

EDEXCEL A-LEVEL PSYCHOLOGY

PSYCHOLOGY



EXAM QUESTION PACK

UNIT 4 OLD SPECIFICATION PAPERS

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Write your name here

Surname

Other names

Pearson
Edexcel GCE

Centre Number

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Candidate Number

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Psychology

Advanced

Unit 4: How Psychology Works

Tuesday 14 June 2016 – Morning

Time: 2 hours

Paper Reference

6PS04/01

You do not need any other materials.

Total Marks

Instructions

- Use **black** ink or ball-point pen.
- **Fill in the boxes** at the top of this page with your name, centre number and candidate number.
- Answer **all** questions in Section **A**. In Section **B** answer Questions 6, 7 and 8 and then **EITHER** Question 9(a) **OR** 9(b).
- Answer the questions in the spaces provided
– *there may be more space than you need.*

Information

- The total mark for this paper is 90.
- The marks for **each** question are shown in brackets
– *use this as a guide as to how much time to spend on each question.*
- Questions labelled with an **asterisk** (*) are ones where the quality of your written communication will be assessed
– *you should take particular care on these questions with your spelling, punctuation and grammar, as well as the clarity of expression.*

Advice

- Read each question carefully before you start to answer it.
- Check your answers if you have time at the end.

Turn over ►

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P 4 6 6 0 8 A 0 1 2 8

PEARSON

SECTION A: CLINICAL PSYCHOLOGY

Answer ALL questions.

You are advised to spend approximately one hour on Section A.

- 1 (a) Describe the social norms definition of abnormality.

(4)

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(b) Evaluate the social norms definition of abnormality.

(4)

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- (c) Explain **two** symptoms of schizophrenia that could be seen as abnormal behaviour using the social norms definition of abnormality.

(4)

(Total for Question 1 = 12 marks)



- 2 Researchers in clinical psychology often use hospital records as part of their data collection. They may also collect data directly from their participants.

Explain why different types of data are used **and** evaluate the use of these different types of data.

(6)

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(Total for Question 2 = 6 marks)



3 Choose **one** of the following disorders that you have studied in your course:

- unipolar depression
- bipolar depression
- phobias
- obsessive compulsive disorder
- anorexia nervosa
- bulimia nervosa.

Using research evidence, evaluate one explanation for your chosen disorder.

You must also evaluate this explanation by making **one** comparison with a different explanation.

Disorder:

Explanation:

(6)

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(Total for Question 3 = 6 marks)



- 4 (a) Describe the procedure of **one** study in Clinical Psychology. Do **not** use Rosenhan (1973) for this study.

Name of study:

(4)

- (b) Evaluate the **main** research method that was used in the clinical study you used in part (a). Do not evaluate the study itself, only the research method.

Research method being evaluated:

(5)

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(Total for Question 4 = 9 marks)



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- Describe **and** evaluate this therapy. Your answer must use research evidence **and** contain one comparison with a therapy from the Psychodynamic Approach.

(12)

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(Total for Question 5 = 12 marks)

TOTAL FOR SECTION A = 45 MARKS



SECTION B: ISSUES AND DEBATES

Answer Questions 6, 7 and 8 and then EITHER Question 9(a) OR 9(b).

You are advised to spend approximately one hour on Section B.

- 6 (a) In Unit 3, you studied two applications. Describe **one** contribution to society for **one** of the applications you studied.

(2)

Application

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(b) Assess the usefulness of the contribution of the Unit 3 application you have described in part (a). You must use psychological research in your answer.

(4)

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(Total for Question 6 = 6 marks)



7 (a) Outline **two** features of psychology that support the view that it is a science.

(3)

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(b) Explain whether the Biological Approach is more scientific than the Social Approach in psychology. Use evidence to support your case.

(5)



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(c) You have learned about many different psychological studies in your course.

Choose **two** studies that use different research methods and explain how these studies can support the view that psychology is scientific.

Names of studies:

.....

(4)

(Total for Question 7 = 12 marks)



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(Total for Question 8 = 9 marks)



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(Total for Question 9 = 18 marks)

TOTAL FOR SECTION B = 45 MARKS

TOTAL FOR PAPER = 90 MARKS



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Mark Scheme (Results)

Summer 2016

Pearson Edexcel GCE
in Psychology (6PS04/01) Paper 1

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Summer 2016

Publications Code 6PS04_01_1606_MS

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General Guidance on Marking – GCE Psychology

All candidates must receive the same treatment.

Examiners should look for qualities to reward rather than faults to penalise. This does NOT mean giving credit for incorrect or inadequate answers, but it does mean allowing candidates to be rewarded for answers showing correct application of principles and knowledge.

Examiners should therefore read carefully and consider every response: even unconventional answers may be worthy of credit.

Candidates must make their meaning clear to the examiner to gain the mark. Make sure that the answer makes sense. Do not give credit for correct words/phrases which are put together in a meaningless manner. Answers must be in the correct context.

Crossed out work should be marked UNLESS the candidate has replaced it with an alternative response.

When examiners are in doubt regarding the application of the mark scheme to a candidate's response, the Team Leader must be consulted.

Using the mark scheme

The mark scheme gives:

- an idea of the types of response expected
- how individual marks are to be awarded
- the total mark for each question
- examples of responses that should NOT receive credit (where applicable).

- 1 / means that the responses are alternatives and either answer should receive full credit.
- 2 () means that a phrase/word is not essential for the award of the mark, but helps the examiner to get the sense of the expected answer.
- 3 [] words inside square brackets are instructions or guidance for examiners.
- 4 Phrases/words in **bold** indicate that the meaning of the phrase or the actual word is **essential** to the answer.
- 5 TE (Transferred Error) means that a wrong answer given in an earlier part of a question is used correctly in answer to a later part of the same question.

Quality of Written Communication

Questions which involve the writing of continuous prose will expect candidates to:

- show clarity of expression
- construct and present coherent arguments
- demonstrate an effective use of grammar, punctuation and spelling.

Full marks can only be awarded if the candidate has demonstrated the above abilities.

Questions where QWC is likely to be particularly important are indicated "QWC" in the mark scheme BUT this does not preclude others.

Unit 4: How Psychology Works

Section A – Clinical Psychology

Question numbers	General Instructions
Questions 1 – 4	Marking points are indicative, not comprehensive and other points should be credited. In all cases consider “or words to that effect”. Each bullet point is a mark unless otherwise stated and each point made by the candidate must be clearly and effectively communicated.

Question Number	Question	
1 (a)	Describe the social norm definition of abnormality	
	Answer	Mark
	Max 1 for examples that are . Examples must be clinically related • Deviation from social norms means behaviour is perceived as abnormal compared to acceptable ways of behaving in that society/eq; • The social norm definition of abnormality will vary between cultures as well as changing over time/eq; • e.g. In the nineteenth century women would have been considered to be abnormal if they wanted a career rather than a husband and family/eq; • Socially normal behaviour is likely to be context and role specific/eq; • e.g. A waiter/waitress in a nightclub may behave in a way that would be seen as abnormal in the supermarket by flirting/behaving in a risqué manner towards complete strangers/eq; Look for other relevant marking points	(4 AO1)

Question Number	Question	
1 (b)	Evaluate the social norm definition of abnormality	
	Answer	Mark
	Max 1 for comparison with an alternative definition No credit for description of social norms definition, there must be an evaluative component/commentary to gain credit • A social norm definition of abnormality could be used to control those seen as not conforming to the social norm according to Szasz/eq; • Behaviour deemed as normal in one society may be seen as abnormal in another gaining someone a label unjustifiably, if they are not from that society/eq; • It allows the global nature of behaviour to be assessed rather than relying on a specific symptom/eq; • The diagnosis could be problematic if the culture of the patient and the clinician do not share common values/norms/eq; • Social norms can sometimes change very quickly making a social norms diagnosis rapidly outmoded and inappropriate/eq; • e.g. There are women in Britain today who were diagnosed as mentally ill in the 1950s because they had a child when not married and wanted to keep it/eq; • It is probably a more usable definition than statistical norms as it can be flexible and change with the changing attitudes in society/eq; Look for other relevant marking points	(4 AO2)

Question Number	Question	
1 (c)	Explain two symptoms of schizophrenia that could be seen as abnormal behaviour using the social norm definition of abnormality.	
	Answer	Mark
	No marks for identification of symptoms. Description of a symptom only becomes creditworthy if it is explaining why, in the context of social norms, this can be deemed abnormal behaviour. Two marks for each explanation, if more than two symptoms explained mark all and credit the best. Use levels as indicated below. 0 marks ...No reference to social norms definition at all 1 mark Good description of a symptom with a weak link to social norms (may allude to, rather than mention directly) Or Good link to SN with minimal description of symptom 2 marks Description of symptom and a good link to SN made e.g. Hallucinations • Auditory hallucination are when people hear voices talking to them inside their head which is not usual behaviour (1 mark) • Auditory hallucination are when people hear voices talking to them inside their head which most would see as against what is seen as normal behaviour in British society (2 marks) e.g. Disorganised speech • Disorganised speech is different than what we see as normal speech and may lead to a diagnosis of schizophrenia (1 mark) • Disorganised speech is when someone produces incomprehensible/mixed up speech in is different than what we see as normal speech and may lead to a diagnosis of schizophrenia (2 marks) e.g. Delusional thinking • It is not seen as usual to believe you are being spied upon all the time by enemies(1 mark) • A believe that someone is spying on you all the time is seen as delusional thinking as it is not the way people expect those around them to behave so it violates social norms (2 marks) e.g. Poverty of speech • Though some people don't talk as much as others if the language used is stunted and inexpressive it is seen as unusual (1 mark) • Poverty of speech is when someone fails to communicate except at a minimal level to those around them This means their behaviour is at odds with social norms and is classed as abnormal behaviour(2 marks) e.g. Inappropriate affect • Being happy at the news of a death is not considered normal or appropriate (1 mark) • If a person often displays emotions that are very different to those around them this behaviour contravenes the social norm as others will judge it as inappropriate (2 marks) Look for other relevant marking points	(4 AO2)

