AQA

A-level
PSYCHOLOGY
7182/1

Paper 1 Introductory Topics in Psychology

Mark scheme

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

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

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

Level of response marking instructions

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

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

Step 1 Determine a level

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

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

Step 2 Determine a mark

Once you have assigned a level you need to decide on the mark. The descriptors on how to allocate marks can help with this. The exemplar materials used during standardisation will help. Answers in the standardising materials will correspond with the different levels of the mark scheme. These answers will have been awarded a mark by the Lead Examiner. You can compare the student's answer with the

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standardised examples to determine if it is the same standard, better or worse than the example. You can then use this to allocate a mark for the answer based on the Lead Examiner's mark on the example.

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

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

An answer which contains nothing of relevance to the question must be awarded no marks.

Section A

Social Influence

0 1 Outline **two** explanations of resistance to social influence.

[4 marks]

Marks for this question: AO1 = 4

For **each** explanation award marks as follows:

2 marks for an explanation that is clear, coherent and elaborated

1 mark for an explanation that is limited/muddled.

No credit for simply naming explanations, there must be some reference to the effect on resistance.

Possible explanations (likely to be those named on the specification):
- locus of control – people with an internal locus of control are more likely to resist pressure to conform/less likely to obey/more resistant to social influence than those with an external locus of control; people with an internal locus of control believe they control own circumstances
- social support – defiance/non-conformity more likely if others are seen to resist influence; seeing others disobey/not conform gives observer confidence to do so.

Credit other explanations of disobedience/defiance and non-conformity, e.g. being in an autonomous state; previous experience; gender; culture; high level of moral reasoning; reactance/the 'boomerang effect'.

Credit also the inverse of factors usually used to explain conformity and obedience, e.g. (lack of) uniform; (increased) distance between participant and victim/authority figure; (reduced) group size; (lack of) ambiguity of task.

Accept other valid explanations of resistance.

0 2 Calculate the ratio of smokers to non-smokers in 2017. Give your answer in simplest form.

Show your workings.

[2 marks]

Marks for this question: AO2 = 2

2 marks for correct ratio in simplest form (even in the absence of any workings):
2017 = 1:7

Award **1 mark** overall for correct ratio not presented in simplest form, e.g. 2017 – 5:35, 25:175, 125:875.

0 3 Which statistical test should be used to calculate whether there is a significant difference in reported smoking behaviour between the two surveys? Give **three** reasons for your answer.

[4 marks]

Marks for this question: AO2 = 4

1 mark for chi-squared test.

Plus

1 mark for **each** of the following:
- the researchers are investigating a difference between the number of smokers and non-smokers in the two surveys (or an association between date and number of young people smoking/not smoking)
- the data is in the form of categories of smoker/non-smoker, ie nominal/categorical/non-parametric
- the young people sampled in 1987 and 2017 are different people/unrelated/independent groups so the data are unrelated.

Where more than three reasons are given, only the first three should be marked.

Appropriate reasons can be credited even if an incorrect test is named or no test given.

0 4 The survey shows that fewer young people are smoking today than in 1987.

Using your knowledge of social influence processes in social change, explain possible reasons for this change in behaviour.

[6 marks]

Marks for this question: AO2 = 6

Level	Marks	Description
3	5–6	Knowledge of social influence processes in social change is clear and generally well detailed. Application to the decline in smoking among young people is mostly clear and effective. The answer is generally coherent with appropriate use of terminology.
2	3–4	Knowledge of social influence processes in social change is evident. There is some effective application to the decline in smoking among young people. The answer lacks clarity in places. Terminology is used appropriately on occasions.
1	1–2	Knowledge of social influence processes in social change is limited. Application to the decline in smoking among young people is limited. The answer as a whole lacks clarity and has inaccuracies. Terminology is either absent or inappropriately used.
	0	No relevant content.

Possible content/application:

Minority influence processes:
- examples of the influence of pressure groups/anti-smoking lobbies and how they may convince the majority through consistency, commitment (augmentation principle), flexibility
- the snowball effect – how smoking behaviour/views on smoking change gradually over time.

