Changes to the AQA Psychology specification (Version 1.1) and support for these changes

AQA released Version 1.1 of their A Level Psychology specification in June 2019. Most of the changes are very minor. Please refer to the AQA website for more information.

To support you with these changes, this pdf contains some replacement pages for the optional topics of Gender, Schizophrenia and Forensic psychology, as outlined below. *The Complete Companions* Year 2 Kerboodle digital book will be updated with these changes.

### 4.3 Issues and options in psychology

#### 4.3.3: Chapter 4 Gender

AQA has replaced ‘Gender Identity Disorder’ with ‘Gender dysphoria’ to reflect changes made to the DSM.

To support you with this change, replacements for the following pages are provided:

- p91 (Specification checklist has been amended)
- p106–7 (Atypical gender development pages have been amended)
- p109 (Chapter summary has been amended)
- p111 (Question 22 has been amended)
- p352 (Glossary has been amended).

#### 4.3.5: Chapter 6 Schizophrenia

Bullet point ‘Biological explanations for schizophrenia’—reference to the dopamine hypothesis is now made immediately following neural correlates and now has the word ‘including’ added to acknowledge that the dopamine hypothesis is one example of a neural correlate.

To support you with this change, replacements for the following pages are provided:

- p142–3 (Biological explanations for schizophrenia – headings amended to clarify the change)
- p156 (Chapter summary, as above).

#### 4.3.9: Chapter 10 Forensic psychology

The first bullet point in this section relating to problems in defining crime and ways of measuring crime has been removed from the specification. This means that students will no longer be examined on the content of p256–7.

To support you with this change, replacements for the following pages are provided:

- p255 (Specification checklist has been amended)
- p256–7 (Background: Defining and measuring crime – these pages have been amended to be background reading only)
- p282 (Chapter summary has been amended)
- p286 (Questions 1–3 have been replaced with new questions)
- p288 (Question 1 with sample answers has been replaced).

We have also amended the Examples of material illustrating issues and debates table on p327–9 to reflect the changes outlined above.
Replacement pages for Chapter 4: Gender

- p91 (Specification checklist)
- p106–7 (Atypical gender development)
- p109 (Chapter summary)
- p111 (Question 22)
- p352 (Glossary).
SPECIFICATION CHECKLIST

- Sex and gender. Sex-role stereotypes. Androgyny and measuring androgyny, including the Bem Sex Role Inventory.
- The role of chromosomes and hormones (testosterone, oestrogen and oxytocin) in sex and gender. Atypical sex chromosome patterns: Klinefelter’s syndrome and Turner’s syndrome.
- Cognitive explanations of gender development: Kohlberg’s theory; gender identity, gender stability and gender constancy; gender schema theory.
- Psychodynamic explanations of gender development: Freud’s psychoanalytic theory; Oedipus complex; Electra complex; identification and internalisation.
- Social learning theory as applied to gender development. The influence of culture and media on gender roles.
- Atypical gender development: gender dysphoria; biological and social explanations for gender identity disorder.

Bem Sex Role Inventory

In this chapter you will learn about how some people embrace being both male and female rather than the more traditional male/female divide. One of the early expressions of this idea was Sandra Bem’s concept of androgyny. Some people feel comfortable incorporating characteristics of both genders into their own personality, whereas other people prefer to be clearly male or female.

To assess sex roles, Sandra Bem created the Bem Sex Role Inventory (BSRI). It characterises your personality as masculine, feminine, androgynous or undifferentiated.

The 60 different attributes are listed below. For each of them you should rate yourself on a scale of 1 to 7, where 1 means never or almost never true and 7 means almost always true.

1. self-reliant 21. reliable 41. warm
2. yielding 22. analytical 42. solemn
3. helpful 23. sympathetic 43. willing to take a stand
4. defends own beliefs 24. jealous 44. tender
5. cheerful 25. leadership ability 45. friendly
6. moody 26. sensitive to others’ needs 46. aggressive
7. independent 27. truthful 47. gullible
8. shy 28. willing to take risks 48. inefficient
9. conscientious 29. understanding 49. acts as a leader
10. athletic 30. secretive 50. childlike
11. affectionate 31. makes decisions easily 51. adaptable
12. theatrical 32. compassionate 52. individualistic
13. assertive 33. sincere 53. does not use harsh language
14. flatterable 34. self-sufficient 54. unsystematic
15. happy 35. eager to soothe hurt feelings 55. competitive
16. strong personality 36. conceited 56. loves children
17. loyal 37. dominant 57. tactful
18. unpredictable 38. soft spoken 58. ambitious
19. forceful 39. likable 59. gentle
20. feminine 40. masculine 60. conventional

To score yourself, add up ratings for all masculine items and add up all feminine items. Ignore the neutral items.

Masculine items: 1, 4, 7, 10, 13, 16, 19, 22, 25, 28, 31, 34, 37, 39, 40, 43, 46, 49, 52, 55, 58
Feminine items: 2, 5, 8, 11, 14, 17, 20, 23, 36, 29, 32, 35, 38, 41, 44, 47, 50, 53, 56, 59
Neutral items: 3, 6, 9, 12, 15, 18, 21, 24, 37, 30, 33, 36, 39, 42, 45, 48, 51, 54, 57, 60

In other words, if you rated ‘self-reliant’ as 3 you add that to your masculine score as that is a masculine item. If you rated ‘yielding’ as 5 then you add that to your feminine score as that is a feminine item. You ignore “helpful” as that is neutral. ‘Defends own beliefs’ is masculine again and so on.

If the number of masculine and feminine items are roughly equal, you are undifferentiated (if both totals are low) or androgynous (if both totals are high).

If the two scores are quite different then you are either classed as masculine or feminine (depending which score is bigger).
Atypical gender development can include some of the conditions we looked at earlier in this chapter, such as CAH or AIS (see page 95). Such conditions arise where abnormal chromosomes and/or abnormal hormone exposure lead to a mismatch between gender identity and certain sexual characteristics. These conditions are referred to as intersex.

The focus of this spread is on gender dysphoria, a psychiatric condition where a person feels distress with the gender assigned to them at birth. Terms such as transgender and transsexual are alternative descriptions. Gender dysphoria does not include intersex conditions (where an individual has a mismatch between male/female chromosomes, gonads, genitals and/or sex hormones).

None of these classifications are related to homosexuality where both men and women are content with their sex assignments. Gender dysphoria affects both males and females – males to females (MtF) outnumber females to males (FtM) by about 5 to 1 (NHS, 2012).

Gender dysphoria is a psychiatric condition listed in DSM-V. Individuals experience a sense of dysphoria (confusion) about their gender because they have strong, persistent feelings of identification with the opposite gender and discomfort with their own. It is only diagnosed where there is no physical intersex condition.

Transsexual gene

One study (Hare et al., 2009) looked at the DNA of 112 MtF transsexuals and found they were more likely to have a longer version of the androgen receptor gene than in a ‘normal’ sample. The effect of this abnormality is reduced action of the male sex hormone testosterone, and this may have an effect on gender development in the womb (e.g. under-masculinising the brain).

The brain-sex theory

This theory is based on the fact that male and female brains are different and perhaps transsexuals’ brains do not match their genetic sex. One region of the brain that has been studied is the BSTc (bed nucleus of the stria terminalis), which is located in the thalamus (see diagram on left). On average, the BSTc is twice as large in heterosexual men as in heterosexual women and contains twice the number of neurons.

The explanation offered for gender dysphoria is that the size of the BSTc correlates with preferred sex rather than biological sex. Two Dutch studies (Zhou et al., 1995; Kruijver et al., 2000) found that the number of neurons in the BSTc of MTF transsexuals was similar to that of the females. By contrast, the number of neurons in a FtM transsexual was found to be in the male range.

