

# Oxford Revise | AQA A Level Psychology | Answers

## Chapter 4

All exemplar answers given would achieve full marks or the top level.

### 1. Marks for this question: AO1 = 1

caudate nucleus and orbitofrontal cortex

### 2. Marks for this question: AO2 = 6

This question is level-marked:

Level	Marks	Description
3	5–6	<ul style="list-style-type: none"> <li>Knowledge of the two-process model as an explanation for phobias is clear and generally well detailed.</li> <li>Application is mostly clear and effective.</li> <li>The answer is generally coherent with appropriate use of specialist terminology.</li> </ul>
2	3–4	<ul style="list-style-type: none"> <li>Knowledge of the two-process model as an explanation for phobias is evident.</li> <li>There is some effective application.</li> <li>The answer lacks clarity in places.</li> <li>Specialist terminology is used appropriately on occasions.</li> </ul>
1	1–2	<ul style="list-style-type: none"> <li>Knowledge of the two-process model as an explanation for phobias is limited.</li> <li>Application is either absent or inappropriate.</li> <li>The answer as a whole lacks clarity and has inaccuracies.</li> <li>Specialist terminology is either absent or inappropriately used.</li> </ul>
	0	No relevant content.

### Possible AO2 application:

- Sangita's phobia of dogs was initiated through classical conditioning and has been maintained through operant conditioning.
- She associated the unconditioned stimulus of being bitten with the conditioned stimulus of the dog, causing a conditioned response of fear to all dogs.
- Avoiding dogs (crossing the street when she sees one/not visiting anyone with a dog) has negatively reinforced her fear. The relief at avoidance is rewarding.
- Her phobia of dogs has extended to all pets, so she is also scared of the kitten.

Credit other relevant applications.

### 3. Marks for this question: AO1 = 4

This question is level-marked:

Level	Marks	Description
2	3–4	<ul style="list-style-type: none"> <li>Knowledge of both the emotional <b>AND</b> behavioural characteristics of OCD is clear and accurate.</li> <li>The answer is mostly coherent with effective use of specialist terminology.</li> </ul>
1	1–2	<ul style="list-style-type: none"> <li>Knowledge of the emotional <b>AND</b> behavioural characteristics of OCD is briefly stated with little elaboration.</li> <li>The answer may include inaccuracies and be poorly organised.</li> <li>Specialist terminology is either absent or inappropriately used.</li> </ul> <p><b>OR</b> only the emotional <b>OR</b> behavioural characteristics of OCD is outlined effectively for 2 marks.</p> <p><b>OR</b> only the emotional <b>OR</b> behavioural characteristics of OCD is outlined but is brief or has inaccuracies for 1 mark.</p>
	0	No relevant content.

#### Possible AO1 content for emotional characteristics:

- Overwhelming anxiety and distress in response to intrusive thoughts.
- Inappropriate guilt.
- Feelings of shame and embarrassment due to awareness that their obsessions are excessive.

#### Possible AO1 content for behavioural characteristics:

- Actions that are repetitive, excessive, and related to the obsession.
- Examples of behaviours, e.g. if the obsession is germs, the compulsive action may be washing hands each time they come into contact with a surface.
- Avoidance of their obsessive stimulus.

Credit other relevant material.

### 4. Marks for this question: AO3 = 3

**3 marks** for a clear, coherent strength using appropriate terminology.

**2 marks** for a strength that lacks some clarity or detail.

**1 mark** for a brief or muddled strength.

#### Possible AO3 evaluation:

- Research support for cognitive behavioural therapy (CBT): a review of 75 studies found that CBT was superior to no treatment. A study on adolescents found that CBT was just as effective as drug treatment and that a combination of the two was the most effective.

- Importance of the therapist–client relationship: a meta-analysis of different talking therapies found very little difference in their effectiveness at treating clients with depression. One conclusion is that speaking to a sympathetic person matters more than using a specific kind of therapy.
- A key element of CBT is the concept of giving unconditional positive regard to the client, in which they are supported no matter what they say. This allows them to feel respected and valued, making them more likely to accept any disputes to their irrational way of thinking.

Credit any valid strength.