Question Number	Question	
2	Researchers in clinical psychology often use hospital records as part of their data collection. They may also collect data directly from their participants. Explain why different types of data are used and evaluate the use of these different types of data.	
	Answer	Mark
	Response must make reference to both primary and secondary data, (not necessarily by name), or max 4. No credit for comments on different ways/types of data being associated with specifically either primary or secondary (e.g. primary is qualitative) Max 2 if no reference to the data collection being related to clinical. Max 2 marks for explanations of why different types of data are used. • Production of primary data can give information that is unique to the aim of the research whereas secondary data may not be as useful as it isn't specific to the study/eq; • Different data types are able to give different perspectives/ understanding so quantitative may be factual & objective whereas qualitative is more personal/eq; • Secondary data allows researchers to collect a wider variety of information more quickly as it already exist compared with if only primary data are collected/eq; • Secondary data is often considered more ethical as it already exists so there are no issues relating to participant confidentiality unlike primary data where ethical issues need to be included in the planning/eq; • Secondary data can be out of date or inappropriate for the aim of the study so reducing its usefulness to the researchers compared to primary data/eq; • Hospital records may not include all the information relevant to a patient as the data may not take into account recent events so making it less useful for the study/eq; • Researchers who use both primary and secondary data can cross check / triangulate findings thus making results more reliable/eq; • There may be material in existing records that helps to explain more recent evidence collected from the participant/eq; • Secondary data is likely to be cheaper to collect than primary data as it already exists and does not need to be collected from scratch/eq; • Primary data will be more relevant as it is collected for the current study, in contrast secondary data may be somewhat peripheral/eq; • As researchers collect their own primary data they will have greater confidence in its reliability/ validity/ relevance than secondary data/eq; • Primary data together with secondary evidence on the same participant will give a richer and more complete picture of the progression of the disorder/eq; Look for other relevant marking points	(6 A03)

Question Number	Question	
3	Choose one of the following disorders that you have studied in your course: • unipolar depression • bipolar depression • phobias • obsessive compulsive disorder • anorexia nervosa • bulimia nervosa. Using research evidence, evaluate one explanation for your chosen disorder. You must also evaluate this explanation by making one comparison with a different explanation.	
	Answer	Mark
	No credit for description of the explanation Max 2 marks if no research evidence. Max 5 if no comparison. Only credit one comparison, if more than one comparison mark all and credit the best. Up to 2 marks for a good comparison Unipolar depression: neurotransmitter imbalance • The success of SSRIs in helping to relieve symptoms of depression suggests there is some basis for this explanation (Coppen 1967)/eq; • However many sufferers do not respond to drug treatment, or only to an extent suggesting other factors may be implicated/eq; • Kirsch et al's (2005) meta-analysis showed placebos are often as effective as SSRIs, questioning serotonin's role in depression/eq; • Most evidence for abnormal levels of chemicals in the brain as a cause of depression is correlational so cause-effect cannot be established/eq; • The number of different chemicals potentially related to depression is so wide that almost any endocrine imbalance or neurotransmitter deficit is seen as a potential cause (e.g. Monteleone 2001)/eq; • Strickland et al (2002) suggest cortisol produced when under stress inhibits production of serotonin leading to the onset of depression/eq; • Success of CBT as a treatment for depression is counter to the idea of chemical imbalances causing depression as CBT cannot in itself change this balance (1 mark) this would suggest cognitions are the root cause and chemical imbalance a symptom rather than a cause (2nd mark)/eq; Cognitive explanation/faulty thinking • The success of CBT /REBT in treating depression is evidence that faulty thought processes are linked to depression/eq; • Seligman (1975) suggests cognitive aspects of depression in humans is analogous to learned helplessness in laboratory animals where the perception of a lack of control leads to inaction to change things/eq; • It is possible that cognitive aspects are a consequence rather than a cause of depression/eq; • Peterson & Seligman (1984) used both longitudinal and cross sectional evidence to show a link between faulty attributions and depression when helplessness was present/eq; • Cognitive vulnerability has been shown to be a valid measure in predicting adolescent depression (Hankin & Abramson 2002)/eq; • Bandura et al (1999) suggest that low self-efficacy in children related to academic achievement leads to depressed thinking/eq; • While there is evidence for faulty thinking being linked to depression there is no proven causal link and it could be that negative thoughts	(6 AO2)

generated by low levels of e.g. serotonin instigate negative emotions that are rationalised by the brain into negative thought patterns/eq;

Phobias: learning

- The successfulness of systematic desensitisation in the removal of phobias supports the view that they are a result of faulty learning/eq;
- Cook & Mineka (1989) showed that a phobic response can be acquired through observational learning in monkeys/eq;
- The learning explanation does not explain why the acquisition of phobias varies a great deal in individuals experiencing similar situations, some other factors must influence susceptibility/eq;
- The gradual deterioration in agoraphobics supports the view that avoiding the phobic situation is reinforcing in itself/eq;
- Chambless et al (1984) showed that agoraphobics and social phobics actively seek to avoid phobic situations compared to non phobics supporting the view of reinforcement of the condition/eq;
- However the lack of success for general as opposed to specific phobias /for the incidence of certain phobias to develop more readily than others means other explanations are also needed, such as a genetic predisposition, particularly as not everyone experiencing the same situations will develop a phobic response/eq;

OCD

- Abromowitz et al (2009) found evidence for a major genetic component in children diagnosed with OCD/eq;
- Abnormalities in the serotonin transport system found in different families prone to OCD supports its role in OCD (Ozaki et al 2003)/eq;
- Rasmussen & Tsuang (1986) reported concordance rates of between 53%-87% for MZ twins compared to 22%-47% for DZ twins/eq;
- However as concordance rates are below 100% other factors must be playing a role, such as stress factors/eq;
- Mice genetically engineered with an abnormality in the striatum similar to that found in OCD sufferers show excessive grooming behaviour according to Welch et al (2007)/eq;
- Rachman (1998) suggests it is faulty perceptions and interpretations of potentially threatening situations that leads to OCD particularly as OCD can be controlled by re-teaching cognitions using CBT/eq;

Anorexia nervosa

Media -SLT

- There is a significant increase in anorexia when western media are introduced to a previously naive country e.g. Fiji (Becker 2002)/eq;
- The increase in anorexia within Western cultures coincides with the increased perceived desirability of slimness as presented in media images in these countries/eq;
- Anorexia as a disorder is recognisable in historical documents at a time when there would have been little or any models to learn such behaviour from so it is not clear that this is an adequate explanation/eq;
- Everyone is exposed to size 0 models yet only a minority of individuals develop anorexia so other factors must be involved as well/eq;
- The success of token economy in treating anorexia is seen as evidence in support of it being a learned disorder rather than an organic problem, as the latter would be less likely to response to TE/eq;
- Polivy & Herman (2002) suggest an interaction between socio-cultural, family and personality factors is probably necessary as one factor alone is unlikely to cause anorexia to develop/eq;

	- Research in mice suggests lesioning of the ventromedial nucleus causes a cessation of eating and possibly similar brain abnormalities could be associated with anorexia in humans/eq; Psychodynamic explanation - Explanations invoking a denial of sexual maturity do not explain the development of anorexia in males/older females/eq; - There is evidence that the concept of mothers of anorexic girls being over controlling is untrue (Bonenburger et al 1988) - The incidence of anorexia is highest in adolescent girls who are high achievers and from a middle class background suggesting these individuals have experiences that predispose them to the disorder/eq; - Weinreich et al (1985) found personality profiles supported the view of a conflict between self and parental views of identity in anorexics/eq; - Bruch (1975) claimed many anorexics had mothers who admitted over anticipating hunger in their young child and over feeding them/eq; - There is evidence for anorexia being linked to digestive disorders in childhood not sexual abuse in childhood (Marchi & Cohen 1990)/eq; - Evidence from studies using comparisons between MZ & DZ twins supports the view that there is a genetic component as the concordance rate is much higher in MZ than DZ twins though they will have shared the same type of environment during childhood/eq; Bulimia nervosa - Mond et al (2004) found that women believed the primary cause of bulimia was low self esteem with other risk factors being media pressure and problems in childhood/eq; - Silverstone (1992) suggests chronic low self esteem is the single most consistent factor linked with the development of eating disorders/eq; - The difference in self esteem levels between adolescent males and females could explain the difference in incidence of eating disorders according to Kling et al (1999)/eq; - Pritchard (2009) found a 3 way interaction between levels of self esteem, preoccupation with weight and gender in predicting vulnerability to bulimia/eq; - Cowen et al (1996) suggest rather than low self esteem, moderate dieting can alter the effect of prolactin on serotonin in some people leading to the development of bulimia/eq; Look for other relevant marking points	
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Question Number	Question	
4 (a)	Describe the procedure of one study in Clinical Psychology. Do not use Rosenhan (1973) for this study.	Clip with 4b
	Answer	Mark
	No credit for aims, results or conclusions. Max 1 mark for sample details Any Clinical study is acceptable except Rosenhan. (Rosenhan or a non clinical study 0 marks) Suitable studies include Goldstein (1988 /1999) Lewine et al , Randrup & Munkvad, Castner et al, Mumford & Whitehouse, Brown et al, Cook & Mineka, Gottesman & Shields, there are many more. If you do not know the study please try and find it, if that fails contact your TL. Do not mark as right or wrong without checking out the veracity of the response. e.g. Brown et al (1985) - Working class women with at least one child at home were recruited by postal questionnaire in conjunction with local GPs/eq; - All women were aged between 18 and 50, had a partner in manual labour and all lived in Islington/eq; - Women were assessed twice, approximately a year apart using a variety of measures/eq; - Assessments were done by interview and included measurements of psychiatric stress/eq; - At the second interview participants were questioned about stressful life events in the intervening period/eq; e.g. Goldstein (1988) - The original sample consisted of 199 schizophrenics, both male & female/eq; - All were re-diagnosed 10 years later with the newer version of DSM to see if they were still classed as having schizophrenia/eq; - Everyday functioning was assessed using a variety of measures including marital status/ occupational status/ peer relationships/ isolation/ interests/eq; - The number and duration of hospitalisations over the ten year period was measured/eq; e.g. Mumford & Whitehouse (1988) - Girls aged between 14 -16years old from four schools in Bradford were used/eq; - Girls were screened using an eating attitudes and a body shape questionnaire/eq; - Initial questionnaires were given out and supervised by teachers in the schools/eq; - Girls who scored above 20 on the eating attitudes and above 140 on the body shape questionnaires were invited for a clinical interview/eq; - Interviews were conducted by one or other of the two male researchers/eq; e.g. Lewine et al (1990) - A group of schizophrenic patients, a group of non-schizophrenic patients and a control group were tested/eq; - Those participants with a mental disorder were recruited through the social worker referral network/eq; - Each participant was given a physical examination, an EEG, an ECG medical records were checked and a semi structured interview conducted (2 marks)/eq; (1 mark available for a list of 2 items) - Doses of chlorpromazine were checked to ensure there was no significant difference between male and female dosage levels/eq;	(4 AO1)