Conformity processes:
- normative social influence/compliance – the group norm among young people is to maintain health and fitness; people who go against this norm (by smoking) risk rejection from the group; smoking is anti-social, violates social norms, so young people who smoke are less likely to fit in
- informational social influence/internalisation – more is known now about the harmful effects of smoking, young people may have become convinced by such evidence.

Obedience processes:
- laws on smoking have changed, e.g. banned in public places, which may have influenced young people's behaviour.

Credit other relevant material.

Note: Answers that contain no reference to young people and/or smoking cannot receive credit.

0 5 Discuss ethical issues in social influence research.

[8 marks]

Marks for this question: AO1 = 3 and AO3 = 5

Level	Marks	Description
4	7–8	Knowledge of ethical issues in social influence research is accurate with some detail. Discussion is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and effective. Specialist terminology is used effectively.
3	5–6	Knowledge of ethical issues in social influence research is evident but there are occasional inaccuracies/omissions. Discussion is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	3–4	Limited knowledge of ethical issues in social influence research is present. Focus is mainly on description. Any discussion is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1–2	Knowledge of ethical issues in social influence research is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Note: Answers which lack sustained engagement with social influence research – limited to Level 2.

Possible content:

- knowledge of ethical issues in social influence research and/or specific examples of where they occur in studies
- deception/lack of informed consent – when participants are misled or information is withheld, e.g. Asch's participants were told the study was investigating visual perception and knew nothing of the confederates; Milgram's participants were unaware the shocks were not real
- protection from harm/psychological distress – participants should not be placed 'at risk'; gain new negative knowledge of themselves, e.g. prisoners in the Stanford prison experiment (SPE) were humiliated, showed signs of severe distress; some guards felt pressured to follow the more dominant guards
- right to withdraw – participants should be free to leave when they choose to, e.g. Milgram's participants were given 'verbal prods' to encourage them to remain within the experiment; prisoners in SPE pressurised to stay.

Possible discussion points:

- cost-benefit analysis – studies may be justified on the grounds of what we learn, e.g. Milgram – the dangers of 'blind obedience'
- validity – deception/lack of informed consent justified as demand characteristics are reduced, e.g. in Asch; would be difficult to investigate processes such as obedience without deception
- use of debriefing in studies – retrospective consent, psychiatric follow-up assessments, etc.; participants confirmed they were happy to have taken part, etc.
- counterarguments/discussion points related to specific studies, e.g. Zimbardo's study led to reform of real prisons; Milgram awarded prize by APA
- research was conducted at a time when ethical guidelines had not been established; could be argued that studies led to introduction of guidelines which protected future participants.

Credit other relevant material.

Section B

Memory

0 6 Which **two** of **A**, **B**, **C**, **D** and **E** are associated with the cognitive interview technique?

Shade **two** boxes only.

[2 marks]

Marks for this question: AO1 = 2

A: Alter the perspective
E: Reverse the order

0 7 Evaluate the cognitive interview as a way of improving the accuracy of eyewitness testimony.

[6 marks]

Marks for this question: AO3 = 6

Level	Marks	Description
3	5–6	Evaluation of the cognitive interview is thorough and effective. The answer is clear, coherent and focused. Specialist terminology is used effectively.
2	3–4	Evaluation of the cognitive interview is evident but there are occasional inaccuracies/omissions. The answer lacks clarity in places. Terminology is used appropriately on occasions.
1	1–2	Evaluation of the cognitive interview is limited. The answer lacks clarity and organisation. Terminology is either absent or inappropriately used.
	0	No relevant content.

Possible evaluation points:

- use of evidence to support/challenge the effectiveness of cognitive interview (CI), e.g. Kohnken et al (1999)
- although CI leads to more correct information, incorrect information also increases (although some studies, e.g. Geiselman dispute this)
- some elements of CI may be more successful than others – Milne and Bull (2002)
- the success of CI may be related to the age of witness
- CI requires training and investment so it may not always be available because of limited resources
- credit evaluation of enhanced cognitive interview
- credit comparison with standard interview and enhanced CI.