#### 5. Marks for this question: AO3 = 4

This question is level-marked:

Level	Marks	Description
2	3–4	<ul style="list-style-type: none"> <li>• Evaluation of the ‘statistical infrequency’ and ‘deviation from ideal mental health’ definitions of abnormality is clear, appropriate, and effective.</li> <li>• There is appropriate use of specialist terminology.</li> </ul>
1	1–2	<ul style="list-style-type: none"> <li>• Evaluation of the ‘statistical infrequency’ and ‘deviation from ideal mental health’ definitions of abnormality is limited or muddled.</li> <li>• Use of specialist terminology is either absent or inappropriate.</li> </ul> <p><b>OR</b> only one definition is evaluated at Level 2 for 2 marks.</p> <p><b>OR</b> one definition is poorly evaluated for 1 mark.</p>
	0	No relevant content.

#### Possible AO3 evaluation for statistical infrequency (SI):

- Rare behaviours can be desirable (such as extremely high IQ) or undesirable (such as anxiety), but the definition does not distinguish between them.
- The objective cut-off point of SI can be useful for diagnosis. E.g. people who are more than 2 standard deviations below the mean for IQ are defined as having an intellectual disability. This helps assess who is in need of additional living support.
- Not everyone who displays rare behaviours benefits from having a diagnosis of a mental disorder. Some people with a low IQ work and live fulfilled lives. A diagnosis may simply damage their self-esteem, and negatively affect how others perceive them.

#### Possible AO3 evaluation for deviation from ideal mental health (DIMH):

- DIMH has a positive view of mental health compared to all the other definitions.
- Jahoda’s criteria were comprehensive, covering most aspects of why people might seek professional help for mental illness. This opens up discussion for what causes mental ill health in society, and different treatment options.
- The notion that a person will be able to fulfil all the criteria all the time is unrealistic. By this definition, most people would be falsely categorised as having a mental illness.

- If everyone is considered abnormal it could reduce the stigma around mental ill health and make accessible treatment a priority.
- DIMH is culturally biased because the criteria are strongly biased towards individualist rather than collectivist cultures.
- DIMH has the potential to define someone as mentally ill based on invalid criteria for their own culture.

Credit other relevant evaluations.

#### 6. Marks for this question: AO1 = 2

**2 marks** for a clear, coherent description of the cognitive characteristics of phobias, using appropriate terminology.

**1 mark** for a brief or muddled description of the cognitive characteristics of phobias.

#### Possible AO1 content:

- Irrational thinking, where the threat posed by the feared stimulus is not based in reality.
- An example of a cognitive characteristic is that people with a phobia of dogs may perceive a dog's teeth to be far longer and sharper than they really are.
- Awareness that their thinking is irrational, but this does not reduce their fear of the stimulus.

Credit other relevant material.

#### 7. Marks for this question: AO1 = 4

Level	Marks	Description
2	3–4	<ul style="list-style-type: none"> <li>• Knowledge of how cognitive behavioural therapy can be used to treat depression is clear and accurate.</li> <li>• The answer is mostly coherent with effective use of specialist terminology.</li> </ul>
1	1–2	<ul style="list-style-type: none"> <li>• Knowledge of how cognitive behavioural therapy can be used to treat depression is briefly stated with little elaboration.</li> <li>• The answer may include inaccuracies and be poorly organised.</li> <li>• Specialist terminology is either absent or inappropriately used.</li> </ul>
	0	No relevant content.

**Note:** this question is for 4 marks. Answers may include both Beck's CBT and Ellis's ABCDE model, or one of these in more detail.

#### Possible AO1 content:

- Cognitive behavioural therapy (CBT) is a talking therapy.
- The therapist identifies and challenges the client's negative automatic thoughts to help the client change their faulty thinking.
- The client may have homework tasks between sessions, e.g. to join a dating site and record when someone matches with them. This acts as evidence against the negative thought of 'I'm unattractive'.

- The aim is to transform the client's negative, faulty thought processes into positive and rational ones, because this will transform their feelings and behaviours.
- Ellis's rational emotive behaviour therapy (REBT) is a talking therapy.
- Ellis's ABCDE model builds on the ABC model with 'dispute' (D) and 'effective feelings' (E). The therapist disputes the client's irrational thoughts to transform them into rational beliefs and effective feelings, which will allow the client's self-worth to improve.
- Ellis identified different ways of disputing, all of which were designed to stimulate argument.
- E.g. logical disputing argues that the negative belief is irrational. Empirical disputing argues that there isn't evidence for the irrational belief.

