

Psychology

Answers and commentaries

GCSE (8182)

Paper 2

Marked answers from students from the June 2022 exams.
Supporting commentary is provided to help you understand how marks are awarded and how students can improve performance.

Contents

The below content table is interactive. You can click on the title of the question to go directly to that page.

Question 5	5
Question 10	7
Question 14	10
Question 16	12
Question 17.2	15
Question 18	17
Question 19.1	20
Question 20	2

Answers and commentaries

Please note that these responses have been reproduced exactly as they were written by the student.

This resource is to be used alongside the GCSE Psychology Paper 2 June 2022 Question paper.

Question 5

Describe and evaluate Adorno's theory of Authoritarian Personality.

[6 marks]

Mark scheme

[AO1 = 3 marks AO3 = 3 marks]

Level 3 – Detailed

5-6 marks

AO1 (Assessment Objective 1): Relevant knowledge and understanding of Adorno's theory of Authoritarian Personality is accurate with detail.

AO3: Analysis and evaluation of Adorno's theory of Authoritarian Personality is effective. Any conclusions drawn are sound and fully expressed.

Relevant terminology is used consistently throughout. The answer demonstrates a high level of substantiated reasoning, and is clear, coherent and focused.

Level 2 – Clear

3-4 marks

AO1: Relevant knowledge and understanding of Adorno's theory of Authoritarian Personality is present but there are occasional inaccuracies/omissions.

AO3: There may be some effective analysis and evaluation of Adorno's theory of Authoritarian Personality. There may be an attempt to draw conclusions.

Relevant terminology is occasionally used. The answer occasionally demonstrates substantiated reasoning, but may lack clarity, coherence, focus and logical structure.

Level 1 – Basic

1-2 marks

AO1: Knowledge and understanding of Adorno's theory of Authoritarian Personality is present but limited.

AO3: Analysis and evaluation of Adorno's theory of Authoritarian Personality is of limited effectiveness or may be absent. Any attempts to draw conclusions are not always successful or present.

Relevant terminology may not be used at all or may be muddled.

Level 0 No relevant content.

0 marks

Possible content

A01

- Adorno's theory is that some people have a personality that makes them more likely to be obedient. He called this the Authoritarian Personality.
- A person who is very obedient to those in authority, or people with a higher status than them, are likely to have this type of personality.
- People with an Authoritarian Personality are also likely to 'look down' on people they view as having inferior status.
- They are also likely to have 'black and white' thinking.
- Adorno based his theory on research that used a questionnaire (F-scale). He concluded that people who had a harsh upbringing and critical/strict parenting, were more likely to have an Authoritarian Personality.

A03

- Adorno based his theory on his research using the F-scale. The F-scale has been criticised because it has a response bias/the questions are written in such a way that giving a yes answer is always an authoritarian response. Therefore, Adorno's theory may not be based on research findings that are valid.
- Adorno has not provided proof that an authoritarian personality actually causes high levels of obedience. He has only found a correlation between personality type and obedience. This means that cause and effect cannot be proved.
- Some of the most obedient participants in Milgram's 'electric shock' study did not have the authoritarian/strict upbringing Adorno's theory suggests is a main factor in the development of an Authoritarian Personality.
- Other researchers have found that people with lower educational levels are more obedient. This suggests that other dispositional factors may be important and that personality type is not enough on its own.

Credit other relevant content.

NOTE: Description and/or evaluation of a study with **no** link to the theory should be marked in the Basic Level.

Student responses

Response A

In Adorno's theory of Authoritarian Personality, he explained obedience as a result of dispositional factors. He stated that some people are more likely to obey as they have an exaggerated respect for authority. They are very aware of the social hierarchy so will obey those above them and look down on those below them. They often have a very 'black or white' cognitive style and believe in stereotypes. It is thought to originate in childhood as a result of strict parenting, where their parents expect extreme loyalty, have very high expectations and give conditional love. This is an example of nurture and these values are internalised by the child. They may displace their hostility to their parents onto a scapegoat who is of a lower social status.