Credit other relevant points.

0 8 Discuss the multi-store model of memory. Refer to the information above in your answer.
[16 marks]

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

Level	Marks	Description
4	13–16	Knowledge of the multi-store model is accurate and generally well detailed. Application is effective. Discussion is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	9–12	Knowledge of the multi-store model is evident but there are occasional inaccuracies/omissions. Any application and/or discussion is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	5–8	Limited knowledge of the multi-store model is present. Focus is mainly on description. Any discussion and/or application is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1–4	Knowledge of the multi-store model is very limited. Discussion and/or application is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible description:
- capacity, duration and coding of the separate stores – sensory register, short-term memory (STM), long-term memory (LTM)
- transfer processes between stores – attention and rehearsal
- rehearsal loop – maintenance in STM
- how information is lost from each store, e.g. decay/displacement
- information processing model – linear made up of unitary stores.

Credit an accurately annotated diagram.

Possible application:
- four-digit numbers are easy to remember as 7(+/–2) items is the average capacity of STM
- eleven-digit mobile numbers would exceed this limited capacity
- these longer mobile numbers can be recalled if people ‘say it to themselves several times’ which implies maintenance in STM/transfer to LTM
- interruption disrupts recall because it causes displacement from STM
- credit reference to ‘chunking’ and/or primacy-recency effect in this context.

Possible discussion points:

- useful starting point for memory research, first model to incorporate three different stores
- evidence that supports the coding, capacity, duration of the three stores, e.g. Baddeley, Jacobs, Sperling, Bahrick et al
- evidence that supports the functional separation of the stores, e.g. Glanzer and Cunitz
- evidence that challenges the unitary nature of STM and LTM, e.g. Shallice and Warrington
- evidence which suggests that rehearsal is not the only method of transfer from STM to LTM/ distinction between maintenance and elaborative rehearsal
- critical comparisons with alternative models, e.g. working memory.

Only credit methodological evaluation of studies if this used to discuss the strengths/limitations of the model.

Credit other relevant material.

Section C

Attachment

0 9 Outline findings from research into the role of the father in attachment.

[4 marks]

Marks for this question: AO1 = 4

Level	Marks	Description
2	3–4	Knowledge of findings is mostly clear and accurate, with evidence of either breadth or detail. The answer is mostly coherent with effective use of terminology.
1	1–2	There is limited/partial knowledge of findings. The answer may lack coherence. Use of terminology may be either absent or inappropriate.
	0	No relevant content.

Possible content:

- Schaffer and Emerson (1964) – 75% of infants studied had formed an attachment with the father at 18 months
- research shows that the father may fulfil a qualitatively different role from that of the mother – play vs emotional support – but this is just as crucial to the child's wellbeing
- research shows that the father in a single parent family is more likely to adopt the traditional maternal role
- quality of attachment with the father may be less influential in adolescence – Grossman (2002)
- research shows that the role of the father may differ depending on the gender of the child.

Note: that points may be explicitly linked to specific studies, or more general findings to do with the role of the father.

Credit other relevant findings that are explicitly linked to the role of the father.

Note: that credit should not be given for procedural/methodological detail of studies.

1 0 Explain the economic implications of research into the role of the father in attachment.

[4 marks]

Marks for this question: AO1 = 4

Level	Marks	Description
2	3–4	Explanation of economic implication(s) of research is mostly clear and accurate. The answer is mostly coherent with effective use of terminology.
1	1–2	There is limited/partial explanation of the economic implication(s). The answer may lack coherence. Use of terminology may be either absent or inappropriate.
	0	No relevant content.

Possible content:

Note that 'research' can refer to either studies or theories.

- increasingly fathers remain at home and therefore contribute less to the economy consequently more mothers may return to work and contribute to the economy
- changing laws on paternity leave – government-funded so affects the economy; impact upon employers
- gender pay gap may be reduced if parental roles are regarded as more equal
- early attachment research, e.g. Bowlby suggests fathers should provide an economic rather than an emotional function.