Credit other relevant material.

## 8. Marks for this question: AO1 = 6

This question is level-marked:

Level	Marks	Description
3	5–6	<ul style="list-style-type: none"> <li>• Knowledge of the 'failure to function adequately' and 'deviation from social norms' definitions of abnormality is clear and generally accurate.</li> <li>• Specialist terminology is used appropriately.</li> </ul>
2	3–4	<ul style="list-style-type: none"> <li>• Knowledge of the 'failure to function adequately' and 'deviation from social norms' definitions of abnormality is evident but there may be some omissions/lack of clarity.</li> <li>• There is some appropriate use of specialist terminology.</li> </ul> <p><b>OR</b> only one definition is explained at Level 3.</p>
1	1–2	<ul style="list-style-type: none"> <li>• Knowledge of the 'failure to function adequately' and 'deviation from social norms' definitions of abnormality is evident but there may be serious omissions and/or inaccuracies.</li> <li>• Specialist terminology is either missing or inappropriately used.</li> </ul> <p><b>OR</b> only one definition is explained that has inaccuracies.</p>
	0	No relevant content.

### Possible AO1 content for the failure to function adequately (FFA) definition of abnormality:

- FFA defines abnormality in terms of not coping with everyday tasks, such as maintaining hygiene or attending college.
- The person themselves may feel distressed, but the definition is also characterised by others feeling distressed in their company.
- Examples to illustrate the above points, e.g. others may feel distress if the person is behaving in a way that puts themselves or others in danger.

**Possible AO1 content for the deviation from social norms (DSM) definition of abnormality:**

- DSM defines abnormality in terms of breaking the social norms of society.
- Social norms are the 'rules' of what most people see as acceptable behaviour. E.g. someone who is talking to themselves might have schizophrenia.
- Social norms vary by culture, e.g. homosexuality is deemed normal in some cultures, and abnormal in others.
- Social norms change over time. E.g. homosexuality was once considered abnormal by most people in the UK, but acceptance of it has increased to the point that Pride events are commonplace.

Credit other relevant material.

**9. Marks for this question: AO1 = 3, AO3 = 5**

This question is level-marked:

Level	Marks	Description
4	7–8	<ul style="list-style-type: none"> <li>• Knowledge of one cognitive explanation for depression is accurate with some detail.</li> <li>• Discussion is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking.</li> <li>• The answer is clear, coherent, and focused.</li> <li>• Specialist terminology is used effectively.</li> </ul>
3	5–6	<ul style="list-style-type: none"> <li>• Knowledge of one cognitive explanation for depression is evident but there are occasional inaccuracies or omissions.</li> <li>• Discussion is mostly effective.</li> <li>• The answer is mostly clear and organised but occasionally lacks focus.</li> <li>• Specialist terminology is used appropriately.</li> </ul>
2	3–4	<ul style="list-style-type: none"> <li>• Limited knowledge of one cognitive explanation for depression is present. Focus is mainly on description.</li> <li>• Any discussion is of limited effectiveness.</li> <li>• The answer lacks clarity, accuracy, and organisation in places.</li> <li>• Specialist terminology is used inappropriately on occasions.</li> </ul>
1	1–2	<ul style="list-style-type: none"> <li>• Knowledge of one cognitive explanation for depression is very limited.</li> <li>• Discussion is limited, poorly focused, or absent.</li> <li>• The answer lacks clarity, has many inaccuracies, and is poorly organised.</li> <li>• Specialist terminology is either absent or inappropriately used.</li> </ul>
	0	No relevant content.

**Note:** there are only 3 marks for AO1, so the answer should include either Beck's negative triad or Ellis's ABC model, or both very briefly.