Phantom limb and cross-wiring

The neuroscientist Vilayanur Ramachandran (2008) suggested that gender dysphoria is an innate form of phantom limb syndrome. People who have a limb amputated often report they feel as if the limb was still there, for example they feel itches in the limb or even try to pick things up with the missing limb. Ramachandran et al. (1995) demonstrated that this occurs because the brain is ‘cross-wired’. The part of the brain that received input from the amputated limb is taken over by a different part of the body, such as the cheek.

In the case of gender dysphoria it is proposed that the image of the sex organs is innately hardwired in the brain in a manner opposite to the person’s biological sex (Ramachandran and McGeoch, 2007). Such cross-wiring means that some males feel they should not have a penis and some females feel they should have one. For example, it is estimated that two-thirds of FtM transsexuals report the sensation of a phantom penis from childhood onwards, including phantom erections.

Social explanations relate to how a child is socialised. There are different explanations for boys and girls.

Mental illness

A number of psychologists have proposed that gender dysphoria is related to mental illness, which in turn is linked to some childhood trauma or maladaptive upbringing. For example, Coates et al. (1991) produced a case history of a boy who developed gender dysphoria, proposing that this was a defensive reaction to the boy’s mother’s depression following an abortion. The trauma occurred when the boy was three, a time in development when a child is particularly sensitive to gender issues. Coates et al. suggest that the trauma may have led to a cross-gender fantasy as a means of resolving the ensuing anxiety.

Mother–son relationships

Stoller (1975) proposed that gender dysphoria results from distorted parental attitudes. In clinical interviews with individuals diagnosed with gender dysphoria, Stoller observed that they displayed overly close and enmeshed mother–son relationships. This would be likely to lead to greater female identification and confused gender identity.

Father–daughter relationships

In the case of FtM transsexuals, Zucker (2004) has suggested that females identify as males because of severe paternal rejection in early childhood. Unconsciously, they think that, if they became males, they might gain acceptance from their father.

The gender identity research and education society (GIRES) estimates that about 1 in 4,000 of the British population is receiving medical help for gender dysphoria. The Gender Identity Research and Education Society (GIRES) estimates that about 1 in 4,000 of the British population is receiving medical help for gender dysphoria. The GIRES Identity Research and Education Society (GIRES) estimates that about 1 in 4,000 of the British population is receiving medical help for gender dysphoria. The GIRES Identity Research and Education Society (GIRES) estimates that about 1 in 4,000 of the British population is receiving medical help for gender dysphoria. The GIRES Identity Research and Education Society (GIRES) estimates that about 1 in 4,000 of the British population is receiving medical help for gender dysphoria. The GIRES Identity Research and Education Society (GIRES) estimates that about 1 in 4,000 of the British population is receiving medical help for gender dysphoria.
EVALUATION/DISCUSSION

Critics of the brain-sex theory
Critics of the theory challenge whether differences are an effect or a cause of gender dysphoria.

Chung et al. (2002) noted that the differences in BSTc volume between men and women does not develop until adulthood, whereas most transsexuals report feelings of gender dysphoria from early childhood (e.g. Lawrence, 2003). This suggests that the difference found in the BSTc could be the effect rather than the cause of transsexualism. In addition, Hulshoff Pol et al. (2006) found that transgender hormone therapy does influence the size of the BSTc and the individuals in the Dutch studies (see facing page) had been receiving hormone therapy, which might explain why their brain sex was more similar to their gender identity rather than their biological sex. However, other evidence does continue to support transsexualism as a sexual differentiation disorder. For example, Rametti et al. (2011) studied the brains of FtM transsexuals before they started transgender hormone therapy. In terms of amounts of white matter in their brains, the FtM individuals had a more similar pattern to individuals who share their gender identity (males) than those who share their biological sex (females).

These mixed findings suggest that there is inconsistent evidence for the brain-sex theory.

Support for cross-wiring
Ramachandran and McGeoch (2007) have provided support for their ‘cross-wiring’ explanation by comparing gender dysphoria patients and non-gender dysphoria individuals who have had surgery to remove sex organs (e.g. for cancer).

Around 60% of non-gender dysphoria men who have to have penile amputation experience a phantom penis, but only 30% of gender dysphoria men have such experiences, suggesting that there was no wiring to a penis representation in their brain in the first place. Similarly, only 10% of FtM patients experience phantom breast sensations after surgery to remove breasts (Ramachandran and McGeoch, 2008).

This suggests that some transsexual adults do have differently wired brains.

Support for social explanations
Social explanations also have some support from research of boys with gender dysphoria.

Zucker et al. (1996) found that 64% of boys with gender dysphoria were also diagnosed with separation anxiety disorder, compared to only 38% of the boys who had gender concerns but whose symptoms were subclinical. This points to some kind of disordered attachment to a mother as a factor in gender dysphoria, but it does only explain MtF transsexuals. Another study (Owen-Anderson et al., 2010) also found high levels of emotional over-involvement in mothers of boys with gender dysphoria, supporting the view of some family psychopathology underlying the condition. However, not all research supports these findings. For example, Cole et al. (1997) studied 435 individuals experiencing gender dysphoria and reported that the range of psychiatric conditions displayed was no greater than found in a ‘normal’ population.

This suggests that gender dysphoria is generally unrelated to trauma or pathological families.

More than one explanation needed
Research into MtF transsexuals has identified different types of gender dysphoria.

Blanchard (1985) has proposed two distinct groups: ‘homosexual transsexuals’, who wish to change sex because they are attracted to men, and ‘non-homosexual transsexuals’, who wish to change sex because they are autogynephilic (sexually aroused by the thought or image of themselves as a woman): Furuhashi (2011) concluded, from a study of 27 Japanese male patients with gender dysphoria, that there were two types – those who have had a longing to be female since childhood (the ‘core’ group) and those whose discomfort did not appear until adolescence (the ‘periphery’ group).

Such research suggests that there are likely to be different explanations for different types of gender dysphoria.

Socially sensitive research
Research on gender dysphoria has potential social consequences for individuals represented by the research.

The question is whether they are better off with or without the research. If a biological cause is identified, this may help other people to be more accepting about the needs of transsexuals (it is not their ‘fault’, it is simply in their biology). On the other hand, it might harm individuals born with the abnormality because it might be assumed (wrongly) that transsexualism is biologically inevitable. The evidence, for example from CAH cases, is that a simple cause-and-effect (determinist) relationship is unlikely.

This shows that both doing research and doing no research may have social consequences for individuals represented by this research.

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Research on gender dysphoria has potential social consequences for individuals represented by the research.

The question is whether they are better off with or without the research. If a biological cause is identified, this may help other people to be more accepting about the needs of transsexuals (it is not their ‘fault’, it is simply in their biology). On the other hand, it might harm individuals born with the abnormality because it might be assumed (wrongly) that transsexualism is biologically inevitable. The evidence, for example from CAH cases, is that a simple cause-and-effect (determinist) relationship is unlikely.

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PSYCHODYNAMIC EXPLANATION OF GENDER DEVELOPMENT

DESCRIPTION
• Freud’s psychoanalytic theory of personality development – ego represses anxiety-provoking thoughts to unconscious mind.
• Psychosexual stages – libido attached to body parts, 3rd stage is phallic stage (age 3–6), libido attached to genitals, gender development occurs.
• In both genders attraction to opposite-sex parent resolved when child identifies with same-sex parent and internalise gender identity and gender concepts.
• Oedipus complex in boys – attraction to mother leads to wish that father was dead, guilt leads to repression, eventual resolution through identity with father.
• Electra complex in girls (Jung) – disenchantment with mother due to lack of penis and penis envy; resolved through desire to have a baby.
• Unresolved phallic stage leads to fixation, phallic character not capable of close love, may be associated with amoral behaviour and homosexuality.