Accept other relevant points.

Note: Answers that focus on the economic costs of doing research into the role of the father are not creditable.

1 1 Discuss research into the influence of early attachment on childhood **and/or** adult relationships.

[16 marks]

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

Level	Marks	Description
4	13–16	Knowledge of research into the influence of early attachment on childhood and/or adult relationships is accurate and generally well detailed. Discussion is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	9–12	Knowledge of research into the influence of early attachment on childhood and/or adult relationships is evident but there are occasional inaccuracies/omissions. Discussion is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	5–8	Limited knowledge of research into the influence of early attachment on childhood and/or adult relationships is present. Focus is mainly on description. Any discussion is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1–4	Knowledge of research into the influence of early attachment on childhood and/or adult relationships is very limited. Discussion is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible content:

- Bowlby's internal working model (IWM) – early attachment provides blueprint/prototype for later attachment; formation of mental representation/schema of first attachment relationship; affects later relationships during childhood and adulthood
- Material on maternal deprivation is creditworthy if made relevant to the question
- attachment type associated with quality of peer relationships in childhood – studies of friendship patterns, bullying, etc.
- relationship between early attachment type and later romantic relationships – the 'love quiz' (Hazan and Shaver)
- relationship between early attachment type and parenting style
- adult attachment interview (Main et al) continuity between early attachment type and adult classification/behaviours – credit knowledge of procedure and coding system (insecure-dismissing, autonomous-secure, insecure-preoccupied, unresolved)
- knowledge of relevant studies, e.g. Kerns; Myron-Wilson and Smith; Zimmerman; Hazan and Shaver; Quinton; Harlow; Freud and Dann; Koluchova; Clarke and Clarke.

Note: that the term 'research' may include theories/explanations and/or studies.

Possible discussion points:

- use of evidence in discussion
- discussion of theory, e.g. Bowlby's IWM and issue of determinism; negative implications of assumption that the relationship is cause and effect
- discussion of underpinning evidence regarding measuring adult attachment type, e.g. difficulty of establishing cause and effect between early attachment history and later relationships
- discussion of use of self-report techniques to assess quality of childhood/adult relationships – subjectivity, social desirability, etc. – as well as retrospective assessment of early attachment patterns
- difficulty of measuring the IWM – hypothetical concept
- counter-evidence, e.g. to suggest that children can recover from deprivation/privation and form effective adult relationships
- ethical issues, e.g. anxiety associated with use of adult attachment interview
- discussion of use of findings from animal studies in this area, e.g. Harlow and difficulty of generalising across species.

Credit other relevant material.

Section D

Psychopathology

1 2 Outline **two** behavioural characteristics of depression.

[4 marks]

Marks for this question: AO1 = 4

For **each** characteristic award marks as follows:

2 marks for a characteristic that is clear, coherent and elaborated

1 mark for a characteristic that is limited/muddled.

Possible characteristics:
- change in activity levels – increased lethargy (lack of energy)/ withdrawal from activities that were once enjoyed (anhedonia); neglecting personal hygiene; increased activity levels/agitation
- disruption to sleep – sleep may reduce (insomnia) or increase (hypersomnia)
- disruption to eating behaviour – increased or decreased eating/weight gain or loss
- aggressive acts – towards others or oneself, e.g. self-harm.

Each of the bullet points above can earn a maximum of 2 marks.

Accept other relevant characteristics.

1 3 Referring to the description above, outline **three** definitions of abnormality.

[6 marks]

Marks for this question: AO2 = 6

In **each** case award marks as follows:

2 marks for clear and coherent application of knowledge in relation to each definition

1 mark for limited/muddled application of knowledge in relation to each definition.

