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# A-Level Psychology

7182/1 Introductory Topics In Psychology (New)  
Final Mark Scheme

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7182  
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Version/Stage: v1.0

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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 Assessment Writer.

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](http://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, ie 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. There will be an answer in the standardising materials which will correspond with each level of the mark scheme. This answer will have been awarded a mark by the Lead Examiner. You can compare the student's answer with the example 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
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Identify the type of data in this experiment. Explain your answer.

**[2 marks]**

**Marks for this question: AO2 = 2**

**1 mark** for identifying the type of data as quantitative data.

**Plus**

**1 mark** for either of the explanations below:

- the data is numerical.
- the number of participants who completed the questionnaire in each condition.

**OR**

**1 mark** for explaining the type of data as primary data.

**Plus**

**1 mark** for either of the explanations below:

- the data is collected first hand (directly) from the participants.
- data is collected for the purpose of the investigation.

**OR**

**1 mark** for explaining the type of data as nominal/categorical data.

**Plus**

**1 mark** for either of the explanations below:

- the data is presented in categories/is discrete.
- the number of participants who did and did not complete the questionnaire in each condition.

If students identify more than one type of data, take the first type as the basis for their answer. If the data is not identified or identified incorrectly, no credit can be given for an explanation.

**0 2**

Using your knowledge of social influence, explain the likely outcome of this experiment.

**[3 marks]**

**Marks for this question: AO2 = 3**

**1 mark** for the likely outcome: more participants in condition 1 will complete the questionnaire than in condition 2/fewer participants in condition 2 will complete the questionnaire than in condition 1.

**Plus**

**2 marks** for clear and coherent explanation

**1 mark** for explanations that are limited or muddled **or** for explanations not linked to outcome

**0 marks** for an incorrect or irrelevant explanation

**Possible content:**

- accept reference to normative social influence – participants will follow the majority to avoid rejection/fit in
- the participants in condition 2 experienced social support/disobedient role models and so were more likely to defy the researchers
- accept reference to diffusion of responsibility/increased confidence to defy orders in condition 2
- accept explanation based on relevant studies, eg Asch variations.

Credit other relevant social influence explanations.

**0 3**

Outline **one** way in which the researchers could have addressed this issue.

**[4 marks]**

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

**1 mark** for random allocation of participants to each condition.

**Plus**

**3 marks** for explanation of how this could be conducted in this experiment

**1 mark** for each bullet

- each participant is assigned a number or identified by name
- the numbers/names are placed into a random number generator/hat/lottery method
- the first participant drawn is assigned to condition 1, the second to condition 2, etc. **OR** the first 15 participants are assigned to condition 1 and the next 15 are assigned to condition 2.

**OR**

**1 mark** for using a matched pairs design.

**Plus**

**3 marks** for explanation of how this could be conducted in this experiment

**1 mark** for each bullet

- participants should be matched on a variable that is relevant to the experiment
- this could be ascertained through the use of a pre-test e.g. completing a confidence questionnaire
- participants from each matched pair are allocated to different conditions.

Credit other plausible ways of addressing the question. To gain any credit answers based on repeated measures should be appropriately detailed e.g. parallel versions of the questionnaire, time lapse etc.

0	4
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Apart from reference to the level of measurement, give **two** reasons why the researchers used the chi-squared test.

**[2 marks]**

**Marks for this question: AO2 = 2**

**1 mark** for the design is unrelated / independent groups / independent data

**1 mark** for the researcher is looking for a difference (between two conditions/sets of data) **or** an association/relationship (between two variables).

No credit for answers referring to correlations.

0	5
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With reference to the critical values in **Table 1**, explain whether or not the calculated value of chi-squared is significant at the 5% level.

**[2 marks]**

**Marks for this question: AO2 = 2**

**1 mark** for stating that the value of chi squared is significant (at the 5% level).

**Plus**

**1 mark** for explanation:

the calculated/observed value (3.97) is more than/exceeds the critical/table value of 3.84/at 5%.

**0 6**

Discuss the authoritarian personality as an explanation for obedience.

**[8 marks]****Marks for this question: AO1 = 3 and AO3 = 5**

Level	Marks	Description
4	7–8	Knowledge of the authoritarian personality is accurate with some detail. Discussion of the authoritarian personality as an explanation of obedience 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 the authoritarian personality is evident but there are occasional inaccuracies/omissions. Discussion of the authoritarian personality as an explanation of obedience 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 the authoritarian personality is present. Focus is mainly on description. Any discussion of the authoritarian personality as an explanation of obedience 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 the authoritarian personality 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

**AO1 Possible content:**

- authoritarian personality is a collection of traits developed from strict/rigid parenting
- examples of traits – conformist/conventional/dogmatic/hostile towards those of perceived lower status (scapegoating)
- obedient/servile towards people of perceived higher status.
- assessment of the authoritarian personality using the F-scale

**AO3 Possible discussion points:**

- dispositional explanations cannot explain obedience in entire societies
- research findings in obedience studies, eg Milgram can be more readily explained by situational factors
- use of evidence/analysis of evidence to illustrate the validity of the explanation, eg using the F-scale
- methodological evaluation of evidence if used to discuss the strength, or otherwise, of the explanation
- comparison with alternatives.