**Possible AO1 content:**

- The cognitive approach explains depression in terms of faulty thinking. Depressed people's thoughts have become irrational and automatically geared towards negativity.
- Depressed people have developed negative self-schemas, often through harmful experiences in childhood such as parental rejection and criticism from teachers.
- Negative self-schemas lead the depressed person to cognitive biases in thinking (over-reacting/catastrophising).
- Beck identified that negative self-schemas and cognitive biases maintain the negative triad, where a person has a negative view of three things: themselves, the world, and the future.
- Ellis explained depression through the ABC model, which identifies irrational thoughts as the cause of depression.
- A is the activating event, B is the belief about the event, which could be irrational, and C is the consequence of the belief, which leads to unhealthy emotions (depression).
- Irrational thoughts stem from faulty '*musturbatory*' thinking (unrealistic beliefs about what they *must* have or *must* do to be happy).
- Musturbatory thinking leads to disappointment at best, and depression at worst.

**Possible AO3 discussion:**

- Research support for faulty thinking: participants became more and more depressed as they were given negative automatic thought statements. A meta-analysis found that pregnant women with cognitive vulnerability were more likely to have post-natal depression.
- Cognitive behavioural therapy (CBT) and rational emotive behavioural therapy (REBT) are effective cognitive treatments for depression, which supports the idea that faulty thinking is a reason for depression.
- Cognitive explanations blame a person's faulty thought processes rather than their situation. E.g. a bullying work environment or an abusive relationship could be worsening or even causing somebody's depression, rather than their own thought processes.
- The cognitive approach can't explain components of depression such as intense feelings of anger or hallucinations. This suggests the cognitive approach is not a complete explanation of depression.
- The biological approach may be a better explanation – depressed people have low levels of serotonin. Drug therapy to increase the effectiveness of serotonin has been shown to work, suggesting the biological approach is at least partly a valid explanation for depression.

Credit other relevant material.

**10. Marks for this question: AO1 = 3, AO2 = 2, AO3 = 3**

This question is level-marked:

Level	Marks	Description
4	7–8	<ul style="list-style-type: none"> <li>Knowledge of the behaviourist approach to treating phobias is accurate with some detail.</li> <li>Application is effective.</li> <li>Discussion is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking.</li> <li>The answer is clear, coherent, and focused.</li> <li>Specialist terminology is used effectively.</li> </ul>
3	5–6	<ul style="list-style-type: none"> <li>Knowledge of the behaviourist approach to treating phobias is evident but there are occasional inaccuracies/omissions.</li> <li>Application/discussion is mostly effective.</li> <li>The answer is mostly clear and organised but occasionally lacks focus.</li> <li>Specialist terminology is used appropriately.</li> </ul>
2	3–4	<ul style="list-style-type: none"> <li>Limited knowledge of the behaviourist approach to treating phobias is present.</li> <li>Focus is mainly on description.</li> <li>Any application/discussion is of limited effectiveness.</li> <li>The answer lacks clarity, accuracy, and organisation in places.</li> <li>Specialist terminology is used inappropriately on occasions.</li> </ul>
1	1–2	<ul style="list-style-type: none"> <li>Knowledge of the behaviourist approach to treating phobias is very limited.</li> <li>Application/discussion is limited, poorly focused, or absent.</li> <li>The answer as a whole lacks clarity, has many inaccuracies, and is poorly organised.</li> <li>Specialist terminology is either absent or inappropriately used.</li> </ul>
	0	No relevant content.

**Note:** only 3 marks are available for AO1, so answers should not go into too much detail. A summary of the behaviourist treatments for phobias should be written using some of the following information. Answers don't have to include both systematic desensitisation and flooding. Either one is appropriate for AO1. The AO2 component is only for 2 marks, so linking the chosen treatment to the correct example is enough for 2 marks (answers don't have to include both treatments).

**Possible AO1 content:**

- The behavioural approach assumes that since phobias are learned through classical conditioning, they can also be 'unlearned' through learning-based counter-conditioning.
- Systematic desensitisation (SD) requires a person to create a hierarchy of fears from the least to the most frightening aspect of their phobia.
- They pair the least frightening aspect with a relaxation technique until they feel calm. They repeat this process, progressively working through each aspect on the hierarchy.
- The phobic stimulus (conditioned stimulus) is replaced with a new conditioned stimulus of relaxation.
- Flooding is a desensitisation therapy where the person is immediately exposed to the most frightening aspect of fear on their hierarchy, and practises relaxation techniques until they feel calm.
- Flooding can cure a phobia in one session (2–3 hours).
- The stress hormone adrenaline, which is released when someone is frightened, eventually stops being produced. This helps establish the new stimulus-response reaction.