Possible content/application:
- statistical infrequency/deviation from statistical norms is abnormal behaviour is that which is rare/uncommon/anomalous – 'affects less than 1% adults…'
- deviation from social norms is behaviour which goes against/contravenes unwritten rules/expectations (in a given society/culture) – 'unable to leave their home..' 'may prevent sufferers from living a normal life…'
- failure to function adequately is behaviour which causes personal distress/anguish OR inability to cope with everyday life/maladaptiveness – 'very stressful for the individual and for their family..'
- deviation from ideal mental health is behaviour which fails to meet particular criteria for psychological wellbeing – 'cannot achieve potential' (self-actualisation); 'perceiving threats everywhere' (inaccurate perception of reality); lack of resistance to stress.

Note: that the same portion of the stem may be applied to different definitions.

1 4 Outline **one** limitation of the two-process model.

[2 marks]

Marks for this question: AO3 = 2

2 marks for clear and coherent outline.

1 mark for limited/muddled outline.

Possible limitations:
- evidence suggests that not all people with a phobia can recall a traumatic experience, e.g. Di Nardo (1990)
- not all individuals who experience a stressful event go on to develop a phobia
- behavioural explanations, like the two-process model, do not adequately account for the cognitive characteristics of phobias
- learning theories of phobias cannot explain why we seem to be pre-prepared to fear certain stimuli (biological preparedness)
- issues of reductionism; determinism, etc.

Accept other relevant limitations.

1 5 Explain **one or more** reasons why it might be better to conduct a case study than a questionnaire.

[4 marks]

Marks for this question: AO3 = 4

Level	Marks	Description
2	3–4	Explanation of one or more reasons why it might be better to conduct a case study than a questionnaire is clear and coherent. There is appropriate use of specialist terminology.
1	1–2	Outline of one or more reasons why it might be better to conduct a case study than a questionnaire is limited. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible reasons:
- case studies can be longitudinal and so changes (in Patient X's experience) can be observed over time whereas questionnaires tend to provide just a 'snapshot' of experience
- case studies usually involve several methods (observation, interviews, etc.), enabling checks for consistency/reliability/validity whereas a questionnaire is a single method of data collection
- case studies produce rich, detailed qualitative data, whereas questionnaires tend to produce less detailed information.

Accept other relevant reasons.

1 6 Outline and evaluate **one or more** neural explanations of obsessive-compulsive disorder.
[8 marks]

Marks for this question: AO1 = 3 and AO3 = 5

Level	Marks	Description
4	7–8	Knowledge of one or more neural explanations of OCD is accurate with some detail. Evaluation is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and effective. Specialist terminology is used effectively.
3	5–6	Knowledge of one or more neural explanations of OCD is evident but there are occasional inaccuracies/omissions. Evaluation is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	3–4	Limited knowledge of one or more neural explanations of OCD is present. Focus is mainly on description. Any evaluation is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1–2	Knowledge of one or more neural explanations of OCD is limited. Evaluation is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible content:
- the role of neurochemicals such as serotonin and dopamine – levels associated with abnormal transmission of mood-related information/obsessive thoughts
- structural deficits – abnormal functioning in the parahippocampal gyrus which processes unpleasant emotions; hyperactivity in the basal ganglia linked to repetitive actions (compulsions); the orbito-frontal cortex 'the worry circuit' – the caudate nucleus-thalamus loop, inability to filter small worries in OCD so worry circuit is overactive
- damage to neural mechanisms due to breakdown of immune functioning, e.g. via Lyme's disease.

Note: that genetic explanations alone should not be credited unless there is an explicit link made between genes and levels of neurotransmitter/structural deficits.

Possible evaluation points:
- evidence to support/contradict the effects of neural mechanisms in OCD
- success of drug treatments, e.g. SSRIs, suggests that low serotonin is a causal factor
- not all patients respond to drug treatment which casts doubt on the explanation's validity
- issue of causation – neurochemical imbalances/structural abnormalities in the brain may be a symptom rather than the cause of the illness
- many neural mechanisms have been identified but these are not always present in all cases
- some studies of abnormal brain functioning, e.g. Aylward, have not been replicated
- comparison with other explanations.

Credit other relevant material.