Chapter 1 Research methods

Page 13 No. 1.1

1. Outline what is meant by ‘content analysis’. (2 marks)
   • A kind of observational study in which behaviour is usually observed indirectly in visual, written or verbal material.

2. Explain how observer bias might affect the findings of a content analysis. (3 marks)
   • Observer bias reduces the objectivity and validity of findings, and different observers may interpret the meaning of the behavioural categories differently.
   • e.g. someone from one culture may interpret behavioural categories differently than might someone from another culture.

3. Briefly outline what is involved in thematic analysis. (3 marks)
   • Thematic analysis is used to analyse qualitative data.
   • Researchers identify meaningful themes or categories, and assign a label or code to each category.
   • Simple codes are combined into larger themes.

4. Give one strength and one limitation of content analysis. (2 marks + 2 marks)
   • e.g. high ecological validity, or the possibility of replication if the original data is kept.
   • e.g. observer bias or cultural bias in the interpretation of the content.

Page 15 No. 1.2

1. Explain what is involved in a case study. Use examples in your answer. (3 marks)
   • A detailed study of a single individual using information from a range of sources.
   • It may use the experimental method to test what the individual can or can’t do.
   • e.g. Henry Molaison (HM); Freud’s study of ‘Little Hans’.

2. Outline one strength and one limitation of using case studies to investigate behaviour. (2 marks + 2 marks)
   • e.g. case studies offer rich, in-depth data, provide insights into the complex interaction of many factors, or enable us to study things it would be unethical to do in an experimental setting.
   • e.g. ethical issues such as confidentiality, or issues of generalising results from one case to the wider population.
Page 17 No. 1.3

1. State what is meant by ‘reliability’. (1 mark)
   - Reliability means the consistency of measurements.

2. Explain how you can assess whether a set of data from a questionnaire is reliable. (3 marks)
   - Test-retest reliability (giving the same test or questionnaire to the same participants on two occasions).
   - If the measure is reliable, the second set of observations should be more or less the same as the first set.

3. Explain how inter-observer reliability is calculated. (3 marks)
   - Two observers make separate recordings of whatever behaviour is being observed.
   - The data from these recordings are plotted on a scattergram.
   - A correlation is calculated using a statistical test.

4. Explain how inter-observer reliability can be improved if it is low. (3 marks)
   - Operationalising the behavioural categories more clearly means that the two observers are more likely to interpret the behaviour in the same way.
   - Giving the observers more practice using the behavioural categories should also help improve inter-observer reliability.

Page 19 No. 1.4

1. Explain what is meant by ‘face validity’ and ‘concurrent validity’. (2 marks + 2 marks)
   - Face validity is the extent to which test items look like what the test claims to measure.
   - e.g. whether the questions on a stress questionnaire are obviously related to stress.
   - Concurrent validity compares the current method of measuring stress with an existing test.
   - Participants are given both measures at the same time, then their scores are compared.

2. Explain the term ‘ecological validity’ using an example from a research study. (3 marks)
   - The ability to generalise a research effect beyond the particular setting in which it is demonstrated to other settings.
   - e.g. Godden and Baddeley’s study of divers.

3. Explain why temporal validity may be a problem in research. (2 marks)
   - Research findings from the past may not be valid now.

4. Explain how validity can be assessed in a questionnaire. (3 marks)
   - e.g. seeing whether the questionnaire looks like it is measuring what the researcher intended to measure (face validity).
   - e.g. seeing if participants get similar scores on the current questionnaire and a previously validated one (concurrent validity).

5. Explain how validity can be improved in a research study. (3 marks)
   - Revising the questions (face validity).
   - Removing irrelevant questions (concurrent validity).
   - Using double-blind procedures (internal and external validity).

Page 21 No. 1.5

1. Briefly explain what is meant by ‘replicability’ and ‘falsifiability’. (2 marks + 2 marks)
   - Replicability is the extent to which repeated measurements produce the same results.
   - If the outcome is the same, this affirms the truth of the original account.
   - Falsifiability is the possibility that the statement or hypothesis can be proved wrong.
   - The only way to prove a statement correct was actually to seek disproof (i.e. falsify it).
2. Explain theory construction as a feature of science. (3 marks)
   • A theory is a collection of general principles that explain observations and facts.
   • They help us make sense of facts, and help us to understand and predict natural phenomena.
   • Theories can either come before hypothesis testing (a deductive approach), or after (an inductive approach).

3. Explain how paradigm shifts contribute to scientific understanding. (3 marks)
   • A dominant paradigm is challenged by accumulated disconfirming evidence until it can no longer be maintained.
   • Gradually the disconfirming evidence accumulates until the paradigm can no longer be maintained and then it is overthrown (paradigm shift).

4. Explain what is meant by the ‘empirical method’. Refer to an example of psychological research in your answer. (3 marks)
   • Gaining knowledge through direct observation or experiment, rather than from unfounded beliefs and reasoned argument.
   • Any appropriate research study can be used as an example.

Page 22 No. 1.6

1. Briefly explain what is meant by ‘probability’. (2 marks)
   • Probability is a numerical measure of the likelihood or chance that certain events will occur.
   • A statistical test gives the probability that a particular set of data did not occur by chance.

2. Distinguish between a Type I and a Type II error. (3 marks)
   • A Type I error occurs when a researcher rejects the null hypothesis when they should accept it.
   • A Type II error occurs when a researcher accepts the null hypothesis when they should reject it. This is known as a false negative.
   • A direct comparison between them should be made.

3. Explain the difference between the alternative hypothesis and the null hypothesis. Use examples to help you. (3 marks)
   • An alternative hypothesis is a testable statement about the relationship or difference between two or more variables.
   • A null hypothesis is an assumption that there is no relationship or difference between variables.

4. Explain what is meant by $p \leq 0.05$. (2 marks)
   • $p \leq 0.05$ means that there is a 5% or less chance of the results occurring if the null hypothesis is true.

Page 25 No. 1.7

1. Outline the criteria that needs to be met before choosing a parametric test. (3 marks)
   • The data must be at least at the interval level.
   • It must be drawn from a normally distributed population.
   • It must have variances which are not significantly different.

2. Give an example of nominal data. (2 marks)
   • Categorising people according to the football team they support.
   • e.g. Manchester Utd, Liverpool, Chelsea.

3. Explain the difference between ordinal and interval data. (3 marks)
   • Ordinal data can be clearly ordered (e.g. first, second, third).
   • The data are interval if the difference between first and second, and second and third, is equal.
4. Suggest why a researcher may choose to use $p < 0.01$ in preference to $p < 0.05$. (Try to give two reasons.) (2 marks)
   • To reduce the possibility of a Type I error.
   • This means we have more confidence that a difference or correlation is ‘real’.

5. Explain the relationship between the calculated value and the critical value. (3 marks)
   • The calculated value is the value of the test statistic produced by the statistical test.
   • The critical value is the value of the test statistic that must be reached to show significance.

3. Identify the three pieces of information used to find the critical value. (3 marks)
   • The significance level.
   • Whether the hypothesis is one- or two-tailed.
   • The number of participants in a study.

4. Answer the following: if a hypothesis is directional, should you use a one-tailed or a two-tailed test? (1 mark)
   • One-tailed.

5. Answer the following: when using the Wilcoxon test, is the calculated value greater than or less than the critical value? (1 mark)
   • Less than the critical value for a significant difference.
Chapter 2 Issues and debates

Page 43 No. 2.1

1. Explain what is meant by ‘gender bias in psychology’. (2 marks)
   - Gender bias is the differential treatment or representation of men and women based on stereotypes rather than real differences.
   - Alpha bias and beta bias.

2. Explain how androcentrism has affected psychological research. (3 marks)
   - Androcentrism is where the focus is on men.
   - Theories produced tend to represent a male world view.
   - Women are not represented in research as much as men.

3. Explain the difference between alpha bias and beta bias. (4 marks)
   - An alpha bias exaggerates the difference between men and women.
   - This means theories that are alpha biased devalue one gender in comparison to the other.
   - A beta bias minimises the differences between men and women and, consequently, the needs of one gender (usually women) are ignored.

4. Outline an example of gender bias in psychological research. (3 marks)
   - Freud viewed femininity as failed masculinity and exaggerated the differences between men and women.
   - As the superego develops from the Oedipus complex, and women cannot go through the same Oedipus complex as boys, women are seen as morally inferior.

5. Discuss gender bias in psychology. (16 marks)

   Possible AO1 content:
   - Androcentrism in psychology.
   - Alpha bias and beta bias.
   - Examples of research which demonstrate gender bias.

   Possible AO3 content:
   - Countering androcentrism with a feminist perspective.
   - A bias in the methods used to test psychological theories.
   - The development of theories that emphasise the value of women.
   - Positive consequences for women, e.g. equal opportunities.
   - Examples of gender bias remain unchallenged.

Page 45 No. 2.2

1. Explain what is meant by ‘cultural bias’ in psychology. (2 marks)
   - The tendency to judge all people in terms of your own cultural assumptions.
   - This may lead to distorted or biased judgements being made.

2. Explain the terms ‘ethnocentrism’ and ‘cultural relativism’. (3 marks)
   - Ethnocentrism: seeing things from the point of view of yourself and your own social group.
   - Cultural relativism: behaviour cannot be judged properly unless it is viewed in the context of the culture in which it originates.

3. Outline an example of cultural bias in psychological research. (3 marks)
   - Psychologists use IQ tests devised by Western psychologists to test intelligence in many different cultures.
   - Psychologists assume that their view of intelligence applies to all cultures equally.
   - However, when Western IQ tests are used in non-Western cultures, non-Western people may appear less intelligent.
4. Discuss cultural bias in psychology. (16 marks)

**Possible AO1 content:**
- Define alpha and beta cultural bias.
- Ethnocentrism and cultural relativism in research.
- Examples of relevant research studies.

**Possible AO3 content:**
- Cultural bias can be dealt with by selecting samples from different cultural groups.
- The attitude to different cultures now, compared to in the past.
- The consequences of cultural bias, e.g. stereotyping.
- The development of indigenous psychologies, e.g. Afrocentrism.
- Taking an ‘etic’ approach that uses indigenous researchers from different cultural settings.

Page 47 No. 2.3

1. Briefly explain the concept of free will. (3 marks)
   - An individual is seen as being capable of self-determination.
   - Individuals have an active role in controlling their behaviour.
   - Individuals are free to choose their behaviour and aren’t acting in response to any external or internal pressures.

2. Explain what is meant by biological determinism and environmental determinism. (2 marks + 2 marks)
   - Biological determinism: all our behaviour is caused by our biological makeup and so we are not in control of our behaviour.
   - Environmental determinism: we are not free to choose our behaviour and all of our behaviour is caused by our previous experience (i.e. through conditioning).

3. Explain the difference between hard determinism and soft determinism. (3 marks)
   - Hard determinism says that all of our behaviour is predictable and there is no free will.
   - Soft determinism is a version of determinism that allows for some free will, claiming physical behaviour is determined, but mental behaviour is not.

4. Explain why science places an emphasis on causal explanations. (3 marks)
   - Science is based on the belief that all events have a cause.
   - An independent variable is manipulated to observe the causal effect on a dependent variable.
   - Cause and effect can only be demonstrated by manipulating an independent variable (cause) and seeing whether a dependent variable changes (effect).

5. Discuss free will and determinism in psychology. (16 marks)

**Possible AO1 content:**
- Hard determinism in psychology, i.e. an individual’s behaviour is controlled by internal or external forces.
- The nature of free will, i.e. that we are free to choose our own behaviour.
- Approaches that are deterministic or that allow for free will.

**Possible AO3 content:**
- Science no longer accepts total determinism.
- Implications of determinism for real-life scenarios, e.g. the justice system.
- Limitations of genetics as a sole determinant of behaviour.
- Soft determinism as an alternative to hard determinism.
- Research challenge to free will, e.g. Libet et al.
Page 49 No. 2.4

1. Explain the terms ‘nature’ and ‘nurture’. (4 marks)
   • Nature is where behaviour is a product of innate factors.
   • Nurture is where behaviour is a product of environmental influences, e.g. our experiences and learning.

2. Outline one example of an interactionist approach to the nature–nurture debate. (3 marks)
   • One example is the diathesis-stress model.
   • A reference should be made to an interactionist approach to the nature–nurture debate.

3. Discuss the relative importance of heredity and environment in determining behaviour. (16 marks)
   Possible AO1 content:
   • The difference between nature and nurture.
   • Psychological research that focuses on nature, e.g. biological or evolutionary explanations.
   • Psychological research that focuses on nurture, e.g. behaviourism, or SLT.
   Possible AO3 content:
   • Nature and nurture cannot easily be separated.
   • Diathesis-stress model as a way to explain mental disorders, e.g. phobias or schizophrenia.
   • The role of epigenetics.
   • Nature affects nurture, e.g. genes may exert an indirect effect.
   • Nurture affects nature, e.g. plasticity.

4. Describe and evaluate the nature–nurture debate in psychology. (16 marks)
   Possible AO1 content:
   • The difference between nature and nurture.
   • Psychological research that focuses on nature, e.g. biological or evolutionary explanations.
   • Psychological research that focuses on nurture, e.g. behaviourism, or SLT.
   Possible AO3 content:
   • Nature and nurture cannot easily be separated.
   • Diathesis-stress model as a way to explain mental disorders, e.g. phobias or schizophrenia.
   • The role of epigenetics.

Page 51 No. 2.5

1. Explain what is meant by ‘holism’. (3 marks)
   • Holism is about systems as a whole rather than just the constituent parts.
   • We cannot predict how the whole system will behave just from a knowledge of the individual components.

2. Explain what is meant by ‘levels of explanation’ in relation to reductionist explanations. (3 marks)
   • Levels of explanation are ways we can explain behaviour.
   • Three levels of explanation: cultural and social explanations, psychological explanations and biological explanations.

3. Discuss biological reductionism in psychology. (6 marks)
   Possible AO1 content:
   • The role of genetics and biochemistry as causal factors in schizophrenia, addictive behaviour or aggression.
   Possible AO3 content:
   • The issues with reducing complex behaviours to biology alone.
4. Give an example of environmental (stimulus-response) reductionism from an area of psychology you have studied. (3 marks)
   - Learning theory as applied to phobias or attachment.
   - e.g. the behaviourist explanation for attachment.

5. Discuss holism and reductionism in psychology. (16 marks)

   Possible AO1 content:
   - Levels of explanation.
   - Different types of reductionism, e.g. biological reductionism, environmental reductionism, or experimental reductionism.
   - Holism, and the areas of psychology which accept this, e.g. Gestalt psychology or humanistic psychology.

   Possible AO3 content:
   - The danger of lower levels of explanation.
   - The advances in therapies which have come about as a result of biological explanations, e.g. drug therapy.
   - Environmental reductionism may only be appropriate to non-humans, not humans.
   - Reducing behaviour to a form that can be studied experimentally may not tell us about behaviour in the real world.
   - The philosophical issue of separating the mind from the rest of the body.

Page 53 No. 2.6

1. Explain what the terms ‘idiographic’ and ‘nomothetic’ mean. (4 marks)
   - Idiographic: focusing on the individual and emphasising the unique insights each individual gives us about human behaviour.
   - Nomothetic: aiming to formulate general laws of behaviour based on the study of groups and the use of statistical techniques.

2. Describe the nomothetic approach to psychological investigation. (4 marks)
   - The study of a large number of people.
   - Aims to make generalisations or to develop theories about behaviour.
   - Takes a scientific approach and uses quantitative data and statistical tests.

3. Evaluate the nomothetic approach to psychological investigation. (6 marks)
   - The nomothetic approach uses the scientific method.
   - This means it can produce general predictions about behaviour.
   - The nomothetic approach uses methods that collect large amounts of data from groups of people.
   - This enables a lot of data to be gathered in a shorter period of time than idiographic methods.

4. Discuss idiographic and nomothetic approaches to psychological investigation. (16 marks)

   Possible AO1 content:
   - The idiographic approach focuses on individuals and emphasises uniqueness.
   - Research which has taken an idiographic approach, e.g. Freudian psychology, or Humanistic psychology.
   - The nomothetic approach seeks to formulate general laws of behaviour based on the study of groups.
   - Research which has taken a nomothetic approach, e.g. in Cognitive psychology or in personality research.

   Possible AO3 content:
   - Science’s requirement to make predictions about behaviour, and how the idiographic approach does not allow for this.
• The advantage of using idiographic methods for learning more about the whole person.
• The idiographic approach is time consuming.
• The idiographic approach focused psychology back on the more individual level.
• The idea that a nomothetic/idiographic distinction is a false one.

Page 55 No. 2.7

1. Explain what is meant by ‘socially sensitive research’. **(3 marks)**
   • Research in which there are potential social consequences or implications.
   • This can be for the participants themselves.
   • It can also have wider implications for a group of people, e.g. minority cultures.

2. Outline one example of research that is socially sensitive. **(3 marks)**
   • IQ testing.
   • The development of IQ tests was later used to demonstrate the inferiority of certain groups, e.g. African Americans.

3. Discuss the ethical implications of research studies and theory, including reference to social sensitivity. **(16 marks)**

   **Possible AO1 content:**
   • Socially sensitive research is research where there are potential social consequences or implications.
   • An example of a research study, and the reasons why it may be considered socially sensitive, e.g. IQ testing.
   • One theory and its ethical implications.

   **Possible AO3 content:**
   • The wider impact socially sensitive research can have on participants.
   • Whether socially sensitive research should simply be avoided.
   • The inadequacy of the current ethical guidelines.
   • Researchers should engage with policymakers to solve the issue of conducting socially sensitive research.
Chapter 3 Relationships

Page 65 No. 3.1

1. Explain what is meant by ‘sexual selection’. (2 marks)
   - Evolution of characteristics that confer a reproductive advantage.
   - It also explains the development of characteristics that ensure reproductive success.

2. Outline the sexual selection explanation of partner preferences. (4 marks)
   - Evolution of characteristics that confer a reproductive advantage.
   - Intersexual and intrasexual selection.
   - Successful individuals are able to mate and pass on their genes.

3. Briefly explain one limitation of the sexual selection explanation of partner preferences. (2 marks)
   - Cultural traditions may be just as important as evolutionary forces.
   - e.g. women have been denied economic and political power in many cultures, which might account for their preference for males with resources.

4. Briefly outline and evaluate the findings of one research study into evolutionary explanations for partner preferences. (4 marks)
   - Buss’s cross-cultural study found that women, more than men, desired mates who were ‘good financial prospects’.
   - It also found that men placed more importance on physical attractiveness.
   - Methodological problems with self-report measures.
   - Issues with validity, as surveys give an indication of expressed preferences rather than being a reflection of what actually happens in real life.

5. Discuss evolutionary explanations for partner preferences. (16 marks)

   Possible AO1 content:
   - Sex selection and its link to evolutionary theory.
   - Intersexual and intrasexual selection in mate choice.
   - The role sex selection plays in long-term mate preference.

   Possible AO3 content:
   - Research support from studies, e.g. Buss’s cross-cultural study.
   - Methodological problems with the research, e.g. validity issues.
   - The importance of cultural traditions.
   - Female mate choice varies across the menstrual cycle.
   - A preference for highly creative partners has been a characteristic of mate choice throughout evolutionary history.

6. Discuss the relationship between sexual selection and human reproductive behaviour. (16 marks)

   Although questions 5 and 6 look different, they are essentially asking the same thing and would therefore invite the same material in response.

   Possible AO1 content:
   - Sex selection and its link to evolutionary theory.
   - Intersexual and intrasexual selection in mate choice.
   - The role sex selection plays in long-term mate preference.

