

# AQA Psychology A-level

## Option 3: Addiction

Example extended answers/essays

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**Question: Explain how cognitive behavioural therapy might be used to reduce a gambling addiction.**

**(4 marks)**

Cognitive behavioural therapy concerns identifying and tackling cognitive distortions. There are two main parts to it, functional analysis and skills training. In functional analysis, therapist identifies the high-risk situations so for a gambling addiction, this could be when they are in betting shops or at sports events. Then the therapist asks the client to go through what their thoughts are before, during and after the higher risk situation. Skills training then concerns developing skills to cope with these high risk situations. First the skills are general for example relaxation techniques like breathing exercise then would become more tailored to the gambler e.g. anger management. **AO1**

**Marks: 4**

**Teacher's comments : Great understanding shown.**

**Question: Discuss explanations for gambling addiction. (16 marks)**

Gambling affects  $\frac{3}{4}$  of the UK population. It is the wagering of money on an uncertain outcome of events with a risk involved. There are different explanations to why someone may become a gambling addict. **AO1**

Firstly there are particular risk factors that may contribute to a gambling addiction. These could be stress, financial problems, family influences and peer influences. In terms of stress, a person will use gambling as a coping mechanism to relieve them of their stress. All these risk factors can be explained by different theories. **AO1**

The learning theory explanation can explain an addiction in terms of classical conditioning (CC), operant conditioning (OP) and social learning theory (SLT). SLT can explain the initiation of an addiction. This is when the person starts carrying out gambling behaviours. This is when the individual sees people that they identify with, earning rewards or money from taking part in gambling. This could be from family or peers, explaining why peer and family influences are risk factors. Once they witness how happy they are receiving a reward, they are more likely to imitate and model their behaviours through vicarious reinforcement. **AO1**

OP can explain the maintenance of an addiction. By direct positive reinforcement an individual will continue gambling to experience the 'buzz' that accompanies gambling or to win money from it. Both are examples of primary reinforcers that fuel the addiction. At the same time negative reinforcement can explain why an individual will continue with their gambling habit. **AO1**

Classical conditioning can explain relapse of an addiction. This is due to cue reactivity which is when secondary reinforcers e.g. betting shops, slot machines stimulate the same physiological and psychological changes caused by gambling. This reinforces the craving of the habit hence makes it more likely for someone to start gambling again. **AO1**

One limitation to the learning theory is that it does not account for individual differences. Different addicts go through varying conditioning processes. Moreover different people have different



motivations for their addiction like financial problems, divorce or work stress. The learning theory cannot explain these differences alone, it is more realistic to also combine it with risk factors involved and psychological theories. **Therefore the nomothetic approach the learning theory takes limits it. It tries to form general laws of obtaining an addiction from past experiences, ignoring the fact that different individuals will respond to similar cues in varying ways. A more idiographic approach would improve the learning theory. AO3**

Another explanation of gambling addiction is the cognitive theory. The cognitive theory explains the addicts have cognitive distortions which make them more vulnerable to being addicted. Examples of these cognitive biases have been suggested by Rickwood et al. There is faulty perceptions whereby the addict have a false belief of chance. Secondly there is recall bias whereby the addict tends to only remember details of winnings but not losses. Further cognitive distortions include how they overestimate their skills and ability within their addiction. **AO3**

There has been supportive evidence of this theory. Griffiths (1994) did a natural observation of gamblers using slot machines and non-gamblers. He also found that they thought they had better skills despite the fact that both groups had the same number of winnings. This supports the theory as it provided evidence of cognitive distortions in gamblers. Moreover the study was done in a natural setting giving it high mundane realism, hence higher external validity. **AO3**

However, the study used an introspective method of a 'thinking out loud' technique. This technique is not reliable as it may not truly show their deeply-held beliefs. This suggests that the study has low internal validity. **AO3**

**Lastly the cognitive theory has real life applications. Cognitive behavioural therapy is used to directly target cognitive distortions in gamblers and challenge these. The therapy has been successful in many patients e.g. in Petry et al (2006) study where it was seen to be more effective than being referred to a gamblers anonymous group. Moreover it takes an idiographic approach where the therapist identifies the cognitive biases for each individual and constructs plans to tackle these. This aspect makes the therapy personalised hence effective.**

**Marks: 13**

**Teacher's comments :**

- **Great detailed AO1 and AO3.**
- **Strong knowledge.**
- **Bring your discussion to a tight close.**
- **Use issues and debate for AO3.**

**Note: Corrections responding to teacher's comments are in green.**