**Possible AO2 application:**

- Malik's husband is suggesting a flooding technique as driving on the motorway would be the most frightening aspect of his phobia. He suggests a few hours, which is how long flooding can take to work. Eventually the adrenaline should wear out. Credit reference to this being potentially dangerous as driving at fast speeds when under pressure could cause an accident.
- Malik's friend is suggesting systematic desensitisation as there are progressively more frightening steps to encounter: sitting in car, driving on quiet roads, driving on busier roads. Credit reference to this being safer/more appropriate as he would be treating his phobia in a more controlled way.

**Possible AO3 discussion:**

- Patients tend to prefer SD to flooding because it's less traumatic.
- SD is more suitable than other non-behavioural therapy techniques, such as cognitive behavioural therapy, for people who cannot easily reflect on their own thought processes (such as children and people with learning difficulties).
- Evidence that SD is better than just relaxation: after 33 months, the SD group in a study were less fearful of spiders than the control group; the association between the feared stimulus (spider) and relaxation technique was effective in establishing the new learned response.
- Learning therapies don't work for all phobias – 'evolutionary' fears, such as heights and dangerous animals, are resistant to SD. Complex phobias such as social anxiety are resistant to flooding and are best treated through cognitive therapies. If a phobia has not been strictly learned, then learning theories are less effective as a treatment.
- Flooding is fast (2–3 hours) but opinion is divided as to its effectiveness due to mixed evidence.
- Flooding can have negative outcomes – the trauma of facing the most intense fear can lead to attrition. The relief they feel from avoidance then negatively reinforces the phobia, so flooding could potentially have made it worse.

Credit other relevant material.

**11. Marks for this question: AO1 = 6, AO3 = 10**

This question is level-marked:

Level	Marks	Description
4	13–16	<ul style="list-style-type: none"> <li>Knowledge of genetic and/or neural explanations of OCD is accurate and generally well detailed.</li> <li>Discussion is thorough and effective.</li> <li>Minor detail and/or expansion of argument is sometimes lacking.</li> <li>The answer is clear, coherent, and focused.</li> <li>Specialist terminology is used effectively.</li> </ul>
3	9–12	<ul style="list-style-type: none"> <li>Knowledge of genetic and/or neural explanations of OCD is evident but there are occasional inaccuracies/omissions.</li> <li>Discussion is mostly effective.</li> <li>The answer is mostly clear and organised but occasionally lacks focus.</li> <li>Specialist terminology is used appropriately.</li> </ul>
2	5–8	<ul style="list-style-type: none"> <li>Limited knowledge of genetic and/or neural explanations of OCD is present.</li> <li>Focus is mainly on description.</li> <li>Any discussion that is present is of limited effectiveness.</li> <li>The answer lacks clarity, accuracy, and organisation in places.</li> <li>Specialist terminology is used inappropriately on occasions.</li> </ul>
1	1–4	<ul style="list-style-type: none"> <li>Knowledge of genetic and/or neural explanations of OCD is very limited.</li> <li>Any discussion is limited, poorly focused, or absent.</li> <li>The answer as a whole lacks clarity, has many inaccuracies, and is poorly organised.</li> <li>Specialist terminology is either absent or inappropriately used.</li> </ul>
	0	No relevant content.

**Note:** the answer may focus on genetic OR neural explanations of OCD in more detail, or both in less detail.

**Possible AO1 content:**

- OCD is thought to be polygenic, meaning that many genes (rather than one single one) are involved in causing it.
- A variation causing under-activity in the COMT gene results in higher levels of dopamine in the basal ganglia, causing over-activity in this region.

- A mutated version of the SERT gene results in lower levels of serotonin. Low levels of serotonin cause the caudate nucleus and orbitofrontal cortex to malfunction, which then send minor worries to the thalamus. The thalamus sends the signals back to the orbitofrontal cortex, causing a 'worry circuit'.