EVALUATION/DISCUSSION
• Support from case studies – Little Hans wanted his mother and repressed fears of castration until he came to identify with his father. Levin reported link between bipolar patients and Electra complex.
• Child sexual awareness – children aged 4 not aware of genitals (Bem). However, Okami et al. did find link between early sexual awareness and later sexual activity.
• Lacks predictive validity – children from one parent or same-sex families should have difficulty with gender development but they don’t (e.g. Patterson).
• Alternative psychodynamic explanations – Chodorow focused on mothers only, closeness with daughters (supported by Goldberg and Lewis) and greater independence for sons.
• Reinterpretation – Lacan suggested penis envy symbolised male power, so we can therefore make sense of Freud’s meaning.

CULTURAL AND MEDIA INFLUENCES ON GENDER ROLES

CULTURAL INFLUENCE
• From parents, peers and related to social learning theory.
  – Women more conformist than men in tight, sedentary societies (Berry et al.).
  – Women’s roles changing, women still do more domestic duties but cultural attitudes changing.
  – Mead’s research in Papua New Guinea showed cultural role differences, e.g. Mundugumor men and women both aggressive.

MEDIA INFLUENCE
• Males portrayed as more independent and in control, women as emotional (Hodges et al.).
  – Those who watch more TV display more stereotypic gender role conceptions (McGhee and Freue).
  – Vicarious reinforcement – media provides gender role models but also provides information about likely outcomes, raises or lowers self-efficacy.
  – Counter-stereotypes were effective in advertising (Pongree).

EVALUATION/DISCUSSION
• Cultural similarities – social role theory (Eagly and Wood) explains how biologically based physical differences dictate roles.
• Cross-cultural research (e.g. Mead) flawed because of observer bias and inaccurate information provided by indigenous population (Freeman).
• Demonstrating media influence – Williams showed gender effects in study of Note!, comparing children’s stereotypes before and after exposure to TV.
• Media effects insignificant – may simply reinforce status quo.
• Backlash to counter-stereotyping – adolescents may wish to take opposite view to one promoted by adults.

SOCIAL LEARNING THEORY AS APPLIED TO GENDER DEVELOPMENT

SOCIAL LEARNING THEORY
• Social learning theory (SLT) emphasises learning from others (social) who model and reinforce gender behaviours (Bandura).
• Indirect (vicarious) reinforcement – children learn consequences of behaviour through observation but only imitate people with whom they identify (same-sex models).
• Mediation processes – cognitive theory because expectancies of future outcomes determine likelihood of imitation.
• Maintenance through direct reinforcement – children may learn gender-inappropriate behaviour but are punished for imitating it.
• Direct tuition – once children acquire language, people (e.g. parents) can explicitly tell them what to do and not do.
• Self-direction – once gender-appropriate behaviours internalised, a child can direct own behaviour.

EVALUATION/DISCUSSION
• Evidence to support modelling – children imitate behaviour of same-sex models but not if counter-stereotypical (Perry and Bussey).
• Direct tuition may be more effective than modelling – children played with toys labelled for their sex even if same-sex child observed playing with opposite-sex toy (Martin et al.).
• Peers not gender influences – either too young to be relating to peers or peers simply reinforce existing stereotypes (Lamb and Roopnarine).
• Self-direction – younger children disapproved of others engaging in gender-inappropriate play but not themselves, older children disapproved of themselves too (Bussey and Bandura).
• Too much emphasis on social processes – cross-cultural research shows universals in gender behaviour, e.g. what men and women desire in a partner is similar (Buss).

ATYPICAL GENDER DEVELOPMENT

BIOLOGICAL EXPLANATIONS OF GENDER DYSPHORIA:
• Transsexual gene (androgen receptor) more common in MTF transsexuals (Hare et al.).
• The brain-sex theory – BSTc smaller in normal females and transsexuals (e.g. Zhou et al.).
• Innate form of phantom limb syndrome – FTM transsexuals have a phantom penis, MTF transsexuals feel they should not have a penis (Ramachandran and McGeoch).
• Environmental cause – DDT contains oestrogen, feminises boys.

SOCIAL EXPLANATIONS OF GENDER DYSPHORIA:
• Mental illness – cross-gender fantasy to resolve maternal anxiety issues (Coates et al.).
• Mother–son – enmeshed relationships leading to female identification (Stoller).
• Father–daughter – seek male role to overturn paternal rejection (Zucker).

EVALUATION/DISCUSSION
• Criticsims of the brain-sex theory – BSTc size difference appears in adulthood so cannot be cause of dysphoria (Chung et al.), however, Rametti et al. found support.
• Support for cross-wiring – ‘normal’ individuals with penis/breasts removed more likely to experience phantom sensation than transsexuals (Ramachandran and McGeoch).
• Support for social explanations – high levels of separation anxiety in MTF individuals (Zucker et al.) and of emotional over-involvement (Owen-Anderson et al.).
• More than one explanation needed for e.g. homosexual and non-homosexual transsexuals (Blanchard) and core and peripheral people with gender dysphoria (Furukashi).
• Socially sensitive research – evidence for biology may make people feel more accepting of gender dysphoria but also make people wrongly believe that gender dysphoria is inevitable.
(ii) Outline one limitation of Freud's concept of the Oedipus complex.

Read the item below and then answer the question that follows.

Sadie is six years old and enjoys spending time with her mother, doing activities such as shopping and cooking. Her brother, Tom, is four years old and also wants to join in with their activities. When Tom’s father tries to spend time with his son, Tom is not interested and often runs away from him.

With reference to psychodynamic theory, explain both Sadie’s and Tom’s behaviours.

Outline and discuss both a psychodynamic explanation and the social learning theory of gender development.

Read the item below and then answer the question that follows.

Martin has a five-year-old son called Freddie. Martin says Freddie has turned into his ‘little shadow’ – following him everywhere, trying to copy what his dad is doing. The other day, Freddie tried to mow the lawn alongside Martin but using a toy shopping trolley! Freddie also says he really wants to learn to head a football like Martin does, as he thinks it’s really cool.

Discuss social learning as an explanation of gender development. Refer to the case of Freddie as part of your answer.

Describe one research study which investigates the influence of the media on gender roles.

Evaluate the view that culture influences gender roles.

Read the item below and answer the question that follows.

Nina is 12 years old. Ever since she can remember, she has much preferred socialising with boys rather than girls. Most of her hobbies are typically masculine, and she is often mistaken for a boy because of the way that she dresses. She has recently told her parents that she wants to rename herself Nathan, and wants to be referred to as ‘he’.

Discuss both biological and social explanations of gender dysphoria. Refer to the case of Nina as part of your answer.

A psychologist carried out a content analysis of children's toy adverts, comparing those aimed at boys and those aimed at girls. She recorded a total of 10 hours of adverts shown across a two-week period on one TV channel. She then sampled from these recordings by watching the middle 10 minutes from each 30-minute segment. Key findings included the following:

- adverts aimed at boys presented nearly twice as much active play compared to adverts aimed at girls
- the slogans used for girls’ adverts had a median of eight words compared to a median of five for adverts aimed at boys
- adverts aimed at girls were described as emphasising development in adulthood and glamorising the role of women in society
- adverts aimed at boys were described as emphasising adventure through exploration of the world.