	• MRI imaging focusing on the corpus callosum was used/eq; • A questionnaire to determine handedness was administered/eq; Goldstein (1999) • 29 patients diagnosed with schizophrenia were matched with 29 healthy participants. Matching was done on age/ sex/ ethnicity, (parental SES, reading ability and handedness)/eq; • All 29 controls were screened for psychopathologies/eq; • Brain scans were used to measure the size of the brain and volumes of different areas of the brain were compared/eq; • Adjustments to volumes were made for head size/eq; • 3D MRI scans were taken so that volume, white matter and grey matter could all be measured/eq; Randrup & Munkvad (1966)(note a second study used several species) • Male white rats aged from 3-6 months were used/eq; • All rats were housed individually for the period of the study/eq; • Rats were observed for a period of time before administration of the drugs to get a baseline measurement of behaviour/eq; • Rats were injected with amphetamines (subcutaneously) according to bodyweight/eq; • Each animal was observed continuously for a 6 hour period following the injection/eq; e.g. Cook & Mineka (1989) • Twenty two lab reared rhesus monkeys aged between 4 and 11 years old were used/eq; • The monkeys were trained to reach over a clear plastic box to reach a food treat/eq; • Video clips of two other model monkeys showed their responses to a variety of stimuli/eq; • The model monkeys showed fear towards flowers and towards toy snakes/eq; • Observer monkeys were exposed to video clips which included either fear responses to flowers or fear responses to snakes/eq; • After exposure to video clips 12 times over a period of 3-4 weeks the observer monkeys were tested to see whether they would stretch over the box if it contained the feared object/eq; Gottesman (1991) • 120 case histories used in the Gottesman and Shields (1987) study were used/eq; • Diagnosis using DSM, ICD & Schneider's first rank symptoms were compared/eq; • Each case history was independently reassessed by eight different clinicians/eq; • Clinicians were asked to make a diagnosis and assess the severity of the disorder based on the case notes/eq; • The data sources were weighted so that when amalgamated they would reflect the size of the samples involved/eq; Look for other relevant marking points	
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Question Number	Question	
4 (b)	Evaluate the main research method that was used in the clinical study you used in part (a). Do not evaluate the study itself, only the research method	Clip with 4a
	Answer	Mark
	No credit for evaluation of study, only for the research method. No credit for description of the research method. Research method described here must match with the study in part (a) or no marks. Non clinical studies 0 marks. Note many studies can be evaluated under various different research methods however the evaluation must be consistent with the study and focused on one research method. The evaluation does not need to reference the study directly to gain marks. TE: if part (a) is Rosenhan but the RM is correctly evaluated Max 3 marks e.g. Interview • Interviews can create bias as participants may respond to demand characteristics so producing faulty data/eq; • To improve this some researchers choose to use a double blind technique so the interviewer is unaware of the aim of the study/eq; • Interviewers may inadvertently be asking questions that point the interviewee in a particular direction/eq; • Material that the interviewee does not think important may be omitted which may distort findings/eq; • Interviews are capable of gaining rich, detailed qualitative data that can be an excellent source of evidence/eq; • Qualitative data may be difficult to analyse as e.g. discourse analysis relies on the appropriate categorisations/ divisions being made/eq; • Closed questions do not allow the interviewee to use the range of expression that may be needed to understand their views/eq; e.g. Brain scans • MRI machines can be very noisy and intimidating so may affect the behaviour and thoughts of participants/eq; • Artificiality of the situation may mean the scans are unlike normal brain activity expected so reducing validity of the data/eq; • Someone who is mentally ill may find the use of scanning procedures very frightening/eq; • Modern brain scans may identify the root of a mental disorder far more quickly than earlier methods as live images of a brain can be seen/eq; • Though a brain scan may show abnormal activity patterns in the brain of someone suffering from e.g. schizophrenia it does not explain whether this is a cause or a result of the disorder/eq; • To establish a causal relationship between patterns of brain activity and mental disorders a large number of scans of healthy people would need to be undertaken, cost for this would be prohibitive/eq; e.g. Questionnaires • Questionnaires may be prone to demand characteristics as the aim of the questionnaire is likely to be evident/eq; • Participants may lie, wishing to portray themselves in a particular way, if a researcher is not present this cannot be checked/eq; • Questionnaires are likely to have a low return rate in many cases, thus creating bias in the sample and reducing the applicability of results/eq;	(5 A03)

	• They permit lots of data to be collected very quickly so a broad overview is possible to enable researchers to identify a sample/eq; • This is exemplified in Mumford & Whitehouse as getting data from over 500 participants by any other method would have been unrealistic/eq; • There are many standardised questionnaires that can be used to screen people for a variety of issues such as self-esteem/eq; e.g. Animal research • Animal studies allow procedures that cannot be done on humans for ethical reasons to be undertaken and results gained/eq; • E.g. Castner irradiated in utero rhesus monkeys to try and induce schizophrenia like symptoms/eq; • As animals used in studies are not the same as humans it is doubtful whether results can be applied to humans/eq; • Even primates cannot communicate their experiences to us so we cannot be sure what their experiences are/eq; • Inducing symptoms of schizophrenia by giving dopamine is not the same as schizophrenia in humans, therefore conclusions are of doubtful value on the reduction of symptoms through use of drugs/eq; • We use far more learned behaviour than other species do, so it is unclear how comparable research using animals can be to humans/eq; e.g. Experiment • The tight controls in experiments ensures that a cause –effect relationship can be established/eq; • The artificial situations in lab experiments means that it is unclear whether the results can be generalised to real life/eq; • The manipulation of the IV is calibrated carefully so that its impact on the DV is clear-cut/eq; • eg Randrup and Munkvad calibrated the dosage rate of amphetamines carefully, according to the bodyweight of the animal being used/eq; • If findings from a lab experiment support findings from field work then researchers can be confident they have measured a real effect/eq; • It can be difficult to run tightly controlled experiments on humans with relation to mental illness as the top priority is to treat the disorder/eq; e.g. Twin studies • Studies can find it difficult to find appropriate twin pairs as twin births are only a small percentage of the population/eq; • There has been a moderate rise in multiple births in recent decades because of fertility treatments so there are more available now/eq; • Evidence shows siblings, including twins, choose to be different, so measures of heritability will be affected by conscious differentiation/eq; • Historically it was difficult to be sure that twins were always MZ/DZ as superficial characteristics were used to make the decision/eq; • Often twin studies rely on twin pairs who attend twin conventions, these twins may not be typical of other twins so a biased sample/eq; • It is the only effective way of testing the nature- nurture issue as MZ twins share 100% DNA while DZ twins share 50% with experiences and age being as near as possible identical for both MZ & DZ pairs/eq; Look for other relevant marking points/research methods	
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Question Number	Question	
*5 QWC	You have studied one therapy from the Learning Approach, either Token Economy or Systematic Desensitisation. Describe and evaluate one of these therapies. Your answer must use research evidence and contain one comparison with a therapy from the Psychodynamic approach.	(6AO1 6AO2)
	Answer	Mark
	Read through the entire answer before going to the levels. Material relevant to other uses of the therapies (e.g. prison behaviour) is not creditworthy. Systematic desensitisation • Client & clinician create hierarchy of fears starting with least fearful • Client is taught relaxation techniques such as deep breathing • Work through the hierarchy starting with least threatening level • At each stage the client learns to be able to relax in the presence of the feared object, progressively tackling the phobia • Once fear is being coped with the client moves up to the next level • The treatment can involve real objects or imagining them • Client is in control of their progression so very empowering • Evidence from e.g. Hain(1964), Coldwell et al(2007) show effectiveness of the therapy • Now a well-established means of helping people overcome anxiety disorders, especially phobias, but not effective for other disorders • Agras et al (1971) showed that the relaxation component is not necessary for the programme to work in most cases • Solyom et al (1971) showed SD & implosion were equally effective at treating phobias • SD is considerably less distressing for most clients than implosion • Treatment is relatively quick and cost effective, e.g. a full one day course, including a flight for about £200 is enough to treat most people with a phobia of flying • It can be argued that SD is more cost effective than psychodynamic therapies as it tends to be a short course with a set budget compared to the open ended commitment demanded in psychodynamic therapies • Psychodynamic therapies claim to uncover and deal with the underlying causes of a problem whereas SD is designed just to remove the symptoms Token economy • Desired behaviour(s) are reinforced by ward staff giving tokens which are exchanged for privileges or treats • Tokens are a secondary reinforcer while the privileges/treats may be primary reinforcers • As behaviour improves the standard required to achieve a token may become higher • TEP is used to improve personal hygiene of schizophrenia patients • TEPs aim to increase desired behaviour in those with disorders • Token economies can be open to abuse because they rely on the staff being fair and consistent • Patients can become mercenary and change their behaviour to achieve the tokens though there is no underlying shift in behaviour • Only tends to work effectively within institutions as behaviour needs to be constantly monitored • Behaviour may not generalise to real life once leave institution	