**Possible AO3 discussion:**

- SSRIs are an effective treatment of OCD, reinforcing the idea that lower levels of serotonin are in part responsible for the disorder.
- The influence of genes on OCD has limited use because it's polygenic, so it's difficult to try to develop a gene therapy. There would also be an ethical debate around interfering with a pregnancy on account of potential OCD.
- People with a first-degree relative with OCD were five times more likely to have the illness. A meta-analysis of twin studies found that concordance rates for OCD in monozygotic (MZ) twins were over twice that of dizygotic (DZ) twins. This provides evidence that there is at least some genetic element.
- Although concordance rates for OCD are higher in MZ twins, they are not 100%, which suggests there are also environmental influences.
- The diathesis-stress model could explain this. Both MZ twins are born with the diathesis (the genetic vulnerability), but OCD only develops if they encounter the stress that triggers it.
- A behavioural therapy called 'exposure and response prevention' has been found to be between 60–90% effective in treating OCD – in at least some cases, OCD is the result of (and can therefore also be treated by) behavioural conditioning.

Credit other relevant material.

**12. Marks for this question: AO1 = 6, AO2 = 4, AO3 = 6**

This question is level-marked:

Level	Marks	Description
4	13–16	<ul style="list-style-type: none"> <li>• Knowledge of the biological treatment of OCD is accurate and generally well detailed.</li> <li>• Application is effective.</li> <li>• Discussion is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking.</li> <li>• The answer is clear, coherent, and focused.</li> <li>• Specialist terminology is used effectively.</li> </ul>
3	9–12	<ul style="list-style-type: none"> <li>• Knowledge of the biological treatment of OCD is evident but there are occasional inaccuracies/omissions.</li> <li>• Application and/or discussion is mostly effective.</li> <li>• The answer is mostly clear and organised but occasionally lacks focus.</li> <li>• Specialist terminology is used appropriately.</li> </ul>

2	5–8	<ul style="list-style-type: none"> <li>Limited knowledge of the biological treatment of OCD is present.</li> <li>Focus is mainly on description.</li> <li>Any discussion and/or application is of limited effectiveness.</li> <li>The answer lacks clarity, accuracy, and organisation in places.</li> <li>Specialist terminology is used inappropriately on occasions.</li> </ul>
1	1–4	<ul style="list-style-type: none"> <li>Knowledge of the biological treatment of OCD is very limited.</li> <li>Discussion and/or application is limited, poorly focused, or absent.</li> <li>The answer as a whole lacks clarity, has many inaccuracies, and is poorly organised.</li> <li>Specialist terminology is either absent or inappropriately used.</li> </ul>
	0	No relevant content.

**Possible AO1 content:**

- Anti-depressants such as selective serotonin reuptake inhibitors (SSRIs) treat OCD symptoms.
- SSRIs don't increase the amount of serotonin you have. Instead, they allow the brain to make more use of the serotonin that is present.
- In the brain, serotonin is released from pre-synaptic nerve endings into a synapse.
- The serotonin then travels to receptor sites found on post-synaptic nerve endings, where it's absorbed and takes effect.
- Any serotonin that's not absorbed at the receptor sites will travel back to where it was released from and get re-absorbed (reuptake).
- SSRIs block this reuptake, therefore allowing more serotonin to get absorbed at the intended receptor sites instead.
- Serotonin noradrenaline reuptake inhibitors (SNRIs) block the reuptake of the neurotransmitters serotonin and noradrenaline. They are more effective than SSRIs, but they also have more side effects, so they are usually only used when SSRIs have been ineffective.
- GABA is a neurotransmitter and a natural form of anxiety relief. Benzodiazepines (BZs) work by boosting the effect of GABA and making it harder for neurons to be stimulated by other neurotransmitters.
- This reduces stress and induces feelings of intense relaxation.

**Possible AO2 application:**

- Zhara could use BZs for the long-haul flight as they are extremely effective and are a short-term solution to treating OCD.
- BZs are addictive so they should not be used for the transition of living away from home in a different country.