(i) Outline what is meant by content analysis.
(ii) Explain one strength of using content analysis when researching gender.
(iii) Identify whether the psychologist was using time or event sampling in their research. Justify your decision.
(iv) Explain how this research uses both quantitative and qualitative data.
planning your answers 149, 243, 273, 305
reading questions carefully 149, 177
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research methods practice 36–7
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gender bias refers to the tendency to describe the behaviour of men and women in psychological theory and research in such a way that might not be seen to represent accurately the characteristics of either one of these genders. 42, 141
gender constancy is the recognition that your gender is a constant, not just across your lifetime but also in different situations. Young children, according to Kohlberg, believe that gender may vary from time to time and depending on, for example, the clothes a person wears. 96, 97, 99
gender dysphoria is a psychiatric condition listed in DSM-V. Individuals experience a sense of gender (confusion about their gender) because they have strong, persistent feelings of identification with the opposite gender and discomfort with their own. It is only diagnosed where there is no physical intersex condition. 106–7, 109
gender schema theory refers to the tendency to describe the behaviour of men and women in psychological theory and research in such a way that might not be seen to represent accurately the characteristics of either one of these genders. 42, 141
gender therapy is the name given to a range of interventions aimed at the family (e.g. parents, siblings, partners) of someone with a mental disorder. 151
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genetic explanations The likelihood of being born in a particular way is determined by a person’s genetic make-up, i.e. it is inherited from parents. 264
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352
Replacement page for Chapter 5: Schizophrenia

- p142-3 (Biological explanations for schizophrenia – headings amended to clarify the change)
- p156 (Chapter summary, as above).
Biological explanations for schizophrenia

There are many different explanations for schizophrenia, but it is the biological explanations that have received the most research support to date. The importance of biological explanations for schizophrenia does not, however, deny the important role that psychological factors play in this disorder. Current thinking is that a diathesis-stress/relationship may be at work, with a biological predisposition for schizophrenia only developing into the disorder if other significant psychological stressors are present in the person’s life.

GENETIC FACTORS

Schizophrenia tends to run in families, but only among individuals who are genetically related rather than related by marriage. The risk of developing the disorder among individuals who have family members with schizophrenia is higher than it is for those who do not.

Family studies

Family studies have established that schizophrenia is more common among biological relatives of a person with schizophrenia, and that the closer the degree of genetic relatedness, the greater the risk. For example, in Gottesman’s study, children with two schizophrenic parents had a concordance rate of 46%, children with one schizophrenic parent a rate of 13%, and siblings (where a brother or sister had schizophrenia) a concordance rate of 9%.

Twin studies

If monozygotic (MZ – genetically identical) twins are more concordant (similar) than dizygotic (DZ – who share only 50% of their genes), then this suggests that the greater similarity is due to genetic factors. Joseph (2004) calculated that the pooled data for all schizophrenia twin studies carried out prior to 2001 showed a concordance rate for MZ twins of 40.4% and 7.4% for DZ twins.

Adoption studies

Because of the difficulties of disentangling genetic and environmental influences for individuals who share genes and environment, studies of genetically related individuals who have been reared apart are used. Probably the most methodologically sound study of this type was carried out by Tienari et al. (2000) in Finland. Of the 164 adoptees whose biological mothers had been diagnosed with schizophrenia, 11 (6.7%) also received a diagnosis of schizophrenia, compared to just four (2%) of the 197 control adoptees (those born to non-schizophrenic mothers). The investigators concluded that these findings showed that the genetic liability to schizophrenia had been ‘decisively confirmed’.

NEURAL CORRELATES

Research into the neural correlates of schizophrenia has focused on the important role of the neurotransmitter dopamine and on areas of the brain that are influential in the onset and development of this disorder.

The dopamine hypothesis

The dopamine hypothesis claims that an excess of the neurotransmitter dopamine in certain regions of the brain is associated with the positive symptoms of schizophrenia.Schizophrenics are thought to have abnormally high numbers of D2 receptors on receiving neurons, resulting in more dopamine binding and therefore more neurons firing. The key role played by dopamine was highlighted in two sources of evidence:

Drugs that increase dopaminergic activity

Amphetamine is a dopamine agonist, i.e. it stimulates nerve cells containing dopamine, causing the synapse to be flooded with this neurotransmitter. ‘Normal’ individuals exposed to large doses of dopamine-releasing drugs such as amphetamines can develop the characteristic symptoms of a schizophrenic episode, which generally disappear with abstinence from the drug.

Drugs that decrease dopaminergic activity

Although there are many different types of antipsychotic drug, they all have one thing in common, i.e. they block the activity of dopamine in the brain. By reducing activity in the neural pathways of the brain that use dopamine as the neurotransmitter, these drugs eliminate symptoms such as hallucinations and delusions. The fact that these drugs (known as dopamine antagonists because they block its action) alleviated many of the symptoms of schizophrenia strengthened the case for the important role of dopamine in this disorder.

The revised dopamine hypothesis

Davis and Kahn (1991) proposed that the positive symptoms of schizophrenia are caused by an excess of dopamine in subcortical areas of the brain, particularly in the mesolimbic pathway. The negative and cognitive symptoms of schizophrenia are thought to arise from a deficit of dopamine in areas of the prefrontal cortex (the mesocortical pathway). For example, Patel et al. (2010), using PET scans to assess dopamine levels in schizophrenic and normal individuals, found lower levels of dopamine in the dorsolateral prefrontal cortex of schizophrenic patients compared to their normal controls.

Specific brain areas involved in schizophrenia

The prefrontal cortex

The prefrontal cortex (PFC) is the main area of the brain involved in executive control (i.e. planning, reasoning, and judgment), and research has shown that this is impaired in schizophrenia patients (Weinberger and Gallwiofer, 1997). It has been hypothesised that the cognitive symptoms of schizophrenia result from deficits within the PFC and its connections with other areas of the brain, particularly the hippocampus.

The hippocampus

The hippocampus is an area of the brain in the temporal lobe. Several studies have reported anatomical changes in the hippocampus in schizophrenia patients (Conrad et al., 1991). Deficits in the nerve connections between the hippocampus and the prefrontal cortex have been found to correlate with the degree of working memory impairments, a central cognitive impairment in schizophrenia (Mukai et al., 2015). Goto and Grace (2008) suggest that hippocampal dysfunction might also influence levels of dopamine release in the basal ganglia, indirectly affecting the processing of information in the prefrontal cortex.

Grey matter

Individuals with schizophrenia have a reduced volume of grey matter (mostly cell bodies and unmyelinated axons) in their brain, especially in the temporal and frontal lobes. Researchers have also found that many people with schizophrenia, particularly those displaying negative symptoms, have enlarged ventricles (brain cavities filled with cerebrospinal fluid) (Hartberg et al., 2011). Enlarged ventricles are thought to be a consequence of nearby parts of the brain not developing properly or being damaged. Cannon et al. (2014) found that individuals at high clinical risk who developed schizophrenia showed a steeper rate of grey matter loss and a greater rate of expansion of brain ventricles compared to those who did not develop schizophrenia.

White matter

White matter is found in the brain and spinal cord and is made up of nerve fibres covered in myelin. Myelin creates an insulating sheath around nerve fibres and helps to conduct information quickly through the central nervous system, enabling efficient information processing. Research (e.g. Du et al., 2013) has found reduced myelination of white matter pathways in schizophrenic patients, compared to healthy controls. This is particularly the case in the neural pathways between the PFC and the hippocampus.
MZ twins encounter more similar environments

A crucial assumption underlying all twin studies is that the environments of monozygotic (MZ) twins and dizygotic (DZ) twins are equivalent. However, as Joseph (2004) points out, MZ twins are treated more similarly, encounter more similar environments and experience more ‘identity confusion’ (i.e. frequently being treated as ‘the twins’ rather than as two distinct individuals) than DZ twins.

This suggests that differences in concordance rates between MZ and DZ twins reflect nothing more than environmental differences that distinguish the two types of twin.

Adoptees may be selectively placed

An assumption of adoption studies is that adoptees are not ‘selectively placed’, i.e. adoptive parents who adopt children with a schizophrenic biological parent are no different to adoptive parents who adopt children whose background is normal.

One of the largest adoption studies of schizophrenia took place in Oregon (Heston, 1966), where it was assumed that procreation by any person admitted to a mental hospital would produce offspring with an inherited tendency to ‘feeble-mindedness, insanity and degeneracy’. It is extremely unlikely that the children born to women with schizophrenia would have been placed into the same type of adoptive families as children without such a background (Joseph, 2004).