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| | <ul style="list-style-type: none">• Paul & Lentz found token economy worked more effectively than other programmes to manage in-patient behaviour• Allyn & Azrin showed effectiveness of token economies in producing socially desirable behaviours in long term psychiatric unit patients• There is a danger that rights will have to be earned through tokens so can infringe rights of patients
• Both TEPs and psychodynamic therapies have a strong imbalance in the patient-therapist power balance as the client is subject to the control of the therapist• TEPs aim to remove undesired behaviour through the process of rewards whereas psychodynamic therapies explore why the behaviour is present |
|--|--|

Look for other relevant material

Level	Mark	Descriptor
Level 0	0	No rewardable material.
Level 1	1-3	Candidates will produce brief answers, making simple statements, showing some relevance to the question. • Description or evaluation only or • Description and evaluation but not made relevant to Clinical, likely to be focused on e.g.criminological uses of TEP Little attempt at the analytical/evaluation demands of the question. Lack of relevant evidence. Skills needed to produce effective writing unlikely to be present. May have some coherence, will be generally comprehensible, but lack both clarity and organisation. High incidence of syntactical and/or spelling errors.
Level 2	4-6	Candidates unlikely to maintain balance between the elements of the essay. Must refer to Clinical somewhere in the essay. Has a reasonable attempt at two of the three elements though third element may be very weak Eg • Description has some accurate detail • Evaluation general, no relevant research but attempts a comparison or • Description is general • Evaluation has some use of relevant evidence or compares with a psychodynamic therapy or • Both description and evaluation are basic but very well contextualised, unlikely to include a comparison Range of skills needed to produce effective writing is likely to be limited. There are likely to be passages which lack clarity and proper organisation. Frequent syntactical and/or spelling errors are likely to be present.
Level 3	7-9	Response is mostly focused, relevant and addresses demands of the question well. • Description relevant with two from breadth, depth,well contextualised • Evaluation gives some detail and refers to relevant research evidence at least once • Includes an attempt at a comparison with a psychodynamic therapy Points made may not be fully treated critically though there may be some evidence of judgement and of reaching conclusions where this is relevant. Use of a range of evidence. The candidate will demonstrate most of the skills needed to produce effective extended writing but there will be lapses in organisation. Some syntactical and/or spelling errors are likely to be present.
Level 4	10-12	Response is relevant, focused and addresses the demands of the question thoroughly and very well. • Relevant and detailed description of the chosen therapy. • Will be well contextualised with reference to a disorder. • Evaluation will be relevant, detailed and make good use of evidence • Includes a good, relevant comparison with psychodynamic therapy There will be evidence of reasoned argument and of judgement when relevant to the question. The analysis will be supported by accurate factual material, which is relevant to the question. Good use of evidence. The skills needed to produce convincing extended writing in place. Good organisation and clarity. Very few syntactical and/or spelling errors may be found. Excellent organisation and planning

Question Number	Question	
6 (a)	In Unit 3 you studied two applications. Describe one contribution to society for one of the applications you studied.	
	Answer	Mark
	If more than one contribution mark all and credit the best. Contribution must be linked to one application from Unit 3, or no credit Has to be a contribution, not a key issue. 1 mark per point/elaboration Criminological - Understanding EWT may not be a reliable source of information in a law court (1st mark). It means that a jury are unlikely to be persuaded by EWT that has not got any other support. (2nd mark)/eq; - Being able to identify mechanisms that may lead to people becoming criminals such as SFP (1st mark) means that teachers/social workers can work with young people and parents to counteract this (2nd mark)/eq; Child - Work on childcare provision has shown what is needed to ensure time away from mother does not damage the child (1st mark) by recognising the importance of good staffing ratios and stability (2nd mark)/eq; - Recognition of the importance of the primary attachment bond with the mother for infant welfare (1st mark) has led to changes in provision of parental facilities when children have to be hospitalised (2nd mark)/eq; Health - Understanding that addiction has two components physiological and psychological has helped treat addiction more effectively (1st mark) by separating out the components and treating both components in different ways (2nd mark)/eq; - Better understanding of the processes by which addiction may start means health promotion programmes can be more effectively targeted (1 mark)/eq; Sport - Work on achievement motivation techniques has helped sportspeople to better control their feelings under competition stress (1st mark) meaning they are less likely to suffer from a disastrous loss of form during competition (2nd mark)/eq; Look for other relevant marking points	(2 AO1)

Question Number	Question	
6 (b)	Assess the usefulness of the contribution from the unit 3 application you have described in part (a). You must use psychological research in your answer.	Clip with 6a
	Answer	Mark
	Assessment must be of the contribution in part (a) or 0 marks. Max 2 if no appropriate research evidence. No credit for description of the contribution Criminological EWT: - Loftus (e.g. 1975) has shown the ease with which memory can be distorted depending on the way questions are asked/eq; - This has led to advice to juries warning them of the problems associated with EWT/eq; - It is still the case that naive jurors may be misled by a confident eyewitness, so the knowledge is not always used effectively/eq; - Research has also shown how police interviewing witnesses can cause distortion by the way they ask questions/eq; - Increased use of the cognitive interview is aimed at ensuring eye witnesses recall more, and more accurately because of the method/eq; - It is hoped that the greater awareness of these issues means witness statements are collected more carefully and witness testimony is only relied upon if there is some corroboration/eq; SFP: - Labelled children in a particular way because of their backgrounds is now recognised as being potentially damaging/eq; - Evidence in recent years of the damage done by negative labels attached to children in care homes is now considerable(1st mark) however police officers are still unwilling to take the warning signs of e.g. abuse seriously and break the SFP spiral(2nd mark)/eq; - Scott & Pretorius (2002) showed that sexual abuse in childhood was a major predictor of prostitution and juvenile crime and suggest this is because of the SFP that such abuse generates/eq; - Zebrowitz et al (1998) showed some people go against the SFP for criminality as lower class baby-faced boys can be more likely to commit serious crimes compared to more mature looking individuals/eq; - Therefore while awareness of the potential danger of SFP is helpful it is not always useful as there are many examples that contradict this/eq; Child: Childcare provision - Belsky & Rovine (1988) showed negative effects of early care on children's attachments and behaviour, warning against too much early years care/eq; - By contrast other researchers such as Andersson (1992) have shown very positive effects from such early care/eq; - It seems a major factor is the amount of time, the quality of the care and the staffing ratios, if these are good outcomes are positive/eq; - Positive effects of early years care are greater for those from poorer backgrounds so these findings need to take SES into account/eq; - Parental contentment/family stability can be affected by whether the child being in daycare allows parents to work and increases income/eq;	(4 AO2)

	Hospitalisation practices: • Bowlby's work on attachment and the damaging effects of separation caused medical authorities to reassess child hospitalisation policies/eq; • Evidence from the data collected by the Robertsons showed how a standard hospital stay disrupted the attachment bond/eq; • Modern practices of allowing parents to stay with young children and assist in their care avoids the development of separation anxiety/eq; • This is also likely to improve recovery rates as the cortisol produced when under stress damages the ability to fight infections/eq; • Harlow's work on contact comfort showed the importance of physical contact for wellbeing and supports the idea of stroking and touching premature babies in their incubators/eq; Health Addiction • Understanding addiction has physical and psychological components has led to more effective treatments to break addictions/eq; • Tackling the social component of nicotine addiction while allowing addicts to access nicotine through e.g. patches is more successful/eq; • Blattler et al (2002) showed how removing the need to interact with the drug scene to get heroin reduced the use of other drugs in addicts/eq; • Such measures are only useful if the message is clear and the process of dealing with addiction is methodical/consistent/progressive/eq; • Many methadone treatment programmes replace heroin with methadone but do not create an effective reduction programme so addicts remain on drugs for many years/eq; Health promotion campaigns • To be successful campaigns need to know who to target and what message to send/eq; • Campaigns that reduce the glamour of drug taking are believed to be successful as they exploit psychological reasons for experimentation/eq • Evidence from e.g. Mechanic et al (2005) suggests health campaigns are effective in reducing e.g. smoking/eq; • Such campaigns are generally cost effective when comparing the cost of a campaign with the NHS bill that drug misuse engenders/eq; • Health campaigns use sound psychological principles such as persuasion theory to sway people's views and thus behaviour in the longer term/eq; Sport Achievement motivation • The ability to tackle failure of performance in major competition is important given the monetary value of modern sport/eq; • Ability to generate and focus achievement motivation in top sports people can lead to significantly more top performances /eq; • Duda & Nicholls (1992) showed a link between achievement motivation and achievement so boosting motivation should improve performance (1 mark) so managing motivation should boost overall performance in athletes both in training and competition (1 mark)/eq; • Not everyone is competitive, which seems to be an important part of successfully using achievement motivation successfully/eq; Look for other relevant marking points	
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Question Number	Question	
7 (a)	Outline two features that could be used to show that psychology is scientific	
	Answer	Mark
	Max 2 for any one feature. If more than two features mark all and credit the best two. Appropriate examples may gain credit as elaboration. "Relies on scientific concepts/methods" not creditworthy unless explained. Be aware/wary of unsupported assertions of scientific status. • It collects objective, empirical data (1st mark) that can be tested using statistical tests (2nd mark)/eq; • E.g. most experiments collect data such as number of words recalled/eq; • Hypotheses are developed that are testable (1st mark). Then data are collected enabling an hypothesis to be supported or refuted(2nd mark)/eq; • E.g. Godden & Baddeley collected data showing context did affect level of recall/eq; • It has theories/ concepts that can be tested (1st mark) and are therefore refutable (2nd mark)/eq; • Uses the concept of falsifiability to test ideas (1st mark)/eq; • Uses experimental methods that allow for strong controls (1st mark) meaning studies can be replicated to test for reliability (2nd mark)/eq; Look for other relevant marking points	(3 A01)

