks]

4	6
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Vera has a bad temper and has been in and out of prison many times. She is currently in prison for assault. The prison governor is keen to rehabilitate prisoners like Vera. Prison officers manage Vera's temper through a system of rewards for good behaviour. To help with long-term reform, they try to give her strategies for managing her own behaviour in the outside world; Vera attends regular therapy classes and writes about situations when she has lost her temper.

Discuss **one or more** ways of dealing with offending. Refer to Vera in your answer.

[16 marks]

Turn over for the next topic

Turn over ►

43

1. The date (year) of publication.

2. The publisher.

3. The place of publication.

44

Replace the two options with a 5-point Likert scale: Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree, so officers can indicate the extent of their agreement.

45

Eysenck proposed that offenders have a distinctive, inherited personality, scoring high on extraversion, neuroticism and psychoticism. High extraverts have an under-aroused nervous system so seek sensation and risk, such as crime; high neurotics are unstable and unpredictable; and both condition poorly, so they do not learn from punishment. High psychoticism makes people cold, aggressive and lacking empathy.

46

Behaviour modification uses operant conditioning to replace undesirable behaviour with desirable behaviour. In a token economy, desirable behaviours are identified and operationalised, and each time the prisoner shows them they receive a token, a secondary reinforcer, which can be exchanged for primary reinforcers (rewards) such as extra phone calls, visits or special food. Undesirable behaviour is not rewarded, or tokens are withdrawn (negative punishment).

The prison officers' system of rewards for good behaviour suggests a token economy. Vera could earn tokens for pre-determined behaviours such as waiting calmly in line at mealtimes or not shouting at other prisoners, and exchange them for privileges, so non-aggressive behaviour is reinforced. Hobbs and Holt (1976) found that a token economy significantly improved behaviour in young offenders compared with a control group, supporting its

effectiveness. It is easy to implement, cheap and needs no specialist staff. However, its benefits often do not transfer to life outside prison where there are no tokens, so it may not reduce Vera's reoffending in the long term. It has also been criticised as manipulative and dehumanising, as it controls behaviour through rewards rather than changing attitudes.

Anger management is a cognitive behavioural therapy with three stages (Novaco). In cognitive preparation, the offender reflects on past experiences to identify the situations and cues that trigger their anger. Vera writes about times she has lost her temper, helping her recognise her triggers. In skills acquisition, she learns techniques such as deep breathing, counting to ten and positive self-statements ('I can stay calm'). In application practice, she practises these skills through role play of situations that previously led to assault, with feedback from the therapist. Anger management tackles the cognitive causes of offending, so it may provide the long-term reform the governor wants. Keen et al (2000) found young offenders on an anger management programme showed improved awareness and self-control, although there were initial problems with participation. However, role play is artificial, so skills may not transfer to real provocation, and Blackburn (1993) argued its effects are short-term with little impact on reoffending. It also requires motivation and commitment from offenders.

Custodial sentencing aims at deterrence, incapacitation, retribution and rehabilitation. Vera has been in and out of prison many times, so prison has only incapacitated her temporarily and has failed to deter or rehabilitate her. Recidivism rates are high, as a large proportion of released prisoners reoffend within a year, especially after short sentences, and prison has negative psychological effects such as depression and self-harm. Overall, combining approaches seems best for Vera: behaviour modification

manages her temper in prison in the short term, while anger management addresses its causes for the long term. Behaviour modification makes her a passive recipient, whereas anger management requires her active engagement, which may produce more lasting change.

Topic: Addiction

4	7
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In psychological reporting it is usual to present book references in an accepted format.

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Reference: Eysenck, H.J. *The Measurement of Personality*.

Three further pieces of information are missing from the reference. What are they?

[3 marks]

4	8
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A social worker investigating nicotine addiction has devised a questionnaire for smokers to complete. The questionnaire consists of a series of statements about smoking, and smokers have to indicate how much they agree with each statement.

One statement in the questionnaire is 'Holding a cigarette makes me feel calm'. The response options in the questionnaire are 'Agree' and 'Disagree'.

Suggest how the response options in the questionnaire could be modified to better assess how much smokers agree with the statement.

[2 marks]

4	9
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Outline Prochaska's model of behaviour change.

[3 marks]

5	0
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Asa plays internet poker when he is alone in the evening, losing large sums of money. Sometimes he goes to casinos for the extra thrill of being around other gamblers. He talks about all the times he has won and how skilled he is at placing bets. If people point out that he could lose, Asa just ignores them.

Asa goes to a therapist for help with problem gambling. The therapist focuses on changing how Asa thinks about gambling and making the casino much less attractive.

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

[16 marks]

END OF QUESTIONS

47

1. The date (year) of publication.

2. The publisher.

3. The place of publication.

48

Replace the two options with a 5-point Likert scale: Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree, so smokers can indicate the extent of their agreement.

49

Prochaska's six-stage model describes how people intentionally change behaviour: pre-contemplation (not thinking about change), contemplation (aware of need to change but no commitment), preparation (planning, e.g. seeing a GP), action (changing behaviour), maintenance (sustaining change for over 6 months) and termination. The model is cyclical: people can relapse at any stage before termination and go round again.

50

Cognitive behaviour therapy (CBT) for addiction has a cognitive component. Through functional analysis the therapist identifies the client's risk situations and triggers, and uses cognitive restructuring to challenge irrational thoughts and cognitive biases about the addiction. Asa shows cognitive distortions: he remembers his wins and ignores his losses (selective recall) and believes he is skilled at placing bets (illusion of control). The therapist would challenge these beliefs, for example by asking Asa to record all his losses, so he sees gambling realistically.

The behavioural component involves skills training such as relaxation techniques, coping and problem-solving skills, and assertiveness to refuse temptation. Asa's risk time is evenings alone, so he could plan alternative activities and use relaxation and positive self-statements such as 'I don't need to gamble' when he feels the urge.

There is evidence that CBT is effective. Cowlshaw et al (2012) carried out a meta-analysis and found CBT reduced gambling behaviour in the short term, although there was less evidence of long-term effectiveness. Petry et al (2006) found CBT more effective than a support group for problem gamblers. A strength is that CBT tackles the underlying cognitive causes of the addiction rather than only the symptoms.

However, CBT requires the client to be motivated, articulate and committed to attending many sessions. Asa ignores people who say he could lose, so he may currently be in Prochaska's pre-contemplation stage and may not engage fully, and drop-out rates are high.

Covert sensitisation is a form of aversion therapy based on classical conditioning. The addictive behaviour (neutral stimulus) is paired with an unpleasant imagined event (unconditioned stimulus), so that eventually the behaviour itself produces an unpleasant conditioned response such as anxiety or disgust, and is avoided. Because Asa finds the casino exciting, the therapist could make it less attractive by asking him to imagine being in the casino and then imagine losing his house and ending up in extreme poverty, until the casino triggers anxiety.

McConaghy et al (1983) found covert sensitisation reduced gambling behaviour and cravings, and was more effective than aversion therapy using electric shocks. Covert sensitisation is also more ethical than aversion therapy, as no real noxious stimuli are used, and the client controls the imagery.

However, conditioning therapies only address the behaviour, not the cognitive causes, so the effects may not last, and Asa may avoid casinos but still gamble online at home. Imagined scenarios also depend on the client's ability to create vivid images.

Overall, CBT seems most suitable for Asa because his gambling is

maintained by distorted beliefs, and covert sensitisation could be used alongside it to reduce the attraction of the casino. Combining the therapies may give the best long-term reduction in his addiction.

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