   Possible AO3 content:
   - Research support or challenge from studies, e.g. Buss or Berstein et al.
   - Methodological problems with the research, e.g. validity issues.
   - The importance of cultural traditions.
• Female mate choice varies across the menstrual cycle.
• A preference for highly creative partners has been a characteristic of mate choice throughout evolutionary history.

**Page 67 No. 3.2**

1. Briefly explain what is meant by the ‘matching hypothesis’. (2 marks)
   • People tend to look for a partner whose social desirability approximately equals their own.
   • Explains matching mainly in terms of physical attractiveness.

2. Outline the role of physical attractiveness in attraction. (4 marks)
   • Physical attractiveness as an important cue to women’s health.
   • The nature of physical attractiveness may vary across cultures but its importance in attraction does not.
   • People tend to choose partners of similar attractiveness to themselves.

3. Briefly outline the matching hypothesis as it applies to attraction. (2 marks)
   • People tend to look for a partner whose social desirability approximately equals their own.
   • Opting for partners of similar social desirability to us means we maximise our chances of a successful outcome.

4. Briefly outline and evaluate the findings of one research study of the matching hypothesis. (4 marks)
   • Once participants had met their dates, and regardless of their own physical attractiveness, they responded more positively to physically attractive dates.
   • They were also more likely to subsequently arrange dates with them if they were physically attractive.
   • One limitation is methodological issues with self-report measures.
   • Another limitation is the study’s lack of ecological validity.

5. Outline and evaluate the role of physical attractiveness in attraction. (8 marks)
   **Possible AO1 content:**
   • Physical attractiveness as an important cue to women’s health.
   • The nature of physical attractiveness may vary across cultures but its importance in attraction does not.
   • People tend to choose partners of similar attractiveness to themselves.

   **Possible AO3 content:**
   • Methodological issues with the research, e.g. self-report methods.
   • Research support, e.g. Eastwick and Finkel’s research into speed dating.
   • Physical attractiveness is not the only predictor of marital satisfaction.
   • Matching may not be all that important in initial attraction.
   • Matching may be more complex than physical attractiveness alone.

6. Discuss one or more factors affecting attraction in romantic relationships, for example physical attractiveness and self-disclosure. (16 marks)
   **Possible AO1 content:**
   • Physical attractiveness as an important cue to women’s health.
   • The nature of physical attractiveness may vary across cultures but its importance in attraction does not.
   • People tend to choose partners of similar attractiveness to themselves.

   **Possible AO3 content:**
   • Methodological issues with the research, e.g. self-report methods.
• Research support, e.g. Eastwick and Finkel’s research into speed dating.
• Physical attractiveness is not the only predictor of marital satisfaction.
• Matching may not be all that important in initial attraction.
• Matching may be more complex than physical attractiveness alone.

Page 69 No. 3.3
1. Briefly explain what is meant by ‘self-disclosure’. (2 marks)
   • Self-disclosure is when a person reveals intimate personal information about themselves to another person.
   • e.g. their intimate thoughts, feelings and experiences.
2. Outline research into self-disclosure and its importance in attraction. (4 marks)
   • Self-disclosure can either be given (you disclose your own thoughts and feelings) or received (information is disclosed to you by another).
   • The norms of self-disclosure, e.g. the norm of reciprocity.
   • Research shows that levels of self-disclosure received in a romantic relationship is a predictor of liking and loving.
3. Outline and evaluate the role of self-disclosure in attraction. (16 marks)
   Possible AO1 content:
   • Research into self-disclosure, e.g. from Sprecher et al.
   • The different types of self-disclosure.
   • The norms of self-disclosure.
   Possible AO3 content:
   • Cultural differences in self-disclosure.
   • Research support, e.g. Collins and Miller’s meta-analysis.
   • The increase in self-disclosure on the Internet.
   • Self-disclosure may be greater in face-to-face than online relationships.
   • The depth of self-disclosure norms, e.g. moderate levels of self-disclosure early on.

Page 71 No. 3.4
1. Outline the filter theory of attraction in romantic relationships. (6 marks)
   • Filters narrow down the ‘field of availables’ and different filters are prominent at different stages.
   • Demography: e.g. age, social background and geographical location.
   • Similarity in attitudes: a couple’s agreement on attitudes and basic values.
   • Complementarity: people who have different needs like each other because they provide each other with mutual satisfaction of those opposed needs.
2. Briefly outline the role of demography, similarity in attitudes and complementarity as they apply to attraction in romantic relationships. (3 marks each)
   • Demography e.g. age, social background and geographical location.
   • This determines the likelihood of individuals meeting in the first place.
   • Similarity in attitudes involves individuals’ psychological characteristics.
   • e.g. a couple’s agreement on attitudes and basic values.
   • Complementarity of needs: people who have different needs like each other.
   • This is because they provide each other with mutual satisfaction of those opposed needs.
3. Briefly evaluate the filter theory of attraction in romantic relationships. (4 marks)
   • A lack of research evidence.
   • Changes in a couple’s needs over time.
   • Perceived similarity may be more important than actual similarity.

4. Outline one study of the filter theory of attraction in romantic relationships. (6 marks)
   • Kerchoff & Davies’s longitudinal study asked dating couples to complete questionnaires assessing shared attitudes and values and also the degree of need complementarity. Seven months later they were asked how close they felt to their partner.
   • In the initial questionnaires, only similarity appeared related to partner closeness. However, later they found that for short term couples, similarity of attitudes was predictive of partner closeness, and for long-term couples only complementarity of needs was predictive of partner closeness.

5. Discuss the filter theory of attraction in romantic relationships. (16 marks)

   Possible AO1 content:
   • Demography: e.g. age, social background and geographical location.
   • Similarity in attitudes: a couple’s agreement on attitudes and basic values.
   • Complementarity: people who have different needs like each other because they provide each other with mutual satisfaction of those opposed needs.

   Possible AO3 content:
   • Complementary of needs filter is not as important as the filter model claims.
   • Research support or challenge from studies, e.g. Kerckoff and Davis, Duck, or Levinger et al.
   • Perceived similarity may be more important than actual similarity.
   • Attitudes, values and needs change over time, and people are not aware of their partners’ values or needs.
   • Duck’s claim that the real value of the filter model is that it allows people to make predictions about future interactions and so avoid relationships that won’t work.

Page 73 No. 3.5

1. Briefly explain what is meant by the term ‘social exchange’ as it applies to romantic relationships. (2 marks)
   • The likelihood of a person staying in a relationship is determined by what they get out of the relationship compared to what they put in.

2. Outline research into the social exchange theory of relationships. (6 marks)
   • The assumption that social behaviour is a series of exchanges (Thibaut and Kelley).
   • Rewards minus costs equal the outcome for that relationship.
   • The development of a comparison level (Kurdek and Schmitt).
   • The development of a comparison level for alternatives.

3. Outline and evaluate the social exchange theory of romantic relationships. (16 marks)

   Possible AO1 content:
   • The assumption that social behaviour is a series of exchanges, with individuals attempting to maximise their rewards and minimise their costs.
   • Rewards minus costs equal the outcome for that relationship.
   • The development of a comparison level.
   • The development of a comparison level for alternatives.

   Possible AO3 content:
   • Research support or challenge from other studies, e.g. Sprecher.
   • Real-world applications, e.g. in relationship therapy.
   • Values are difficult to assess objectively.
• The confusion of what constitutes a cost and a benefit within a relationship.
• The overemphasis on costs and benefits.

Page 74 No. 3.6

1. Explain what is meant by the term ‘equity’ as it applies to romantic relationships. (2 marks)
   • Equity means that people are most comfortable when what they get out of a relationship is roughly equal to what they put into a relationship.

2. Outline research into the equity theory of romantic relationships. (6 marks)
   • Schafer and Keith found that, in the child-rearing years, wives often reported feeling under-benefited and husbands over-benefited.
   • They also found that during the honeymoon stage, both husbands and wives were more likely to perceive equity and feel satisfaction within their marriage.
   • Stafford and Canary found satisfaction was highest for spouses who perceived their relationships to be equitable.
   • They also found under-benefited husbands reported significantly lower levels of relationship maintenance strategies compared to equitable or over-benefited husbands.

3. Outline and evaluate the equity theory of romantic relationships. (16 marks)
   **Possible AO1 content:**
   • People are most comfortable when they perceive that they are getting roughly what they deserve from any given relationship.
   • What an equitable, or inequitable, relationship would look like.
   • How inequity is dealt with.
   **Possible AO3 content:**
   • Research support from studies, e.g. Schafer and Keith’s survey.
   • Supporting evidence from the study of non-human animals, e.g. Brosnan and de Waal.
   • Gender and cultural differences in the importance of equity.
   • While inequality and dissatisfaction are linked, the nature of the causal relationship isn’t clear.
   • The issue with assuming that everyone is equally sensitive to equity and inequity.

4. Outline and evaluate the social exchange and/or equity theory of romantic relationships. (16 marks)
   **Possible AO1 content – social exchange theory:**
   • Rewards minus costs equal the outcome for that relationship.
   • The development of a comparison level.
   • The development of a comparison level for alternatives.
   **Possible AO1 content – equity theory:**
   • People are most comfortable when they perceive that they are getting roughly what they deserve from any given relationship.
   • What an equitable, or inequitable, relationship would look like.
   • How inequity is dealt with.
   **Possible AO3 content – social exchange theory:**
   • Research support or challenge from other studies, e.g. Sprecher.
   • Real-world applications, e.g. in relationship therapy.
   • The idea that value is difficult to assess objectively.
   **Possible AO3 content – equity theory:**
   • Research support from studies, e.g. Schafer and Keith’s survey.
   • Gender and cultural differences in the importance of equity.
   • While inequality and dissatisfaction are linked, the nature of the causal relationship isn’t clear.
1. Briefly outline the role of ‘satisfaction’, ‘investment’, ‘quality of alternatives’ and ‘commitment’ within the investment model of relationships. (3 marks each)
   - Satisfaction refers to the positive versus negative emotions experienced within a relationship.
   - Investment is a measure of all the resources attached to the relationship, which would be lost if the relationship were to end.
   - Quality of alternatives refers to an individual’s assessment of whether their needs might be better fulfilled by somebody other than their current partner.
   - Commitment describes the likelihood that an involvement will persist.

2. Outline one study that has investigated the investment model of relationships. (4 marks)
   - Le and Agnew’s meta-analysis of 52 studies that explored the different components of the investment model and the relationship between them.
   - Across all studies, satisfaction level, quality of alternatives and investment size were highly correlated with relationship commitment.
   - The correlation between satisfaction and commitment was found to be significantly stronger than quality of alternatives and commitment.

3. Briefly explain two criticisms of the investment model of relationships. (4 marks)
   - Methodological issues with research.
   - e.g. self-report methods and social desirability.
   - Investment in the future is also important.
   - In ending a relationship, a partner would not only lose any investments made to date, but also the possibility of achieving any of the future plans they had made with their partner.

4. Outline and evaluate the investment model of relationships. (16 marks)
   **Possible AO1 content:**
   - Satisfaction refers to the positive versus negative emotions experienced within a relationship.
   - Investment is a measure of all the resources attached to the relationship, which would be lost if the relationship were to end.
   - Commitment describes the likelihood that an involvement will persist.
   - The idea that the quality of alternatives is important.
   **Possible AO3 content:**
   - Research support, e.g. Le et al.’s meta-analysis.
   - Application to real-life situations, e.g. explaining abusive relationships.
   - Problems measuring the variables of the investment model.
   - Investment in the future is also important.
   - The investment model has been shown to be true in other cultures too.

Page 79 No. 3.8

1. Briefly explain what is meant by the terms ‘intrapsychic phase’, ‘dyadic phase’, ‘social phase’ and ‘grave-dressing phase’. (2 marks each)
   - Intrapsychic phase: an individual thinks about their dissatisfaction.
   - Dyadic phase: the partner is confronted and discontentment is discussed.
   - Social phase: the distress experienced by one or both partners is made public.
   - Grave-dressing phase: partners strive to construct a favourable representation of the failed relationship.

2. Give two criticisms of Duck’s phase model of relationship breakdown. (3 marks each)
   - Duck’s original version failed to reflect the possibility of relational growth following breakdown.
   - For many people a ‘resurrection process’ is an opportunity to move beyond the distress associated with the ending of a relationship.
• The nature of the social phase is dependent on the type of relationship.
• For example, teenage romantic relationships are seen as more unstable, so they may receive no real reconciliation from their confidants, as there are ‘plenty more fish in the sea’.

3. Outline and evaluate Duck’s phase model of relationship breakdown. (16 marks)

Possible AO1 content:
• Intrapsychic phase: an individual thinks about their dissatisfaction.
• Dyadic phase: the partner is confronted and discontentment is discussed.
• Social phase: the distress experienced by one or both partners is made public.
• Grave-dressing phase: partners strive to construct a favourable representation of the failed relationship.

Possible AO3 content:
• Research support for the grave-dressing phase, e.g. Monroe et al.
• Application to real-life situations, e.g. relationship counselling.
• The ethical issues in researching sensitive topics like relationship breakdown.
• The failure of the model to reflect the possibility for personal growth.
• The impact of the social phase varies by type of relationship.

Page 81 No. 3.9

1. Briefly explain what is meant by the term ‘virtual relationship’. (2 marks)
• A virtual relationship is a relationship that is conducted through the Internet rather than face to face.
• e.g. through social media.

2. Outline the nature of self-disclosure in virtual relationships. (4 marks)
• Individuals using social networks, e.g. Facebook, exercise different levels of self-disclosure.
• This depends on whether they are presenting information publicly or privately.
• People feel more secure disclosing intimate and sensitive information privately because of the increased control over disclosure to a selected individual.

3. Outline the effect of absence of gating in virtual relationships. (4 marks)
• Virtual relationships remove traditional gating features that dominate initial liking.
• A person’s true self is more likely to be active in Internet relationships than it is in face-to-face interactions.
• This means that these barriers to interaction are not initially in evidence and so are less likely to stop potential relationships from getting off the ground.

4. Outline and evaluate the nature of virtual relationships in social media. (16 marks)

Possible AO1 content:
• The nature of virtual relationships.
• The idea of gating in both online and offline relationships.
• The differences in self-disclosure levels on the Internet compared to face-to-face relationships.

Possible AO3 content:
• Research support for the importance of the Internet for romantic relationships, e.g. Rosenfeld and Thomas.
• The biological basis for self-disclosure on the Internet.
• The positive features of virtual relationships in social media, e.g. helping shy people.
• Virtual relationships can be as strong as offline relationships.
• The consequences of virtual relationships for offline relationships.
1. Briefly explain what is meant by the term ‘parasocial relationship’. (2 marks)
   - An individual is attracted to someone (e.g. a celebrity) who is usually unaware of this individual’s existence.

2. Outline the levels of parasocial relationships. (4 marks)
   - Entertainment-social: fans are attracted to a celebrity and will watch, keep up with, read and learn about them for the purposes of entertainment and gossip.
   - Intense-personal: this involves a deeper level of involvement and reflects intensive and compulsive feelings about the celebrity.
   - Borderline-pathological: this level is typified by empathy with the celebrity, but also over-identification with the celebrity and uncontrollable behaviours and fantasies about their lives.

3. Outline the absorption addiction model of parasocial relationships. (4 marks)
   - Individuals can become psychologically absorbed with a celebrity.
   - The motivational forces driving this absorption may then take on an addictive component.
   - This leads the person to more extreme, and more delusional, behaviours in order to sustain satisfaction with the parasocial relationship they have developed with the celebrity.

4. Outline the attachment theory explanation of parasocial relationships. (4 marks)
   - Individuals with an anxious-ambivalent attachment style were most likely to enter into parasocial relationships with their favourite TV personalities.
   - Anxious-ambivalent attachment results in individuals who hold a more negative view of themselves, and they turn to TV characters as a means of satisfying their often unmet relational needs.
   - Avoidant individuals were the least likely to enter into parasocial relationships with TV personalities.
   - Such individuals find it difficult to develop intimate relationships and therefore are less likely to seek real-life relationships or parasocial relationships.

5. Discuss explanations of parasocial relationships. (16 marks)

   **Possible AO1 content:**
   - The use of attachment theory to explain parasocial relationships, e.g. individuals with an anxious-ambivalent attachment style were most likely to enter into a parasocial relationship.
   - The use of the absorption addiction model to explain the nature of parasocial relationships, e.g. individuals can become psychologically absorbed with a celebrity and the motivational forces driving this absorption may then take on an addictive component.

   **Possible AO3 content:**
   - Research support for the assumption that people with higher levels of parasocial relationships watch more television e.g. Schiappia et al.
   - Links to mental health, e.g. Maltby’s absorption addiction model.
   - Cultural similarities in parasocial relationships.
   - The loss of a parasocial relationship is linked to attachment style.
   - Parasocial relationships may link to feelings of loneliness.
Chapter 4 Gender

Page 93 No. 4.1

1. Distinguish between the terms ‘sex’ and ‘gender’. (2 marks)
   • Sex is being genetically male (XY) or female (XX).
   • Gender is a person’s sense of maleness or femaleness, and is a psychological/social construct.

2. Describe one study related to sex-role stereotypes. (4 marks)
   • The Bem Sex Role Inventory involves statements about personality traits and people have to rate themselves on these traits on a Likert scale.
   • Numerical scores are given for all the masculine and feminine items and individuals are then categorised into masculine, feminine or androgynous.

3. Describe the Bem Sex Role Inventory. (4 marks)
   • A psychological test measuring androgyny using 7-point Likert scales.
   • People have to rate themselves on personality traits and numerical scores are given for all the masculine and feminine items.
   • Respondents are identified as masculine (high masculine and low feminine score), feminine (high feminine and low masculine score), or androgynous (high ratio of masculine to feminine traits).

4. Discuss the concept of androgyny. Refer to the Bem Sex Role Inventory in your answer. (16 marks)
   **Possible AO1 content:**
   • The characteristics of androgyny.
   • The Bem Sex Role Inventory involves statements about personality traits and people have to rate themselves on these traits on a Likert scale.
   • Numerical scores are given for all the masculine and feminine items and individuals are then categorised into masculine, feminine or androgynous.

   **Possible AO3 content:**
   • Challenge from research studies, e.g. Liberman and Gaa.
   • The Sex Role Inventory is highly reliable.
   • The validity of the Sex Role Inventory.
   • The link between androgyny and psychological health.
   • Real-world applications of the research, such as raising children in a gender-neutral way.

Page 95 No. 4.2

1. Outline the role of chromosomes in sex and gender. (6 marks)
   • Sex chromosomes determine an individual’s sex. Women have two X chromosomes, whereas men have one X and one Y chromosome.
   • A person’s chromosomal sex and their external genitalia usually have a direct genetic link.
   • Genetic transmission explains how people acquire their sex, and may explain some aspects of gender.