One weakness of this is that it is based off of faulty evidence. Adorno based this theory off of the 'f-scale', a questionnaire designed to measure someone's authoritarian personality. 2000 middle class, white Americans completed the questionnaire but it was found to be biased. The more times they pressed 'yes', the higher their authoritarian personality was said to be. This therefore makes the questionnaire's results have weak validity and questions the validity of the theory too.

This is a Level 3 response

Relevant knowledge and understanding of Adorno's theory of Authoritarian Personality is accurate. The level of detail is higher than required given only A01 marks are available.

Analysis and evaluation of Adorno's theory of Authoritarian Personality is effective and conclusions drawn are sound and fully expressed.

6 marks

Response B

Adorno believed that people develop authoritarian personalities due to the upbringing they have as a child. He collected questionnaires and interviews from these people to study the behaviour and language they used. He found that people with this personality tended to separate people into categories such as 'us' and 'them' with the 'us' being the superior. However, this does not support people with a prejudice to certain groups or people. Also, some people do not always have authoritarian personalities just due to their upbringing.

This is a Level 2 response

Relevant knowledge and understanding of Adorno's theory of Authoritarian Personality is present but there are occasional inaccuracies/omissions.

There is a small amount of analysis and evaluation of Adorno's theory of Authoritarian Personality. It is limited in effectiveness. The AO3 element is close to being in level 1.

Because the AO3 element is close to being in level 1, the best fit approach means this is a 3-mark answer (ie, in the clear level but closer to basic).

3 marks

Question 10

Briefly describe the fight or flight response **and** Darwin's theory of non-verbal communication as evolved and adaptive.

Discuss whether or not the fight or flight response can be used to support Darwin's theory of non-verbal communication. Use your knowledge of **both** in your answer.

[9 marks]

Mark scheme

[AO1 = 4 marks A03 = 5 marks]

Level 3 – Detailed

7-9 marks

AO1: Relevant knowledge and understanding of the fight or flight response **and** Darwin's theory of non-verbal communication is accurate with detail.

AO3: Analysis and evaluation of whether or not the fight or flight response can be used to support Darwin's theory of non-verbal communication is effective. Any conclusions drawn are sound and fully expressed.

Relevant terminology is used consistently throughout. The answer demonstrates a high level of substantiated reasoning, and is clear, coherent and focused.

Level 2 – Clear

4-6 marks

AO1: Relevant knowledge and understanding of the fight or flight response **and/or** Darwin's theory of non-verbal communication is present but there are occasional inaccuracies/omissions.

AO: There may be some effective analysis and evaluation of whether or not the fight or flight response can be used to support Darwin's theory of non-verbal communication. There may be an attempt to draw conclusions.

Relevant terminology is occasionally used. The answer occasionally demonstrates substantiated reasoning, but may lack clarity, coherence, focus and logical structure.

Level 1 – Basic

1-3 marks

AO1: Knowledge and understanding of the fight or flight response **and/or** Darwin's theory of non-verbal communication is present but limited.

AO3: Analysis and evaluation of whether or not the fight or flight response can be used to support Darwin's theory of non-verbal communication is of limited effectiveness or may be absent. Any attempts to draw conclusions are not always successful or present.

Relevant terminology may not be used at all or may be muddled.

Level 0 No relevant content.

0 marks

Possible content

A01

- The fight or flight response is an automatic response to a real or perceived threat.
- The autonomic nervous system reacts to a threat by switching from parasympathetic activity to sympathetic activity. Adrenaline is released into the bloodstream.
- Then a number of changes take place physically – breathing becomes more rapid, heart rate increases so that there is more oxygen in the blood and sweating increases in order to cool down the muscles.
- Other changes include the pupils dilating and digestion slowing right down.
- These are all so that people can confront or run away from the threat.
- After the threat has passed, there is a switch back to parasympathetic activity and the body enters a 'rest and digest' phase.
- Some of Darwin's key ideas are natural selection and survival of the fittest. He said that organisms that make the best changes in order to fit their situation and environment, are the ones most likely to survive and reproduce.
- Darwin put forward the idea that non-verbal communication has evolved as a way of expressing emotions.
- Darwin wrote about the principle of serviceable associated habits. A serviceable behaviour has a purpose.
- An example of a serviceable behaviour would be when people expose their teeth when they have an angry facial expression. Originally, humans may have used biting as a form of self-defence. So just like many animals, they may have exposed their teeth as a way of saying 'back off'.