Question Number	Question	
7 (b)	Explain whether the biological approach is more scientific than the social approach in psychology. Use evidence to support your case.	
	Answer	Mark
	Max 2 if no evidence. Credit can be gained for arguments both for and against the suggestion in the question A method in itself is not scientific (though may influence probability). Some qualification as to why/how needs to be present for credit. Treat overgeneralisations with great caution Max 1 mark for an assertion of scientific/not scientific based on a method • Biological approach uses laboratory experiments that use tight controls meaning studies can be replicated more easily/eq; • Though the social approach does use some experiments these are rarer, though again they can be replicated/eq; • The biological approach is based on understanding the way genes and hormones determine behaviour, these are quantifiable and objective (1st mark) e.g, Bergman et al (2010) demonstrated that hormone levels in amniotic fluid during foetal development were a predictor of personality after birth(2nd mark)/eq; • In comparison social psychology topics are less quantifiable, less certain and more qualitative so explanations may not have the definite evidence that is found in the biological approach/eq; • For example, Milgram's agency theory uses the concept of agentic v autonomous state but cannot predict who or why some individuals will slip into an agentic state while others remain autonomous/eq; • The biological explanation for schizophrenia argues for excess dopamine being the root cause whereas the social approach sees the social milieu as being the trigger for the disorder/eq; Look for other relevant marking points	(5 A02)

Question Number	Question	
7 (c)	You have learned about many different psychological studies in your course. Choose two studies that use different research methods and explain how these studies can support the view that psychology is scientific.	
	Answer	Mark
	If more than two studies used mark all and credit the best. Two different methods must be used though accept lab/field /animal as different methods Max 2 for any one study. (1 element well developed or 2 in less detail) No credit for non-scientific studies or research methods on their own. Laboratory experiment e.g. Loftus & Palmer (1974) - Used strict controls with the IV being the only difference between the different conditions so reliable, replicable and thus scientific/eq; - The film clips were randomised so different participants got different clips for different questions so there was no systematic bias, which makes it objective and thus scientific/eq; Field experiment e.g. Godden & Baddeley (1975) - Divers were all given the same amount of time to learn words whether they were on land or under the water which means the study was well controlled, making it more scientific/eq; - The order in which participants undertook the four conditions whether learning on land or under water and recalling in the same or the other environment was randomised, meaning there was no bias and making it more scientific/eq; Animal experiment e.g. Randrup & Munkvad (1966) - The rats were given a dose of amphetamine calibrated for their weight so the dilution of the drug in their bodies was the same for all animals, making it well controlled and thus scientific/eq; - All rats were closely observed for a set amount of time both before and after the injection to enable comparisons to be made so it was reliable, replicable and thus scientific/eq; Brain scanning e.g. Goldstein et al (1999) - Schizophrenic patients were paired with healthy individuals who were matched on age, ethnicity, gender, handedness to produce a valid control group, making it scientific/eq - The results of the MRI scans were adjusted for age and sex related head size before comparing results, such good controls mean results are reliable and thus replicable and scientific/eq; Twin studies e.g. Gottesman & Shields (1966) - A variety of measures were used to ensure that twins were genuinely MZ or DZ before looking at their data e.g. fingerprints, improving the reliability of the study and making it more scientific/eq; - Hospital records were used as a source of evidence unaffected by the researchers' hypotheses and so lacking bias, making it objective and thus scientific/eq; Look for other relevant marking points	(4 A03)

Question Number	Question	
*8	Two students have been asked to undertake a content analysis of gender issues in stories that have been written for children between the ages of two years and twelve years. Explain how they could design and undertake their study, including how they might analyse the data collected. You may wish to include some of the following in your answer: • Sampling method • Sources of information • Categories • Inter-rater reliability • Data analysis	
	Answer	Mark
QWC	Read through the whole answer then go to the levels. If the response does not reference content analysis no marks, however if part of the answer is about content analysis credit can be given Indicative content • Students could ask to use the books available in two local primary schools as their source material • They might also sample stories presented on CBeebies & CBBC • They may try and sample all the books published in a particular year • They may aim to take a systematic sample of every nth item from a set of 10 different publishers • They need to consider representativeness as particular sources (authors, schools, publishers) may be biased in some way • They may choose to focus on popular books/stories as they are the most likely to be the ones influencing children • They could look at the bestseller lists for children's stories and use those • Draw up a list of issues to look for e.g. status, roles, responsibilities by gender and clearly define/code these issues • Run a pilot to make sure they are coding things in the same way and modify the criteria if necessary • They may need to check they are not missing more subtle aspects of gender issues so could have categories such as blatant sexism, subtle discrimination • They should use a correlation to test for inter-rater reliability and only proceed if they get a high positive correlation • They may be able to improve their reliability by looking at categories again and making them clearer • Once they have collected data they may wish to chart the frequency of gender issues in literature by counting the frequency of times males/females follow stereotypical gendered behaviour • They could undertake a Chi square test to compare the pattern of gendered and cross gendered behaviour portrayed in the stories • They may interview children/parents/teachers to see how much awareness of gender issues they have and compare this with choices of stories Look for other appropriate material	(9 A03)

Level	Mark	Descriptor
Level 0	0	No rewardable material.
Level 1	1-3	Candidates will produce brief answers, making simple statements, showing some relevance to the question. Knowledge will be basic. • One element done well with good detail (depth) OR • Superficial comments on several elements (breadth) • Critical decisions either missing or inappropriate • Replication would be impossible or not appropriate Little use of relevant material. Poor use of terminology. The writing may have some coherence and will be generally comprehensible, but lacking both clarity and organisation. High incidence of syntactical and/or spelling errors.
Level 2	4-6	Candidates' answers will indicate some knowledge and understanding of the focus of the question. Suggestions may be poorly focused or ineffective • Two elements done well with good detail (depth) OR • At least three elements with moderate detail (breadth) AND • Some mention of either reliability issues and/or data analysis though may be impractical or lack detail • Insufficient detail may make it difficult to replicate the study Factual material may be poorly used. Terminology may have some errors. There may be passages which lack clarity and proper organisation. The standard of grammar and spelling should be reasonably good though there may be lapses.
Level 3	7-9	Candidates' answers will show good knowledge with understanding of the focus of the question. • A range of elements addressed showing both breadth and depth. • Appropriate methodological issues considered • Awareness of how data could be collected and analysed is present • It should be possible to replicate most aspects of the study given the time constraints of the paper. Factual material will be largely correct. Mainly accurate use of terminology. Good organisation and clarity. Standard of grammar and spelling should be good

Question Number	Question	
9 (a) QWC	Describe and evaluate how issues of ethnocentrism may influence psychological understanding. You must use research evidence from at least two different areas of psychology in your answer.	(6 AO1 12 AO2)
	Answer	
	Read through the whole answer before attempting to award any marks. Go to the content levels and award a mark appropriate to the content and quality of the answer. 'Quality' here does not include qwc. QWC: Once the content mark has been awarded refer to the structure levels and award those marks separately Indicative content • Ethnocentrism is using one's own culture as the benchmark to judge other cultures so creating bias • It means psychologists ignore views, values, language or culture from elsewhere • The predominant view in psychology has been white, male, mainly from the USA so creating bias • For example views about the signs and symptoms of mental disorders in DSM are based on white male experiences so other experiences are ignored • Views about appropriate patterns of child rearing are based on the practices shared in white, English speaking cultures and other ways devalued • Accepted views of culturally appropriate behaviour can lead to normal behaviour in one culture being criminalised in a different society causing difficulties for immigrants/visitors • Issues of imposed etics can create biased interpretations • Researchers who take an approach based on emics are less likely to produce ethnocentric interpretations • Until recently there was little recognition of issues of ethnocentrism so much early research needs to be revisited • Suhail & Cochrane (2002) reported differences in delusions and hallucinations in those suffering from schizophrenia depending on whether they were Pakistanis living in Pakistan or British Pakistanis. There was a greater difference between these two groups than between white British and Pakistani British • Evidence suggests though some findings may be culture specific the underlying issues are the same, so schizophrenics in cultures where hearing voices is acceptable do have other bizarre behaviours that mark the individual out • Research such as Milgram's obedience study has been looked at cross culturally and found to produce similar conclusions globally • The strange situation is an example of research that shows differences according to the culture being studied, suggesting that comments on attachments are unlikely to be universal for example German infants show less type B and more type A than British children • It is thought the perception of type B (secure) as preferable is because the original work was done in the UK where this is the dominant attachment type • Though cognitive functioning is generally seen to be similar in all societies the ability to assess such functioning may still be culturally specific • Judgements on desirable attachment types in the strange situation are based on the norms from N America, leading to bias towards other cultural norms • Collectivist cultures value co-operation whereas individualistic cultures value competitiveness. This leads to different views on sportsmanship, achievement and the value of elite performance compared to co-operative endeavour • Borrowing items without permission is acceptable in many Pacific island cultures but in Europe such behaviour is regarded as theft Look for other relevant material	

Level	Mark	Descriptor
Level 0	0	No rewardable material.
Level 1	1-3	Candidates will produce brief answers, making simple statements, showing some relevance to the question. Either • Description of ethnocentrism and no evaluation at all or • An attempt to evaluate the impact of ethnocentrism with little or no description of the phenomenon or • Examples of ethnocentric research with no description or evaluation of the issue (may evaluate study)
Level 2	4-6	Both some description and some evaluation must be present. • There is an attempt to explain the issue of ethnocentrism • Some research evidence is given though it may be general • One area of psychology is used, a second may be mentioned • Evaluation of ethnocentrism is very general and may not attempt to relate the comments to the impact on the conclusions drawn by psychologists
Level 3	7-9	Candidates' answers will show some good knowledge with understanding of the focus of the question and will include analysis and evaluation. • There is an accurate description of the issue of ethnocentrism. • There is good use of research evidence for at least one area and examples covering at least two areas where ethnocentrism is or is not an issue • At least two different areas of psychology (approaches and/or applications) are discussed, though one may be in less detail than the other • Evaluation attempts to show how ethnocentrism can have an impact on the conclusions drawn by psychologists
Level 4	10-12	Candidates will offer a response which is relevant and focused on the question and addresses the main issues contained in it. • Description of the issue of ethnocentrism is detailed and relevant. • There is a good use of research evidence in at least two areas (or one excellent and one less good) • At least two different areas of psychology (approaches and/or applications) are discussed • Evaluation shows how ethnocentrism can have an impact on the conclusions drawn by psychologists

Structure levels

Guidance – 6AO2 marks rewarding structure and focus of description and evaluation. These marks are awarded independently of the content mark and should reflect the overall impression gained from the essay.