2. Outline the role of hormones in sex and gender. (6 marks)
   • Prenatal testosterone affects genital development.
   • Girls exposed to relatively large amounts of testosterone later show more tomboyish behaviour.
   • Genetic males will develop as females unless exposed to testosterone.
   • Oestrogen plays a major role in women from puberty onwards.
3. Describe Klinefelter’s syndrome. (4 marks)
   • An XXY configuration causes Klinefelter’s syndrome.
   • A male is born with a penis and develops as a fairly normal male, but tends to be taller than average and has less muscular coordination.
   • Other characteristics include looking physically less masculine, having less facial hair, broader hips, and infertility.
4. Explain the role of testosterone in sex and/or gender. (4 marks)
   • Prenatal testosterone affects genital development.
   • Girls exposed to relatively large amounts of testosterone later show more tomboyish behaviour.
   • Genetic males will develop as females unless exposed to testosterone.
5. Discuss the role of chromosomes and hormones in sex and gender. Refer to atypical sex chromosome patterns in your answer. (16 marks)

Possible AO1 content:
   • A person’s chromosomal sex and their external genitalia usually have a direct genetic link.
   • Genetic transmission explains how people acquire their sex, and may explain some aspects of gender.
   • Girls exposed to relatively large amounts of testosterone later show more tomboyish behaviour.
   • Genetic males will develop as females unless exposed to testosterone.

Possible AO3 content:
   • Challenge from research studies, e.g. Money and Ehrhardt.
   • Research support from studies with non-human animals, e.g. Quadagno et al.
   • Real-world applications, e.g. in sport or in medicine.
   • Genetic sex may not match external outcomes, e.g. in congenital adrenal hyperplasia.
   • The importance of cultural traditions instead of, or along with, biological factors.

Page 97 No. 4.3

1. One stage of Kohlberg’s theory of gender development is called ‘gender labelling’. Briefly describe one other stage of Kohlberg’s theory. (3 marks)
   • Gender stability or gender constancy.
   • In gender constancy, children realise that gender is constant across situations, and they start to learn about gender-appropriate behaviour.
2. Kohlberg’s theory of gender development is a cognitive explanation. Explain in what way it is cognitive. (2 marks)
   • A cognitive theory explains behaviour in terms of thinking.
   • Kohlberg’s theory emphasises the role of thinking in the process of gender development.
3. Describe and evaluate Kohlberg’s theory of gender development. (16 marks)

Possible AO1 content:
   • Gender labelling: children label themselves and others as boy/girl but this is based on outward appearance only.
   • Gender stability: children recognise that gender is consistent over time, but not consistent across situations.
   • Gender constancy: children realise that gender is constant across situations.

Possible AO3 content:
   • Research support for the age of gender labelling, e.g. Thompson.
   • Methodological criticisms of the research, such as the tasks used to test Kohlberg’s theory.
   • Gender constancy appears at a younger age than Kohlberg suggested.
   • Gender constancy may not be required.
   • Comparison with other explanations, e.g. gender schema theory.
Page 99 No. 4.4

1. **Outline gender schema theory as an explanation of gender development. (6 marks)**
   - Basic gender identity is sufficient for a child to identify him/herself as a boy/girl.
   - Children learn schemas related to gender from interacting with others.
   - Gender schemas organise and structure other information.
   - Gender beliefs lead to very fixed gender attitudes.

2. **Give one criticism of gender schema theory. (4 marks)**
   - Gender identity might happen earlier than the theory says.
   - e.g. before a child reaches gender stability.
   - Children also show gender-typed preferences before gender identity.

3. **Explain in what way gender schema theory is an example of the cognitive approach in psychology. (3 marks)**
   - The theory emphasises the role of children's thinking in their gender development.
   - It says that children use schemas to explain how gender identity develops.
   - These schemas have the function of organising and structuring information about appropriate behaviour for men and women.

4. **Explain one difference between Kohlberg's theory of gender development and gender schema theory. (3 marks)**
   - e.g. Kohlberg argued that the process of acquiring gender-relevant information can only happen after gender constancy is achieved.
   - Gender schema theory says that basic gender identity is sufficient for a child to identify themselves as a boy or girl.

5. **Discuss two cognitive explanations of gender development. (16 marks)**

   **Possible AO1 content – Kohlberg's theory:**
   - The three stages of Kohlberg's theory of gender development.
   - i.e. gender labelling, gender stability and gender constancy.

   **Possible AO1 content – gender schema theory:**
   - The role of schemas in gender development.
   - The difference between ingroup and outgroup schemas.

   **Possible AO3 content – Kohlberg’s theory:**
   - Research support for the age of gender labelling, e.g. Thompson.
   - Methodological criticisms of the research, e.g. the tasks used to test Kohlberg’s theory.

   **Possible AO3 content – gender schema theory:**
   - Research challenge from studies, e.g. Hoffman.
   - Children can label their gender group before they achieve gender identity.
   - Real-world applications, such as in sport or in medicine.

Page 101 No. 4.5

1. **Outline the Oedipus complex. (4 marks)**
   - The boy desires his mother and sees the father as a rival. This creates (repressed) anxiety and a fear of castration.
   - Identification with the father leads to an internalisation of the father's gender identity.

2. **Outline the Electra complex. (4 marks)**
   - The girl blames her mother for the lack of a penis and the belief she was castrated.
   - The girl converts her penis envy to a wish for a baby, and identifies with the mother and adopts her gender behaviours.
3. Explain how both identification and internalisation are part of Freud’s psychoanalytic account of gender development. (4 marks)
   - In identification, the individual adopts their father’s attitude or behaviour group.
   - In internalisation, the individual accepts the attitudes or behaviour of another (e.g. boys internalising the father’s gender identity).
4. Discuss Freud’s psychoanalytic theory of gender development. (16 marks)
   **Possible AO1 content:**
   - Freud’s psychosexual stages (oral, anal, phallic, latent, genital).
   - The Oedipus complex.
   - The Electra complex.
   - The unresolved phallic stage.
   **Possible AO3 content:**
   - Research support for the Oedipus complex, e.g. Freud’s Little Hans study.
   - Methodological issues with case studies, e.g. subjective interpretation.
   - Alternative explanations, such as cognitive theories or other psychodynamic theories.
   - The Oedipus and Electra complexes depend on children having an awareness of genitals and many children don’t know what opposite sex genitals look like.
   - The lack of evidence for Freud’s theory of gender development.

Page 103 No. 4.6

1. Outline social learning theory as applied to gender development. (4 marks)
   - The role of mediational processes in social learning theory and gender development.
   - Gender development happens through vicarious reinforcement, but is maintained through direct reinforcement.
   - Children’s role in their observational learning of gender is an active one.
2. Give one criticism of social learning theory as applied to gender development. (4 marks)
   - There is too much emphasis on social processes and not enough on biological processes in gender development.
   - There are some cultural universals in the way men and women behave.
   - This suggests biology plays an important role in shaping gender behaviour, too.
3. Discuss social learning theory as applied to gender development. Refer to an alternative explanation for gender development as part of your evaluation. (16 marks)
   **Possible AO1 content:**
   - The role of mediational processes in social learning theory and gender development.
   - Gender development happens through vicarious reinforcement, but is maintained through direct reinforcement.
   - Children’s role in their observational learning of gender is an active one.
   **Possible AO3 content:**
   - Direct tuition may be more effective than modelling.
   - There is too much emphasis on social processes and not enough on biological processes in gender development.
   - Research support for the role of modelling, e.g. Perry and Bussey.
   - An alternative theory of gender development, e.g. cognitive or psychodynamic explanations.
1. Outline the influence of culture on gender roles. (4 marks)
   • Gender expectations vary from one culture to another.
   • e.g. Mead’s research with Arapesh men and women.

2. Outline the influence of media on gender roles. (4 marks)
   • Males are portrayed as independent and directive.
   • Women are portrayed as acting in dependent, unambitious and emotional ways.
   • Greater exposure to these differential gender representations is associated with more stereotypical gender role conceptions.

3. Describe and evaluate the influence of culture and/or media on gender roles. (16 marks)

   Possible AO1 content:
   • Reference to gender expectations varying from one culture to another.
   • The media’s portrayal of males as independent and directive, and women as acting in dependent, unambitious and emotional ways.
   • Media-sourced information about the likely outcomes of those behaviours for males and females.

   Possible AO3 content:
   • Cultural similarities, as well as differences, in gender roles.
   • Methodological issues with Mead’s cross-cultural research.
   • The lack of control groups in studies investigating the media’s influence on gender roles.
   • The idea that media effects may not be significant, and may cause a backlash against what is portrayed.
   • Media effects may be insignificant.

Page 107 No. 4.8

1. Explain what is meant by ‘gender identity disorder’. (3 marks)
   • A condition where the person feels uncomfortable with the gender assigned to them at birth.
   • This is accompanied by strong persistent feelings of identification with the opposite gender, as well as a discomfort with their own gender.

2. Outline one or more social explanations for gender identity disorder. (4 marks)
   • The role of distorted parental attitudes.
   • Females identify with males because of severe paternal rejection in early childhood.
   • Males identify with females because of overly close and enmeshed relationships with their mothers.

3. Give one criticism of biological explanations of gender identity disorder. (3 marks)
   • Challenges to the brain-sex theory.
   • Differences in the BSTc volume between men and women don’t develop until adulthood, but most transsexuals report gender dysphoria in their teens.
   • This means that differences in the BSTc may be an effect of transsexualism, but isn’t a cause of it.

4. Describe and evaluate research related to gender identity disorder. Refer to both biological and social explanations in your answer. (16 marks)

   Possible AO1 content:
   • A biological theory, e.g. the transsexual gene, or the brain-sex theory.
   • A social explanation, e.g. childhood trauma, or the relationship children have with their opposite-gendered parent.
Possible AO3 content:

• Whether brain-sex differences are a cause or effect of the disorder.
• The view that it is unlikely that biological (or social) explanations on their own are sufficient.
• Research support for cross-wiring, e.g. Ramachandran and McGeoch.
• Research support for social explanations, e.g. Zucker et al.
• The socially sensitive nature of this research and issues arising from it.
Chapter 5 Cognition and development

Page 117 No. 5.1

1. Explain what is meant by the term ‘schema’. Refer to Piaget’s theory of cognitive development in your answer. (3 marks)
   • A mental structure that represents a group of related concepts.
   • The process of assimilation.
   • The process of accommodation.

2. Outline how the process of equilibration can be used to explain cognitive development. (4 marks)
   • The processes of assimilation, accommodation and imbalance.
   • How the balance is restored through equilibration.

3. Piaget used the terms assimilation and accommodation to explain cognitive development. Distinguish between assimilation and accommodation. (4 marks)
   • Assimilation: fitting new experiences into existing schemas.
   • Accommodation: adjusting or changing existing schemas because new information doesn’t appear to fit.
   • A clear distinction should be made between the two.

4. Discuss Piaget’s theory of cognitive development. Refer to the process of equilibration in your answer. (16 marks)

Possible AO1 content:
• The role of schema in cognitive development.
• The process by which schemas become more complex, including assimilation and accommodation.
• The process of equilibration.

Possible AO3 content:
• Methodological issues with Piaget’s research, e.g. operationalising variables.
• Research support from studies, e.g. Fantz.
• Real-world applications of the findings, e.g. in education.
• The comprehensive nature of Piaget’s theory.
• The difficulty of demonstrating disequilibrium.

Page 119 No. 5.2

1. Explain Piaget’s concept of ‘class inclusion’. Use examples in your answer. (3 marks)
   • The relation between two classes where all members of one class are included in the other.
   • e.g. ‘dogs’ as a subcategory of ‘animals’.

2. Outline one study where Piaget investigated conservation. Include details of what he did and what he found. (4 marks)
   • Piaget’s conservation of volume task involves children being shown two glasses of water containing equal amounts of water. One of these glasses is then poured into a third, taller glass.
   • Children are asked if the quantity is the same, and pre-operational children say ‘no’ as they are dominated by what they see, and cannot conserve volume.

3. Give one criticism of the study you outlined in question 2. (4 marks)
   • Methodological issues with Piaget’s research.
   • Piaget invented a range of tasks to test young children’s abilities.
   • However, the design of the experiments may have confused younger children, in particular.
4. Discuss Piaget’s stages of intellectual development. (16 marks)

Possible AO1 content:
- The sensori-motor stage, including object permanence.
- The pre-operational stage, including egocentrism, class inclusion and conservation.
- The concrete operational stage, including the acquisition of rudimentary logical reasoning.
- The formal operational stage, including hypothetico-deductive reasoning.

Possible AO3 content:
- Areas of bias, e.g. cultural bias.
- Real-world applications of the findings, e.g. in education.
- Piaget may have overestimated the ability to use abstract logic in the formal operational stage.
- Research challenge from studies, e.g. McGarrigle and Donaldson.
- Other theories, e.g. Vygotsky, provide a useful counterpoint to Piaget’s theory.

Page 121 No. 5.3

1. Explain what is meant by the ‘zone of proximal development’. (3 marks)
   - The gap between what someone can do alone and what they can do with help from an expert.
   - Cognitive development does not take place in the area of current development, nor does it take place too far ahead of what the child can already do independently.

2. Describe one study that investigates the process of scaffolding. (6 marks)
   - Wood and Middleton found successful scaffolding depends on contingent regulations.
   - They watched mothers and their 3–4-year-old children assembling a 3D pyramid puzzle that was beyond the children’s current abilities.
   - Mothers responded to their child’s failure by providing more explicit instructions.
   - Mothers responded to success by providing less explicit instructions.

3. Discuss one or more ways in which Piaget’s and Vygotsky’s theories differed. (4 marks)
   - Piaget’s ideas about (biological) maturation compared to Vygotsky’s focus on social context.
   - Piaget’s position that the child is a scientist compared to Vygotsky’s focus on the role experts play in the child’s cognitive development.

4. Describe and evaluate Vygotsky’s theory of cognitive development. Refer to an alternative explanation for cognitive development in your answer. (16 marks)

Possible AO1 content:
- Elementary and higher mental functions.
- The role of language, culture and the expert.
- The zone of proximal development.
- Scaffolding.

Possible AO3 content:
- Research support for the role of language, e.g. Carmichael et al.
- Research support for the role of culture, e.g. Gredler.
- Research evidence for the role of the ZPD, e.g. McNaughton and Leyland.
- Research with non-human animals, e.g. Savage-Rumbaugh.
- Other theories, e.g. Piaget’s, provide a useful counterpoint to Vygotsky’s theory.
Page 123 No. 5.4

1. Outline one study by Baillargeon that has investigated violation of expectation. (4 marks)
   - Baillargeon and DeVos’ rolling carrot task.
   - A large or small carrot slid along a track and was hidden at one point by a screen with a large window. The large carrot should be visible through the window and the short carrot shouldn’t be visible.
   - Infants expressed no surprise when a short object failed to appear in a high window. However, when a tall object failed to appear (the impossible event), they did.

2. Explain Baillargeon’s view of how a child gains knowledge of the physical world. (3 marks)
   - An innate physical reasoning system.
   - How infants learn to reason about novel physical phenomena.

3. Explain how Baillargeon’s view of object permanence differs from Piaget’s view. (4 marks)
   - Piaget thought that young infants under the age of 8 months could not understand object permanence.
   - Baillargeon thought the reason young infants did not search for hidden objects is because young infants cannot plan and execute the necessary motor skills to do the task, rather than a failure to understand object permanence.
   - Using her violation of expectation research, Baillargeon found infants as young as three months demonstrated object permanence.

4. Describe and evaluate Baillargeon’s explanation of early infant abilities. (16 marks)
   
   Possible AO1 content:
   - Baillargeon’s violation of expectation research.
   - The nativist approach.
   - An innate physical reasoning system.

   Possible AO3 content:
   - Baillargeon’s research is highly controlled.
   - Methodological issues with her research, e.g. internal validity.
   - Young infants may not really understand the principle of object permanence.
   - Baillargeon’s innate mechanisms are more likely than Spelke et al.’s innate principles.
   - Baillargeon’s research lacks cultural validity.

Page 125 No. 5.5

1. Briefly outline one level of perspective-taking. Use examples in your answer. (3 marks)
   - One of: undifferentiated; social-informational; self-reflective; mutual; societal.
   - A relevant example.

2. Describe one study that has investigated levels of perspective-taking. (6 marks)
   - Selman’s original research involved a cross sectional sample of various ages ranging from 4.5–32 years.
   - Two years later, Cooney and Selman re-interviewed 48 boys.
   - They found 40 of them had made gains in their levels of perspective-taking, and none had regressed back to an earlier stage.

3. Evaluate Selman’s levels of perspective-taking. (10 marks)
   - Real-world applications of the findings, e.g. in social skills training.
   - Research support from studies, e.g. Cooney and Selman.
   - Methodological issues, e.g. correlations.
   - Perspective-taking skills are key in all social behaviour.
   - Social experience is important in the development of perspective-taking.
4. Discuss Selman's levels of perspective-taking. (16 marks)

**Possible AO1 content:**
- Undifferentiated perspective-taking, where children can differentiate between self and others.
- Social-informational perspective-taking, where children are aware of perspectives that are different to their own.
- Self-reflective perspective-taking, where children can view their own thoughts and feelings from someone else's perspective.
- Mutual perspective-taking, where children can consider two points simultaneously.
- Societal perspective-taking, where personal decisions are made with reference to social conventions.

**Possible AO3 content:**
- Real-world applications of the findings, e.g. in social skills training.
- Research support from studies, e.g. Cooney and Selman.
- Methodological issues, e.g. correlations.
- Perspective-taking skills are key in all social behaviour.
- Social experience is important in the development of perspective-taking.

**Page 127 No. 5.6**

1. Explain what is meant by ‘theory of mind’. (3 marks)
   - An individual’s understanding that other people have separate mental states to us, which means that they do not see or experience the world as we do.
   - It develops around 3–4 years.

2. Outline the Sally–Anne study used to assess theory of mind. (4 marks)
   - Sally puts her ball in a basket before leaving the room. Anne then moves the ball to a box. When Sally returns, children are asked where she will look for the ball.
   - Baron-Cohen *et al.* (1985) found 20% of non-autistic children, including those with Down’s Syndrome, and 80% of autistic children fail the test.

3. Describe and evaluate research on theory of mind. (16 marks)

   **Possible AO1 content:**
   - Baron-Cohen *et al.*’s Sally–Anne test.
   - The Eyes Task.
   - Theory of mind as an explanation for autism.
   - The biological basis for theory of mind, i.e. Theory of Mind Module.

   **Possible AO3 content:**
   - Intention may not be a precursor of theory of mind.
   - Biology may not be the sole determinant of theory of mind.
   - Not all research supports theory of mind as an explanation for autism, e.g. not all children with autism fail the Sally–Anne test.
   - Methodological issues, e.g. issues of validity.
   - Research into autism suffers from a cultural bias.

4. Discuss theory of mind as an explanation for autism. (16 marks)

   **Possible AO1 content:**
   - Theory of mind as an explanation for autism.
   - A typical characteristic of individuals with autism is that they find social interaction difficult.
   - This could be explained by an inability to understand the mental states of other people.
Page 129 No. 5.7

1. Explain what a ‘mirror neuron’ is. (2 marks)
   • A neuron that reacts when a person performs an action and also when another individual performs the same action.

2. Explain the relationship between the mirror neuron system and social cognition. (4 marks)
   • Mirror neurons allow us to imitate another, which helps develop social cognition.
   • Mirror neurons represent intentions in humans, leading to empathy.
   • Mirror neurons also allow us to understand the thoughts of others, allowing us to understand another’s perspective.

3. Outline research into the mirror neuron system. (6 marks)
   • Rizzolatti et al. found that certain neurons in the F5 area of the premotor cortex of a macaque monkey became active when a monkey watched another monkey perform an action.
   • The same neurons became active if the monkey repeated the action itself.
   • Iacoboni et al. recorded activity in single neurons of 21 epilepsy patients. Some neurons were specifically active when an individual performed, and observed, a task.
   • The active neurons showed up unexpectedly in the medial temporal lobe, as well as in expected areas, such as the premotor cortex.