A03

- Darwin suggested that some non-verbal communication is caused by our nervous system. Examples include dilated pupils and an open mouth when we are frightened.
- These are some of the effects of the fight or flight response and as such, could help our survival. Pupil dilation increases how much we can see – allowing us to find the best way to escape and an open mouth increases how much oxygen we can take in – allowing us to run away much faster.
- Medical evidence backs up the idea that our nervous system causes certain actions, such as pupil dilation.
- Some research suggests that at least some non-verbal behaviours are genetic or innate. For example, research into new-born babies showing that some non-verbal behaviours are already present at birth. Other research has found that some facial expressions are seen and recognised in all cultures, including fear.
- The fight or flight response can also be considered to be innate as it is an automatic physical response to a threat and not altered by culture or upbringing.
- Not all non-verbal behaviour helps humans to confront or run from a threat.

Credit other relevant content.

NOTE: Reference to 'the fight or flight response' or 'non-verbal communication as evolved and adaptive' is not by itself enough for 'relevant content' because it is part of the question stem.

Student response

Response A

The fight or flight response occurs as part of the autonomic nervous system. When the hypothalamus detects a threat or a stressor it stimulates the sympathetic division of the ANS. This is an automatic response and causes the hormone adrenaline to be released from the adrenal glands. The body enters a state of physiological arousal. For example, the heart rate increases, blood pressure increases, pupils dilate. The body is preparing to either confront the threat ('fight') or run away/escape the threat ('flight').

In Darwin's theory of non-verbal communication, he suggested that NVC has evolved from our ancestors due to natural selection and survival of the fittest. To our ancestors, some behaviours were serviceable habits and adaptive, meaning they promoted and supports survival. These behaviours have stayed in the gene pool and been inherited by humans. Non-verbal communication has evolved as a way of expressing emotions so it is innate and due to nature. For example, animals used to show their teeth to show aggression. Similarly, sometimes humans may grit their teeth as a sign of anger. Darwin said that some forms of NVC are due to our nervous system. For example, our pupils may dilate and our bodies tense if we are stressed.

The fight or flight response can definitely be used to support Darwin's theory of non-verbal communication as it shows how effects in our nervous system (the ANS being activated) can affect our non-verbal communication for example, in a state of physiological arousal due to the fight or flight response, our pupils dilate and our social expressions may change. Both theories show NVC as being caused by nature and involving our nervous system.

This is a Level 3 response

Relevant knowledge and understanding of the fight or flight response and Darwin's theory of non-verbal communication is accurate with detail.

There is some effective analysis and evaluation of whether or not the fight or flight response can be used to support Darwin's theory of non-verbal communication. Because the AO3 element is in level 2, the best fit approach means this is a 7-mark answer (ie, in the detailed level but closer to clear).

7 marks

Response B

The fight or flight response is an automatic response to something our body, or mind deems dangerous. It means that we either try to fight the danger or run from it, This response can be used to support Darwin's theory of non-verbal communication, as it is an evolved and adapted, automatic response to a danger, observed in many species. It was adapted and evolved to aid in survival and keep many organisms that have this response safe, meaning it is supporting to Darwin's theory, which states most, is not all non-verbal communication is evolved and adapted to help in survival. However, the presence of the fight or flight response in modern day humans might be weaker in supporting Darwin's theory, as it is present, even with a lessened need for it, due to lowered levels of danger in our lives.

This is a Level 2 response

Relevant knowledge and understanding of the fight or flight response and Darwin's theory of non-verbal communication is present but there are focus and coverage are somewhat limited.

There is some effective analysis and evaluation of whether or not the fight or flight response can be used to support Darwin's theory of non-verbal communication.

5 marks

Question 14

Read the following article.

Doctors Puzzled by Patient M!

Doctors have been treating a man known as Patient M. He had an accident that left him with a serious brain injury. Although he can still walk and talk, he can feel hardly any sensation in his hands and experiences very little pain. Doctors are trying to find answers to explain this.