Level	Mark	Descriptor
Level 0	0	No rewardable material e.g. no appropriate terminology
Level 1	1-2	Response <i>lacks</i> focus and structure. Points are disparately made with little cohesion and flow. There will be some appropriate use of terminology. High incidence of syntactical and/or spelling errors.
Level 2	3-4	Response is <i>generally</i> focused and cohesive. There may be some points that are irrelevant to the overall structure. Likely to cite research evidence but this is not essential if the writing implies reasonable knowledge of a range of arguments. The response is presented in a legible style using appropriate terminology. Some syntactical and/or spelling errors are likely to be present.
Level 3	5-6	Response is coherent, well structured and focused. The injunctions in the question will be addressed appropriately and there will be only minor digressions from the substantive content of the essay. There will be use of research evidence to support arguments. Most research used will be appropriate and accurate. Very few syntactical and/or spelling errors may be found. Bear in mind time constraints in terms of both the range and detail given in the answer

Question Number	Question	
9 (b) QWC	The armed forces of any country consist of mainly young men and women. They are deployed at home and abroad and expected to do a wide variety of jobs. Officer training in Ranzee involves a ten month training course, after which the new officer will take charge of a group of about 30 soldiers. Teaching new officers about psychological concepts can help them to be better at their job. Describe and evaluate at least two different psychological concepts that could be included in the training programme for new army officers to make them better at their job.	(6 AO1 12 AO2)
	Answer	Mark
	Read through the whole answer before attempting to award any marks. Go to the content levels and award a mark appropriate to the content and quality of the answer. 'Quality' here does not include qwc. QWC: Once the content mark has been awarded refer to the structure levels and award those marks separately. Indicative content Description of process is acceptable as description but needs to be contextualised <i>Note: do not credit points on the basis of your value judgements. Remain neutral</i> Obedience to authority • Blind obedience is when a soldier would obey an order without question, even if that order is seen as unreasonable • This would happen because the soldier is behaving in an agentic state and abrogates responsibility for their own actions • Soldiers trained to obey may be more likely to enter this state than the general population • Officers need to understand the difference between agentic and autonomous states in order to be more responsible leaders • By understanding how these states are encouraged they can themselves maintain autonomy as well as safeguarding it in their platoon members • Milgram's research showed how easily someone can slip into the agentic state and follow orders blindly, even when they do not agree • The incident at Abu Ghraib during the Iraq war show that despite efforts to change things there is still a strong culture of blind obedience in armies today • Maybe recruits could experience a controlled experiment using destructive obedience so they are aware of the damaging consequences and more likely to guard against it • Research by Milgram showed that having disobedient stooges increased the likelihood of participants resisting orders to blindly obey • Bandura (1990) argued that people with a strong moral code were more able to resist destructive/malevolent orders so encouraging a strong moral code needs to be encouraged Prejudice/SIT • Those holding prejudices against others in society are liable to discriminate against them by treating them differently on the basis of their membership of a group • This could lead to bias in the way that individuals are treated/see individuals of a group as of lesser value • The platoon could be an in group, others would be the out groups leading to e.g. in group favouritism • Understanding the nature of prejudice and how it comes about will help the trainees to learn how to discourage prejudice when posted abroad • They will understand that prejudice is about lack of understanding and being too strongly identified as them and us.	

- Tajfel's research showed that just being labelled as a member of a group was sufficient to create a feeling of identity and bias in behaviour
- They will be able to apply ideas such as working together to encourage people getting on (superordinate goals) and breaking down barriers
- Though there is likely to be a need to create a strong sense of identity as part of the forces the officers need to understand how to avoid categorisation that can lead to acts of prejudice/discrimination
- Sherif's work showed how behaviour prejudicial to another group could develop as a result of realistic conflict but that co-operation towards superordinate goals could reduce such negativity towards another group.

Operant conditioning/TEP/SLT (can be treated together or separately, go with intention of the candidate)

- Uses a system of rewards (and punishments) to create a desired behaviour such as obedience to the officer.
- The rewards need to be appropriate and desired and awarded consistently to shape behaviour.
- In TEP leave could be contingent on tokens being received for consistently completing drills well.
- SLT shows an appropriate role model could influence the trainees as well as the impact the new officers could have on the squad members.
- A role model receiving a medal for exemplary behaviour would act as vicarious reinforcement.
- By learning the principles of operant conditioning a new officer would be in a better position to know how to encourage their platoon to behave in the appropriate way.
- Using positive reinforcement to shape appropriate behaviour and develop a sense of responsibility to others in the group will assist authority.
- Evidence from e.g. Aylon & Azrin showed that desired behaviour could be increased by the application of a TEP within an institution
- Knowing how effective positive reinforcement is at influencing behaviour compared to punishment would make the officer far more effective in influencing behaviour.
- Skinner showed positive reinforcement was the most effective means of changing behaviour with negative reinforcement less effective and punishment least effective.
- However a lack of the use of punishment may be seen as 'soft' so a more subtle understanding may be needed.
- It may be difficult to individualise the programme for each soldier, a principle seen as desirable by researchers such as Reitman et al (2004).

Power theory (French & Raven)

- Social power is exerted by someone in a position of authority to ensure a follower is likely to obey orders, even if deemed unreasonable
- Social power can be a result of coercion (fear) though this only works if the authority figure is present. Obedience based on respect tends to be more robust and enduring
- Awareness of the way different types of power operate would give a new officer more tools to ensure command of the platoon was secure
- The officer would be able to avoid relying on coercive power as a strategy
- It would be more likely that s/he would recognise alternative power in the ranks
- Information about power theory would not in itself be sufficient for an effective use of the theory as e.g. referent power will only work if the individual has the knowledge
- Research into incidents such as Abu Ghraib does suggest that one reason for obedience is the power positions of the individuals concerned
- Hamilton & Biggart (1985) argue it is the structures that create the power relationship rather than the people occupying the roles

Look for other relevant material

Level	Mark	Descriptor
Level 0	0	No rewardable material.
Level 1	1-3	Candidates will produce brief answers, making simple statements, showing some relevance to the question. Either • Description only (even if for more than one concept) no context or • A description or evaluation of one concept/theory which is properly contextualised or • Description and evaluation of one concept with no attempt to contextualise
Level 2	4-6	Both some description and some evaluation must be present. • Description of two different psychological concepts/theories though one may be more detailed than the other • There will be a clear attempt to contextualise the response for at least one concept/theory And either • The evaluation is a good general evaluation but no link to the scenario (e.g. a good evaluation of Milgram's work) or • Evaluation is weak but is appropriately contextualised at least once
Level 3	7-9	Candidates' answers will show some good knowledge with understanding of the focus of the question and will include analysis and evaluation. • A good description with either depth or breadth for at least two different psychological concepts/theories at least one of which is relevant to the scenario • The evaluation will consider the strengths and/or weaknesses of at least two concepts/theories with at least one appropriate link
Level 4	10-12	Candidates will offer a response which is relevant and focused on the question and addresses the main issues contained in it. • A detailed description of at least two different psychological concepts/theories that are relevant to the scenario • Both concepts/theories are contextualised and relevant to the scenario, may include the relationship between an officer and ordinary troops • The evaluation will show excellent understanding. Considers strengths and/or weaknesses of the concepts/theories with at least two appropriate links

Structure levels

Guidance – 6AO2 marks rewarding structure and focus of description and evaluation. These marks are awarded independently of the content mark and should reflect the overall impression gained from the essay.

Level	Mark	Descriptor
Level 0	0	No rewardable material e.g. no appropriate terminology
Level 1	1-2	Response <i>lacks</i> focus and structure. Points are disparately made with little cohesion and flow. There will be some appropriate use of terminology. High incidence of syntactical and/or spelling errors.
Level 2	3-4	Response is <i>generally</i> focused and cohesive. There may be some points that are irrelevant to the overall structure. Likely to cite research evidence but this is not essential if the writing implies reasonable knowledge of a range of arguments. The response is presented in a legible style using appropriate terminology. Some syntactical and/or spelling errors are likely to be present.
Level 3	5-6	Response is coherent, well-structured and focused. The injunctions in the question will be addressed appropriately and there will be only minor digressions from the substantive content of the essay. There will be use of research evidence to support arguments. Most research used will be appropriate and accurate. Very few syntactical and/or spelling errors may be found. Bear in mind time constraints in terms of both the range and detail given in the answer

Write your name here

Surname

Other names

Pearson
Edexcel GCE

Centre Number

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Candidate Number

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Psychology

Advanced

Unit 4: How Psychology Works

Tuesday 16 June 2015 – Morning

Time: 2 hours

Paper Reference

6PS04/01

You do not need any other materials.

Total Marks

Instructions

- Use **black** ink or ball-point pen.
- **Fill in the boxes** at the top of this page with your name, centre number and candidate number.
- Answer **all** questions in Section **A**. In Section **B** answer Questions 6, 7 and 8 and then **EITHER** Question 9(a) **OR** 9(b).
- Answer the questions in the spaces provided
– *there may be more space than you need.*

Information

- The total mark for this paper is 90.
- The marks for **each** question are shown in brackets
– *use this as a guide as to how much time to spend on each question.*
- Questions labelled with an **asterisk** (*) are ones where the quality of your written communication will be assessed
– *you should take particular care on these questions with your spelling, punctuation and grammar, as well as the clarity of expression.*

Advice

- Read each question carefully before you start to answer it.
- Check your answers if you have time at the end.

Turn over ►

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P 4 4 9 3 3 A 0 1 2 8

PEARSON

SECTION A: CLINICAL PSYCHOLOGY

Answer ALL questions.

You are advised to spend approximately one hour on Section A.

- 1** (a) Describe symptoms **and** features of schizophrenia.

(5)



(b) There are several different explanations given for the cause of schizophrenia.

Describe **one** biological explanation for schizophrenia.

(4)



(c) Evaluate the biological explanation for schizophrenia that you have described in (b).