This, coupled with other problems with twin and adoption studies, suggests we cannot accept their conclusions about the role of genetics in schizophrenia.

EVALUATION/DISCUSSION OF NEURAL CORRELATES

The dopamine hypothesis: Evidence from treatment

Much of the evidence supporting the dopamine hypothesis comes from the success of drug treatments that attempt to change levels of dopamine activity in the brain.

Leucht et al. (2013) carried out a meta-analysis of 212 studies. They concluded that all the antipsychotic drugs tested in these studies were significantly more effective than placebo in the treatment of positive and negative symptoms, achieved by reducing the effects of dopamine.

These findings also challenge the classification of antipsychotics into typical and atypical groupings because differences in their effectiveness were only small.

Challenges to the dopamine hypothesis

Noll (2009) claims there is strong evidence against both the original dopamine hypothesis and the revised dopamine hypothesis.

He argues that antipsychotic drugs do not alleviate hallucinations and delusions in about one-third of people experiencing these symptoms. Noll also points out that, in some people, hallucinations and delusions are present despite levels of dopamine being normal.

This suggests that, rather than dopamine being the sole cause of positive symptoms, other neurotransmitter systems, acting independently of the dopaminergic system, may also produce the positive symptoms associated with schizophrenia.

Support for the influence of grey matter deficits

Support for the significance of grey matter deficits in schizophrenia comes from a meta-analysis by Vita et al. (2012).

They analysed the results of 19 studies. Patients with schizophrenia, compared with healthy controls, showed a higher reduction in cortical grey matter volume over time. This pattern of grey matter reduction was specific to discrete cortical areas in the frontal, temporal and parietal lobes.

This loss of grey matter was especially active in the first stages of the disease, consistent with the relatively early onset of schizophrenia (late teens/early 20s).

Implications for treatment

The importance of neural correlates for schizophrenia is that early intervention might prevent development of the later stages of this disorder.

This concept of ‘treatment as prevention’ is seen in the North American Prodrome Longitudinal Study (Addington et al., 2015), which uses a number of different assessments, including neuroimaging, to predict who will develop psychoses such as schizophrenia.

With a better understanding of how schizophrenia develops, researchers can detect loss of brain tissue early and treat at-risk patients before psychosis develops.
End-of-chapter review

We have identified here the key points of the topics on the AQA A level specification covered in this chapter, i.e. the bare minimum that you need to know. You may want to fill in further details to elaborate and personalise this material.

**RELIABILITY AND VALIDITY IN DIAGNOSIS AND CLASSIFICATION**

**THE NATURE OF SCHIZOPHRENIA**
- A severe mental disorder in which thought and emotions are so impaired that contact is lost with external reality.
- Diagnosis made on basis of criteria on DSM-V – requires two or more active symptoms for at least one month.
- Positive symptoms reflect an excess or distortion of normal functions.
- Include hallucinations, delusions, disorganised speech and grossly disorganised or catatonic behaviour.
- Negative symptoms reflect a reduction or loss of normal functions.
- Include speech poverty (alogia), avolition, affective flattening and anhedonia.

**BIOLOGICAL EXPLANATIONS FOR SCHIZOPHRENIA**

**GENETIC FACTORS**
- Genetic explanations emphasise the importance of inherited factors.
- Family studies – schizophrenia more common among biological relatives of a person with the disorder.
- Twin studies – show higher concordance rate for MZ twins than for DZ twins.
- Adoption studies – Tienari et al found greater link with biological parents than adoptive parents.

**NEURAL CORRELATES: THE DOPAMINE HYPOTHESIS**
- Dopamine hypothesis claims excess of dopamine causes positive symptoms of schizophrenia.
- Drugs that increase dopamine (e.g. amphetamines) produce schizophrenic symptoms and drugs that decrease dopamine (antipsychotics) reduce symptoms.
- Revised dopamine hypothesis – includes dopamine underactivity in PFC.

**NEURAL CORRELATES: SPECIFIC BRAIN AREAS; GREY AND WHITE MATTER**
- Cognitive symptoms due to impairment in PFC and its connections with other brain regions (e.g. the hippocampus).
- Individuals with schizophrenia show grey matter deficits and enlarged brain ventricles (Cannon et al., 2014).
- Reduced myelination of white matter pathways in schizophrenic patients (Du et al., 2013).

**RELIABILITY**
- Diagnostic reliability means diagnosis must be repeatable (test–retest reliability).
- Different clinicians should reach the same diagnosis.
- Cultural differences in diagnosis (Copeland), experience of voices (Luhmann et al.) and ethnic differences (Barnes).

**VALIDITY**
- The extent that a diagnosis represents something that is real and distinct from other disorders.
- Gender bias in diagnosis – tendency to pathologies of one gender rather than another.
- Goldstein and Kreisman – schizophrenic sons more readily seen as ill than schizophrenic daughters, accounting for the earlier diagnosis of schizophrenia.
- Symptom overlap – different disorders can share symptoms, making diagnosis difficult.
- Co-morbidity – two or more conditions may co-exist, e.g. ‘schizo-OCD’ (Swets et al.).

**EVALUATION/DISCUSSION**
- Research support for gender bias in diagnosis – males more likely to be diagnosed with schizophrenia (Loring and Powell).
- The consequences of co-morbidity – co-morbid non-psychiatric diagnoses may compromise treatment and prognosis (Weber et al.).
- Differences in prognosis – patients rarely share the same symptoms nor the same prognosis.

**PSYCHOLOGICAL EXPLANATIONS FOR SCHIZOPHRENIA**

**FAMILY DYSFUNCTION**
- Double bind theory – conflicting messages within the family prevents coherent construction of reality, giving rise to schizophrenic symptoms.
- Expressed emotion – family communication style likely to influence relapse rates. Suggests lower tolerance for intense environmental stimuli.

**COGNITIVE EXPLANATIONS**
- Cognitive explanations of delusions – egocentric bias leads person to relate irrelevant events to themselves and arrive at false conclusions.
- Cognitive explanations of hallucinations – hyper vigilance leads to greater expectation for stimuli; person likely to attribute these to external sources.

**EVALUATION/DISCUSSION**
- Supporting evidence for the cognitive model of schizophrenia – Sarin and Wallin found evidence that positive symptoms arise from faulty processing.
- Support from the success of cognitive therapies – CBT more effective at reducing symptom severity than antipsychotics.
- An integrated model of schizophrenia – early vulnerabilities sensitize dopamine system, more dopamine released, biased processing results in paranoia/hallucinations.
Replacement pages for Chapter 10: Forensic psychology

- p255 (Specification checklist has been amended)
- p256-7 Background: Defining and measuring crime (These pages have been amended to be background reading only)
- p282 (Chapter summary has been amended)
- p286 (Questions 1–3 have been replaced with new questions)
- p288 (Question 1 with sample answers has been replaced).
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SPECIFICATION CHECKLIST

• Offender profiling: the top-down approach, including organised and disorganised types of offender; the bottom-up approach, including investigative psychology; geographical profiling.

• Biological explanations of offending behaviour: a historical approach (atavistic form); genetics and neural explanations.

• Psychological explanations of offending behaviour: Eysenck’s theory of the criminal personality; cognitive explanations; level of moral reasoning and cognitive distortions, including hostile attribution bias and minimalisation; differential association theory; psychodynamic explanations.


TRY THIS

Are criminals born or are they made?

Is it nature or nurture? Much of this chapter is concerned with biological and psychological explanations of offender behaviour. One possibility is that people have an innate personality type which predisposes them to become criminal. Hans Eysenck argued that this was possible (this theory is discussed on pages 266–267). He identified three dimensions of personality — extraversion, neuroticism and psychoticism. According to Eysenck, each of these has a biological basis. For example, he argued that extraverts are biologically under-aroused and therefore seek stimulation to increase their physiological arousal. One way to do this is to engage in risky behaviours — an ingredient of the criminal personality.