Briefly explain localisation of function in the brain.

Refer to the article in your answer.

[3 marks]

Mark scheme

[AO1 = 2 marks AO2 = 1 mark]

AO1

Up to 2 marks for an explanation of localisation of function in the brain.

2 marks: one clear and accurate explanation.

1 mark: a limited or muddled explanation.

Possible content

- Some brain functions are carried out by specific areas of the brain.
- Localised functions include sensations, movement, touch, vision, hearing and language.

AO2

1 mark for an appropriate reference to the article.

Examples:

- Patient M's motor area seems fine because he can still walk.
- Patient M's language area seems fine because he can still talk.
- Patient M's somatosensory area/ parietal lobe may be damaged because he can feel hardly any sensation in his hands and experiences very little pain.

Credit other relevant content.

NOTE: AO2 may be embedded within the answer for AO1 or vice versa. Both are equally acceptable.

Student responses

Response A

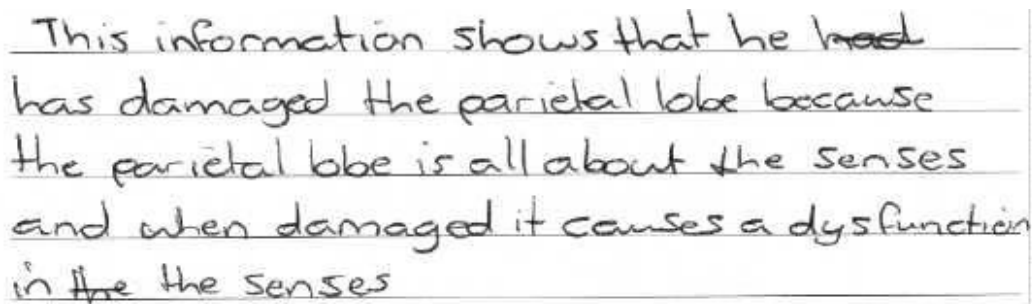
Localisation is the idea that different parts of the brain control different functions in a human. Patient M can still walk so his temporal lobe and cerebellum are fine however he can't feel sensation in his hands therefore his parietal lobe is damaged.

This is a full mark response

A clear and accurate answer that includes an explanation **and** an appropriate reference to the article. The explanation fully addresses the first bullet point of possible ASSESSMENT OBJECTIVE1 content.

3 marks

Response B



This information shows that he ~~had~~ has damaged the parietal lobe because the parietal lobe is all about the senses and when damaged it causes a dysfunction in the the senses

This is a low-level response

No attempt to explain localisation of function. Mark for reference to the article.

1 mark

Question 16

You have been asked to compare the different scanning techniques used to identify brain functioning. To do this, you are going to interview people who use scanning techniques to carry out their jobs.

You need to:

- write **one** appropriate question that you could ask your participants
- explain whether the data you collect from the interview will be quantitative or qualitative **and** why this type of data would be suitable
- identify **one** ethical issue you would need to consider **and** how you would deal with this issue.

[5 marks]

Mark scheme

[AO2 = 5 marks]

1 mark for an appropriate question.

Examples:

- Which scanning techniques do you use to carry out your job?
- Do you find a particular scanning technique easier to use?

Up to **2 marks** for explaining whether the data collected from the interview will be quantitative or qualitative **and** explaining why this would be suitable.

2 marks: clear and accurate explanations.

1 mark: limited or muddled explanations.

Example: I will count the number of people who give each answer to my closed questions, so my data will be quantitative because it is numeric. This is suitable because it allows easy comparison between the different scanning techniques (2 marks).

NOTE: Answers that simply state that the data is quantitative or qualitative and explain why this would be suitable, are considered to be limited.

Up to **2 marks** for one ethical issue and an appropriate way of dealing with it.

2 marks: a clear and accurate answer appropriate to the context of the outlined study.

1 mark: a limited or muddled answer.

Possible content

Possible ethical issues:

- Respect
- Competence
- Responsibility
- Integrity
- confidentiality/anonymity
- informed consent
- deception
- right to withdraw
- protection from harm.