4. Discuss the role of the mirror neuron system in social cognition. (16 marks)

Possible AO1 content:
   • Mirror neurons allow us to imitate another, which helps develop social cognition.
   • Mirror neurons represent intentions in humans, leading to empathy.
   • Mirror neurons also allow us to understand the thoughts of others, allowing us to understand another’s perspective.
   • The biological structures involved, e.g. premotor cortex.

Possible AO3 content:
   • Application of the research to disorders, e.g. epilepsy or autism.
   • Research evidence from individual neurons, e.g. Mukamel et al.
   • Mirror neurons might be the cause of gender differences in social sensitivity.
   • Performance deficits occur when mirror neuron areas are damaged.
   • The importance of mirror neurons may have been exaggerated.
Chapter 6 Schizophrenia

Page 139 No. 6.1

1. Briefly explain what is meant by the positive symptoms of schizophrenia. (2 marks)
   • An excess or distortion of normal functioning.
   • e.g. hallucinations or delusions.

2. Outline the nature of hallucinations and delusions. (3 marks each)
   • Hallucinations: bizarre unreal perceptions of the environment.
   • They are usually auditory but can be visual, olfactory or tactile.
   • Delusions: bizarre beliefs that seem real but are actually not real.
   • e.g. believing you are being spied on by someone.

3. Explain what is meant by the negative symptoms of schizophrenia. (2 marks)
   • A reduction or loss of normal functioning.
   • e.g. speech poverty, avolition, and anhedonia.

4. Outline the nature of speech poverty and avolition. (3 marks each)
   • Speech poverty: the lessening of speech fluency and productivity.
   • It can also be reflected in less complex syntax, e.g. shorter utterances or fewer clauses.
   • Avolition: reduced interests, and an inability to persist in goal-directed behaviour.
   • This is a reduction in self-initiated involvement in activities that are available to the patient, e.g. social contact.

Page 141 No. 6.2

1. Briefly explain what is meant by the terms ‘reliability’ and ‘validity’ in the context of the classification and/or diagnosis of schizophrenia. (2 marks each)
   • Reliability refers to the consistency of a diagnosis.
   • e.g. two psychiatrists would be expected to reach the same judgement about a person if their diagnoses were reliable.
   • Validity refers to accuracy of diagnosis.
   • e.g. whether a classification system like DSM-V measures what it claims to measure.

2. Outline the role of culture and gender bias in the classification and/or diagnosis of schizophrenia. (3 marks each)
   • Culture bias refers to the finding that there is a significant variation among countries in the classification and/or diagnosis of schizophrenia.
   • e.g. GB and the USA – more likely to be diagnosed with schizophrenia in US.
   • Gender bias occurs when the accuracy of the diagnosis depends on the individual’s gender.
   • e.g. one gender may be more likely to be diagnosed as schizophrenic.

3. Outline the role of co-morbidity and symptom overlap in the classification and/or diagnosis of schizophrenia. (3 marks each)
   • Co-morbidity is when two or more conditions co-occur in an individual simultaneously.
   • e.g. depression is co-morbid with schizophrenia.
   • In symptom overlap, a disorder’s symptoms may also be found in other disorders.
   • e.g. schizophrenia shares symptoms with dissociative identity disorder.

4. Discuss issues of reliability and validity associated with the classification and/or diagnosis of schizophrenia. (16 marks)

Possible AO1 content:
   • Reliability of diagnosis, e.g. inter-rater reliability.
   • Validity of diagnosis, e.g. the use of DSM-V.
• Co-morbidity and symptom overlap.
• Gender and cultural bias in diagnosis.

Possible AO3 content:
• Support from studies relating to reliability, e.g. Mojtabi and Nicholson’s research into diagnosing ‘bizarre’ and ‘non-bizarre’ delusions.
• Support from studies relating to validity, e.g. Loring and Powell’s research into gender bias in diagnosis.
• Real-world applications, e.g. the consequences of co-morbidity.
• A lack of inter-rater reliability in the diagnosis of schizophrenia.
• The prognosis for members of ethnic minority groups may actually be more positive than for majority group members.

Page 143 No. 6.3

1. Outline the genetic explanation of schizophrenia. (4 marks)
   • Family studies show schizophrenia is more common among biological relatives of a person with schizophrenia than non-biological relatives.
   • Twin studies found a concordance rate of 40.7% for MZ twins and 7.4% for DZ twins.
   • Adoption studies found 6.7% of adoptees whose mothers had a diagnosis of schizophrenia developed the disorder themselves, compared to 2% of the control adoptees.

2. Evaluate the genetic explanation of schizophrenia. (4 marks)
   • Support or challenge from studies, e.g. Gottesman, Joseph or Tienari et al.
   • Methodological issues, e.g. controlling for environmental factors.
   • Common rearing patterns may explain family similarities.

3. Briefly outline the dopamine hypothesis of schizophrenia and give one limitation of this explanation. (6 marks)
   • An excess of dopamine in certain brain regions is associated with the positive symptoms of schizophrenia (e.g. hallucinations and delusions).
   • Abnormally high levels of D2 receptors.
   • One limitation is that there is evidence against the dopamine hypothesis.
   • In some people, hallucinations and delusions are present despite normal dopamine levels.

4. Discuss the biological explanation of schizophrenia. (16 marks)

Possible AO1 content:
• Family studies, twin studies and adoption studies.
• The role of dopamine.
• Brain damage.

Possible AO3 content:
• Research support, e.g. Joseph.
• Insufficient supporting evidence, e.g. Moncrieff.
• Methodological issues, e.g. controlling for environmental factors.
• Evidence from treatment research, e.g. Leucht et al.
• In some people, hallucinations and delusions are present despite normal dopamine levels.

Page 145 No. 6.4

1. Outline family dysfunction explanations of schizophrenia. (4 marks)
   • Double blind theory.
   • Contradictory messages from parents means children cannot develop an internally coherent construction of reality.
   • Expressed emotion.
1. Schizophrenics have a lower tolerance for intense environmental stimuli, particularly intense emotional comments from family members, which leads to stress and triggers a schizophrenic episode.

2. Evaluate the family dysfunction explanation of schizophrenia. (4 marks)
   - Berger found that schizophrenics reported higher recall of double blind statements by their mothers than non-schizophrenics.
   - However, this evidence may not be reliable as patients’ recall may be affected by their schizophrenia.
   - Tienari et al.’s adoption study found that those adopted children who had schizophrenic biological parents were more likely to become ill themselves than those children with non-schizophrenic biological mothers.
   - However, this difference only emerged in situations where the adopted family was rated as disturbed.

3. Briefly outline one or more cognitive explanations of schizophrenia and give one limitation of these explanations. (6 marks)
   - Schizophrenics can’t recognise cognitive distortions and are unable to evaluate incoming information appropriately.
   - Delusions occur because the person is unwilling or unable to consider they may be wrong.
   - Hallucinations occur because self-generated experiences are attributed to an external source.
   - Limitations could include the failure of cognitive explanations to consider the role played by neurochemical changes in schizophrenia.

4. Discuss psychological explanations of schizophrenia. (16 marks)
   **Possible AO1 content:**
   - Family dysfunction explanations, e.g. double blind and expressed emotion.
   - Cognitive explanations and the role played by dysfunctional thought processes.
   **Possible AO3 content:**
   - Support from studies, e.g. Berger.
   - Challenge from studies, e.g. Liem.
   - Individual differences in vulnerability to expressed emotion.
   - Evidence from treatment research, e.g. CBTp.
   - A failure to consider biological explanations of schizophrenia.

**Page 147 No. 6.5**

1. Explain what is meant by ‘typical’ and ‘atypical’ antipsychotics. (3 marks each)
   - Typical antipsychotics are dopamine antagonists.
   - They are effective in reducing hallucinations and delusions.
   - Atypical antipsychotics block D2 receptors temporarily, and then rapidly dissociate to allow normal dopamine transmission.
   - They have a beneficial effect on negative symptoms and cognitive impairment.

2. Outline the nature of typical and atypical antipsychotics in the treatment of schizophrenia. (4 marks each)
   - Typical antipsychotics reduce hallucinations and delusions.
   - They do this by reducing stimulation of the dopamine system in the mesolimbic pathway.
   - The hallucinations and delusions usually diminish within a few days of beginning medication.
   - Atypical antipsychotics have a beneficial effect on negative symptoms.
   - They block D2 receptors but they have very little effect on the dopamine systems that control movement.
   - Atypical antipsychotics have a stronger affinity for serotonin receptors.
3. Briefly evaluate typical and atypical antipsychotics in the treatment of schizophrenia. (6 marks)
   • The effectiveness and appropriateness of typical antipsychotics, e.g. extrapyramidal side effects.
   • Research support or challenge for atypical psychotics, e.g. Crossley et al.
   • The advantages of atypical antipsychotics over typical antipsychotics.

4. Outline and evaluate drug therapies in the treatment of schizophrenia. (16 marks)

   **Possible AO1 content:**
   • Typical antipsychotics.
   • Atypical antipsychotics.
   • Why atypical antipsychotics may be chosen over typical antipsychotics.

   **Possible AO3 content:**
   • The effectiveness and appropriateness of typical antipsychotics, e.g. extrapyramidal side effects.
   • Research support or challenge for atypical psychotics, e.g. Crossley et al.
   • The advantages of atypical antipsychotics over typical antipsychotics.
   • Cost–benefit problems, including ethical issues with the use of drug therapy.
   • The effectiveness and appropriateness of drug therapy, e.g. side effects.

### Page 149 No. 6.6

1. Outline how cognitive behavioural therapy is used in the treatment of schizophrenia. (6 marks)
   • Aims to identify and correct distorted beliefs.
   • The CBTp process, e.g. the creation of therapeutic goals.
   • Rationalising, disputing and challenging.
   • CBTp is delivered on a one-to-one basis.

2. Give two criticisms of cognitive behavioural therapy as used in the treatment of schizophrenia. (3 marks each)
   • CBTp is not a widely available treatment.
   • e.g. in the North West of England, only 6.9% of patients with schizophrenia had been offered CBTP.
   • Methodological problems with the research.
   • e.g. a failure to allocate participants to conditions randomly.

3. Evaluate the use of cognitive behavioural therapy as used in the treatment of schizophrenia, making reference to one other method of treatment. (6 marks)
   • It is difficult to assess the effectiveness of CBTP.
   • CBTP is not widely available.
   • CBTP is not always effective or appropriate, especially in the initial acute stage, where drug therapy may be more appropriate.
   • Methodological issues with research.
   • Challenge from studies, e.g. Jauhar et al. found only a small therapeutic effect on key symptoms like hallucinations.

4. Outline and evaluate cognitive behavioural therapy as used in the treatment of schizophrenia. (16 marks)

   **Possible AO1 content:**
   • The aim of CBTP is to identify and correct distorted beliefs.
   • The CBTP process, e.g. the creation of therapeutic goals.
   • Rationalising, disputing and challenging.

   **Possible AO3 content:**
   • It is difficult to assess the effectiveness of CBTP.
   • CBTP is not widely available.
   • CBTP is not always effective or appropriate in the initial acute stage.
• Methodological issues with research.
• Challenge from studies, e.g. Jauhar et al. found only a small therapeutic effect on key symptoms like hallucinations.

Page 151 No. 6.7

1. Outline family therapy as used in the treatment of schizophrenia. (4 marks)
   • Family-based intervention aims to reduce the levels of expressed emotion within the family.
   • Looks at ways of supporting an individual with schizophrenia.
   • Provides information about the disorder.

2. Give two criticisms of family therapy as used in the treatment of schizophrenia. (3 marks each)
   • Family therapy has considerable economic benefits.
   • The extra cost of family therapy is offset by the reduction in costs of hospitalisation because of the low relapse rates associated with this form of intervention.
   • Methodological issues.
   • e.g. a lack of blinding in research studies.

3. Evaluate the use of family therapy as used in the treatment of schizophrenia, making reference to one other method of treatment. (6 marks)
   • Family therapy increases medication compliance.
   • Family therapy as having considerable economic benefits.
   • Methodological, e.g. a lack of blinding.
   • Carers lower in expressed emotion may be just as effective as family therapy.

4. Outline and evaluate family therapy as used in the treatment of schizophrenia. (16 marks)

   Possible AO1 content:
   • Family-based intervention aims to reduce the levels of expressed emotion within the family.
   • Looks at ways of supporting an individual with schizophrenia.
   • Provides information about the disorder.

   Possible AO3 content:
   • Family therapy increases medication compliance.
   • Family therapy as having considerable economic benefits.
   • Methodological issues, e.g. a lack of blinding.
   • Carers lower in expressed emotion may be just as effective as family therapy.
   • Family therapy has been shown to have a positive impact on family members, as well as the person with schizophrenia.

Page 153 No. 6.8

1. Briefly explain what is meant by the term ‘token economy’. (2 marks)
   • Rewards (tokens) are given as secondary reinforcers when individuals engage in correct or socially desirable behaviours.
   • The tokens can then be exchanged for primary reinforcers, e.g. food or privileges.

2. Briefly outline how token economies are used in the management of schizophrenia and explain one limitation of using token economies to manage schizophrenia. (4 marks)
   • Rewards (tokens) are given as secondary reinforcers when individuals engage in correct or socially desirable behaviours, e.g. brushing their hair.
   • The tokens can then be exchanged for primary reinforcers, e.g. food or privileges.
   • One limitation is that the token economy may be less useful for patients living in the community.
3. Discuss token economies as used in the management of schizophrenia. (16 marks)

Possible AO1 content:
- Rewards (tokens) are given as secondary reinforcers when individuals engage in correct or socially desirable behaviours.
- The tokens can then be exchanged for primary reinforcers, such as food or privileges.

Possible AO3 content:
- It is less useful for patients living in the community.
- Clinicians controlling things such as food is ethically unacceptable.
- Methodological issues, e.g. a lack of randomised trials.
- Research support for the effectiveness of the token economy, e.g. Dickerson et al.
- There have been very few randomised trials for the token economy, so the therapy has fallen out of use in much of the developed world.

Page 155 No. 6.9

1. Briefly explain what is meant by the terms ‘diathesis’ and ‘stress’ as they apply to schizophrenia. (2 marks each)
- Diathesis is a biological vulnerability to schizophrenia.
- e.g. the influence of genetics.
- Stress: stressful life events, e.g. childhood trauma or living in a highly urbanised environment, can trigger schizophrenia, if the person has a biological vulnerability to it.

2. Outline the diathesis-stress model of schizophrenia and give one criticism of this model. (6 marks)
- Schizophrenia as a result of an interaction between biological (diathesis) and environmental (stress) influences.
- People have varying levels of inherited genetic vulnerability to schizophrenia.
- Whether a person develops schizophrenia is partly determined by this vulnerability and also partly by stresses they experience.
- One limitation is that it is difficult to determine causal stress.

3. Discuss the diathesis-stress model of schizophrenia. (16 marks)

Possible AO1 content:
- Schizophrenia as a result of an interaction between biological (diathesis) and environmental (stress) influences.
- People have varying levels of inherited genetic vulnerability to schizophrenia.
- Whether a person develops schizophrenia is partly determined by this vulnerability and also partly by stresses they experience.

Possible AO3 content:
- Urban environments are not necessarily more stressful.
- The difficulty in determining causal stress.
- Genetic vulnerability is not the only diathesis that increases the risk of developing schizophrenia.
- Methodological issues with research, e.g. a lack of control over variables.
- Implications for the treatment of schizophrenia, e.g. the use of antiviral medication.
Chapter 7 Eating behaviour

Page 165 No. 7.1

1. Briefly explain what is meant by the terms ‘neophobia’ and ‘taste aversion’. (2 marks each)
   - Neophobia: an extreme dislike and avoidance of new/unfamiliar food.
   - Taste aversion: a learned response to eating toxic, spoiled or poisonous food.

2. Briefly outline the role of neophobia in food preference. (3 marks)
   - Neophobia is a reluctance to consume new or unusual foods.
   - It is a naturally occurring reaction that protects animals from the risk of being poisoned by consuming something that is potentially harmful.

3. Briefly outline and evaluate the role of taste aversion in food preferences. (8 marks)
   - Animals learn to avoid food that makes them ill or is associated with illness.
   - Taste aversion is therefore adaptive, and promotes survival.
   - Aversion can be to odour as well as taste.
   - Real-world applications, e.g. during cancer treatment.
   - The role of evolution in taste aversion.
   - Supporting research for evolved preference for sweet foods, e.g. Bell et al.

4. Discuss the evolutionary explanation for food preferences. (16 marks)
   Possible AO1 content:
   - Neophobia: an extreme dislike and avoidance of new/unfamiliar food.
   - Taste aversion: a learned response to eating toxic, spoiled or poisonous food.
   - An evolved preference for meat or for sweet foods.
   Possible AO3 content:
   - Real-world applications, e.g. food avoidance during cancer treatment.
   - Research support for an evolved preference for sweet foods, e.g. Bell et al.
   - Food preferences may not all be a product of evolution.
   - Research support for the heritability of neophobia, e.g. Knaapila et al.
   - Neophobia may be maladaptive, if it restricts diets to inadequately nutritional foods.

Page 167 No. 7.2

1. Outline the role of social influences in food preference. (4 marks)
   - Observing other people has an impact on our own attitudes and behaviour.
   - Vicarious reinforcement in food preference.
   - The role of parents and peers.

2. Outline the role of cultural influences in food preference. (4 marks)
   - The effects of the media, e.g. media campaigns to promote healthy eating.
   - The change in the way meals are contextualised.
   - People appear to learn from the media about healthy eating, but must place this information within the broader context of their lives.

3. Outline research findings relating to social and/or cultural influences in food preference. (6 marks)
   - Correlations between parents and their children in food intake (Brown and Ogden).
   - The observation of peers has an effect on food preferences (Greenhalgh et al.).
   - The media’s impact on what people eat, and their attitudes to food (MacIntyre et al.).
   - Exposure to another child could change food preference (Birch, 1980).
4. Outline and evaluate the role of learning in food preference. **(16 marks)**

**Possible AO1 content:**
- The impact that observing other people has on our own attitudes and behaviour.
- Vicarious reinforcement’s role in food preference.
- The effects of the media, e.g. media campaigns to promote healthy eating.
- The change in the way meals are contextualised.

**Possible AO3 content:**
- Research support for the role of peers, e.g. Robinson *et al*.
- Research support for the role of cultural influences on food preferences, e.g. Chen and Yang.
- Research support for the role of peers, e.g. Russell *et al*.
- Real-life applications, e.g. the implications of media influence on food preference.
- Not all parenting influences are effective.

**Page 169 No. 7.3**

1. Outline the role of the hypothalamus, ghrelin and leptin in the control of eating behaviour. **(3 marks each)**
- The lateral hypothalamus as the ‘on switch’ for eating behaviour.
- The ventromedial hypothalamus as the ‘off switch’ for eating behaviour.
- Ghrelin: a hormone that is released in the stomach and which stimulates the hypothalamus to increase appetite.
- Ghrelin levels have a role in determining how quickly we feel hungry again after we have eaten.
- Leptin: a hormone that plays a crucial role in decreasing appetite and weight control.
- It is normally produced by fat tissue and secreted into the blood stream, where it travels to the brain to decrease appetite.

2. Briefly outline the neural mechanisms involved in the control of eating behaviour and give **one criticism of their role. (4 marks)**
- Homeostasis is the mechanism by which an organism maintains a steady internal environment, including detecting whether the body has enough nutrients and correcting the situation if this is not the case.
- The lateral hypothalamus as the ‘on switch’ for eating behaviour.
- The ventromedial hypothalamus as the ‘off switch’ for eating behaviour.
- Limitations: the lateral hypothalamus may not be the brain’s ‘eating centre’, or explanations of food intake based solely on homeostatic mechanisms offer a limited perspective.