Eysenck developed a questionnaire, the Eysenck Personality Questionnaire (EPQ) to assess the three personality characteristics. The full EPQ has 100 items, but several shorter versions have been compiled and validated against the original (concurrent validity), including the 24-item version below (Sato, 2005, adapted from Eysenck and Eysenck, 1992).

Write the numbers 1 to 24 on a piece of paper and record your answer for each question – either yes or no.

Eysenck Personality Questionnaire

1. Are you a talkative person?
2. Does your mood often go up and down?
3. Are you rather lively?
4. Do you ever feel miserable for no reason?
5. Do you enjoy meeting new people?
6. Are you an irritable person?
7. Can you usually let yourself go and enjoy yourself at a lively party?
8. Are your feelings easily hurt?
9. Do you usually take the initiative in making new friends?
10. Do you often feel fed-up?
11. Can you easily get some life into a rather dull party?
12. Would you call yourself a nervous person?
13. Do you tend to keep in the background on social occasions?
14. Are you a worrier?
15. Do you like mixing with people?
16. Would you call yourself a nervous person?
17. Do you like plenty of action and excitement around you?
18. Do you worry too long after an embarrassing experience?
19. Are you mostly quiet when you are with other people?
20. Do you suffer from nerves?
21. Do other people think of you as being very lively?
22. Do you often feel lonely?
23. Can you get a party going?
24. Are you often troubled about feelings of guilt?

Scoring

For numbers 3, 5, 7, 10, 15, 16, 17, 19, 20, 22 you score 1 mark for No and 0 for Yes. For all other numbers you score 0 marks for No and 1 for Yes.

Extraversion score — add scores for questions 1, 9, 11, 14, 18, 21
Neuroticism score — add scores for questions 2, 4, 13, 15, 20, 23
Psychoticism score — add scores for questions 3, 6, 8, 12, 16, 22

There is also a lie scale — add your scores for questions 5, 7, 10, 17, 19, 24

This lie scale tells you how truthful you were in your answers. Data from people with a high lie score should be discarded as lacking validity.
Background: Defining and measuring crime

Forensic psychology concerns the application of psychological principles to different stages of the criminal justice system, which includes understanding the causes of criminal behaviour and considering how to deal with people who have committed crimes (i.e. criminals or offenders). It also includes the identification and interviewing of offenders and issues related to eyewitness testimony, both of which were part of your Year 1 studies.

The best and most obvious place to begin is to look at how we actually define crime, as well as how figures are collected to establish who is committing crimes at how we actually define them. The first time this unwritten law took effect was when a young professional woman was found not guilty of the crime for which she was being tried, and the French concept of a crime passionnel (crime of passion) may lead to a more lenient sentence for murder if a court decides that the murderer acted from a strong and unplanned impulse.

The influence of culture

It is obvious that criminal behaviour will vary from country to country depending on the laws in those countries. For example, in the UK it is a crime for a man to have more than one wife but this is not the same in all countries. In addition, within a country changes over time, so criminal behaviour is not a constant. In the UK, homosexuality was illegal until 1969 and remains illegal in some countries (e.g. Egypt and Saudi Arabia). In seventeenth-century Britain, stealing a sheep or even a handkerchief was punishable by hanging.

Despite variations in how crimes are identified within particular cultures, there are some behaviours that are universally regarded as unacceptable. Examples include murder, rape and theft. However, even within these categories there are cultural variations in the law, for example, the French concept of a crime passionnel (crime of passion) may lead to a more lenient sentence for murder if a court decides that the murderer acted from a strong and unplanned impulse.

Crime passionnel – the case of Marie Bière

The French concept of a crime passionnel (crime of passion) may lead to a more lenient sentence for murder if a court decides that the murderer acted from a strong and unplanned impulse. A crime is any act (or lack of acting, e.g. not paying your TV licence) that violates the law and results in punishment by the state. This means that ‘crime’ is not simply behaviour that is deemed wrong but behaviour which has been identified as wrong by the law. The influence of culture on crime is very important and considering how to deal with people who have committed crimes (i.e. criminals or offenders) is an act which is against the law, as not all people accept this definition. Limiting the definition of a crime to a violation of criminal law rules out many other harmful behaviours that may have the same characteristics and consequences as something defined as a crime by criminal law. Some scholars have also argued that the powerful in society use their economic and political influence to represent their interests in ways that shape criminal law. As a result, the field of criminology is disproportionately preoccupied with the study of socially vulnerable individuals involved in street crime rather than the (potentially) more harmful corporate crime. For example, a survey of major US and UK journals of criminology (Michalowski and Kramer, 2007) found that fewer than 3% focused on the criminal activities of corporations and governments.

KEY TERMS

Crime refers to any behaviour that is unlawful and to its act that is harmful to an individual, group, or society as a whole.

PUBLIC ORDER OFFENCES

These are the most common crime categories committed by children, sexual offences and so on. Home Office statistics also make the distinction between violent versus non-violent crimes, driving offences, offences experienced by children, sexual offences and so on. Home Office statistics also make the distinction between violent versus non-violent crimes, driving offences, offences experienced by children, sexual offences and so on. For example:

- In most countries, the government produces official crime statistics annually. In the UK, the Home Office has produced such data since 1885 for England and Wales. This information is now based on any incident reported to the police or when the police observe or discover an offence. For example, data is given for any given year on the number of robberies, violent versus non-violent crimes, driving offences, offences experienced by children, sexual offences and so on. Home Office statistics also make historical comparisons to look at trends in crime.

Victim surveys

In the UK, the Crime Survey for England and Wales (CSEW) is the most widely used victim survey in the world. It is an act that is harmful to an individual, group, or society as a whole.

Defining crime

A crime is any act (or lack of acting, e.g. not paying your TV licence) that violates the law and results in punishment by the state. This means that ‘crime’ is not simply behaviour that is deemed wrong but behaviour which has been identified as wrong by the law. This is a widespread and a very important concept. The best and most obvious place to begin is to look at how we actually define crime, as well as how figures are collected to establish who is committing crimes and how much crime there is.

Public order offences

- 4% increase in violence against the person offences (from 728 to 701 offences)

Domestic abuse

- 14% of all crimes reported by the police flagged as domestic abuse

Theft offences

- 8% increase in unauthorised taking of a motor vehicle
- 3% decrease in burglary offences (to 422,870 offences)

Fraud

- 17% increase in fraud offences (estimated to 3,809,000 offences)

Criminal damage

- 17% increase in criminal damage to a vehicle

Robbery

- 11% increase in robbery offences (from 85,736 to 94,296 offences)

CHANGING PATTERNS OF CRIME

Crime in England and Wales: year ending March 2019 compared to previous year

WAYS OF MEASURING CRIME

In order to deal with crime and form government policies, and also in order to conduct research related to crime, we need to know how much crime is actually committed, and for that we need to collect data. There are a few main methods for doing this, as outlined below.

Official statistics

In most countries, the government produces official crime statistics annually. In the UK, the Home Office has produced such data since 1885 for England and Wales. This information is now based on any incident reported to the police or when the police observe or discover an offence. For example, data is given for any given year on the number of robberies, violent versus non-violent crimes, driving offences, offences experienced by children, sexual offences and so on. Home Office statistics also make historical comparisons to look at trends in crime.

Victim surveys

An alternative approach is to ask a sample of people to identify which crimes (reported or unreported) have been committed against them over a fixed period of time. The Crime Survey for England and Wales (CSEW) was started in the UK in 1982. This was the British Crime Survey, but a separate one was set up for Scotland in 2012, and so it is now just the Crime Survey. There has also been one in Northern Ireland since 1994. Since 2001 the Crime Survey has been repeated every year and now involves a sample of about 50,000 households, interviewing those aged 16 years and over in the household. There is a smaller sample of 18–15-year-olds who are also involved.