Appropriate ways of dealing with possible ethical issues in the context of the study:

- Do not use the participants' names in any report that is written.
- If participants must be referred to, use a number or a letter.
- Explain what the participants will be taking part in and ask if they are happy to do so.
- Tell participants as soon as possible if they were lied to in any way about what took place.
- Tell the participants before and during that they can stop taking part at any point.
- Afterwards tell them they can remove their results.
- Make sure that the risk to participants is no greater than that they face in everyday life.
- After the experiment, explain to the participants what they took part in and why, and how the results will be used.

Credit other relevant content.

Student responses

Response A

A question I could ask to my participants whilst investigating ~~the~~ scanning techniques is: 'What are the ~~different~~ health risks present to someone undergoing this scan?'. The data collected from this research would be qualitative, which is suitable since it provides rich and in-depth information, perfect for drawing comparisons from. However, one ethical issue that may be present here is informed consent. To overcome this, I could make it clear that I will be performing research with their information and have them sign a consent form ~~to~~ ^{to} ensure they agree to it.

This is a mid-level response

- 1 mark for an appropriate question.
- 1 mark for explaining whether the data collected from the interview will be quantitative or qualitative.
- 2 marks for identifying an ethical issue and giving an appropriate way of dealing with it.

4 marks

Question 17.2

Briefly evaluate the theory that nurture influences depression.

[3 marks]

Mark scheme

[A03 = 3 marks]

Up to **3 marks** for a brief evaluation of the theory that nurture influences depression.

3 marks: a clear and detailed evaluation.

2 marks: a limited evaluation.

1 mark: a very limited/muddled evaluation.

Possible content

- There is support from research into learned helplessness that shows the negative affect of certain thinking patterns.
- Research into negative schemas/attributions has led to effective treatments for mental health disorders like depression through helping people to identify and challenge their negative patterns of thinking (CBT).
- There is evidence to show that nature/biological explanations for depression (eg chemical imbalances, genetics) are also part of the reason that people experience depression.

Credit other relevant content

Student responses

Response A

- Popularity of the theory has led to effective treatment, for example CBT (cognitive behavioural therapy) which has helped many struggling with depression. Success demonstrates validity.
- Ignores biological treatments which are effective, and the hereditary influence of nature.

This is a full mark response

A clear and detailed evaluation for a question worth 3 marks and only requiring a brief evaluation.

3 marks

Response B

This means that people base their views and attitudes on their past experiences and have negative attributions and schemas due to negative past events. Does not explain the physiological aspects, like imbalance and neurotransmitters so lack of serotonin in the brain, Doesn't include young children with depression.

This is a low-level response

A very limited/muddled evaluation. Credit given for 'does not explain the physiological aspects'

1 mark

Question 18

Read the following conversation.

Counsellor: Hi Anne-Marie. Why have you come for counselling today?

Anne-Marie: A month ago I was feeling fine, but over the past few weeks I have noticed that it feels more difficult to make decisions and deal with problems..

Counsellor: So you are aware of a change in your mental health?

Anne-Marie: I guess so, it just feels much harder to cope with everything.

Explain what is meant in psychology by 'mental health'.

Refer to the conversation in your answer.

[3 marks]

Mark scheme

[AO1 = 2 marks AO2 = 1 mark]

AO1

Up to **2 marks** for an explanation of what is meant by mental health.

2 marks: a clear and accurate explanation.

1 mark: a limited or muddled explanation.

Possible content

- An individual's emotional and psychological wellbeing.
- Enables people to cope and function in everyday life and society.
- Characteristics of mental health including positive engagement with society and effective coping with challenges.

AO2

1 mark for an appropriate reference to the article.

Example: Our mental health can help us to cope and function, but Anne-Marie says she is finding it harder to cope.

Credit other relevant content.

NOTE: AO1 answers that describe mental health as negative/a problem/an issue, are unlikely to be creditworthy.

NOTE: The AO2 may be embedded in the AO1 or vice versa. Both are equally acceptable.

Student responses

Response A

Mental health refers to people being in a state of emotional wellbeing, where they are able to cope with day to day life and feel comfortable in themselves. Anne-Marie is shown to have a mental health problem as ^{there} symptoms of mental health are absent. This is shown by how she is struggling to 'deal with problems' and 'cope with everything'.