In your evaluation make at least **one** comparison with a non-biological explanation for schizophrenia.

(6)



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(Total for Question 1 = 15 marks)



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(Total for Question 2 = 6 marks)



3 For many years clinicians have tried to improve the standard of diagnosis for people with mental health issues.

Use research evidence to explain issues relating to the reliability **and** validity of diagnosis.

(6)



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(Total for Question 3 = 6 marks)



4 As part of your course you will have prepared a leaflet using secondary data for a particular audience on a key issue within clinical psychology.

(a) Explain why the key issue within your leaflet is relevant to your target audience.

(2)

Target audience

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You must refer to the secondary data within your leaflet in your answer.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(Total for Question 4 = 6 marks)

***5** Describe and evaluate **one** cognitive therapy that is used to treat mental disorders.

In your answer you must include **one** comparison with a different treatment/therapy.

(12)

[illegible]

Handwriting practice area with 25 sets of dotted lines on a lined background.



(Total for Question 5 = 12 marks)

TOTAL FOR SECTION A = 45 MARKS



SECTION B: ISSUES AND DEBATES

Answer Questions 6, 7 and 8 and then EITHER Question 9(a) OR 9(b).

You are advised to spend approximately one hour on Section B.

- 6** (a) Briefly explain **two** contributions that the Psychodynamic Approach has made to society.

(4)

[illegible]

Compare the usefulness of the Psychodynamic Approach with the usefulness of the Learning Approach.

[illegible]

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(Total for Question 6 = 10 marks)



7 Read the description of the proposed study in the box below.

Researchers were interested in how people respond to the invasion of their personal space by a stranger. They defined personal space, for the purpose of their study, as 'closer than one metre if standing', and 'leaving fewer than two seats between the participant and the confederate when seated'.

The researchers planned the following study, however when the proposal was sent to their management team it was rejected on both practical and ethical grounds.

The researchers aimed to observe the behaviour of a large sample of both men and women. The participants would be unaware of the manipulation of the situation or of being observed until after the data had been collected. They would be approached while in a quiet public waiting area at a bus station in the centre of a large town in the north of England.

Half the participants would be approached by an individual of the same sex and half by someone of the opposite sex. The age of the confederate approaching the participant would be either: 5 years old, 10 years old, 15 years old or 20 years old.

All observations would be undertaken by two people apparently conversing on their mobile phones while close to a window in the waiting area.

Evaluate the proposed study described in the box above.

(8)

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(Total for Question 7 = 8 marks)



- 8** A team investigating the role of early experiences on later behaviour decides to undertake a longitudinal study using a correlational design. They wish to discover whether the amount of time children spend using social media before the age of 10 has an impact on their behaviour as adults.

Design a correlational study that would be appropriate for this investigation. Include as much detail as you can on things such as the sample, timescales, ways of measuring the variables, practical and ethical issues.

(9)



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(Total for Question 8 = 9 marks)



Answer EITHER Question 9(a) OR Question 9(b).

EITHER

***9** (a) You learned about prejudice and discrimination in the Social Approach.

Below are five examples of prejudice and discrimination from just one week of world news.

- i. A Roma family (often called gypsies or travellers) were falsely accused of stealing a child that they then raised as their own.
- ii. Racist chants against black football players caused distress and anger to those targeted by the insults.
- iii. Muslim homes and businesses were targeted and destroyed in Myanmar (Burma), a Buddhist country.
- iv. A Christian wedding ceremony was attacked in Egypt, a Muslim country.
- v. In the UK one in five directors are women even though over half the workforce is female.

Use your knowledge of psychology to describe **and** evaluate at least **two** psychological explanations for prejudice and discrimination.

As part of your answer show how the psychological explanation(s) you have described can be used to understand at least **two** of the examples given above.

(18)

OR

***9** (b) In Unit 3 you studied two different applications chosen from Criminological, Child, Health and Sport. At AS level you studied five approaches.

Explain and assess the roles of nature and nurture in psychology using evidence from at least **two** areas you have studied, other than clinical psychology.

(18)



Chosen question number: **Question 9(a)** ☒ **Question 9(b)** ☐

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Handwriting practice area with 25 horizontal dotted lines.



Handwriting practice area with 20 sets of three horizontal lines (top, middle, bottom) for letter formation.



Handwriting practice area with 20 sets of dotted lines on a lined background.



(Total for Question 9 = 18 marks)

TOTAL FOR SECTION B = 45 MARKS
TOTAL FOR PAPER = 90 MARKS



Mark Scheme (Results)

June 2015

Pearson Edexcel GCE in Psychology
(6PS04/01)

Unit 4: How Psychology Works

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Summer 2015

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General Guidance on Marking– GCE Psychology

All candidates must receive the same treatment.

Examiners should look for qualities to reward rather than faults to penalise. This does NOT mean giving credit for incorrect or inadequate answers, but it does mean allowing candidates to be rewarded for answers showing correct application of principles and knowledge.

Examiners should therefore read carefully and consider every response: even unconventional answers may be worthy of credit.

Candidates must make their meaning clear to the examiner to gain the mark. Make sure that the answer makes sense. Do not give credit for correct words/phrases which are put together in a meaningless manner. Answers must be in the correct context.

Crossed out work should be marked UNLESS the candidate has replaced it with an alternative response.

When examiners are in doubt regarding the application of the mark scheme to a candidate's response, the Team Leader must be consulted.

Using the mark scheme

The mark scheme gives:

- an idea of the types of response expected
- how individual marks are to be awarded
- the total mark for each question
- examples of responses that should NOT receive credit (where applicable).

- 1 / means that the responses are alternatives and either answer should receive full credit.
- 2 () means that a phrase/word is not essential for the award of the mark, but helps the examiner to get the sense of the expected answer.
- 3 [] words inside square brackets are instructions or guidance for examiners.
- 4 Phrases/words in **bold** indicate that the meaning of the phrase or the actual word is **essential** to the answer.
- 5 TE (Transferred Error) means that a wrong answer given in an earlier part of a question is used correctly in answer to a later part of the same question.

Quality of Written Communication

Questions which involve the writing of continuous prose will expect candidates to:

- show clarity of expression
- construct and present coherent arguments
- demonstrate an effective use of grammar, punctuation and spelling.

Full marks can only be awarded if the candidate has demonstrated the above abilities.

Questions where QWC is likely to be particularly important are indicated "QWC" in the mark scheme BUT this does not preclude others.

Unit 4: How Psychology Works

Section A – Clinical Psychology

Question numbers	General Instructions
Questions 1 – 3	Marking points are indicative, not comprehensive and other points should be credited. In all cases consider “or words to that effect”. Each bullet point is a mark unless otherwise stated and each point made by the candidate must be clearly and effectively communicated.

Question Number	Question	
1 (a)	Describe symptoms and features of schizophrenia.	
	Answer	Mark
	List of at least 3 symptoms 1 mark (provided not credited elsewhere) List of 5 or more symptoms 2 marks (not credited elsewhere) List of all 5 types of schizophrenia without any description Max 1 “Positive and negative symptoms” without any elaboration 0 marks Brief OK as long as accurate If only features or symptoms max 3, go with intention of candidate Symptoms • Delusions are common such as of persecution or grandeur/eq; • Person is likely to suffer from hallucinations, these may be auditory or visual/eq; • Negative symptoms such as poverty of speech means cannot express selves effectively/eq; • Positive/type 1 symptoms add aspects to behaviour whereas Negative/type 2 are a lack of something/eq; • May show either a lack of emotion or inappropriate emotions such as laughing at something distressing/eq; • Person may enter a catatonic stupor where they remain immobile for lengthy periods/eq; • Waxy posture means limbs placed in a posture by another person and will remain there for some considerable time/eq; • Difficulties in interactions and inability to relate to others leading to isolation/eq; • Disordered thinking is where individuals cannot organise their thoughts about a situation (1st mark)this can lead to confusion in the way they behave or what they say (2nd mark)/eq; • Symptoms include hallucinations, delusions, poverty of speech (one mark), lack of emotion, personal hygiene (two marks)/eq; Features of the disorder • An incidence level of 1% in populations is very stable	(5 AO1)

	across time and across countries/eq; • It is suggested that severity is greater in males compared to females/eq; • Onset age in men is typically 16-25 and in women about 10 years later on average/eq; • Incidence in males and females is similar though onset age is later in women/eq; • Positive symptoms tend to be more treatable than negative symptoms/eq; • About $\frac{1}{3}$ of sufferers will recover completely, $\frac{1}{3}$ will have repeated episodes and a $\frac{1}{3}$ will be untreatable/eq; (or $\frac{1}{4}$ $\frac{1}{2}$) Look for other appropriate marking points.	
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Question Number	Question	
1 (b)	There are several different explanations given for the cause of schizophrenia. Describe one biological explanation for schizophrenia	
	Answer	Mark
	If more than one biological explanation mark all and credit the best. Do not reverse mark in the light of content of (c) No credit for non-biological explanations. Suitable explanations are given below. Note: Evaluation not creditworthy. If an evaluation contains relevant description it might be creditworthy in a few cases. Dopamine: • Excess dopamine is believed to cause schizophrenia with dopamine synapses increasing their activity levels/eq; • This over-activity of dopamine controlled synapses is associated with hallucinations and paranoia/eq; • Over stimulation of the mesolimbic pathway is linked to positive symptoms/eq; • Problems with dopamine functioning in the pathway connecting the midbrain to the frontal lobes is associated with negative symptoms/eq; • There are an increased number of dopamine receptors at synapses in the brains of those with schizophrenia/eq; Genetics: • The genes for schizophrenia are inherited so the disorder tends to run in families/eq; • The presence of certain types of genetic mutations may be needed before environmental factors can trigger the disorder/eq; • These genes can cause critical neural pathways in the brain to be disrupted or damaged/eq; • Lower level of interference may be adaptive providing creative ways of thinking so the mutations are selected for/eq; • This means behaviour controlled by these pathways will not be carried out/develop properly/eq; • It is also possible that it is genetics that cause excess production of/sensitivity to dopamine/eq; Enlarged ventricles: • Enlarged ventricles found in those suffering from schizophrenia are bigger than enlargements found in non-schizophrenics/eq; • There is a general deterioration in brain mass over a period of time with up to 25% of the neo-cortex being lost/eq; • It is suggested that the loss of brain tissue is linked to the lack of awareness of the disorder in those who have	(4 AO1)