- Zhara should try using SSRIs to live in the different country because they work by increasing the time that serotonin spends in the synapse, so should have an inhibitory effect and result in feeling calm.
- If SSRIs are not effective in reducing OCD symptoms, Zhara could try using SNRIs to cope with the transition to living away from home because they are more effective than SSRIs (blocking the reuptake of both serotonin and noradrenaline), but they have more side effects so should only be used if SSRIs are not effective.

**Possible AO3 discussion:**

- A meta-analysis of 17 studies comparing SSRIs to placebos found that, in all studies, the drugs were more effective than placebos for up to 3 months.
- Drug therapy is easy for patients, because all they have to do is take a pill rather than give the time, effort and motivation required for talking therapy.
- Credit reasoned discussion of drug therapy being cheaper than talking therapies.
- The side effects of drug therapy can be so unpleasant that people don't want to use the drugs, which negates their effectiveness.
- BZs are particularly effective for a person with OCD who needs to get through a relatively short and highly stressful event that would usually trigger overwhelming symptoms. However, they cause people to lose interest in the things around them and are highly physically addictive.
- Positive outcomes are more likely to be published, which exaggerates the effectiveness of drugs. Also, drug companies fund much of the research, and they have a financial interest in the continued use of drugs.

Credit other relevant material.

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## Questions on previous content

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### 1. Marks for this question: AO1 = 3

**3 marks** for a clear, coherent outline of the procedure using appropriate terminology.

**2 marks** for an outline of the procedure that lacks some clarity or detail.

**1 mark** for a brief or muddled outline of the procedure.

**Possible AO1 content:**

- Van Ijzendoorn's meta-analysis of 32 studies, incorporating over 2000 babies from 8 different countries, investigated differences of attachment type across cultures.
- All the studies had used the Strange Situation to determine whether the babies were secure, insecure-avoidant, or insecure-resistant.
- He compared attachment types from different cultures.

Credit other relevant material.

## 2. Marks for this question: AO2 = 4

This question is level-marked:

Level	Marks	Description
2	3–4	<ul style="list-style-type: none"> <li>Knowledge of cultural variations in attachment is clear and mostly accurate.</li> <li>The material is applied appropriately.</li> <li>The answer is generally coherent with effective use of specialist terminology.</li> </ul>
1	1–2	<ul style="list-style-type: none"> <li>Some knowledge of cultural variations in attachment is evident.</li> <li>Application is not always appropriate.</li> <li>The answer lacks accuracy and detail.</li> <li>Use of specialist terminology is either absent or inappropriate.</li> </ul>
	0	No relevant content.

### Possible AO2 application:

- Himari was found to have an insecure-resistant attachment type, which is line with the findings of Van Ijzendoorn's meta-analysis where Japan had the second highest proportion of babies who were insecure-resistant.
- The findings may not have been correct because Japanese babies are brought up to stay with the mother almost all of the time, so the Strange Situation proved to be too upsetting for Japanese babies when their mothers left the room. Their distress caused them to be labelled as insecure-resistant, when they may have been securely attached and the Strange Situation was an imposed etc.

Credit other relevant applications.

## 3. Marks for this question: AO3 = 4

This question is level-marked:

Level	Marks	Description
2	3–4	<ul style="list-style-type: none"> <li>Evaluation of research into caregiver–infant interactions in the development of attachment is clear, appropriate, and effective.</li> <li>There is appropriate use of specialist terminology.</li> </ul>
1	1–2	<ul style="list-style-type: none"> <li>Evaluation of research into caregiver–infant interactions in the development of attachment is limited or muddled.</li> <li>Use of specialist terminology is either absent or inappropriate.</li> </ul>
	0	No relevant content.

**Possible AO3 evaluation:**

- Research found evidence that interactions are an innate and specific social response to other humans because infants did not respond to inanimate objects that moved.
- There are difficulties testing infant behaviour because babies move their mouths constantly. Researchers used a double-blind trial where an independent observer described what motions were being made in videos of the children, which improved the reliability of the research.
- Other researchers failed to replicate the original study of babies mirroring an adult model, which questions the validity of the findings.
- Fathers were less able to detect low levels of infant distress compared to mothers, which supports the idea that fathers are not biologically predisposed to form equally intense attachments.
- A study found no differences in the physiological responses of men and women when babies were crying, suggesting no biological influence on attachment.
- The role of the father can be more nurturing depending on circumstance, e.g. if they are the primary caregiver.

