

# Past exam question analysis 8/16 markers

#### Кеу

Question has been asked as an 8 or 16 maker before Question has not been asked as an 8 or 16 maker before

## Paper 1

## Social influence

Types of conformity: internalisation, identification and compliance.
Explanations for conformity: informational social influence and normative social influence, and variables affecting conformity including group size, unanimity and task difficulty as investigated by Asch.

• Conformity to social roles as investigated by Zimbardo.

 Explanations for obedience: agentic state and legitimacy of authority, and situational variables affecting obedience including proximity and location, as investigated by Milgram, and uniform. Dispositional explanation for obedience: the Authoritarian Personality.

• Explanations of resistance to social influence, including social support and locus of control.

• Minority influence including reference to consistency, commitment and flexibility.

• The role of social influence processes in social change.

#### Memory

 The multi-store model of memory: sensory register, short-term memory and long-term memory. Features of each store: coding, capacity and duration.

• Types of long-term memory: episodic, semantic, procedural.

 The working memory model: central executive, phonological loop, visuospatial sketchpad and episodic buffer. Features of the model: coding and capacity.



 Explanations for forgetting: proactive and retroactive interference and retrieval failure due to absence of cues.

 Factors affecting the accuracy of eyewitness testimony: misleading information, including leading questions and post-event discussion; anxiety.

• Improving the accuracy of eyewitness testimony, including the use of the cognitive interview.

## Attachment

 Caregiver-infant interactions in humans: reciprocity and interactional synchrony. Stages of attachment identified by Schaffer. Multiple attachments and the role of the father.

- Animal studies of attachment: Lorenz and Harlow.
- Explanations of attachment: learning theory and Bowlby's monotropic theory. The concepts of a critical period and an internal working model.

 Ainsworth's 'Strange Situation'. Types of attachment: secure, insecureavoidant and insecure-resistant. Cultural variations in attachment, including van Ijzendoorn.

• Bowlby's theory of maternal deprivation. Romanian orphan studies: effects of institutionalisation.

 The influence of early attachment on childhood and adult relationships, including the role of an internal working model.

## Psychopathology

 Definitions of abnormality, including deviation from social norms, failure to function adequately, statistical infrequency and deviation from ideal mental health.

• The behavioural, emotional and cognitive characteristics of phobias, depression and obsessive-compulsive disorder (OCD).

 The behavioural approach to explaining and treating phobias: the twoprocess model, including classical and operant conditioning; systematic desensitisation, including relaxation and use of hierarchy; flooding.



The cognitive approach to explaining and treating depression: Beck's negative triad and Ellis's ABC model; cognitive behaviour therapy (CBT), including challenging irrational thoughts.

The biological approach to explaining and treating OCD: genetic and neural explanations; drug therapy.

## Paper 2

## Approaches

Origins of Psychology: Wundt, introspection and the emergence of Psychology as a science.

The basic assumptions of the following approaches:

• Learning approaches: i) the behaviourist approach, including classical conditioning and Pavlov's research, operant conditioning, types of reinforcement and Skinner's research; ii) social learning theory including imitation, identification, modelling, vicarious reinforcement, the role of mediational processes and Bandura's research.

• The cognitive approach: the study of internal mental processes, the role of schema, the use of theoretical and computer models to explain and make inferences about mental processes. The emergence of cognitive neuroscience.

• The biological approach: the influence of genes, biological structures and neurochemistry on behaviour. Genotype and phenotype, genetic basis of behaviour, evolution and behaviour.

• The psychodynamic approach: the role of the unconscious, the structure of personality, that is Id, Ego and Superego, defence mechanisms including repression, denial and displacement, psychosexual stages.

 Humanistic Psychology: free will, self-actualisation and Maslow's hierarchy of needs, focus on the self, congruence, the role of conditions of worth. The influence on counselling Psychology.

• Comparison of approaches.



# Biopsychology

• The fight or flight response including the role of adrenaline.

 Localisation of function in the brain and hemispheric lateralisation: motor, somatosensory, visual, auditory and language centres; Broca's and Wernicke's areas, split brain research. Plasticity and functional recovery of the brain after trauma.

 Ways of studying the brain: scanning techniques, including functional magnetic resonance imaging (fMRI); electroencephalogram (EEGs) and eventrelated potentials (ERPs); postmortem examinations.

 Biological rhythms: circadian, infradian and ultradian and the difference between these rhythms. The effect of endogenous pacemakers and exogenous zeitgebers on the sleep/ wake cycle.

## Paper 3

#### **Issues and debates**

• Gender and culture in Psychology – universality and bias. Gender bias including androcentrism and alpha and beta bias; cultural bias, including ethnocentrism and cultural relativism.

• Free will and determinism: hard determinism and soft determinism; biological, environmental and psychic determinism. The scientific emphasis on causal explanations.

• The nature-nurture debate: the relative importance of heredity and environment in determining behaviour; the interactionist approach.

 Holism and reductionism: levels of explanation in Psychology. Biological reductionism and environmental (stimulus-response) reductionism.

• Idiographic and nomothetic approaches to psychological investigation.

 Ethical implications of research studies and theory, including reference to social sensitivity.



# **Option 1**

## Relationships

 The evolutionary explanations for partner preferences, including the relationship between sexual selection and human reproductive behaviour.

 Factors affecting attraction in romantic relationships: self-disclosure; physical attractiveness, including the matching hypothesis; filter theory, including social demography, similarity in attitudes and complementarity.

 Theories of romantic relationships: social exchange theory, equity theory and Rusbult's investment model of commitment, satisfaction, comparison with alternatives and investment.

