IQM3008 A3 Teacher reference commentary

Sociology and Psychology | Component 3 | Paper 2 Psychology

TEACHER STANDARDISATION | Separate reference commentary | Subject review required before distribution

This commentary gives documentary proposed judgements for the extracts in the teacher exercise. Apply the controlled staff mark scheme and any approved subject standardisation decisions; these proposals do not constitute approval.

Controlled source binding

Combined question-and-answer paper SHA-256

8c74e20 051ad3111bed2e8daac59 512e675e97c7 960 631d64 575ca0251b8dda0

Staff mark scheme v2 SHA-256

a0190e3 075 533d49 609aa8a632f3 456 517d945c3a8fc8dca66 979 373a5bc3c0c

Assessment set 2026-S | Sample 2026 revised sample | Total 100 marks

Question 48

Assessment focus: A selected volunteer group may already differ in motivation or initial severity, which could affect change without CBT. Separately, expectancy may alter self-reported symptoms because participants know they receive therapy.

Example A

Because volunteers choose their group, people entering therapy may already differ in motivation, severity or willingness to change. Those differences could affect improvement independently of CBT. A second limitation is expectancy or self-report: participants know whether they receive therapy and may report symptoms differently because they expect benefit. Either process could contribute to the between-group difference.

Documentary proposed mark: 4 / 4

Marking commentary: Two distinct limitations are developed: self-selection can produce motivation/severity differences, and expectancy/self-report can affect the reported outcome. The points address independent alternatives to a causal CBT conclusion.

Example B

Volunteers choose the therapy so the groups may be different before they start. The therapy group could want to get better more. People might also report what they think the therapist wants, so the result is not just caused by therapy.

Documentary proposed mark: 3 / 4

Marking commentary: Both selection and expectancy are identified and applied, but the explanation of how expectancy changes the reported comparison is brief.

Example C

People in the therapy might want to improve more because they chose it. They also know they are in therapy and could say they feel better.

Documentary proposed mark: 2 / 4

Marking commentary: Identifies self-selection and awareness/self-report as two distinct possibilities, but neither is developed enough to show fully how it affects the causal inference.

Question 45

Assessment focus: The phonological loop maintains speech through rehearsal. Irrelevant word repetition competes with spoken digits, while spatial tapping mainly uses the partly separate visuospatial sketchpad. Unequal task difficulty remains a limitation.

Example A

The phonological loop briefly stores speech sounds and rehearsal helps keep the digits available. Repeating an irrelevant word occupies articulatory rehearsal, competing with the spoken digits. Spatial tapping mainly uses the visuospatial sketchpad, which is partly separate, so it may create less competition. A limitation is that tapping and word repetition may differ in difficulty; unequal distraction could explain some of the result rather than separate stores alone.

Documentary proposed mark: 5 / 6

Marking commentary: Explains verbal rehearsal interference, partly separate spatial resources, and a relevant task-difficulty limitation with its implication.

Example B

Saying the word interferes with the digits because both use speech. Tapping uses a different part. It does not show all of working memory.

Documentary proposed mark: 2 / 6

Marking commentary: Identifies the speech interference and distinct spatial resource, but provides limited model detail and no developed implication of the study limitation.

Question 50 option A

Assessment focus: Cognitive accounts explain memory through processing, models, encoding and retrieval; laboratory control supports testing, while task validity and inferred components limit scope.

Example A

The cognitive approach treats memory as active information processing. The working memory model proposes a phonological loop for speech and a visuospatial sketchpad for visual and spatial material, coordinated by a central executive. This helps explain why repeating a word disrupts spoken material more than a spatial task. Encoding and retrieval accounts also explain how information can be stored yet temporarily inaccessible when a useful cue is absent. Controlled tasks can isolate such processes and support predictions. However, brief laboratory tasks may not represent complex autobiographical memory, and the components are inferred from performance rather than observed directly. Social context and emotion can also shape what is remembered. The approach has made memory research precise and testable, but it offers a partial account that benefits from biological and social evidence.

Documentary proposed mark: 10 / 12

Marking commentary: Strong, focused discussion integrates concepts, application, limits and a supported judgement; minor omissions keep the response below the top of the band.

Question 50 option B

Assessment focus: Humanistic accounts emphasise choice, needs and potential; cultural variation and difficulties testing concepts limit general claims.

Example A

The humanistic approach says people can make choices and try to grow. Maslow said people have needs, such as safety and belonging, and self-actualisation is reaching potential. This helps explain goals and can make therapy supportive. A limitation is that not everyone has the same needs in the same order. It is also difficult to test scientifically. It helps us understand people but does not explain all behaviour.

Documentary proposed mark: 4 / 12

Marking commentary: Some relevant knowledge is identified, but discussion is limited and the judgement is brief; the response remains within the lower band.

Question 51 option A

Assessment focus: Learning and avoidance mechanisms link to exposure treatment, while unremembered origins and individual differences limit a complete account.

Example A

Phobias can be learned by linking something with fear or seeing someone else react. Avoiding the thing makes anxiety go down, so the person keeps avoiding it. Exposure treatment gradually faces the fear and can help change the response. It may be difficult and does not explain every phobia, because some people do not remember how it started. Learning explanations are useful for treatment but may not be the whole answer.

Documentary proposed mark: 4 / 12

Marking commentary: Some relevant knowledge is identified, but discussion is limited and the judgement is brief; the response remains within the lower band.

Question 51 option B

Assessment focus: Biological vulnerability can interact with psychological and environmental processes; associations and individual variation remain important limits.

Example A

An integrated explanation combines biological vulnerability with psychological and environmental processes. Genetic or neural factors may increase risk, while stress, beliefs, coping and social circumstances can influence whether difficulties develop or persist. The vulnerability-stress model is useful because it does not treat one factor as sufficient in every case. Biological evidence can guide understanding of symptoms and treatment, while psychological support may help people manage experiences and stress. However, associations do not prove causal direction, and findings may not explain every person. Psychological accounts can also vary in evidence and should not blame individuals or families. A combined account can guide a broader range of support, but the value depends on accurate assessment and individual needs. It offers more than a single-cause explanation, while remaining provisional and open to evidence.

Documentary proposed mark: 7 / 12

Marking commentary: Relevant knowledge and discussion are clear, with suitable application and evaluation, though development and precision are uneven in places.