3. Briefly outline the hormonal mechanisms involved in the control of eating behaviour. **(6 marks)**
- Ghrelin: a hormone that is released in the stomach and which stimulates the hypothalamus to increase appetite.
- Ghrelin levels have a role in determining how quickly we feel hungry again after we have eaten.
- Leptin: a hormone that plays a crucial role in decreasing appetite and weight control.
- Leptin is normally produced by fat tissue and secreted into the blood stream, where it travels to the brain to decrease appetite.

4. Discuss the neural and hormonal mechanisms involved in the control of eating behaviour. **(16 marks)**

**Possible AO1 content:**
- The role of the lateral hypothalamus in eating behaviour.
- The role of the ventromedial hypothalamus in eating behaviour.
- The role of ghrelin in the control of eating behaviour.
- The role of leptin in the control of eating behaviour.
**Possible AO3 content:**
- Research support for the role of the ventromedial hypothalamus, e.g. Gold et al.
- Limitations of the homeostatic explanation.
- The lateral hypothalamus may not be the brain’s ‘eating centre’.
- Explanations of food intake based solely on homeostatic mechanisms offer a limited perspective on eating behaviour.
- Some people develop a resistance to leptin, so it fails to control appetite and weight gain.

**Page 171 No. 7.4**

1. **Outline genetic explanations for anorexia nervosa. (4 marks)**
   - Family studies found that individuals with AN have approximately a ten-times greater lifetime risk of having AN than relatives of unaffected individuals.
   - Twin studies found heritability estimates that range from 28% to 74%.
   - Adoption studies found heritability estimates that range from 59% to 82%.

2. **Outline neural explanations for anorexia nervosa. (4 marks)**
   - Dysfunction in the subcallosal cingulate and the insular cortex.
   - The role of serotonin.
   - Dopamine receptors in the basal ganglia.

3. **Briefly outline one or more biological explanations for anorexia nervosa and give one limitation of these explanations. (6 marks)**
   - The role of genetics, e.g. family studies, twin studies or adoption studies.
   - The role of neurotransmitters, e.g. serotonin or dopamine.
   - Limbic system dysfunction, e.g. subcallosal cingulate and the insular cortex.
   - One limitation is the inconsistency of research findings for genetic explanations of AN.

4. **Discuss biological explanations for anorexia nervosa. (16 marks)**

**Possible AO1 content:**
- The role of genetics, including reference to family studies, twin studies or adoption studies.
- The role of neurotransmitters, e.g. serotonin or dopamine.
- Limbic system dysfunction, e.g. the subcallosal cingulate and the insular cortex.

**Possible AO3 content:**
- The inconsistency of research findings.
- Biological explanations ignore the role of social factors.
- Real-world applications, e.g. medical insurance.
- Research support for the dopamine hypothesis, e.g. Kaye et al.
- The advantages of biological explanations of anorexia, e.g. reducing the stigma experienced by patients with AN.

**Page 173 No. 7.5**

1. **Briefly explain what is meant by ‘enmeshment’, ‘autonomy’ and ‘control’ in the context of family systems theory. (2 marks each)**
   - Enmeshment: an extreme form of proximity and intensity. Children don’t learn to deal with stressors.
   - Autonomy: in an enmeshed family, children are denied the opportunity for increased age-appropriate autonomy.
   - Control: overprotective control over family members, limits an individual’s beliefs about personal control.
2. Briefly outline family systems therapy as an explanation for anorexia nervosa and give one criticism of this explanation. (6 marks)
   - Enmeshment, autonomy, and overprotective control.
   - Rigidity, and a lack of conflict resolution.
   - The characteristic patterns of conflict-related behaviour that involved the child, e.g. triangulation, parent–child coalition and detouring.
   - One criticism is inconsistent findings from research studies and therapy.

3. Outline and evaluate family systems therapy as an explanation for anorexia nervosa. (16 marks)
   **Possible AO1 content:**
   - Enmeshment, autonomy, and overprotective control.
   - Rigidity, and a lack of conflict resolution.
   - The characteristic patterns of conflict-related behaviour that involve the child, e.g. triangulation, parent–child coalition and detouring.

   **Possible AO3 content:**
   - Research support for the concept of enmeshment, e.g. Manzi et al.
   - Research support for a lack of conflict resolution in AN families, e.g. Latzer and Gaber.
   - Inconclusive support from family-based therapy.
   - Gender bias in family systems theory, as the focus is on mother–daughter relationships.
   - Problems with the psychosomatic family model, e.g. difficulty in establishing the characteristics that are specific to families with a member with AN.

Page 175 No. 7.6

1. Briefly explain the role of modelling, reinforcement and media in the context of anorexia nervosa. (3 marks each)
   - Models provide examples of attitudes to food or dieting behaviour that can be observed and imitated.
   - Models may be parents, peers or ‘symbolic’ models such as someone portrayed in the media.
   - Positive reinforcement makes the individual feel better about themselves and makes them want to continue to lose weight.
   - They may also witness others being reinforced for their thinness and so, with the expectation that they would also receive the same response from others if they were thin, they attempt to lose weight.
   - The media’s portrayal of thin models on TV contributes to body image concerns.
   - The media do not influence everyone in the same way, e.g. individuals with low self-esteem are more likely to compare themselves to idealised images portrayed in the media.

2. Give two criticisms of the social learning theory explanation of anorexia nervosa. (3 marks each)
   - Maternal influence is more complex than social learning.
   - Ogden and Steward suggest that it is the very nature of the mother–daughter relationship itself that is important, particularly the degree to which they are enmeshed.
   - Not all forms of media have the same effects.
   - Harrison and Cantor found no association between television exposure and eating disorders, but did find a significant association between reading fitness magazines and attitudes to food and dieting.

3. Outline and evaluate the social learning theory explanation of anorexia nervosa. (16 marks)
   **Possible AO1 content:**
   - Modelling and reinforcement (both direct and vicarious), as applied to anorexia nervosa.
   - The role of mother–daughter relationships as applied to anorexia nervosa.
• The role of peer influences in the development of anorexia nervosa.
• The role of the media in the development of anorexia nervosa.

Possible AO3 content:
• Maternal influence is more complex than social learning.
• Not all forms of media have the same effects.
• Research does not always show a significant relationship between peer influence and development.
• Research support for media influences, e.g. Becker et al.
• Research support for peer influences, e.g. Costa-Font and Jofre-Bonet.

Page 177 No. 7.7
1. Briefly explain what is meant by the term ‘irrational beliefs’ in the context of the cognitive theory of anorexia nervosa. (2 marks)
   • Irrational beliefs: unhelpful, illogical beliefs that are inconsistent with our social reality.
   • e.g. I must be thin for others to like me.
2. Briefly explain what is meant by the term ‘distortions’ in the context of the cognitive theory of anorexia nervosa and give one example of such a distortion. (2 marks each)
   • Errors in thinking that cause a negative body image.
   • e.g. misconception about your weight.
3. Outline and evaluate the cognitive theory explanation of anorexia nervosa. (16 marks)

Possible AO1 content:
• Distortions and irrational beliefs.
• A cognitive behavioural model of anorexia nervosa, e.g. Garner and Bemis.
• The transdiagnostic model.

Possible AO3 content:
• Research support for the role of cognitive factors, e.g. Lang et al.
• Methodological limitations of the research supporting the cognitive theories.
• Support from therapies, e.g. CBT.
• Support from Stroop test studies, e.g. Gardener and Bemis.
• Cognitive models of anorexia nervosa are largely the result of clinical observation, rather than being based on empirical research.

Page 179 No. 7.8
1. Briefly explain and give one criticism of genetic explanations of obesity. (6 marks)
   • Twin studies found the average heritability for obesity varies between approximately 40% and 75%.
   • Adoption studies found a strong correlation between the weight category of adopted individuals and their biological parents’ weight category.
   • One criticism is that the expression of genetic influences varies with age.
   • Heritability estimates vary with age, and are highest in childhood, then decrease during adulthood.
2. Briefly explain and give one criticism of neural explanations of obesity. (6 marks)
   • The role of the hypothalamus, including the arcuate nucleus.
   • The role of leptin.
   • Possible critique includes studies e.g. Montague et al.
   • Two severely obese cousins were found to have very low leptin levels, despite their elevated fat levels.
3. Discuss biological explanations for obesity. (16 marks)

**Possible AO1 content:**
- Twin studies found the average heritability for obesity varies between approximately 40% and 75%.
- Adoption studies found a strong correlation between the weight category of adopted individuals and their biological parents' weight category.
- The role of the hypothalamus and leptin.
- The thrifty gene hypothesis.

**Possible AO3 content:**
- The expression of genetic influences varying with age.
- There are also psychological factors involved.
- Research support for the leptin–obesity relationship, e.g. Montague et al.
- The advantages of biological explanations, e.g. reducing the stigma of obesity.
- Problems with the thrifty gene hypothesis, e.g. the role of cultural factors.

Page 181 No. 7.9

1. Briefly outline the restraint theory of obesity and give one criticism of this explanation. (6 marks)
- Attempting not to eat actually increases the probability of overeating.
- Rigid restraint and flexible restraint.
- Criticisms may include reference to methodological issues.
- e.g. most of the research is done in a laboratory setting, so the results may be different in real-world settings.

2. Briefly outline the disinhibition explanation of obesity and give one criticism of this explanation. (6 marks)
- Overeating is a response to different stimuli and can occur in a variety of circumstances.
- Three different types of disinhibition (habitual, emotional and situational).
- One criticism is issues of gender bias in research.
- Most of the research has been restricted to women, so conclusions about men cannot be made.

3. Briefly outline the boundary model of obesity and give one criticism of this explanation. (6 marks)
- The zone of biological indifference.
- The ‘what the hell’ effect.
- One criticism is that overeating is a rebellious reaction rather than a result of motivational collapse.
- Loro and Orleans found that obese binge eaters frequently reported bingeing as a way of ‘unleashing resentment’ against their diet.

4. Outline research into psychological explanations of obesity. (6 marks)
- Herman and Mack assigned participants to one of three groups (i.e. no milkshake, one milkshake or two milkshakes), before giving them ice cream to taste.
- The non-dieters ate less of the ice cream if they had already had milkshake whereas dieters ate more.
- Wardle and Beales randomly assigned 27 obese women to either a diet group, an exercise group or a non-treatment group for seven weeks.
- They found that at both assessment sessions women in the diet condition ate more than women in the other two groups.
5. Discuss psychological explanations for obesity. (16 marks)

**Possible AO1 content:**
- Restraint theory, including reference to rigid and flexible restraint.
- The boundary model, including reference to the zone of biological indifference and the ‘what the hell’ effect.
- The three different types of disinhibition (habitual, emotional and situational).

**Possible AO3 content:**
- Research support for restraint theory, e.g. Wardle and Beales.
- Issues with sampling in research, e.g. mostly white women.
- Methodological issues, e.g. the artificial setting of the research.
- Disinhibited eating may be related to attachment style.
- Overeating is a rebellious reaction rather than as a result of motivational collapse.

Page 183 No. 7.10

1. Outline research into the success and/or failure of dieting. (6 marks)
   - Research that shows that diets can succeed, e.g. Redden, or fail, e.g. Stroebe.
   - The theory of hedonic eating or the theory of ironic processes of mental control.

2. Briefly outline one explanation for the success and/or failure of dieting and give one criticism of this explanation. (6 marks)
   - The theory of hedonic eating.
   - The theory of ironic processes of mental control.
   - One criticism is that genetic influences can also affect dieting success.
   - This suggests that the success and failure of dieting may be determined by factors other than an individual’s choice of lifestyle.

3. Outline and evaluate one or more explanations for the success and/or failure of dieting. (16 marks)

**Possible AO1 content:**
- The theory of hedonic eating.
  - The role of denial and the theory of ironic processes of mental control.
- Dieting can succeed if the details of a meal are focused on.

**Possible AO3 content:**
- Research support for the ironic processes of mental control, e.g. Soetens *et al*.
- Research support for the hedonic theory, e.g. Brunstrom *et al*.
- Real-life applications of the research, e.g. in anti-dieting programmes.
- The success or failure of dieting may be determined by biological factors.
- Limitations of anecdotal evidence.
Chapter 8 Stress

Page 193 No. 8.1

1. Outline the general adaptation syndrome. (6 marks)
   - The three stages of the GAS (alarm reaction, resistance, exhaustion).
   - What happens at each stage of the GAS.

2. Outline the hypothalamic pituitary-adrenal system. (4 marks)
   - The hypothalamus directs the pituitary gland to release ACTH.
   - This stimulates the adrenal cortex to release cortisol.
   - This lowers sensitivity to pain and releases glucose.

3. Outline the sympathomedullary pathway. (4 marks)
   - The hypothalamus activates the sympathetic branch of the ANS.
   - The adrenal medulla releases adrenaline and noradrenaline.
   - These affect key organs, e.g. the heart, making it beat faster.

4. Explain the role of cortisol. (3 marks)
   - A hormone produced as a result of chronic stress.
   - Positive effects, e.g. a quick burst of energy.
   - Negative effects, e.g. lowering our immune system.

5. Discuss the physiology of stress. In your answer you should include the general adaptation syndrome, the hypothalamic pituitary-adrenal system and the sympathomedullary pathway. (16 marks)

Possible AO1 content:
   - The stages of the GAS, including what happens at each stage.
   - The SAM as a response to short-term stressors.
   - The HPA as a response to long-term stressors.

Possible AO3 content:
   - Gender differences in responses to stress.
   - Stress-related illness may not be due to a depletion of resources.
   - Research support from studies, e.g. Selye.
   - The fight-or-flight response is inappropriate for many modern-day stressors.
   - A physiological account is not sufficient on its own.

Page 195 No. 8.2

1. Explain what is meant by immunosuppression. (2 marks)
   - Immunosuppression is the suppression of the immune system.
   - This can occur when we experience stress.

2. Describe one study of the role of stress in cardiovascular disorders. In your answer, explain what the researcher(s) did and what was found. (4 marks)
   - Williams et al. asked 13,000 people to complete an anger scale.
   - Six years later, the health of the participants was checked and 256 had experienced heart attacks.
   - Those who had scored highest on the anger scale were two-and-a-half times more likely to have had a heart attack than those with the lowest anger ratings.

3. Evaluate research on the role of stress on immunosuppression. (8 marks)
   - Stress does not always have a negative impact on the immune system.
   - The relationship between stress and illness is complex.
   - Research studies that support or challenge the role of stress on immunosuppression.
4. Discuss the role of stress in illness. (16 marks)

**Possible AO1 content:**
- The effects of immediate stress, e.g. adrenaline’s effects.
- The effects of ongoing stress, e.g. on the immune system.
- Kiecolt-Glaser’s natural experiment.

**Possible AO3 content:**
- Stress does not always have a negative impact on the immune system.
- The complexity of the relationship between stress and illness.
- Research support, e.g. Williams *et al*.
- Methodological issues with using self-report methods as a measure of stress and illness, e.g. social desirability.
- Some stressors may enhance the immune system rather than impair it.

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**Page 197 No. 8.3**

1. Explain why life changes may be a source of stress. (2 marks)
   - Life changes require psychic energy to be used, which is stressful.
   - This psychic energy affects health.

2. Describe one study of the role of life changes as a source of stress. In your answer, explain what the researcher(s) did and what was found. (4 marks)
   - Possible studies include that of Cohen *et al*. or Rahe *et al*.
   - What was done and what was found.

3. Give one criticism of the role of life changes in stress. (3 marks)
   - People respond to life events in different ways.
   - For example, an untimely death of a loved one will have a devastating effect on the surviving partner, but the death of an elderly spouse after a long illness may not be quite so stressful.

4. Describe and evaluate research on life changes as a source of stress. (16 marks)

**Possible AO1 content:**
- Life changes are events that necessitate a major transition in some aspects of our life.
- The Social Readjustment Ratings Scale (SRRS), consisting of 43 life events, each with a life change unit (LCU) score.
- Death of a spouse is 100 LCUs, whereas pregnancy is 40.
- Research studies, e.g. Rahe *et al*. or Cohen *et al*.

**Possible AO3 content:**
- Daily hassles may be a more significant measure of stress than life changes.
- Issues with correlational data to explain stress.
- People respond to life events in different ways.
- The usefulness of the SRRS in providing an insight into many types of psychological problems, e.g. suicide.
- Methodological issues with life changes research, e.g. it relies on people’s memories of events.

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**Page 199 No. 8.4**

1. Explain why daily hassles may be a source of stress. (2 marks)
   - An accumulation of daily hassles may make them a source of stress.
   - These may involve the everyday concerns of work or issues arising from family life.

2. Describe one study of the role of daily hassles as a source of stress. In your answer, explain what the researcher(s) did and what was found. (4 marks)
   - e.g. Kanner *et al*., Bouteyre *et al*. or Flett *et al*.
3. Give one criticism of the role of daily hassles in stress. (3 marks)
   - Gender differences in what constitutes a hassle.
   - For women, pets are often associated with uplifts, while men often associate them with hassles.

4. Discuss sources of stress. Include both life changes and daily hassles in your answer. (16 marks)

   **Possible AO1 content:**
   - Life changes are events that necessitate a major transition in some aspects of our life.
   - The Social Readjustment Ratings Scale, consisting of 43 life events, each with a life change unit (LCU) score.
   - Accumulation and amplification.
   - Research studies, e.g. Kanner et al.

   **Possible AO3 content:**
   - Issues with correlational data to explain the sources of stress.
   - Methodological issues with self-report, e.g. social desirability in reporting hassles.
   - Gender differences in what constitutes a hassle.
   - Methodological issues with life changes or daily hassles research, e.g. it relies on people’s memories of events.
   - Research support for the importance of daily hassles as a source of stress e.g. Flett et al.

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Page 201 No. 8.5

1. Explain what is meant by ‘workplace stress’. (3 marks)
   - Aspects of the working environment, e.g. work overload or impending deadlines, are experienced as stressful.

2. Explain what research has shown about the role of workload and control as sources of stress. (6 marks)
   - Marmot et al.’s Whitehall study found that the highest-grade workers tended to have the highest workload and the highest sense of job control.
   - High workload was not associated with coronary heart disease (CHD) whereas low job control was.
   - Johansson et al.’s sawmill study found that the high-risk group (who had high workload and low control) reported more illness than the low-risk group.
   - They also found higher levels of adrenaline in the urine of the high-risk group.

3. Give one limitation of research on workplace stress. (4 marks)
   - Individual differences in the way people react to stressors.
   - Psychological research may not be able to keep up with modern workplace practices.
   - Methodological issues with self-report, e.g. social desirability.

4. Describe and evaluate research related to workplace stress. Include the effects of workload and control in your answer. (16 marks)

   **Possible AO1 content:**
   - The job-strain model, including reference to workload and control.
   - Johansson et al.’s sawmill study.
   - Marmot et al.’s Whitehall study.

   **Possible AO3 content:**
   - Individual differences in the way people react to stressors.
   - Psychological research may not be able to keep up with modern workplace practices.
• Methodological issues with self-report, e.g. social desirability.
• The job-strain model may be an oversimplification.
• The wider implications of workplace stress, e.g. leading to poorer mental health.