Credit other relevant information.

Answers that just describe the authoritarian personality with no reference to obedience can receive a maximum of 3 marks

0 | 7

Outline **one** alternative explanation for obedience.

**[3 marks]**

**Marks for this question: AO1 = 3**

**3 marks** for clear, coherent alternative explanation with some detail.

**2 marks** for alternative explanation outlined with some elaboration.

**1 mark** for a very brief or muddled outline.

**Possible explanations:**

- legitimacy of authority: of context/setting; genuineness/status of authority figure
- agentic shift/state: person 'unthinkingly' carries out orders; diffusion of responsibility
- accept situational factors/variables that affect obedience if these are presented as explanations eg proximity; location; uniform.
- accept other possible explanations, eg 'foot in the door'/gradual commitment; presence of 'buffers'; locus of control

Note that explanations may well overlap.

No credit for simple identification of an alternative explanation.

**Section B**

**Memory**

**0 8**

Explain **two** differences between procedural memory and episodic memory.

**[4 marks]**

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

Level	Marks	Description
2	3–4	Explanation of two differences is clear and coherent. Some detail/expansion may be lacking for 3 marks.
1	1–2	Explanation of one or more differences is present but is briefly stated/outlined only. Alternatively, there is one clearly explained difference at the top of the band. For 1 mark one difference may be stated but not applied to both types of memory.
	0	No relevant content

**Possible differences:**

- procedural memories are memories of motor skills/actions/muscle memories; episodic memories are memories of life events
- procedural memories are unavailable for conscious inspection/difficult to explain verbally (non-declarative); episodic memories can be expressed verbally (declarative)
- procedural memories may be more resistant to forgetting/amnesia
- each type of memory may reside in a different area of the brain
- credit examples/evidence, eg HM, used to explain a difference.

Credit other relevant differences.

0 9

Using your knowledge of coding in memory, explain these findings.

**[4 marks]**

**Marks for this question: AO2 = 4**

**Possible content:**

**1 mark** for each of the following:

Immediate task

- list A is made up of words that are acoustically similar/sound similar
- this will cause confusion/difficulty/problems (when tested immediately) as short-term memory (STM) uses acoustic/phonetic/sound-based coding

Delayed task

- list B is made up of words that are semantically similar/have similar meaning
- this will cause confusion/difficulty/problems (when tested after 30 minutes) as long-term memory (LTM) uses semantic/meaning-based coding.

Accept similar wording.

**1 0**

Outline and evaluate research (theories and/or studies) into the effects of misleading information on eyewitness testimony.

**[16 marks]**

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

Level	Marks	Description
4	13–16	Knowledge of research is accurate and generally well detailed. Evaluation 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 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	5–8	Limited knowledge of research 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	1–4	Knowledge of research 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

**AO1 content**

Knowledge of research (theories and/or studies) into the effects of misleading information on EWT.  
Leading questions:

- Loftus and Palmer (1974) – estimates of speed based on changing verb in the critical question
- Loftus and Zanni (1975) – ‘Did you see the/a broken headlight?’
- Loftus (1975) – ‘How fast was the car going when it passed the white barn?’
- response-bias explanation – leading questions do not affect memory, just choice of answer
- substitution bias/explanation – question wording actually distorts memory.

Post-event discussion:

- Gabbert et al (2003) – paired discussions influence recall of crime
- memory contamination – co-witnesses mix (mis)information
- memory conformity – witnesses go along with others for social approval.

Accept other relevant theories/studies.

**AO3 content**

Evaluation/discussion of research into misleading information:

- real-life application – links to cognitive interview
- use of artificial materials in studies, eg films – less anxiety-inducing than in real-life
- demand characteristics in lab studies reduce validity
- lack of consequences in lab studies compared to real-life – Foster et al (1994)
- memory for important events/details is less susceptible to distortion
- credit other methodological issues in studies, eg sample bias
- credit ethical issues if made relevant to discussion
- use of evidence to support/challenge effects of misleading information.

Accept other valid evaluation points.

**Section C**

**Attachment**

**1** **1**

Which **two** of the following are associated with an insecure-resistant attachment type? Choose **two** from the options **A**, **B**, **C**, **D** and **E**.

**[2 marks]**

**Marks for this question: AO1 = 2**

**A and C**

**1** **2**

Name **three** of the stages of attachment identified by Schaffer.