This is a full mark response

2 marks for a clear and accurate explanation that goes beyond just listing characteristics, and **1 mark** for an appropriate reference to the article.

Explanation includes elements of first and second AO1 bullet points.

3 marks

Response B

Mental health is the ability to deal with disappointments, having good relationships with others and being able to make decisions which Anne-Maria is having trouble with, and so the counsellor acknowledges this as a change in her mental health.

This is a mid-level response

1 mark for a limited or muddled explanation that just lists characteristics, and 1 mark for an appropriate reference to the article.

2 marks

Question 19.1

Researchers carried out a study into the effectiveness of antidepressant medications. 150 people took part in their study.

The target population for the study were patients from the Good Health Medical Centre in London. They had all been diagnosed with unipolar depression within the past 6 months and were aged between 25 and 42 years of age.

Explain how researchers would select a random sample from this target population.

[3 marks]

Mark scheme

[ASO2 = 3 marks]

Up to **3 marks** for an explanation of how researchers would select a random sample from this target population.

3 marks: a clear and detailed explanation.

2 marks: a limited explanation.

1 mark: a very limited/muddled explanation.

Possible content

- Obtain a list of all the patients from the Good Health Medical Centre (in London who had been diagnosed with unipolar depression within the past 6 months and who were aged between 25 and 42 years of age).
- Split the list into individual names.
- Use a method of random selection (eg selecting names from a hat).
- Select 150 names.

Credit other relevant methods of selecting a random sample.

NOTE: Generic answers that do not refer in any way to the described study (ie no mention of words such as 'Medical Centre', 'patients' or '150') are to be considered very limited.

Student responses

Response A

The patients names from the Good Health Medical Centre are put either into a hat or in a onlinge generator, 150 names would be picked and then they would be informed on the study and if they would want to participate. If not a another name would be picked. The names would only be from the desired target population.

This is a full mark response

A clear and detailed explanation that addresses bullet points one, three and four.

3 marks

Response B

They would get a list of everyone within the target population and in on way or another randomly select the desired amount. This could be done by putting all the names separately on pieces of paper into a hat and then picking the number ofd participants needed.

This is a low-level response

This is a generic answer that does not refer in any way to the described study (ie no mention of words such as 'Medical Centre', 'patients' or '150') and is therefore considered very limited.

1 mark

Question 20

Aversion therapy and self-management programmes are both used as interventions for addiction.

Explain how **aversion therapy** is used as an intervention for addiction.

Use your knowledge of **both** the reductionist **and** the holistic perspectives to compare aversion therapy with self-management programmes.

[9 marks]

Mark scheme

[AO1 = 4 marks A03 = 5 marks]

Level 3: Detailed

7-9 marks

AO1: Relevant knowledge and understanding of aversion therapy as an intervention for addiction is accurate with detail.

AO3: Analysis and evaluation of aversion therapy **and** self-management programmes from the reductionist **and** the holistic perspectives is effective. Any conclusions drawn are sound and fully expressed.

Relevant terminology is used consistently throughout. The answer demonstrates a high level of substantiated reasoning, and is clear, coherent and focused.

Level 2: Clear

4-6 marks

AO1: Relevant knowledge and understanding of aversion therapy as an intervention for addiction is present but there are occasional inaccuracies/omissions.

AO3: There may be some effective analysis and evaluation of aversion therapy **and/or** self-management programmes from the reductionist **and/or** the holistic perspectives. There may be an attempt to draw conclusions.

Relevant terminology is occasionally used. The answer occasionally demonstrates substantiated reasoning, but may lack clarity, coherence, focus and logical structure.

Level 1 – Basic

1-3 marks

AO1: Knowledge and understanding of aversion therapy as an intervention for addiction is present but limited.

AO3: Analysis and evaluation of aversion therapy **and/or** self-management programmes from the reductionist **and/or** the holistic perspectives is of limited effectiveness or may be absent. Any attempts to draw conclusions are not always successful or present.

Relevant terminology may not be used at all or may be muddled.

Level 0 No relevant content.