Page 203 No. 8.6

1. Outline one self-report scale used to measure stress. (6 marks)
   • Life changes are events that necessitate a major transition in some aspects of our life.
   • The Social Readjustment Ratings Scale, consisting of 43 life events, each with a life change unit (LCU) score.
   • Death of a spouse is 100 LCUs, whereas pregnancy is 40.
   • Research studies e.g. Rahe et al. or Cohen et al.

2. Explain how the skin conductance response is used to measure stress. (6 marks)
   • Two electrodes are placed on the index and middle fingers.
   • A very small voltage is applied across these electrodes.
   • Conductance is reported by measuring the current.

3. Distinguish between the Social Readjustment Ratings Scale (SRRS) and the Hassles and Uplifts Scale (HSUP). (3 marks)
   • The SRRS measures life events.
   • The HSUP measures daily hassles and uplifts.

4. Describe and evaluate ways that stress can be measured. In your answer make reference to self-report scales and physiological measures. (16 marks)
   Possible AO1 content:
   • The SRRS as a measure of life events.
   • The HSUP as a measure of daily hassles and uplifts.
   • Physiological measures, e.g. skin conductance response or blood pressure.
   Possible AO3 content:
   • Methodological issues with self-report methods, e.g. social desirability.
   • Events on the SRRS are only relevant to adults.
   • The continuing influence of the SRRS and HSUP.
   • The advantages of physiological measures over self-report scales.
   • Stress is not the only thing that causes the sympathetic nervous system to become aroused.

Page 205 No. 8.7

1. Explain what is meant by ‘Type A behaviour’ in relation to stress. (2 marks)
   • Type A behaviour is characterised by competitiveness and achievement striving.

2. Outline one study that has investigated Type A and B behaviour. (4 marks)
   • Friedman and Rosenman’s longitudinal study.
   • Interviews classified over 3,000 initially healthy Californian men as either Type A or B.
   • After an interval of nearly nine years, Friedman and Rosenman found that the Type As had higher blood pressure and cholesterol levels, and twice as many Type As actually died from heart attacks.

3. Explain why Type C behaviour could be linked to stress. (3 marks)
   • Type C behaviour involves suppressing emotions.
   • An individual copes with stress by ignoring their own needs.
4. Describe and evaluate the relationship between personality and stress. Refer to personality types A, B and C in your answer. (16 marks)

**Possible AO1 content:**
- Type A personality is characterised by competitiveness and achievement striving.
- Type B personality is characterised by an easy-going, relaxed and patient approach to life.
- Type C personality is characterised by extreme emotional suppression and a desire to please others.
- Morris et al.’s study.

**Possible AO3 content:**
- Support from research studies, e.g. Ragland and Brand.
- Issues of gender bias in research.
- Challenge from research studies to the concept of Type C, e.g. Giraldi et al.
- Whether the link between personality and stress-related illness is a direct, or an indirect cause.

Page 207 No. 8.8

1. Explain the terms ‘commitment’, ‘challenge’ and ‘control’ in relation to hardness. (3 marks)
   - Commitment: people are involved with the world around them and have a strong sense of purpose.
   - Challenge: people see life challenges as problems to be overcome, rather than as threats.
   - Control: people see themselves as being in control of their own lives.

2. Outline one study of hardness in relation to stress. (6 marks)
   - Kobasa measured stress using the SRRS, and illness using self-report measures. She also asked participants to complete a personality test on the three Cs.
   - Kobasa found that ‘highly stressed’ American male executives who were not often ill scored high on measures of the three Cs, whereas those who reported frequent illness were low scorers on those measures.

3. Describe and evaluate research related to the role of hardness in stress. (16 marks)

   **Possible AO1 content:**
   - The hardy personality as a defence against the negative effects of stress.
   - Control, commitment and challenge.
   - Kobasa’s research study.

   **Possible AO3 content:**
   - Real-world applications of research, e.g. in hardness training.
   - Methodological issues with self-report methods, e.g. social desirability in how people cope with stress.
   - The possibility that the three Cs are not equally important.
   - The physiological basis for the hardness concept.
   - Negative affectivity may be a simpler way of describing the hardy personality.

4. Discuss individual differences in stress. (16 marks)

   **Possible AO1 content:**
   - The hardy personality as a defence against the negative effects of stress.
   - Control, commitment and challenge.
   - Kobasa’s research study.

   **Possible AO3 content:**
• Real-world applications of research, e.g. in hardiness training.
• Methodological issues with self-report methods, e.g. social desirability in how people cope with stress.
• The possibility that the three Cs are not equally important.
• The physiological basis for the hardiness concept.
• Negative affectivity may be a simpler way of describing the hardy personality.

**Page 209 No. 8.9**

1. Explain how benzodiazepines help people cope with stress. *(3 marks)*
   - Benzodiazepines reduce anxiety by enhancing the actions of GABA.
   - Benzodiazepines do this by binding to special sites on the GABA receptor, making it even more resistant to excitation.

2. Explain how beta blockers help people cope with stress. *(3 marks)*
   - Beta-blockers decrease stress and anxiety by blocking the effects of adrenaline and noradrenaline.
   - As a result, heart rate and blood pressure, breathing rate and sweating do not increase, making the person feel calmer.

3. Discuss the use of drug therapy in managing and coping with stress. *(16 marks)*
   **Possible AO1 content:**
   - The use of benzodiazepines as a way to manage and cope with stress.
   - The use of beta-blockers as a way to manage and cope with stress.
   **Possible AO3 content:**
   - The benefits of drug therapy, e.g. they are easy to use.
   - Research support for the effectiveness of beta-blockers, e.g. Lockwood.
   - The problem of side effects in drug therapy.
   - Benzodiazepines can lead to addiction.
   - Whether drug therapy treats the problem or merely the symptoms.

**Page 211 No. 8.10**

1. Outline what is involved with stress inoculation therapy. *(3 marks)*
   - Conceptualisation phase.
   - Skills acquisition, rehearsal and consolidation.
   - Application and follow-through.

2. Explain how a psychologist might use stress inoculation therapy to treat a person with stress. *(4 marks)*
   - The use of the conceptualisation phase.
   - Examples of skills acquisition, rehearsal and consolidation.
   - How follow-through might be achieved.

3. Describe and evaluate the use of stress inoculation therapy in managing and coping with stress. *(16 marks)*
   **Possible AO1 content:**
   - The use of the conceptualisation phase.
   - The acquisition of selected skills that match the client’s way of coping.
   - The use of rehearsal and consolidation.
   - How follow-through might be achieved.
**Possible AO3 content:**
- The benefits of stress inoculation therapy, e.g. preparation for future stressors.
- Whether stress inoculation therapy is unnecessarily complex.
- Research support for the effectiveness of stress inoculation therapy, e.g. Jay and Elliott.
- Stress inoculation therapy suffers from the ‘hello–goodbye’ effect.
- It is a time-consuming therapy and requires high motivation.

**Page 213 No. 8.11**

1. **Explain how a psychologist might use biofeedback to treat a person with stress. (4 marks)**
   - Relaxation techniques are taught.
   - Feedback about the activity of the ANS is provided.
   - The role of operant conditioning.
   - Transferring the skills to real-life situations.

2. **Explain one criticism that has been made relating to biofeedback as a method of managing and coping with stress. (4 marks)**
   - It is a relatively lengthy treatment, typically taking more than a month.
   - It also requires some effort from the person undertaking it.
   - This means that alternative approaches might be more preferable if time and effort are important factors in stress reduction.

3. **Describe and evaluate the use of biofeedback in managing and coping with stress. (16 marks)**

   **Possible AO1 content:**
   - Relaxation techniques are taught.
   - Feedback about the activity of the ANS is provided.
   - The role of operant conditioning.
   - Transferring the skills to real-life situations.

   **Possible AO3 content:**
   - Biofeedback is a popular stress reduction technique for a whole range of disorders.
   - Biofeedback is not an invasive technique, and can be used when drugs are not appropriate.
   - Research support for the effectiveness of biofeedback, e.g. Gruber and Taub.
   - The operant conditioning process may be irrelevant.
   - Issues with specialist equipment, or the effort involved by the client.

**Page 215 No. 8.12**

1. **Explain one gender difference in coping with stress. (2 marks)**
   - The tend-and-befriend response is more of a female response to coping with stress.

2. **Describe one study of gender differences in coping with stress. (4 marks)**
   - Peterson et al.
   - Around 1,000 men and women answered a questionnaire on coping styles.
   - They found women used confrontive coping, which is emotion-focused, while men engaged in problem-focused coping.

3. **Describe and evaluate gender differences in coping with stress. (16 marks)**

   **Possible AO1 content:**
   - The tend-and-befriend response is a more female response to stress.
   - Problem-focused or emotion-focused coping styles.
   - Research study, e.g. Matud or Peterson et al.
Possible AO3 content:
- Research challenge for the claim men and women use different coping styles, e.g. Hamilton and Fagot.
- Methodological issues with social support scales, e.g. social desirability.
- Whether the tend-and-befriend response is the only response women have to stress.
- Social support may be a confounding variable in research into coping styles.
- Lifestyle differences may play a role in gender differences in coping style.

Page 217 No. 8.13

1. Briefly explain the following kinds of social support that may be offered at times of stress: instrumental, emotional and esteem support. (2 marks each)
   - Instrumental support: offers of tangible assistance, e.g. providing money.
   - Emotional support: focuses on what a person is feeling, e.g. listening to a friend.
   - Esteem support: someone else makes you feel better about yourself, e.g. improves your feeling of self-worth.

2. Describe one study of the role of social support in coping with stress. (4 marks)
   - Kamarck et al.
   - Participants attempted a stressful mental task either alone or with a close same-sex friend for company.
   - Those attempting the task with a friend showed lower physiological reactions (e.g. heart rate) compared with those attempting the task alone.

3. Discuss research related to the role of social support in coping with stress. (16 marks)
   Possible AO1 content:
   - Instrumental support: offers of tangible assistance.
   - Emotional support: focuses on what a person is feeling.
   - Esteem support: someone else makes you feel better about yourself.
   - The effects of social support.

   Possible AO3 content:
   - Research support for the effectiveness of social support, e.g. Kamarck et al.
   - Gender differences in the type of social support used by men and women.
   - There are cultural differences in the type of social support people use.
   - Social support is not always beneficial in managing the negative effects of stress.
   - Pets may be just as good as humans as a form of support.
Chapter 9 Aggression

Page 229 No. 9.1

1. Explain the role of the limbic system in aggression. (3 marks)
   - Helps coordinate behaviours that satisfy urges, e.g. aggression.
   - The amygdala is responsible for quickly evaluating the emotional importance of sensory information and producing an emotional response, which may be aggressive.
   - The hippocampus is involved in the formation of long-term memories and so allows an animal to compare the current threat with similar past experiences.

2. Explain the role of serotonin in aggression. (3 marks)
   - Typically inhibits the role of the amygdala.
   - Low levels of serotonin remove this inhibitory effect.

3. Explain the role of testosterone in aggression. (3 marks)
   - Produces male characteristics, e.g. aggression.
   - Changes in testosterone levels influence aggressive behaviour by increasing amygdala reactivity.

4. Outline and evaluate the role of neural and/or hormonal mechanisms in aggression. (16 marks)

   Possible AO1 content:
   - The limbic system, including the hippocampus and amygdala.
   - The role of serotonin; inhibition of the amygdala.
   - The role of testosterone in increasing amygdala activity.

   Possible AO3 content:
   - Research support for the role of the hippocampus in aggression, e.g. Raine et al.
   - Research evidence for the serotonin deficiency hypothesis, e.g. Duke et al.
   - Evidence for the role of serotonin in aggression from studies of non-human animals, e.g. Raleigh et al.
   - Inconsistent evidence for a correlation between testosterone and aggression.
   - Testosterone promotes status-seeking behaviour, of which aggression is one type.

Page 231 No. 9.2

1. Outline the role of genetic factors in aggression. (4 marks)
   - Twin studies found that nearly 50% of the variance in direct aggressive behaviour could be attributed to genetic factors.
   - Adoption studies found a significant number of boys with criminal convictions had biological parents with convictions for criminal violence.
   - The role of the MAOA gene.

2. Explain the role of the MAOA gene in aggression (3 marks)
   - Responsible for producing an enzyme called monoamine oxidase A (MAOA).
   - MAOA regulates the metabolism of serotonin.
   - Reference to MAOA-L and MAOA-H.

3. Outline research findings into the role of genetic factors in aggression. (4 marks)
   - Research findings from twin studies, e.g. Coccaro et al.
   - Research findings from adoption studies, e.g. Hutchings and Mednick.
   - Research findings from MAOA gene research, e.g. Brunner et al.
4. Give one limitation of genetic explanations of aggression. (3 marks)
   - The difficulties in determining the role of genetic factors.
   - More than one gene contributes to a behaviour.
   - Also, there are many non-genetic (i.e. environmental influences) on the manifestation of aggressive behaviour.

6. Discuss the role of genetic factors in aggression. (16 marks)

   Possible AO1 content:
   - Research findings from twin studies, e.g. Coccaro et al.
   - Research findings from adoption studies, e.g. Hutchings and Mednick.
   - The role of the MAOA gene.

   Possible AO3 content:
   - Methodological issues, e.g. self-report methods or sampling problems.
   - The difficulties in determining the role of genetic factors.
   - Research support for the influence of the MAOA gene, e.g. Tiihonen et al.
   - Inconsistent findings from research, depending on which method was used.
   - The MAOA gene might explain gender differences in aggressive behaviour.

Page 233 No. 9.3

1. Explain what is meant by ‘innate releasing mechanisms’ and ‘fixed action patterns’ in the context of aggression. (3 marks each)
   - Innate releasing mechanism: a neural network that communicates with motor control circuits.
   - They activate a fixed action pattern.
   - A fixed action pattern: a repertoire of stereotyped behaviours, which occur in response to specific triggers.
   - Fixed action patterns are universal to all members of the same species.

2. Outline the ethological explanation of aggression. (4 marks)
   - Sign stimulus, the innate releasing mechanism and fixed action patterns.
   - Lorenz’s hydraulic model.
   - Ritualistic aggression, e.g. threat displays.

3. Outline and evaluate the ethological explanation of aggression. (16 marks)

   Possible AO1 content:
   - Sign stimulus, the innate releasing mechanism and fixed action patterns.
   - Lorenz’s hydraulic model.
   - Ritualistic aggression, e.g. threat displays.

   Possible AO3 content:
   - Lorenz had underestimated the role of environmental factors in the development of species-typical aggressive behaviour patterns.
   - Killing conspecifics is not that rare.
   - Performing an aggressive behaviour may increase future aggression rather than decrease it.
   - FAPs are no longer adaptive.
   - Ritualised aggression may be beneficial, e.g. Chagnon.

Page 235 No. 9.4

1. Briefly explain what is meant by an ‘evolutionary’ explanation of human aggression. (2 marks)
   - Aggression as an effective, adaptive strategy for e.g. gaining resources or eliminating male rivals.
2. Outline evolutionary explanations of human aggression and give one limitation of this explanation(s). (6 marks)
   - The adaptive nature of aggression.
   - Sexual jealousy and cuckoldry.
   - Aggression in warfare as an adaptive behaviour.
   - Aggression isn’t always adaptive.
   - e.g. in today’s society, violent and aggressive behaviour leads to social ostracism, so violent males may be rejected as mates.

3. Discuss evolutionary explanations of human aggression. (16 marks)

Possible AO1 content:
- The adaptive nature of aggression.
- Sexual jealousy and cuckoldry
- Aggression in warfare as an adaptive behaviour.

Possible AO3 content:
- Aggression may not always be adaptive.
- The role of socialisation.
- Issues of gender bias.
- The inability to explain human cruelty, e.g. genocides.
- Research support for the link between aggression and status, e.g. Daly and Wilson.

Page 237 No. 9.5

1. Explain what is meant by the ‘frustration–aggression hypothesis’. (3 marks each)
   - Frustration as a necessary condition for aggression.
   - Displaced aggression.
   - The role of catharsis.

2. Outline research into the frustration–aggression hypothesis. (4 marks)
   - Brown et al. surveyed British holidaymakers who were prevented from travelling by ferry to France.
   - They found an increase in hostile attitudes towards the French as a result of the passengers’ frustration.
   - Pastore found that participants felt more aggression in conditions of unjustified frustration (bus failed to stop) than in justified frustration (bus had ‘out of service’ sign).

3. Briefly evaluate the frustration–aggression hypothesis. (4 marks)
   - Aggression is not an automatic consequence of frustration.
   - Not all aggression arises from frustration.
   - Real-world applications, e.g. mass killings or sports violence.

4. Outline and evaluate the frustration–aggression hypothesis. (16 marks)

Possible AO1 content:
- Frustration as a necessary condition for aggression.
- Displaced aggression.
- The role of catharsis.
- Reference to Berkowitz’s revised frustration–aggression hypothesis.

Possible AO3 content:
- Aggression is not an automatic consequence of frustration.
- Not all aggression arises from frustration.
- Real-world applications, e.g. mass killings.
- Behaving aggressively is likely to lead to more, rather than less, aggression in the future.
- Research support for aggression as the result of frustration, e.g. Priks.
Page 239 No. 9.6

1. Outline social learning theory as it applies to human aggression. (4 marks)
   - The role of observation and imitation.
   - The role of vicarious reinforcement.
   - Cognitive schemas, e.g. scripts.

2. Give two criticisms of social learning theory as it applies to human aggression. (3 marks each)
   - The artificial nature of supporting research.
   - e.g. Bandura’s Bobo doll does not retaliate when hit.
   - There are cultural differences in aggression.
   - Among the !Kung San aggression is very rare.

3. Outline one research study of social learning theory as it applies to human aggression. (4 marks)
   - Bandura’s Bobo doll study.
   - The model displayed physically aggressive acts towards the doll, then the children were taken to a room with toys, including a Bobo doll.
   - Children in the aggression condition reproduced a good deal of the aggressive behaviour shown by the model.

4. Outline and evaluate social learning theory as it applies to human aggression. (16 marks)
   **Possible AO1 content:**
   - The role of observation.
   - The role of vicarious reinforcement.
   - The use of cognitive schemas, e.g. scripts.
   **Possible AO3 content:**
   - Support from studies, e.g. Bandura et al.
   - The artificial nature of supporting research.
   - SLT can explain cultural variations in aggression.
   - Real-world applications, e.g. parenting skills.
   - SLT can explain inconsistencies in aggressive behaviour.

Page 241 No. 9.7

1. Outline the de-individuation explanation of human aggression. (4 marks)
   - The nature of de-individuation, e.g. a loss of self-control.
   - The process of de-individuation, e.g. diminishing of individuality.
   - Anonymity, suggestibility and contagion are likely to lead to de-individuation.

2. Give two criticisms of the de-individuation explanation of human aggression. (3 marks each)
   - Research support for de-individuation and aggression is inconclusive.
   - e.g. Spivey and Prentice-Dunn found that de-individuation could lead either to prosocial or antisocial behaviour, depending on situational factors.
   - Gender differences in de-individuation.
   - e.g. Cannavale et al. found an increase in aggression only in the all-male groups, not the all-female groups.

3. Outline one research study of de-individuation in the context of human aggression. (4 marks)
   - Zimbardo’s (1969) study.
   - Groups of four female undergraduates were required to deliver electric shocks. Half the participants wore bulky lab coats and hoods, sat in separate cubicles and were never referred to by name, while the other half wore their own clothes, had name tags and were introduced to each other.
• Zimbardo found those in the de-individuated condition (i.e. hooded and no name tags) held the shock button down for twice as long as those in the other condition.