**[3 marks]**

**Marks for this question: AO1 = 3**

**1 mark each for any three of:**

- asocial/pre-attachment stage
- indiscriminate/diffuse attachment/stage
- the beginnings of attachment/attachment in the making
- specific/discriminate attachment/stage
- multiple attachment/stage

**1 3**

What is meant by ‘reciprocity’ in the context of caregiver-infant interaction?

**[2 marks]**

**Marks for this question: AO1 = 2**

**2 marks** for a clear, coherent definition of reciprocity.

**1 mark** for a limited / muddled definition.

Reciprocity – caregiver-infant interaction is a two-way/mutual process; each party responds to the other’s signals to sustain interaction (turn-taking). The behaviour of each party elicits a response from the other.

Do not credit examples unless these add to the definition.

**1 4**

Briefly evaluate research into caregiver-infant interaction.

**[4 marks]**

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

Level	Marks	Description
2	3–4	Evaluation is relevant, generally well explained and focused on research into caregiver-infant interaction. The answer is generally coherent with effective use of specialist terminology.
1	1–2	Evaluation is relevant although there is limited explanation and/or limited focus on research into caregiver-infant interaction. Specialist terminology is not always used appropriately or is absent.
	0	No relevant content

**Possible evaluation points:**

- babies cannot communicate so inferences must be drawn
- well-controlled – studies ‘capture’ micro-sequences of interaction
- practical issues – babies are often asleep or being fed
- issue of intentionality – are imitative behaviours deliberate/conscious?
- some studies have failed to replicate earlier findings, eg Koepke et al (1983)
- research may be socially sensitive, eg implications for working mothers
- economic implications of research
- contribution to understanding the importance of care-giver infant interaction.

Accept other valid points.

Note that material on maternal deprivation is not creditworthy on this question.

Answers may focus on the body of research in general or on a specific piece of research evidence.

**1 5**

Use your knowledge of the effects of institutionalisation to advise Anca’s new parents about what to expect.

**[5 marks]**

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

Level	Marks	Description
3	4–5	The advice about what Anca’s parents should expect is clear and appropriate and demonstrates knowledge of effects of institutionalisation. The answer is generally coherent with appropriate use of terminology.
2	2–3	The advice about what Anca’s parents should expect is evident but lacks clarity. Some evidence of relevant knowledge of effects of institutionalisation. Terminology is used appropriately on occasions.
1	1	Very brief or muddled advice and/or limited knowledge of the effects of institutionalisation.
	0	No relevant content

**Possible effects/application:**

- delayed intellectual development/low IQ/problems with concentration – Anca may struggle more at school than other children/may not learn new behaviours, concepts as quickly
- disinhibited attachment – Anca may not know what counts as ‘appropriate’ behaviour towards strangers
- emotional development – Anca may experience more temper tantrums, etc.
- lack of internal working model – Anca may have difficulty interacting with peers, forming close relationships, etc.
- quasi-autism – Anca may have a problem understanding the meaning of social contexts, may display obsessional behaviour, etc.
- credit the idea that Anca may have been adopted before the age of 6 months and therefore any effects may not be as severe/long term had she been adopted later.
- credit the suggestion that effects may be reversed with sensitive parenting.

Credit other valid effects/applications.

**1 6**

Discuss the findings of research into cultural variations in attachment.

**[8 marks]****Marks for this question: AO1 = 3 and AO3 = 5**

Level	Marks	Description
4	7–8	Knowledge of the findings of research into cultural variations in attachment 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 the findings of research into cultural variations in attachment 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 the findings of research into cultural variations in attachment 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 the findings of research into cultural variations in attachment 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

**AO1 – Possible content:**

Knowledge of the findings of research into cultural variations in attachment:

- Van Ijzendoorn and Kroonenberg (1988) – credit knowledge of individual percentages and more general pattern of findings; more variation within countries than between countries
- Simonelli et al (2014) – lower rates of secure attachment and higher rates of insecure-avoidant in Italian study attributed to long working hours
- Kyoung (2005) – details of comparison between US and Korean children
- Sagi et al (1991) – high rates of insecure-resistant attachments in Israeli children.

Accept other relevant variations, including material on cultural variations in adult attachment.

**AO3 – Possible evaluation/discussion points:**

- meta-analyses include very large samples increasing validity of findings
- discussion of more variation within countries than between countries
- samples in studies may not represent the culture as a whole
- strange situation may be biased towards American/British culture
- more general methodological/ethical criticisms of the strange situation must be linked to the findings of research into cultural variations for credit.

Accept other relevant evaluation points.

**Section D**

**Psychopathology**

1 | 7

Which **two** of the following are cognitive characteristics of obsessive compulsive disorder (OCD)?  
Choose **two** from the options **A, B, C, D** and **E**.