• Duck's phase model of relationship breakdown: intra-psychic, dyadic, social and grave dressing phases.

 Virtual relationships in social media: self-disclosure in virtual relationships; effects of absence of gating on the nature of virtual relationships.

 Parasocial relationships: levels of parasocial relationships, the absorption addiction model and the attachment theory explanation.

#### Gender

 Sex and gender. Sex-role stereotypes. Androgyny and measuring androgyny including the Bem Sex Role Inventory.

 The role of chromosomes and hormones (testosterone, oestrogen and oxytocin) in sex and gender. Atypical sex chromosome patterns: Klinefelter's syndrome and Turner's syndrome.

 Cognitive explanations of gender development, Kohlberg's theory, gender identity, gender stability and gender constancy; gender schema theory.

• Psychodynamic explanation of gender development, Freud's psychoanalytic theory, Oedipus complex; Electra complex; identification and internalisation.

• Social learning theory as applied to gender development. The influence of culture and media on gender roles.

 Atypical gender development: gender dysphoria; biological and social explanations for gender dysphoria.



# **Cognition and Development**

 Piaget's theory of cognitive development: schemas, assimilation, accommodation, equilibration, stages of intellectual development. Characteristics of these stages, including object permanence, conservation, egocentrism and class inclusion.

 Vygotsky's theory of cognitive development, including the zone of proximal development and scaffolding.

 Baillargeon's explanation of early infant abilities, including knowledge of the physical world; violation of expectation research.

 The development of social cognition: Selman's levels of perspective-taking; theory of mind, including theory of mind as an explanation for autism; the Sally-Anne study. The role of the mirror neuron system in social cognition.

## **Option 2**

## Schizophrenia

• Classification of schizophrenia. Positive symptoms of schizophrenia, including hallucinations and delusions. Negative symptoms of schizophrenia, including speech poverty and avolition.

• Reliability and validity in diagnosis and classification of schizophrenia, including reference to co-morbidity, culture and gender bias and symptom overlap.

 Biological explanations for schizophrenia: genetics and neural correlates, including the dopamine hypothesis.

• Psychological explanations for schizophrenia: family dysfunction and cognitive explanations, including dysfunctional thought processing.

• Drug therapy: typical and atypical antipsychotics.

 Cognitive behaviour therapy and family therapy as used in the treatment of schizophrenia. Token economies as used in the management of schizophrenia.

 The importance of an interactionist approach in explaining and treating schizophrenia; the diathesis-stress model.



## **Eating behaviour**

 Explanations for food preferences: the evolutionary explanation, including reference to neophobia and taste aversion; the role of learning in food preference, including social and cultural influences.

• Neural and hormonal mechanisms involved in the control of eating behaviour, including the role of the hypothalamus, ghrelin and leptin.

 Biological explanations for anorexia nervosa, including genetic and neural explanations.

• Psychological explanations for anorexia nervosa: family systems theory, including enmeshment, autonomy and control; social learning theory, including modelling, reinforcement and media; cognitive theory, including distortions and irrational beliefs.

• Biological explanations for obesity, including genetic and neural explanations.

 Psychological explanations for obesity, including restraint theory, disinhibition and the boundary model. Explanations for the success and failure of dieting.

#### Stress

• The physiology of stress, including general adaptation syndrome, the hypothalamic pituitaryadrenal system, the sympathomedullary pathway and the role of cortisol.

 The role of stress in illness, including reference to immunosuppression and cardiovascular disorders.

• Sources of stress: life changes and daily hassles. Workplace stress, including the effects of workload and control.

 Measuring stress: self-report scales (Social Readjustment Ratings Scale and Hassles and Uplifts Scale) and physiological measures, including skin conductance response.

 Individual differences in stress: personality types A, B and C and associated behaviours; hardiness, including commitment, challenge and control.

 Managing and coping with stress: drug therapy (benzodiazepines, beta blockers), stress inoculation therapy and biofeedback. Gender differences in coping with stress. The role of social support in coping with stress; types of



social support, including instrumental, emotional and esteem support.

## **Option 3**

#### Aggression

 Neural and hormonal mechanisms in aggression, including the roles of the limbic system, serotonin and testosterone. Genetic factors in aggression, including the MAOA gene.

 The ethological explanation of aggression, including reference to innate releasing mechanisms and fixed action patterns. Evolutionary explanations of human aggression.

 Social psychological explanations of human aggression, including the frustration-aggression hypothesis, social learning theory as applied to human aggression, and de-individuation.

• Institutional aggression in the context of prisons: dispositional and situational explanations.

• Media influences on aggression, including the effects of computer games. The role of desensitisation, disinhibition and cognitive priming.

## **Forensic Psychology**

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

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

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

 Dealing with offending behaviour: the aims of custodial sentencing and the psychological effects of custodial sentencing. Recidivism. Behaviour modification in custody. Anger management and restorative justice programmes.



# Addiction

• Describing addiction: physical and psychological dependence, tolerance and withdrawal syndrome.

 Risk factors in the development of addiction, including genetic vulnerability, stress, personality, family influences and peers.

 Explanations for nicotine addiction: brain neurochemistry, including the role of dopamine, and learning theory as applied to smoking behaviour, including reference to cue reactivity.

 Explanations for gambling addiction: learning theory as applied to gambling, including reference to partial and variable reinforcement; cognitive theory as applied to gambling, including reference to cognitive bias.

 Reducing addiction: drug therapy; behavioural interventions, including aversion therapy and covert sensitisation; cognitive behaviour therapy.

• The application of the following theories of behaviour change to addictive behaviour; the theory of planned behaviour and Prochaska's six-stage model of behaviour change.