The sample is selected randomly from the Royal Mail’s list of addresses. Those living in shared accommodation and college halls are not selected. Each person is interviewed using a fixed set of questions which relate to general attitudes (e.g. ‘in your view what are the major causes of crime in Britain today?’) in a more specific way (e.g. ‘during the last 12 months have you or anyone else in your household had a car, van, motorcycle, etc. stolen?’). All data are confidential.

Offender surveys

A third way to collect data about crime is to question offenders. In England and Wales the Offending, Crime and Justice Survey (OCJS) was carried out annually between 2001 and 2006. The aim of the survey was to increase knowledge about young people and criminal behaviour. The initial sample consisted of people aged 10 to 24 years, living in private households in England and Wales. In subsequent years a subsample of about 5,000 people aged 10 to 25 at the outset were studied longitudinally up to 2006. Over 95% of respondents remained with the study over the four years. Among the main findings of this survey were:

- Half the people aged 10–24 (49%) who took part in the four waves of the survey committed offences.
- Assaults accounted for half the offences (48%) over four years.
- Drug crime (selling drugs) was the second most common offence, at one fifth of all incidents admitted by respondents.

Homicide

- 4% decrease in homicide offences (from 728 to 701 offences)

Domestic abuse

- 14% of all crimes reported by the police flagged as domestic abuse

Drug crime (selling drugs)

- 17% increase in fraud offences (estimated to 3,809,000 offences)
In order to deal with crime and form government policies, and also in order to conduct research related to crime, we need to know how much crime is actually committed, and for that we need to collect data. Three of the main methods for doing this are outlined below.

**Official statistics**
In most countries, the government produces official crime statistics annually. In the UK the Home Office has produced such information since 1881 for England and Wales. This information is now based on any incident reported to the police when the public believes or discovers an offence. For example, data is given for any one year on the number of robberies, violent versus non-violent crimes, driving offences, offences experienced by children, sexual offences and so on. Home Office statistics also make historical comparisons to look at trends in crime.

The National Crime Recording Standard (NCRS), begun in 2002, records any reported incident, whether or not it is recorded as a crime.

**Victim surveys**
An alternative approach is to ask a sample of people to identify which crimes (reported or unreported) have been committed against them over a fixed period of time. The Crime Survey for England and Wales (CESW) was started in the UK in 1982. (This was the British Crime Survey, but a separate one was set up for Scotland in 2012, and so it is now just the Crime Survey. There has also been one in Northern Ireland since 1994.) Since 2001 the Crime Survey has been repeated every year and now involves a sample of about 50,000 households, interviewing those aged 16 years and over in the household. There is a smaller sample of 10–15-year-olds who are also involved.

The sample is selected randomly from the Royal Mail’s list of addresses. Those selected are asked if any resident and group of people are represented. Each person is interviewed using a fixed set of questions which relate to general attitudes (e.g. ‘In your view what are the major causes of crime in Britain today?’) or more specific (e.g. ‘During the last 12 months have you or anyone else now in your household had a car, van, motorcycle, etc. stolen?’). All data are confidential.

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- Assailants accounted for half the offences (48%) over four years.
- Drug crime (selling drugs) was the second most common offence, at one-fifth of all incidents admitted by respondents.

### WAYS OF MEASURING CRIME

#### BACKGROUND: DEFINING AND MEASURING CRIME

A crime is any act (or lack of acting, e.g. not paying your TV licence) that violates the law and results in punishment by the state. This means that ‘crime’ is not simply behaviour that is deemed wrong but behaviour which has been identified as wrong by the law. This all seems fairly clear, yet there is no universally agreed definition of what actually constitutes a crime. Although the most straightforward way of thinking about crime is to see it from the legal perspective, i.e. a crime is any act which is against the law, not all people accept this definition. Limiting the definition of a crime to a violation of criminal law rules out many other harmful behaviours that may have the same characteristics and consequences as something defined as a crime by criminal law. Some scholars have also argued that the powerful in society use their economic and political influence to represent their interests in ways that shape criminal law. As a result, the field of criminology is disproportionately preoccupied with the study of socially vulnerable individuals involved in street crime rather than the (potentially) more harmful corporate crime. For example, a survey of major US and UK journals of criminology (Michaelowski and Kramer, 2007) found that fewer than 3% focused on the criminal activities of corporations and governments.

### THE INFLUENCE OF CULTURE

It is obvious that criminal behaviour will vary from country to country depending on the laws in those countries. For example, in the UK, it is a crime for a man to have more than ten wives but this is not the same in all countries. In addition, within a country laws change over time, so criminal behaviour is not a constant. In the UK, homosexuality was illegal until 1969 and remains illegal in some countries (e.g. Egypt and Saudi Arabia). In seventeenth-century Britain, stealing a sheep or even a handkerchief was punishable by hanging.

Despite variations in how crimes are identified within particular cultures, there are some behaviours that are universally regarded as unacceptable. Examples include murder, rape and theft. However, even within those categories there are cultural variations in the law; for example, the French concept of a crime passionnel (crime of passion) may lead to a more lenient sentence for murder if a court decides that the murderer acted from a strongly and unplanned impulse.

### CRIME PASSIONEL – THE CASE OF MARIE BIÈRE

The French concept of a crime passionnel (crime of passion) may lead to a more lenient sentence for murder if a court decides that the murderer acted from a strongly and unplanned impulse.

The first time this unwritten law took effect was when a young professional singer named Marie Bière was seduced under promise of marriage by a man named Germain Ginet. Marie Bière had even been in love with Germain for some time and was not aware of his murderous intentions.

Germain had never been married before and was attracted to Marie. He brought Marie to his home, where he killed her in an act of sudden passion.

Marie Bière was seduced under promise of marriage by a man named Germain Ginet.

The jury took less than five minutes to reach a unanimous decision that Marie Bière was murdered by Germain.

Marie Bière was seduced under promise of marriage by a man named Germain Ginet.

The first use of the term can be traced back to France (‘crime passionel’). The first use of the term can be traced back to France (‘crime passionel’).

### CRIME PUNISHMENT – THE CASE OF MARY BIERE

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The French concept of a crime passionnel (crime of passion) may lead to a more lenient sentence for murder if a court decides that the murderer acted from a strongly and unplanned impulse. Given the circumstances of this case, the courts in France rather than in England and Wales might have been more lenient.

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**End-of-chapter review**

We have identified here the key points of the topics on the AQA A level specification covered in this chapter, i.e. the bare minimum that you need to know. You may want to fill in further details to elaborate and personalise this material.

**DEFINING AND MEASURING CRIME**

**DEFINING CRIME**
- Crime is a violation of the law as defined by the state.
- Crime is a social construction related to cultural views. It varies across countries and historical periods.
- The concept of a ‘crime of passion’ (e.g. in Texas) may lead to a more lenient sentence for murder if the individual acted as a consequence of sudden passion after an ‘adequate cause’ (e.g. terror or resentment).
- There are some behaviours that are universally regarded as unacceptable and therefore widely accepted as ‘crimes’ (e.g. rape and theft).

**WAYS OF MEASURING CRIME**
- Official statistics – produced in the UK by the Home Office (incidents reported to or by the police) and National Crime Reporting Standard (NCRS; reports any incident, even those not ‘crimes’).
- These statistics note any changing patterns of crime across different years, e.g. in 2019 there was a decrease in homicide offences and an increase in public order offences (from 2018).
- Victim surveys – Crime Survey for England and Wales (CSEW): 50,000 households interviewed, randomly selected from postal addresses.
- Offender surveys – Offending, Crime and Justice Survey (OCJS); conducted for four years with same 5,000 people.
- This survey showed that half of the people aged 10-25 (49%) who took part had committed offences.
- Assaults and drug crime were the most common offences admitted by respondents.