0 marks

Possible content

A01

- Tries to stop people from using the substance they are addicted to by causing them to experience something unpleasant when they carry out the unwanted behaviour.
- This results in a link being made between the unwanted behaviour and the unpleasant experience.
- Based on principles of classical conditioning.
- One example of this is when an alcoholic is given an emetic (a medicine that causes vomiting) (eg Antabuse) to take whenever they have an alcoholic drink.
- Electrical aversion therapy may also be used. This involves an addict being given a safe but painful shock while they do the unwanted behaviour (eg gambling).

A03

- The reductionist perspective is the belief that something (eg human behaviour) is only fully able to be understood by simplifying it to its most fundamental and basic parts.
- The holistic perspective is the belief that all the parts of something (eg human behaviour) are connected and are only fully able to be understood by looking at the 'bigger picture' or referring to the whole.
- By itself, aversion therapy is reductionist because it only focuses on changing the link between the unwanted behaviour and pleasure. However, if it is combined with other treatments or therapies (such as CBT), it becomes more holistic.
- Self-management programmes can be viewed as holistic because they help people to work on the 'bigger picture'. This is done by not only dealing with someone's urge to use a substance, but also by addressing other factors that are often linked to addiction, such as environmental or social factors. They also help people to address things from their past like trauma or loss.
- Self-management programmes tend to be more holistic than aversion therapy.

Credit other relevant content.

NOTE: Description of self-management programmes / evaluation of aversion therapy / evaluation of self-management programmes are all unlikely to be creditworthy.

Student responses

Response A

Aversion therapy is a reductionist intervention for addiction. It is based off of the principles of classical conditioning, where people learn by association due to two events/feelings occurring frequently together, For example, for the patient, the addictive behaviour may be paired with pleasant feelings. Aversion therapy uses this principle, however tries to change the positive association into a negative one, This is counter conditioning. The addictive behaviour is frequently paired with a negative response, cause by an unconditioned stimulus, until this addictive behaviour itself causes this response and it becomes conditioned. For example, a drug may be used to make an alcoholic vomit when they drink alcohol. Eventually the alcohol itself will make them vomit. This unpleasant experience makes the patient less likely to report the addictive behaviour. Aversion therapy is based on the 'stimulus-response link.

Aversion therapy is a reductionist intervention. Reductionism means it breaks down human behaviour into smaller constituent parts. Here, this is the 'stimulus-response link' used to explain addiction. Unlike this, self-management programmes are perceived to be a holistic intervention. Holism is where human behaviour is explained by looking at many factors as connected. It looks at the 'bigger picture' and the person as a whole. This is through how the patient joins a group where they discuss their similar experiences. They discuss many factors involved in their addiction , for example past trauma, their emotions, their relationships. They are given the social support they need in order to cope, Therefore, unlike aversion therapy, self management programmes are seen to look at the whole person and provide a more long-term intervention. Whereas, aversion therapy has more short-term impacts.

This is a Level 3 response

Relevant, accurate and detailed knowledge and understanding of aversion therapy as an intervention for addiction.

Effective analysis and evaluation of aversion therapy **and** self-management programmes from the reductionist **and** the holistic perspectives. Conclusions drawn are sound and fully expressed.

An excellent answer.

9 marks

Response B

Aversion therapy uses a reductionist approach that relies on medicine. The medicine prescribed gives the person an unpleasant experience when the unwanted behaviour is carried out. This is usually done with emetics making the person vomit however can vary, for example a small bit of alcohol will cause severe hangover-like symptoms. Because it is a reductionist approach, it does not deal with the desire for the substance, therefore tending to be a short term solution. Compared to self-management programmes it raises ethical concerns and many drop out. Self management deals with the person's desire for the substance, and introduces others with the same problem, making it a holistic approach and more likely to last.

This is a Level 2 response

Relevant knowledge and understanding of aversion therapy as an intervention for addiction is present but there are occasional inaccuracies/omissions.

A brief understanding of why aversion therapy is reductionist and an attempt to explain why self-management programmes are holistic.

5 marks

Get help and support

Visit our website for information, guidance, support and resources at aqa.org.uk/8182

You can talk directly to the Psychology subject team

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