4. Discuss the de-individuation explanation of human aggression. (16 marks)

Possible AO1 content:
• The nature of de-individuation, e.g. a loss of self-control.
• The process of de-individuation, e.g. diminishing of individuality.
• Anonymity, suggestibility and contagion are likely to lead to de-individuation.

Possible AO3 content:
• Research support for de-individuation e.g. Rehm et al.
• De-individuation can lead to prosocial as well as anti-social behaviour.
• Gender differences in de-individuation.
• Real-world application, e.g. the baiting crowd.
• Cultural differences in de-individuation.

Page 243 No. 9.8

1. Outline one or more dispositional explanations of institutional aggression. (4 marks)
• Irwin and Cressey’s importation model.
• Violent characteristics are imported into the prison when prisoners are sentenced.
• Dispositional characteristics, e.g. antisocial personality style.

2. Outline one or more situational explanations of institutional aggression and give one limitation of this explanation. (6 marks)
• Sykes’ deprivation model.
• The circumstances that make aggression more likely, e.g. overcrowding.
• One limitation is Harer and Steffensmeier’s findings that dispositional factors were the only significant predictors of prison violence.
• None of the deprivation variables were significant in this respect.

3. Discuss dispositional and situational explanations of institutional aggression in the context of prisons. (16 marks)

Possible AO1 content:
• Irwin and Cressey’s importation model.
• Violent characteristics are imported into the prison when prisoners are sentenced.
• Sykes’ deprivation model.
• The circumstances that make aggression more likely, e.g. overcrowding.

Possible AO3 content:
• Research support for the importation model, e.g. Mears et al.
• Challenge from research for the importation model, e.g. DeLisi et al.
• Real-world applications of the deprivation model, e.g. HMP Woodhill.
• Research support for the deprivation model, e.g. McCorkle et al.
• Challenge from research for the deprivation model, e.g. Harer and Steffensmeier.

Page 245 No. 9.9

1. Outline research findings on the effects of computer games on aggression. (4 marks each)
• Gentile and Stone found short-term increases in levels of physiological arousal, hostile feelings and aggressive behaviour following violent game play, compared to non-violent game play.
• Anderson and Dill found participants blasted their opponents with white noise for longer and rated themselves higher on the State Hostility Scale after playing a violent game than a puzzle game.
• Anderson et al. found children who had high exposure to violent video games became more verbally and physically aggressive and less pro-social.

2. Give two criticisms of research showing a link between computer game violence and aggressive behaviour. (4 marks)
   • A lack of control over variables.
   • When other risk factors, e.g. trait aggression or family violence is controlled for, the effect of violent media content on aggressive behaviour disappears.
   • A lack of ecological validity.
   • Administering noise blasts has very little to do with actual aggressive behaviour.

3. Discuss media influences on aggression. (16 marks)

   **Possible AO1 content:**
   • Findings from experiments, e.g. Gentile and Stone.
   • Findings from longitudinal studies, e.g. Anderson et al.
   • Findings from meta-analyses, e.g. Bushman and Huesmann.

   **Possible AO3 content:**
   • Methodological problems, e.g. artificial tasks.
   • Aggressive behaviour may be due to game difficulty, not the violent storyline.
   • Research only reports small-to-medium effect sizes.
   • Most research fails to control for other risk variables, e.g. family violence.
   • Research tends to use unrepresentative samples, e.g. male students, and then makes generalisations about all viewers.

**Page 247 No. 9.10**

1. Briefly explain what is meant by the terms ‘desensitisation’, ‘disinhibition’ and ‘cognitive priming’. (2 marks each)
   • Desensitisation: frequent viewing of TV violence may cause children to be less anxious about violence.
   • Disinhibition: exposure to violent media legitimises the use of violence in real life because it undermines the social sanctions that usually inhibit such behaviour.
   • Cognitive priming: a temporary increase in the accessibility of thoughts and ideas about violence, which activate other aggressive thoughts through their association in memory pathways.

2. Outline the desensitisation explanation of media influences and give one criticism of this explanation. (6 marks)
   • Frequent viewing of media violence may cause children to be less anxious about violence.
   • Reduction in physiological arousal.
   • Less likely to notice real-world violence.
   • Criticism: desensitisation may be a good thing, e.g. for soldiers.

3. Outline the disinhibition explanation of media influences and give one criticism of this explanation. (6 marks)
   • Exposure to violent media legitimises the use of violence in real life.
   • Violent media undermines the social sanctions that usually inhibit violence.
   • Short- and long-term effects of disinhibition.
   • Criticism: the disinhibition effect depends on other factors, e.g. context.
4. Outline the cognitive priming explanation of media influences and give one criticism of this explanation. (6 marks)
   - A temporary increase in the accessibility of thoughts and ideas about violence.
   - The activation of other aggressive thoughts through association in memory pathways.
   - Frequent activation through prolonged exposure to violent media may result in a lowered activation threshold for these aggressive thoughts, allowing them to be accessed more readily.
   - Criticism: priming is less likely with less realistic media.

5. Outline and evaluate the desensitisation, disinhibition and cognitive priming explanations of media influences. (16 marks)

   Possible AO1 content:
   - Desensitisation: frequent viewing of media violence may cause children to be less anxious about violence.
   - Disinhibition: exposure to violent media legitimises the use of violence in real life.
   - Cognitive priming: a temporary increase in the accessibility of thoughts and ideas.

   Possible AO3 content:
   - Desensitisation may be a good thing, e.g. for soldiers.
   - Research support for desensitisation, e.g. Carnagey et al.
   - The disinhibition effect depends on other factors, e.g. context.
   - Research support for cognitive priming, e.g. Bushman.
   - Priming is less likely with less realistic media.

6. Outline and evaluate one or more explanations of media influences. (16 marks)

   Possible AO1 content:
   - Desensitisation: frequent viewing of media violence may cause children to be less anxious about violence.
   - Disinhibition: exposure to violent media legitimises the use of violence in real life.
   - Cognitive priming: a temporary increase in the accessibility of thoughts and ideas.

   Possible AO3 content:
   - Desensitisation may be a good thing, e.g. for soldiers.
   - Research support for desensitisation, e.g. Carnagey et al.
   - The disinhibition effect depends on other factors, e.g. context.
   - Research support for cognitive priming, e.g. Bushman.
   - Priming is less likely with less realistic media.
Chapter 10 Forensic psychology

Page 257 No. 10.1

1. Discuss the problem of defining crime. (4 marks)
   - Criminality varies from country to country.
   - Criminality varies over time.
   - E.g. drinking alcohol or homosexuality.

2. Identify and explain one way of measuring crime. (4 marks)
   - Official statistics.
   - These record any incident reported to, or seen by, the police.
   - For example, data is given for any one year on the number of robberies committed.

3. Outline what is meant by a ‘victim survey’ in the context of forensic psychology. (2 marks)
   - A sample of people are asked to identify which crimes have been committed against them over a fixed period of time.
   - This can include both reported and unreported crimes.

Page 259 No. 10.2

1. Explain what is meant by an ‘organised type of offender’. (2 marks)
   - Someone who commits a planned crime, is highly intelligent and socially competent.

2. Distinguish between an organised and a disorganised type of offender. (4 marks)
   - An organised type of offender is someone who commits a planned crime, is highly intelligent and socially competent.
   - A disorganised type of offender is someone who commits an unplanned crime, is lower in intelligence and less socially competent.

3. Briefly explain how the top-down approach is used to create an offender profile. (4 marks)
   - Begins from a general classification of the crime scene.
   - A profiler uses this classification to make judgements about likely offenders who would fit the circumstances.

4. Discuss the top-down approach to offender profiling. (16 marks)

   Possible AO1 content:
   - An analysis of previous crimes creates a profile of a likely offender.
   - This knowledge is used to narrow the field of possible suspects.
   - Relies on the intuition and beliefs of the profiler.

   Possible AO3 content:
   - Top-down profiling can be useful for opening up new lines of investigation.
   - Top-down profiling may not be accurate, leading to unreliable judgements.
   - The potential harm caused by using top-down approaches.
   - The distinction between an organised and disorganised offender may be a false dichotomy.
   - The method is based on false data.

Page 261 No. 10.3

1. Explain what is meant by ‘geographic profiling’. (2 marks)
   - Analyses the locations of a series of crimes.
   - Considers where the crimes were committed, and the significance of them.
2. Distinguish between the top-down and bottom-up approach to offender profiling. (4 marks)
   - Top-down approach: crime-scene profiling; analysis of previous crimes creates a profile of a likely offender. Relies on the profiler’s intuition.
   - Bottom-up approach: data driven; statistical techniques are used to produce predictions about the likely character of an offender.

3. Briefly explain how investigative psychology is used to create an offender profile. (4 marks)
   - Interpersonal coherence.
   - Forensic awareness.
   - Smallest space analysis.

4. Discuss the bottom-up approach to offender profiling. (16 marks)
   **Possible AO1 content:**
   - Data-driven approach.
   - Investigative psychology.
   - Geographical profiling.
   **Possible AO3 content:**
   - The scientific basis of the approach allows for objectivity.
   - Investigative psychology can be useful, e.g. Copson et al.
   - Circle theory may be flawed.
   - Geographical profiling is limited.
   - Sticking to only one profile can lead to wasted police time.

Page 263 No. 10.4

1. Outline the atavistic form as a biological explanation for offending behaviour. (4 marks)
   - Some people are born with a criminal personality.
   - Offenders have similar characteristics to lower primates.
   - Somatotypes.

2. Explain one criticism of the historical approach (atavistic form). (4 marks)
   - The theory is gender biased, as Lombroso believed that women are less evolved than men.
   - He also believed women who became criminals had masculine traits that turned them into ‘monsters’.
   - These androcentric views are not developed from empirical evidence.

3. Discuss the historical approach to explaining offending behaviour. Include research on the atavistic form in your answer. (16 marks)
   **Possible AO1 content:**
   - Some people are born with a criminal personality.
   - Offenders have similar characteristics to lower primates.
   - Kretschmer’s research into somatotypes.
   **Possible AO3 content:**
   - Methodological issues, e.g. lack of control.
   - The lack of research support for somatotypes.
   - Gender bias.
   - Lombroso’s contribution to the science of criminology.
   - The link between personality type and criminality.
Page 265 No. 10.5

1. Outline neural explanations of offending behaviour. (4 marks)
   - Brain structures: prefrontal cortex, limbic system.
   - Neurotransmitters: serotonin, noradrenaline.

2. Describe one study that has investigated genetic explanations of offending behaviour. (4 marks)
   - Brunner et al.
   - The DNA of 28 members of a Dutch family who had histories of impulsive and violent behaviours was analysed.
   - They found that the men shared a particular gene that led to abnormally low levels of MAOA.

3. Outline and evaluate genetic and neural explanations of offending behaviour. (16 marks)
   **Possible AO1 content:**
   - Twin studies, e.g. Raine et al.
   - Candidate genes, e.g. MAOA, Brunner et al.
   - Brain structures, e.g. prefrontal cortex, limbic system.
   - Neurotransmitters, e.g. serotonin and noradrenaline.

   **Possible AO3 content:**
   - Research support for genetic explanations, e.g. Crowe.
   - Problems with determinist explanations.
   - Real-life application, e.g. treatment.
   - Genetic and neural explanations cannot explain non-violent crime.
   - Much research is conducted on non-human animals and is related to aggression, rather than offending.

4. Discuss biological explanations of offending behaviour. (16 marks)
   **Possible AO1 content:**
   - Twin studies, e.g. Raine et al.
   - Candidate genes, e.g. MAOA, Brunner et al.
   - Brain structures, e.g. prefrontal cortex, limbic system.
   - Neurotransmitters, e.g. serotonin and noradrenaline.

   **Possible AO3 content:**
   - Research support for genetic explanations, e.g. Crowe.
   - Problems with determinist explanations.
   - Real-life application, e.g. treatment.
   - Genetic and neural explanations cannot explain non-violent crime.
   - Much research is conducted on non-human animals and is related to aggression, rather than offending.

Page 267 No. 10.6

1. Briefly outline Eysenck's theory of the criminal personality. (4 marks)
   - Extraversion–introversion dimension, where extraverts seek more arousal, so engage in more dangerous activities.
   - Neuroticism–stability, where neurotics are unstable and prone to overreacting to threatening situations.
   - Psychoticism–normalcy, where psychotics are aggressive and lack empathy.
2. Give one criticism of Eysenck’s theory of the criminal personality. (3 marks)
   • Personality may not be consistent over time.
   • Many psychologists support a situational perspective; someone may be calm and relaxed at home but neurotic at work.
   • Psychoticism−normalcy, where psychotics are aggressive and lack empathy.
   • The biological basis for each trait.

3. Describe and evaluate Eysenck’s theory of the criminal personality. (16 marks)

   **Possible AO1 content:**
   • Introversion−extraversion dimension, where extraverts seek more arousal, so engage in more dangerous activities.
   • Neuroticism−stability, where neurotics are unstable and prone to overreacting to threatening situations.
   • Psychoticism−normalcy, where psychotics are aggressive and lack empathy.
   • The biological basis for each trait.

   **Possible AO3 content:**
   • Personalities may not be consistent.
   • Methodological issues, e.g. reliability of personality tests.
   • Research support for the genetic basis of personality, e.g. Zuckerman et al.
   • Research support for the link between personality and criminal behaviour, e.g. Dunlop et al.
   • It is difficult to know how the information about personality and criminality can be used.

**Page 269 No. 10.7**

1. Explain what is meant by ‘hostile attribution bias’. (2 marks)
   • When a person automatically attributes malicious intentions to another.

2. Explain how cognitive distortions can be used to explain offending behaviour. (4 marks)
   • Cognitive distortions allow an offender to deny or rationalise their behaviour.
   • Hostile attribution bias is linked to an increase in aggression.
   • Magnification and minimalisation.

3. Evaluate levels of moral reasoning as an explanation for offending behaviour. (6 marks)
   • Research support for the relationship between moral reasoning and offender behaviour, e.g. Gudjonsson and Sigurdsson.
   • The focus on moral thinking instead of moral behaviour.
   • Gender bias.

4. Discuss one or more cognitive explanations of offending behaviour. (16 marks)

   **Possible AO1 content – cognitive distortions:**
   • Cognitive distortions allow an offender to deny or rationalise their behaviour.
   • Hostile attribution bias is linked to increased aggression.
   • Magnification and minimalisation.

   **Possible AO1 content – moral reasoning:**
   • Kohlberg’s six stages of moral development.
   • Link to criminality.

   **Possible AO3 content – cognitive distortions:**
   • Research support for minimalisation, e.g. Kennedy and Grubin.
   • Real-world application, e.g. CBT.

   **Possible AO3 content – moral reasoning:**
   • Research support for the relationship between moral reasoning and offender behaviour, e.g. Gudjonsson and Sigurdsson.
- The focus on moral thinking instead of moral behaviour.
- Gender bias.

**Page 271 No. 10.8**

1. Briefly outline differential association theory as an explanation of offending behaviour. (3 marks)
   - Based on social learning theory, suggesting that interactions with others lead to the formation of attitudes about crime.
   - This involves acquiring specific knowledge about how to commit crimes.

2. Describe and evaluate differential association theory as an explanation of offending behaviour. (16 marks)
   **Possible AO1 content:**
   - Based on social learning theory, suggesting that interactions with others lead to the formation of attitudes about crime.
   - This involves acquiring specific knowledge about how to commit crimes.
   - Sutherland’s nine key principles.

   **Possible AO3 content:**
   - Support or challenge from studies, e.g. Osborne and West, or Akers et al.
   - Methodological issues, e.g. correlational data.
   - The role of biological factors is not taken into account.
   - Not all crimes can be explained by this theory.

3. Discuss one or more psychological explanations of offending behaviour. (16 marks)

   **Possible AO1 content – differential association theory:**
   - Based on social learning theory, suggesting that interactions with others lead to the formation of attitudes about crime.
   - This involves acquiring specific knowledge about how to commit crimes.
   - Sutherland’s nine key principles.

   **Possible AO1 content – cognitive distortions:**
   - Cognitive distortions allow an offender to deny or rationalise their behaviour.
   - Hostile attribution bias is linked to an increase in aggression.
   - Magnification and minimalisation.

   **Possible AO3 content – differential association theory:**
   - Methodological issues, e.g. correlational data.
   - The role of biological factors is not taken into account.
   - Not all crimes can be explained by this theory.

   **Possible AO3 content – cognitive distortions:**
   - Research support for minimalisation e.g. Kennedy and Grubin.
   - Real-world application, e.g. CBT.

**Page 273 No. 10.9**

1. Briefly outline one psychodynamic explanation of offending behaviour. (3 marks)
   - Freudian theory says that an underdeveloped ego results in someone having little control over antisocial behaviour.
   - An overdeveloped superego might mean that the individual would commit a crime with a wish to be caught, and then the punishment would reduce their feelings of guilt.
2. Outline one study related to the psychodynamic explanations of offending behaviour. In your answer include details of what the researcher(s) did and what was found. (4 marks)

- Bowlby’s study of 44 thieves.
- 44 thieves were compared with 44 control patients.
- Bowlby found that 39% of the thieves had experienced early separations from their mothers, and 12 out of 14 of those that were classified as affectionless, had experienced frequent separations.

3. Describe and evaluate psychodynamic explanations of offending behaviour. (16 marks)

**Possible AO1 content:**
- Bowlby’s maternal deprivation hypothesis.
- Freud’s view of the development of the superego.

**Possible AO3 content:**
- Gender bias in Freud’s theory.
- The issues with correlational research in explaining offending behaviour.
- Real-world applications, e.g. preventing delinquency.
- The importance of the role of emotional factors.
- A combined approach can give a fuller picture of the causes of offending than psychodynamic explanations alone.

Page 275 No. 10.10

1. Explain what is meant by ‘recidivism’. (2 marks)

- When a person reoffends after receiving some form of punishment for previous offences.

2. Outline the aims of custodial sentencing. (4 marks)

- To deter others.
- To punish and prevent recidivism.
- To atone for wrongdoing.
- To rehabilitate offenders.

3. Outline the psychological effects of custodial sentencing. (4 marks)

- De-individuation.
- Depression, self-harm and suicide.
- Overcrowding and a lack of privacy.
- Effects on the family.

4. Describe and evaluate research on custodial sentencing and its effects on recidivism. (16 marks)

**Possible AO1 content:**
- The aims of custodial sentencing.
- The psychological effects of custodial sentencing, e.g. depression, suicide, the effects on the family.
- Link to recidivism.

**Possible AO3 content:**
- Prisons as a training ground for crime, rather than a way to reduce it.
- Individual differences in recidivism.
- The benefits of non-custodial sentences.
- The effectiveness of punishment.
Page 277 No. 10.11

1. Briefly explain what is meant by behaviour modification in custody. Use examples in your answer. (3 marks)
   - A therapeutic technique used to increase or decrease the frequencies of behaviour.
   - E.g. using a token economy where rewards are given to encourage desirable behaviours.
   - E.g. sometimes punishment is also used to discourage undesirable behaviours (tokens may be removed).

2. Give one limitation of the use of behaviour modification as a means of dealing with offender behaviour. (3 marks)
   - Possible limitations: the ethical issues of using punishment to earn tokens, or individual differences in the effectiveness of the token economy.

3. Describe and evaluate the use of behaviour modification in custody as a means of dealing with offender behaviour. (16 marks)
   **Possible AO1 content:**
   - The use of token economy to modify behaviour.
   - The role of operant conditioning.
   - The use of tokens to act as secondary reinforcers, which are then exchanged for primary reinforcers, such as food.
   **Possible AO3 content:**
   - The ethical issues of using punishment to earn tokens.
   - Individual differences in effectiveness.
   - The short-term and long-term effects and benefits of the token economy.
   - The relative advantages of the token economy over other rehabilitation methods.
   - Research support for the success of token economies in custody, e.g. Tarbox et al.