Note from the publisher: In June 2019 Defining and measuring crime was removed from the AQA specification. We have retained the content of pages 256–257 for background reading only.

**OFFENDER PROFILING**

**THE TOP-DOWN APPROACH**
- Originated with the FBI, focused on bizarre murders; intuitive application of profiler’s prior experience.
  1. Profiling inputs – all data collected, e.g. details of crime scene, information about victim.
  2. Decision process models – data organised into meaningful patterns, e.g. murder type, time factors.
  3. Crime assessment – organised or disorganised classification based on type of offender. Organised offenders plan their crime, leave few clues, may transport body away from crime scene, intelligent and socially competent.
  4. Criminal profile constructed and used to plan investigation, including where to look and eventually how to interview offender.
  5. Crime assessment – new information may mean return to step 2.
  6. Apprehension – experience used to revise the process.

**THE BOTTOM-UP APPROACH**
- Data driven and based on psychological theory and research.
- Investigative psychology – using characteristics of the person (Canter).
- Interpersonal coherence – personality is consistent which provides clues, and changes in circumstance may provide other clues.
- Forensic awareness – an experienced criminal may reveal their knowledge, e.g. wiping fingerprints.
- Smallest space analysis – data items from crime scenes correlated, leading to three themes: instrumental opportunistic, instrumental cognitive and expressive impulsive.
- Geographical profiling – location of a crime provides clues (Canter).
- Circle theory (Canter and Larkin) – criminals commit crimes within a circle: marauder (live within the circle) or commuter (travels to the circle).
- Criminal geographic targeting (CGT) – Rossmo’s formula produces a 3D map (jeopardy surface) which will show probability of offender residence.

**EVALUATION/DISCUSSION**
- Is the method useful? 82% said it was useful (Copson); may open new avenues for self-correction and change.
- Potential harm caused by top-down approaches – Snook et al. claim that profiles are not much better than what psychics do (Barnum effect), may mislead investigations and may provide ideas for criminals about how to mislead investigators.
- Measuring the accuracy of the approach – in terms of closeness of profile to actual offender is not reliable; Alison et al. found over 50% of police rated a fake (and wrong) profile as generally or very accurate.
- Distinguishing between organised and disorganised types of offender – a false dichotomy; Canter et al. found very few disorganised types in analysis of 100 serial killers.
Distinguish between the top-down and bottom-up approach in offender profiling. [3 marks]

Explain one limitation of the bottom-up approach in offender profiling. [3 marks]

Describe and evaluate one or more approaches to offender profiling. [16 marks]

Evaluate the use of geographical profiling in forensic psychology. [4 marks]

Explain how investigative psychology is an example of a bottom-up approach in offender profiling. [3 marks]

Discuss a top-down approach to offender profiling. Refer to bottom-up approaches as part of your discussion. [16 marks]

‘At best, offender profiling is an art. It is definitely not a science.’
With reference to the above quote, discuss the usefulness of offender profiling. Include research evidence as part of your discussion. [16 marks]

Outline what is meant by atavistic form in relation to offending behaviour. [2 marks]

Outline and evaluate the findings from one research study which has investigated neural explanations of offending behaviour. [4 marks]

Explain one limitation of using a genetic explanation for offending behaviour. [3 marks]

A historic approach to offender behaviour tells us little about crime today.
Outline and discuss a historic approach to offender behaviour. Refer to the statement above as part of your answer. [16 marks]

Discuss two biological explanations of offender behaviour. Refer to at least one psychological explanation as part of your discussion. [16 marks]

Which one of the following is not a trait used in Eysenck’s theory of the criminal personality?
- extraversion
- hostility
- neuroticism
- psychoticism [1 mark]

Describe and evaluate one cognitive explanation of offending behaviour. [8 marks]

(i) Identify and outline the level of moral reasoning associated with offending behaviour. [2 marks]
(ii) Explain why this level of moral reasoning is associated with offending behaviour. [2 marks]

Read the case below and then answer the question that follows.
Yvette has been arrested for attacking her neighbour. In her mind, the neighbour deserved it because he kept annoying her by constantly coming around to her house. She also does not see what the problem is because he is much bigger than her anyway.
Using your knowledge of cognitive distortions, explain Yvette's offending behaviour. [4 marks]

Describe one research study which has investigated differential association theory. [4 marks]

Read the case below and answer the question that follows.
Jayesh has recently been convicted of rape. He blames this on a difficult childhood where his mother died when he was still a baby. He was then passed around various members of the family but never settled anywhere. Jayesh’s father never recovered from his wife’s death, emotionally speaking, and has not been there for his son.
Using your knowledge of psychodynamic explanations of crime, explain Jayesh’s offending behaviour. [4 marks]
**End-of-chapter review**

The exam questions on forensic psychology will be varied but are likely to involve some short answer questions (AO1), some application of knowledge questions (AO2), research methods questions and possibly an extended writing question (AO1 + AO3). We've provided answers by two students to some exam-style questions, together with comments from an examiner about how well they've each done. Green comments show what the student has done well. Orange comments indicate areas for improvement.

**01 Distinguish between the top-down and bottom-up approach in offender profiling.** (3 marks)

**Maisie’s answer**
These two approaches are both ways of finding out who has committed a crime. The obvious difference is that one uses more complicated top-down methods of identifying an offender and the other uses a more basic bottom-up way of identifying an offender.

**Examiner’s comments**
This answer doesn’t go beyond common sense and fails to show how any specific ways in which these approaches are different. 0/3 marks

**Ciaran’s answer**
The top-down approach starts with an analysis of the crime and then the profiler uses their intuition to narrow down the most likely type of suspects (e.g. whether they are organised or disorganised etc.). **Unlike this**, the bottom-up approach uses statistical analyses to suggest the most likely types of offender for that particular type of crime.

**Examiner’s comments**
A good way to show that you are attempting to distinguish between two things.

**02 Read the item below and then answer the question that follows.**

**A forensic psychologist was approached by a police force to provide an offender profile of a murderer who had killed five times. There were clear patterns in the murders: each one was well planned, the victim appeared to be specifically targeted and a murder weapon had never been found at any of the crime scenes.**

Using your knowledge of offender profiling, explain how the forensic psychologist would use this information. (4 marks)

**Maisie’s answer**
The profiler could use this in a top-down way and make decisions about the data, organising it into meaningful patterns to find things like ‘murder type’—was this a spree or is it serial, for example? They might then use the information to decide if this was an organised or disorganised type of offender—in this case they appear organised.

**Examiner’s comments**
A clear distinction between the two approaches, demonstrating that one is intuitive, relying on the skills and experience of the profiler and the other on statistical analyses. Sufficiently detailed to be worth the full 3/3 marks

**Ciaran’s answer**
The knowledge that the murders appear to be carefully planned and the murder weapon was hidden suggests that this is an organised type of crime. The only clue appears to be the fact that the victims were specifically targeted and therefore there might be clues here about the murder could be used to build up a profile and the person is likely to be highly intelligent and manipulative.

**Examiner’s comments**
Focused on the question and specifies how the information would be used. Gives another clear way the forensic psychologist would use the information.

**Examiner’s comments**
The focus here is on what the information might mean rather than how it will be used.

This part is most relevant to the question as it looks at how the information could be used – not just what it means.

A well-focused and accurate answer – which is clearly linked to the scenario. 4/4 marks

A good way to show that you are attempting to distinguish between two things.

Ciaran gives lots of accurate information, but the focus is not on how it would be used. However, there is some implied use through his answer. A weak 2 mark answer. 2/4 marks
Replacement pages for Examples of material illustrating issues and debates

- p327–9
Examples of material illustrating issues and debates

Although clearly not an exhaustive list, the table on the following pages gives you examples of appropriate illustrative material in this book and the Year 1 book that will help you build answers to questions on issues and debates in psychology.

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