Atypical Gender Development - Mark Scheme

Q1.

[AO1 = 2]

1 mark – over or under-exposure to androgens in the womb (over-exposure for females, under–exposure for males) and consequent masculinisation or feminisation

Plus

1 mark – neurobiological abnormality resulting from either genes or pre-natal stress (and links to handedness)

Q2.

[AO3 = 6]

Level	Marks	Description
3	5 – 6	Explanation of two limitations is clear and effective. The answer is coherent and well organised with effective use of specialist terminology.
2	3 – 4	Explanation of two limitations is mostly effective although one or both lack explanation. The answer is mostly clear and organised, with appropriate use of specialist terminology. **OR** One limitation is explained at top of Level 3.
1	1 – 2	At least one limitation is presented. Explanation lacks detail/is minimal/is muddled. Specialist terminology is either absent or inappropriately used. **OR** One limitation is explained at top of Level 2.
	0	No relevant content.

Possible limitations:

- Biological explanations would not support the lack of continuity between childhood gender identity disorder and gender identity disorder in adulthood (Drummond et al)
- Gender identity disorder as biological determined and thus inevitable, 'biology is destiny'
- Evaluative comparison with other explanations
- Use of evidence against the biological explanation
- Broader scientific issues eg difficulty showing cause and effect; reductionism
- Limited incidence therefore limited evidence – problems of testability

Credit other relevant information.

Q3.

[AO1 = 6 AO3 = 10]

Level	Marks	Description
4	13 – 16	Knowledge of what psychological research has told us about atypical gender development is accurate and generally well detailed. Discussion 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 what psychological research has told us about atypical gender development 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	5 – 8	Limited knowledge of what psychological research has told us about atypical gender development 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 – 4	Knowledge of what psychological research has told us about atypical gender development is very limited. Discussion 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.

Possible content:

- gender identity disorder (gender dysphoria) – mismatch between external sexual characteristics and psychological experience of self as male/female
- social explanations – operant conditioning, reinforcement
- social explanations – identification, imitation, modelling; gender identity individuals lack stereotypical male role model (Rekers 1995)
- social-psychological explanations – extreme separation anxiety in males (psychoanalytic)
- cognitive explanations – development of non sex-typed schema (dual pathway theory).
- cultural variations e.g. third gender
- genetic explanation – twin evidence approx. 60-70% of variance in cross-gender behaviour due to genetic factors (Beijsterveldt 2006) (Coolidge 2002); correlation between gender identity disorder and variant of androgen receptor gene (Hare 2009)
- brain structure explanation – differences in hypothalamic area of gender reassignment individuals post-mortem (Garcia-Falgueras and Swaab 2008); sexually dimorphic nucleus smaller (as in female brain) in gender dysphoric males; BSTc comparable size to typical female brain (Zhou 1995)
- hormonal explanation – imbalance due to abnormal levels of male hormone from

testes in the womb.

Possible discussion:

- counter-evidence, eg lack of continuity – counter to biological explanations experience of gender identity disorder for the majority is transient - few years only (Zucker 2008); few hormonal differences between gender identity individuals and other men (Gladue 1985)
- counter evidence e.g. psychoanalytic theory does not explain atypical development in females
- comparisons between explanations
- distinction between cross-gender behaviours and beliefs/behaviours
- issue of cause and effect – research cannot show causal influence
- broader issues, eg biological versus environmental determinism; reductionism of the biological approach; nature versus nurture
- social implications – increasing acceptance of gender roles outside the traditional male/female dichotomy
- problems of research – social sensitivity.

Credit other relevant material.

Material on Klinefelter's and Turner's syndromes can be credited if made relevant to atypical gender development.