Page 279 No. 10.12

1. Identify one method of dealing with offending behaviour and briefly outline its aims. (3 marks)
   - Anger management.
   - Aims: cognitive restructuring, regulation of arousal, behavioural strategies.

2. Explain one strength and one weakness of using anger management to deal with offending behaviour. (4 marks)
   - Research support for the effectiveness of anger management programmes.
   - e.g. Taylor and Novaco.
   - Anger is assessed through self-report or observations by prison staff.
   - Both of these methods are subject to bias.

3. Describe and evaluate anger management as a method for dealing with offending behaviour. Refer to evidence in your answer. (16 marks)
   **Possible AO1 content:**
   - Anger management including cognitive restructuring, regulation of arousal and behavioural strategies.
   - Stress inoculation therapy, including cognitive preparation, skill acquisition and application training.
   **Possible AO3 content:**
   - Research support for the effectiveness of anger management programmes, e.g. Taylor and Novaco.
   - CBT may not be an appropriate therapy for everyone.
   - Methodological issues, e.g. self-report methods may produce socially desirable results.
• Anger management may not be effective in the longer term.
• There may be no difference between violent and non-violent offenders’ anger levels.

Page 281 No. 10.13

1. Explain what is meant by ‘restorative justice’. (3 marks)
   • A method of reducing and atoning for offending behaviour through reconciliation between offender and victim.
   • This can be through payment as reparation, or the offender may write a letter to the victim.

2. Outline what is involved in a restorative justice programme. (4 marks)
   • Rehabilitation of offenders.
   • Atonement for wrongdoing.
   • Reducing a victim’s sense of victimisation.

3. Briefly evaluate restorative justice programmes. (4 marks)
   • The advantages of restorative justice, compared with custodial sentencing.
   • Ethical issues with the programme, e.g. whether the victim will feel worse.
   • Whether the programme reduces offending.

4. Describe and evaluate restorative justice programmes. (16 marks)
   **Possible AO1 content:**
   • The aims of restorative justice.
   • What is involved in the programme, e.g. peace circles.
   • The role of atonement.
   **Possible AO3 content:**
   • Whether the programme is successful for both the victim and the offender.
   • The advantages of restorative justice, compared with custodial sentencing.
   • Ethical issues with the programme, e.g. whether the victim will feel worse.
   • Whether the programme reduces offending.
   • The system isn’t able to apply to all crimes committed.
**Chapter 11 Addiction**

**Page 293 No. 11.1**

1. Briefly explain what is meant by the terms ‘physical dependence’, ‘psychological dependence’, ‘tolerance’ and ‘withdrawal’. (2 marks each)
   - Physical dependence: an individual needs to take the drug in order to feel 'normal'.
   - Psychological dependence: a drug becomes a central part of an individual’s thoughts, emotions and activities.
   - Tolerance: an individual needs a larger dose of the drug to get the same effects.
   - Withdrawal: when a drug on which an individual is physically dependent is discontinued.

2. Explain the nature of physical dependence, psychological dependence, tolerance and withdrawal as they apply to addiction. (4 marks each)
   - Physical dependence: when an individual needs to take the drug, e.g. heroin or nicotine, in order to feel normal.
   - Psychological dependence: a drug becomes a central part of an individual’s thoughts, emotions and activities.
   - Tolerance: an individual needs a larger dose of the drug to get the same effects.
   - Withdrawal: when a drug on which an individual is physically dependent is discontinued, resulting in (e.g.) shaking or anxiety.

**Page 295 No. 11.2**

1. Outline the role of genetic vulnerability as a risk factor in the development of addiction. (4 marks)
   - A predisposition to addictive behaviour due to inherited genes.
   - Findings from twin studies for smoking, e.g. Vink et al.
   - Findings from twin studies for gambling, e.g. Slutske et al.

2. Outline the role of stress as a risk factor in the development of addiction. (4 marks)
   - The self-medication model.
   - Traumatic stress, e.g. PTSD.
   - Research findings, e.g. Kessler et al.

3. Briefly outline and evaluate the role of personality as a risk factor in the development of addiction. (6 marks)
   - The addiction-prone personality.
   - Personality disorders, e.g. anti-social personality disorder or borderline personality disorder.
   - Research support for impulsivity, e.g. Labouvie and McGee.
   - Implications of an addiction-prone personality.

4. Outline and evaluate the role of two or more risk factors in the development of addiction. (16 marks)

   **Possible AO1 content:**
   - Personality: impulsivity, sensation-seeking, addiction prone.
   - Stress: the self-medication model, PTSD.
   - Genetic vulnerability: twin studies, e.g. Vink et al.

   **Possible AO3 content:**
   - Research support for the role of impulsivity, e.g. Labouvie and McGee.
   - Gender differences in vulnerability to addiction.
   - The role of stress varies by type of addiction.
   - Implications of an addiction-prone personality.
   - The diathesis-stress model.
Page 297 No. 11.3

1. Outline the role of family influences as a risk factor in addiction. (4 marks)
   • Parents as social role models.
   • Parenting styles, e.g. parental control and parental warmth.
   • Research studies, e.g. Reith and Dobbie.

2. Briefly explain one limitation of family influences as a risk factor in addiction. (2 marks)
   • Intervention studies tend to ignore sibling influences.
   • This is likely to hinder efforts to reduce early substance use and later substance dependence.

3. Outline research findings relating to the role of peers as a risk factor in the development of addiction (6 marks)
   • Eiser et al.: among adolescents, smokers tend to befriend smokers, and non-smokers befriend other non-smokers.
   • Therefore, social networks often comprise of individuals with similar habits.
   • Shakya et al.: peer influences may sometimes be expressed through indirect parental influences.
   • An adult who uses positive parenting behaviours with their own adolescent child may also act as an effective mentor for their child’s friends.

4. Discuss risk factors in the development of addiction. (16 marks)
   **Possible AO1 content:**
   • The role of family influences, e.g. parents as social role models.
   • Parenting styles, e.g. parental control and parental warmth.
   • Social identity theory.
   • The role of peers, e.g. social networks or indirect peer influence.
   **Possible AO3 content:**
   • Intervention studies tend to ignore sibling influences.
   • Substance abuse may be due to a lack of parental influence.
   • Support for the role of family influence, e.g. Bahr et al.
   • Real-life application, e.g. reducing peer influences.
   • Peer influences may be overstated.

Page 299 No. 11.4

1. Outline the brain neurochemistry of nicotine addiction. (6 marks)
   • The role of dopamine.
   • The role of glutamate, GABA and MAO.

2. Outline the role of dopamine in nicotine addiction. (4 marks)
   • Nicotine attaches to neurons in the ventral tegmental area.
   • These neurons trigger a release of dopamine in the nucleus accumbens.
   • Dopamine produces pleasure and a disposition to repeat the behaviour.

3. Explain one limitation of the brain neurochemistry explanation of nicotine addiction. (6 marks)
   • Gender differences in the neurochemical effects of nicotine.
   • Cosgrove et al. studied the brains of men and women using a PET scan to measure the changing levels of dopamine when smoking.
   • For women there was a rapid and strong dopamine effect in the dorsal putamen.
   • For men, there was a rapid and strong activation effect in the ventral striatum.
4. Outline and evaluate the brain neurochemistry explanation of nicotine addiction. (16 marks)

**Possible AO1 content:**
- The role of dopamine.
- The role of glutamate and GABA.
- Cigarette smoke contains an, as yet unknown, substance that blocks the action of an enzyme called MAO.
- The brain quickly becomes sensitised to nicotine, enabling a nicotine-dependent state to develop.

**Possible AO3 content:**
- Gender differences in way nicotine affects the brain.
- Research support for the role of glutamate and GABA, e.g. D’Souza and Markou.
- Research support for the link between nicotine and dopamine, e.g. Paterson and Markou.
- Support for the link between nicotine and dopamine from people with Parkinson’s disease.
- Implications, e.g. nicotine and depression.

**Page 301 No. 11.5**

1. Briefly explain the learning theory explanation of nicotine addiction. (4 marks)
   - Social learning theory: initiation of nicotine addiction.
   - Operant conditioning: initiation and maintenance of nicotine addiction.
   - Classical conditioning: cue reactivity as an explanation for relapse.

2. Give two criticisms of the learning theory of nicotine addiction. (3 marks)
   - Gender differences in patterns of nicotine addiction.
   - Women start smoking later than men, and are more likely to light up in stressful situations.
   - Implications of the theory, e.g. treatment.
   - Cue exposure therapy.

3. Outline the role of cue reactivity in nicotine addiction. (3 marks)
   - Objects and environments associated with smoking become conditioned stimuli.
   - People experience greater craving and physiological arousal when exposed to these stimuli.

5. Outline and evaluate the learning theory explanation of nicotine addiction. (16 marks)

**Possible AO1 content:**
- Social learning theory: initiation of nicotine addiction.
- Operant conditioning: initiation and maintenance of nicotine addiction.
- Classical conditioning: cue reactivity as an explanation for relapse.

**Possible AO3 content:**
- Research support for the role of social learning in smoking initiation, e.g. Karcher and Finn.
- Research support for the role of cue reactivity, e.g. Wiers et al.
- Research support for smoking and mood manipulation, e.g. Shiffman and Waters.
- Gender differences in patterns of nicotine addiction.
- Implications for treatment, e.g. cue exposure therapy.

**Page 303 No. 11.6**

1. Briefly explain what is meant by the terms ‘partial reinforcement’ and ‘variable reinforcement’ in the context of gambling. (2 marks each)
   - Partial reinforcement: only some responses are reinforced, either at regular intervals or at variable intervals.
• Variable reinforcement: a response is reinforced after an unpredictable number of responses.

2. Give two criticisms of the learning theory explanation of gambling addiction. (3 marks each)
   • Reinforcement schedules may lead to irrational beliefs.
   • e.g. an early big win may give the gambler the illusion that they can control the outcomes and possess the skills necessary to win.
   • The theory fails to explain why only some people become addicted.
   • Many people gamble at some point in their lives and experience the reinforcements associated with this behaviour, relatively few become addicts.

3. Outline and evaluate the learning theory explanation of gambling addiction. (16 marks)

   Possible AO1 content:
   • The role of reinforcement, including partial and variable reinforcement.
   • The ‘big win’ hypothesis.
   • The ‘near miss’ and the gambling environment.

   Possible AO3 content:
   • Reinforcement schedules may lead to irrational beliefs.
   • Research support for the influence of partial reinforcement, e.g. Horsley et al.
   • It fails to explain why only some people become addicted.
   • The theory cannot explain all types of gambling.
   • There are different pathways to gambling addiction.

Page 305 No. 11.7

1. Explain what is meant by the term ‘cognitive biases’ in the context of the cognitive theory of gambling addiction. (3 marks)
   • Irrational beliefs that are unhelpful, illogical and inconsistent with our social reality.
   • These can lead us to behave in inappropriate ways.
   • e.g. Illusions of control – overestimating one’s ability to influence the outcome of random events.

2. Outline the findings of one study relating to the cognitive theory explanation of gambling addiction. (4 marks)
   • Griffiths’ study.
   • He compared regular gamblers’ verbalisations with non-regular gamblers’ verbalisations while they played a fruit machine.
   • The regular gamblers believed they were more skilful than they actually were.
   • The regular gamblers were also more likely to make irrational statements during play.

3. Discuss research relating to the cognitive theory explanation of gambling addiction, including the role of cognitive biases. (16 marks)

   Possible AO1 content:
   • The role of cognitive biases.
   • Examples of cognitive biases, e.g. the gambler’s fallacy, illusions of control.
   • Research studies, e.g. Griffiths.

   Possible AO3 content:
   • Research support for the role of cognitive biases, e.g. Ladouceur et al.
   • Implications for treatment.
   • Irrational thinking varies with types of gambling.
• Cognitive biases may have a biological basis.
• Awareness of statistics and the odds of winning does not decrease susceptibility to cognitive bias.

**Page 307 No. 11.8**

1. Briefly explain and give one criticism of drug therapy as a way of reducing addiction. (6 marks)
   - Drug treatments for nicotine addiction, e.g. nicotine replacement therapy or prescription medication.
   - Drug treatments for gambling addiction, e.g. antidepressants or opioid antagonists.
   - There are methodological issues with drug treatments for gambling addictions.
   - e.g. small sample sizes.

2. Outline and evaluate drug therapy as a way of reducing addiction. (16 marks)

   **Possible AO1 content:**
   - Drug treatments for nicotine addiction.
   - e.g. nicotine replacement therapy or prescription medication.
   - Drug treatments for gambling addiction.
   - e.g. antidepressants or opioid antagonists.

   **Possible AO3 content:**
   - Research support for the effectiveness of drug treatments for gambling, e.g. Grant and Potenza.
   - Research support for the effectiveness of nicotine replacement therapy, e.g. Stead et al.
   - A lack of blinding in nicotine replacement therapy.
   - Methodological issues with drug treatments for gambling addictions, e.g. small sample sizes.
   - Opioid antagonists can make fun activities seem ‘uninspiring’.

**Page 309 No. 11.9**

1. Briefly explain what is meant by the terms ‘aversion therapy’ and ‘covert sensitisation’ in the context of addiction reduction. (2 marks each)
   - Aversion therapy: aims to decrease or eliminate the undesirable behaviours of addiction by associating it with unpleasant sensations.
   - Covert sensitisation: eliminating an addiction by creating an imaginary association between the behaviour and an unpleasant stimulus or consequence.

2. Briefly explain and give one criticism of aversion therapy as a way of reducing addiction. (4 marks)
   - Aims to decrease or eliminate the undesirable behaviours of addiction by associating it with unpleasant sensations.
   - e.g. a low level electric shock.
   - This therapy fails to take other psychological factors into account.
   - e.g. the underlying issues that led to addiction in the first place.

3. Briefly explain and give one criticism of covert sensitisation as a way of reducing addiction. (4 marks)
   - Eliminating an addiction by creating an imaginary association between the behaviour and an unpleasant stimulus or consequence.
   - e.g. imagining that they are experiencing nausea.
   - This fails to take other psychological factors into account.
   - e.g. the underlying issues that led to addiction in the first place.
4. Discuss the behavioural interventions used to reduce addiction. (16 marks)

**Possible AO1 content:**
- Aversion therapy: aims to decrease or eliminate the undesirable behaviours of addiction by associating it with unpleasant sensations.
  - e.g. smoking while being exposed to a mild electric shock.
- Covert sensitisation: eliminating an addiction by creating an imaginary association between the behaviour and an unpleasant stimulus or consequence.
  - e.g. opening a bottle of beer while imagining vomiting over themselves.

**Possible AO3 content:**
- Research support for aversion therapy, e.g. Smith and Frawley.
- Ethical problems with aversion therapy.
- Research support for covert sensitisation, e.g. Kraft and Kraft.
- Covert sensitisation is a more ethical form of treatment.
- The failure to take other psychological factors into account.

Page 311 No. 11.10

1. Briefly explain and give one criticism of cognitive behavioural therapy as a way of reducing addiction. (6 marks)
   - Identifying and correcting cognitive biases.
   - Changing behaviour and relapse prevention.
   - The overemphasis on irrational thinking rather than an irrational environment.
   - These stressful environments continue to produce and reinforce problem behaviours once the therapy has finished.

2. Explain how cognitive behavioural therapy might be used to reduce either nicotine or gambling addiction. (4 marks)
   - Identifying and correcting cognitive biases, e.g. about gambling or smoking.
   - Changing behaviour, e.g. going to a casino, but not betting.
   - Relapse prevention, e.g. avoiding places where gambling or smoking might occur.

3. Outline and evaluate cognitive behavioural therapy as a way of reducing addiction. (16 marks)

**Possible AO1 content:**
- Addictive behaviours are maintained by the person's thoughts about these behaviours.
- The main goal of CBT is to change the way people think about their addiction and help them learn new ways to cope more effectively with the circumstances that led to these behaviours in the past.
- Identifying and correcting cognitive biases.
- Changing behaviour and relapse prevention.

**Possible AO3 content:**
- Research support for CBT in treating a number of different addictions, e.g. Magill and Ray.
- Research support for CBT in the treatment of Internet addiction, e.g. Kim _et al._
- The advantages of CBT as a treatment for addiction.
- The overemphasis on irrational thinking rather than on the environment.
- Problems applying the therapy to real life.
Page 313 No. 11.11

1. Briefly explain the theory of planned behaviour. (3 marks)
   • An individual’s decision to engage in a particular behaviour can be directly predicted by their intention to engage in that behaviour.
   • Behavioural attitude, subjective norms and perceived behavioural control.

2. Outline one limitation of the theory of planned behaviour. (3 marks)
   • The theory of planned behaviour predicts intention rather than behaviour change.
   • This suggests that the theory of planned behaviour is primarily an account of intention formation, rather than specifying the processes involved in translating the intention into action.

3. Outline the findings of research into the theory of planned behaviour as it relates to the reduction of addiction. (4 marks)
   • Attitudes, subjective norms and perceived behavioural control help to explain intentions about stopping smoking (Godin et al.).
   • The effectiveness of a US campaign to lower teenage marijuana use was attributed to its influence on attitudes (Slater et al.).
   • Exposure to accurate statistical information should correct subjective norms and should form part of any effective campaign (Wilson and Kolander).

4. Outline and evaluate the theory of planned behaviour as it relates to the reduction of addiction. (16 marks)
   **Possible AO1 content:**
   • An individual’s decision to engage in a particular behaviour can be directly predicted by their intention to engage in that behaviour.
   • The theory of planned behaviour considers the factors that contribute to a person’s intention to change an addictive behaviour.
   • Behavioural attitude, subjective norms and perceived behavioural control.
   • The importance of self-efficacy.
   **Possible AO3 content:**
   • The theory of planned behaviour is too rational.
   • Methodological issues, e.g. with self-report methods.
   • The theory of planned behaviour predicts intention rather than behaviour change.
   • The theory of planned behaviour ignores other factors, e.g. identification with peers.
   • The theory of planned behaviour fails to take the influence of alcohol or drugs into account.

Page 315 No. 11.12

1. Briefly explain one stage of Prochaska’s six-stage model of behaviour change. (2 marks)
   • Precontemplation, Contemplation, Preparation, Action, Maintenance or Termination.
   • e.g. Preparation combines an intention to change with actual behavioural change.

2. Briefly outline and give one limitation of Prochaska’s six-stage model of behaviour change. (4 marks)
   • Precontemplation, Contemplation, Preparation, Action, Maintenance or Termination.
   • What happens at each stage.
   • There are design weaknesses in supporting studies.
   • e.g. a lack of control groups.
3. Discuss Prochaska's six-stage model of behaviour change. (16 marks)

**Possible AO1 content:**
- Prochaska's model sees people passing through six stages when attempting to change a problematic behaviour, e.g. gambling or smoking.
- The first three stages (Precontemplation, Contemplation, Preparation) represent variations in a person's intention to change their behaviour.
- The last three stages (Action, Maintenance, Termination) are all post-action stages and represent the duration of the change.
- What happens at each stage.

**Possible AO3 content:**
- Design weaknesses in supporting studies, e.g. a lack of control groups.
- A lack of research support.
- The usefulness of the model.
- Social norms may influence progression through the stages of change.
- Evidence does not always demonstrate behavioural outcomes.