Credit other relevant evaluations.

**4. Marks for this question: AO3 = 4**

This question is level-marked:

Level	Marks	Description
2	3–4	<ul style="list-style-type: none"> <li>• Evaluation of one or more explanations of resistance to social influence is clear, appropriate, and effective.</li> <li>• There is appropriate use of specialist terminology.</li> </ul>
1	1–2	<ul style="list-style-type: none"> <li>• Evaluation of one or more explanations of resistance to social influence is limited or muddled.</li> <li>• Use of specialist terminology is either absent or inappropriate.</li> </ul>
	0	No relevant content.

**Possible AO3 evaluation for social support:**

- Research found that social support is so effective in resisting social influence that it doesn't even have to be valid support. In a vision perception test similar to Asch's, support was offered by a confederate wearing thick glasses (suggesting their support was less valid) and conformity dropped. Valid support is most effective, but having anyone as an ally is an effective tool in resisting conformity.
- The order of social support is important for resistance. In an Asch-type experiment, the lone dissenter (ally) answered first in one condition and fourth in another. Social support was more effective in position 1 than 4, because a correct first answer confirmed the participant's own judgement.
- Social support was effective in the Rosenstrasse protest. German women protested in Rosenstrasse in Berlin because the Gestapo were holding 20000 Jewish men. The Gestapo threatened to open fire if the women did not leave, but the women stood together, continuing their protest until the Jewish men were

released. This courage at risking their own lives demonstrates the power of social support in resisting social influence.

**Possible AO3 evaluation for locus of control:**

- A meta-analysis provides research support for locus of control influencing resistance to social influence. A positive correlation was found between scores of external locus of control and a range of measures of social influence. Those with high external scores were more easily persuaded, more easily influenced and more conforming than those who had high internal scores.
- In a correlational investigation, there was a positive correlation between external locus of control and predisposition to normative social influence, but no correlation between locus of control and predisposition to informational social influence. Locus of control did not appear to be a factor in this type of conformity.

Credit other relevant evaluations.

**5. Marks for this question: AO2 = 6**

This question is level-marked:

Level	Marks	Description
3	5–6	<ul style="list-style-type: none"> <li>• Knowledge of factors affecting the accuracy of eyewitness testimony is clear and generally well detailed.</li> <li>• Application is mostly clear and effective.</li> <li>• The answer is generally coherent with appropriate use of specialist terminology.</li> </ul>
2	3–4	<ul style="list-style-type: none"> <li>• Knowledge of factors affecting the accuracy of eyewitness testimony is evident.</li> <li>• There is some effective application.</li> <li>• The answer lacks clarity in places.</li> <li>• Specialist terminology is used appropriately on occasions.</li> </ul>
1	1–2	<ul style="list-style-type: none"> <li>• Knowledge of factors affecting the accuracy of eyewitness testimony is limited.</li> <li>• Application is either absent or inappropriate.</li> <li>• The answer as a whole lacks clarity and has inaccuracies.</li> <li>• Specialist terminology is either absent or inappropriately used.</li> </ul>
	0	No relevant content.

**Possible AO2 application:**

- Kai could not remember anything because 'he was closest' to the robber, which suggests the weapon focus effect took place. His anxiety about the weapon (knife) meant he focused his attention on this rather than the details of the crime, such as the robber.
- Kai said he saw a gun because of the post-event discussion at college where everyone was talking about the rumour there was a gun. Kai incorporated the information into his own account of the robbery.

- Nikau was able to give the police a lot of information about the robber, despite only seeing the back of him briefly, because of post-event discussion. Everyone was talking about the robbery at college, so Nikau acquired the information in this way and incorporated it into their memory.
- Maya could recall a lot of details because of her anxiety. This was seen in the Swedish bank robbery study, where the most anxious people (bank tellers) had the best recall.
- Kai and Maya's personalities may have impacted on their ability to recall information. People who are more neurotic (on Eysenck's personality scale) recall less when they are anxious as it doesn't take much to make them feel overwhelmed with anxiety. This suggests that Maya may have a more stable personality (good recall) and Kai may have an anxious personality (poor recall).

Credit other relevant applications.