[2 marks]

**Marks for this question: AO1 = 2**

**A and E**

1 | 8

Outline **one or more** ways in which behaviourists treat phobias.

[6 marks]

**Marks for this question: AO1 = 6**

Level	Marks	Description
3	5–6	Knowledge of one or more ways in which behaviourists treat phobias is clear and generally accurate. Specialist terminology is used appropriately.
2	3–4	Some knowledge of one or more ways in which behaviourists treat phobias but there may be some omissions/lack of clarity. There is some appropriate use of specialist terminology.
1	1–2	Knowledge of one or more ways in which behaviourists treat phobias is present but there may be serious omissions and/or inaccuracy. Specialist terminology is either missing or inappropriately used.
	0	No relevant content.

**Possible content:**

Systematic desensitisation:

- based on classical conditioning – counterconditioning
- relaxation training – fear and relaxation cannot coexist (reciprocal inhibition)
- formation of anxiety hierarchy
- gradual exposure (stepped approach) leading to eventual extinction.

Flooding:

- immediate exposure to phobic stimulus
- exhaustion of phobic response
- prevention of avoidance

Accept other valid points

Note that cognitive behavioural therapy and social learning approaches are not creditworthy.

**1 9**

Outline and evaluate failure to function adequately **and** deviation from ideal mental health as definitions of abnormality. Refer to the experiences of Rob in your answer. **[16 marks]**

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

Level	Marks	Description
4	13–16	Knowledge of failure to function adequately and deviation from ideal mental health is accurate and generally well detailed. Application is effective. Evaluation 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 failure to function adequately and deviation from ideal mental health is evident but there are occasional inaccuracies/omissions. Evaluation/application 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 failure to function adequately and/or deviation from ideal mental health is present. Focus is mainly on description. Application/evaluation 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 failure to function adequately and/or deviation from ideal mental health is very limited. Application is limited, poorly focussed or absent. 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.

**AO1 content**

Failure to function adequately:

- abnormality judged as inability to deal with the demands of everyday living
- behaviour is maladaptive, irrational or dangerous
- behaviour causes personal distress and distress to others.

Deviation from ideal mental health:

- absence of signs of mental health used to judge abnormality
- description of (Jahoda's) criteria – accurate perception of reality; self-actualisation; resistance to stress; positive attitude towards self; autonomy/independence; environmental mastery
- the more criteria someone fails to meet, the more abnormal they are.

Accept other valid points.

### **AO2 possible application**

Failure to function adequately:

- evidence that Rob is not coping with everyday tasks – cannot complete homework; he is untidy
- Rob is causing others' distress – his parents and teachers
- personal distress – feelings of anxiety, he is frightened.

Deviation from ideal mental health:

- Rob's perception of reality is not accurate – hearing voices
- voices are preventing Rob from fulfilling potential/achieving self-actualisation – may affect his chances of going to university.

Accept other relevant application points.

### **AO3 possible evaluation/discussion points**

Failure to function:

- recognises the patient's perspective
- judging person as distressed or distressing relies on subjective assessment
- not all abnormal behaviour is associated with distress/failure to cope eg psychopathy
- not all maladaptive behaviour is an indicator of mental illness.

Deviation from ideal mental health:

- positive, holistic approach to diagnosis
- criteria for mental health are too demanding/unrealistic
- culture bias in some criteria, eg value placed on independence/autonomy
- use of evidence to support/challenge definitions
- comparison/overlap with other definitions – deviation from social norms, statistical infrequency.

Accept other relevant evaluation points.

<b>Assessment Objective Grid</b>				
	<b>AO1</b>	<b>AO2</b>	<b>AO3</b>	<b>Total</b>
<b>Social Influence</b>				
1		2 (RM-maths)		2
2		3		3
3			4 (RM)	4
4		2 (RM-maths)		2
5		2 (RM-maths)		2
6	3		5	8
7	3			3
<b>Total</b>	<b>6</b>	<b>9</b>	<b>9</b>	<b>24</b>
<b>Memory</b>				
8			4	4
9		4		4
10	6		10	16
<b>Total</b>	<b>6</b>	<b>4</b>	<b>14</b>	<b>24</b>
<b>Attachment</b>				
11	2 (recall)			2
12	3 (recall)			3
13	2			2
14			4	4
15		5		5
16	3		5	8
<b>Total</b>	<b>10</b>	<b>5</b>	<b>9</b>	<b>24</b>
<b>Psychopathology</b>				
17	2 (recall)			2
18	6			6
19	6	4	6	16
<b>Total</b>	<b>14</b>	<b>4</b>	<b>6</b>	<b>24</b>
<b>Paper Total</b>	<b>36</b>	<b>22</b>	<b>38</b>	<b>96</b>