	schizophrenia/eq; • There is an association between the ventricles growing progressively larger and chronic symptoms of schizophrenia/eq; Look for other appropriate marking points.	
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Question Number	Question	
1 (c)	Evaluate the biological explanation for schizophrenia that you described in (b). In your evaluation make at least one comparison with a non-biological explanation for schizophrenia	
	Answer	Mark
	Explanation evaluated must be the same as that described and given credit in (b) (as the best explanation if more than one described) or no marks. If answer includes evaluations that link to other biological explanations these can gain credit, so long as there is a link to the description in (b). Other explanations given but not compared to the explanation from (b) cannot gain credit TE If (b) is blank but (c) correctly evaluates an appropriate explanation then full marks are available. If (b) is a non biological explanation of schizophrenia, but there is an appropriate comparison with a biological explanation this may gain credit. If in doubt contact TL. Methodological evaluation is creditable. All points must be specific. Max 5 if no comparison made with a non-biological explanation. Max 1 for basic comparisons with no development. Dopamine: • Excess dopamine is only measured after onset so it could be effect not cause/eq; • However paranoia in drug users where dopamine levels are kept too high does support the role of dopamine/eq; • Also effectiveness of drugs that reduce availability of dopamine supports its role as implicated in the disorder/eq; • Though antipsychotic drugs reduce dopamine availability in a very short time the effect on symptoms takes several weeks to appear, suggesting other factors are involved/eq; • PET scans in those who have had the disorder for many years show blocking of dopamine receptors by antipsychotic drugs does not match a reduction in symptoms/eq; • The positive correlation between schizophrenia and dopamine is consistent and according to Seeman (2006) without exception/eq; • Some atypical anti-psychotic drugs so not block dopamine receptors but still reduce the symptoms of schizophrenia/eq; • In comparison to the learning explanation the dopamine hypothesis can explain why someone may develop symptoms, even when they have never encountered someone with the disorder. The learning explanation	(6 AO2)

requires either exposure to a model displaying schizophrenic behaviour and/or positive reinforcement of such behaviour in the sufferer for the disorder to emerge/eq; (**2 marks**)

Genetics:

- Family and twin studies evidence (such as Gottesman) give support for a genetic component as concordance rates go up in direct relationship to the degree of relatedness/eq;
- When one MZ twin has schizophrenia the incidence of the disorder occurring in the second twin is 50% compared to only 15% in DZ twins (Gottesman 1991)/eq;
- However because concordance rates are not 100% for MZ twins it suggests other factors such as the environment also play a role/eq;
- As most MZ twins share environment, both genes and environment are similar, making it harder to apportion responsibility/eq;
- Heston's study controlled for environmental effects and still found a higher incidence of schizophrenia in those with a family history/eq;
- The large number of genes linked to schizophrenia are unlikely to all be associated with the disorder and it has been suggested that it may be a type of genetic mutation rather than a specific locus/eq;
- The genetic explanation for schizophrenia does not explain why someone with no family history of the disorder can develop it in contrast to the psychodynamic explanation that blames the development of symptoms on the way the individual has been treated within the family when growing up/eq; (**2 marks**)
- The cognitive explanation is better than the genetic explanation as it shows how people without a family history of schizophrenia can get it/eq;

Enlarged ventricles:

- Even though the association between enlarged ventricles and schizophrenia was first established over 40 years ago no direct causal link has been established/eq;
- Reduction of grey matter which is linked to the ventricles enlarging seems to be common to several mental health disorders so it may not be specific to schizophrenia/eq;
- CT scans have shown that enlargement of the ventricles continues after diagnosis, whether medication is taken or not, suggesting it is not coincidental/eq;
- Enlargement of the ventricles has been linked to lack of awareness of symptoms of a disorder, something very typical of schizophrenia sufferers/eq;
- Lieberman et al (2006) showed that the enlargement of ventricles was associated with those who continued to suffer symptoms of schizophrenia whereas those who went into remission saw no such enlargement/eq;

	• Social causality as an explanation of schizophrenia suggests that stress in the environment is responsible for onset of the disorder, however such conditions are also linked to poorer diet and other factors that could be linked to biological causes, especially as enlarged ventricles have been detected in very premature babies/eq; (2 marks) Look for other appropriate marking points.	
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Question Number	Question	
2	You have learned a study in detail about one of the disorders listed below: • unipolar depression • bipolar depression • phobias • obsessive compulsive disorder • anorexia nervosa • bulimia nervosa Evaluate the study you have learned about in terms of methodology, ethical issues and generalisability.	
	Answer	Mark
	No marks if the study is about a different disorder than those in the list. If study is not identified full credit can be gained if the study is recognisable and is a study into one of the named disorders. There are many more studies than the ones listed here. If you are unsure of the study refer to your team leader and if appropriate send to review. If only methodological or ethical or generalisability max 3 marks, if only 2 of the three elements max 5 marks. No restriction on the number of marks that can be gained for an element if all elements present Max 2 marks available for generic evaluation points Unipolar depression: e.g. Brown & Harris (1989)(NB there are other dates & minor changes in authorship for this body of research – most evaluations will be the same) • The study only looks at depression in a sub category of women, so cannot explain male depression, nor depression in women who do not fit the criteria/eq; • However the sample size was large so findings should be robust when applied to other women from a similar background/eq; • A subsample of 21 women were given interviews by 2 different researchers to check that interview technique was robust/eq; • Women were contacted because they had gone to their GP which may be seen as an invasion of their privacy by the researchers/eq; • Recognition of the role of social factors meant the introduction of support structures as a strategy for treatment or prevention came to the fore/eq; • By highlighting how having young children can cause extra stressors for women authorities have been sensitised to monitoring this more effectively in the community/eq;	(6 AO2)

	• Some women may not welcome the intervention that has resulted from this research, seeing it as an invasion of privacy, and that they should be allowed to deal with situations as they see fit/eq; • Untreated depression in a mother with a young family can lead to negative consequences for the children in the family so many would see the interventionist strategy that has emerged from this research to be ethically justified/eq; • The data were collected through a series of face to face interviews so it is possible that respondents were influenced by the personality of the interviewer and did not answer entirely truthfully/eq; • The study was heavily reliant on self-referral by the women in the first instance, so if the category seen as typifying depression were more likely to refer themselves than other groups this could explain the statistics regarding vulnerability/eq; Phobias Cook & Mineka (1989) • Carried out on rhesus monkeys so generalisation to humans is questionable as there are significant differences between species/eq; • Persistence of a snake fear once acquired supports the view that it has an evolutionary basis, this may be generalisable to humans as we share a similar evolutionary background to rhesus monkeys/eq; • Conflicting evidence from McNally (1987) suggests that humans are not so readily affected as monkeys, possibly as human behaviour is more influenced by learning, so more adaptive/eq; • Controls were used to good effect to show preparedness for a snake fear to develop compared to fear of neutral objects/eq; • The design was very complex and the researchers admitted that some of the difference between neutral and fearful stimuli could have been a result of a procedure that was too complex/eq; • Sample size of 22 lab reared monkeys showed sound ethics as number was small and not wild caught/eq; • The naïve monkeys learned fear by watching film clips of wild reared monkeys, so the researchers must have used some monkeys captured from the wild, which is not seen as ethically appropriate/eq; Anorexia nervosa/Bulimia nervosa (accept as either) Mumford & Whitehouse (1988) • The original sample was large (over 200 Asian girls and over 350 white girls all attending school in a large metropolitan area) so results should be generalisable within the UK/eq;	
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	• Participants were girls aged 14-16 so generalisation beyond this cohort may be limited as views on eating and body image change over time/eq; • The subset interviewed in detail were selected on the basis of responses to a questionnaire, however they may not have been entirely truthful in these responses/eq; • Eight Asian and 10 white girls identified for interview on questionnaire results did not attend interview/Only 75% of those invited for interview attended meaning results may be biased/eq; • Both researchers were male which may have created difficulties when interviewing adolescent girls about body image/eq; • Participants may have worried that their results would not be confidential as the questionnaires and interviews all took place in the school environment/eq; • The authors fail to state whether those participants diagnosed with an eating disorder were referred for clinical support or not, so it is unclear whether they acting with a duty of care or not/eq; Holland et al (1988) • The number of DZ and MZ twin pairs used was similar, so though not large data were comparable within the study, however of doubtful generalisability to the wider population/eq; • The sample had only 4 pairs of male twins, meaning the results would be difficult to generalise to the male population/eq; • The use of first degree female relatives to provide additional data added to the robustness of the data/eq; • Multiple methods including questionnaires and physiological measures were used so there was the opportunity to test for accuracy of data/eq; • The role of shared environments was not controlled for, however it is difficult to do this as the number of twin pairs with one or both having anorexia is not large/eq; • Although all participants gave informed consent they may have become distressing once it became clear that anorexia had high heritability as non-anorexic twins may have felt threatened/eq; McGuffin et al (2003) • Sample size was large with 67 pairs of twins with BPD/177 with UPD which means that the amount of data collected makes the study more reliable/eq; • Data were subjected to a procedure to account for the additional effects of shared environments increasing their validity/eq; • Twins are a small minority of the population and share more in common than genes compared to regular siblings so results may not be generalisable to the wider population/eq;	
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	• Zygosity was determined by blood tests and questionnaires so the data could be cross checked for reliability/eq; • Research interviews were conducted by interviewers blind to zygosity status so avoiding assumptions being made/eq; • The discovery that the heritability of the mania component of BPD is highly heritable may have distressed some participants/eq; Menzies et al (2000) • Participants were not sufferers from OCD so trying to extrapolate from these findings to how those suffering from OCD would behave is problematic/eq; • Participants were mainly female (59:11) Australian undergraduates so generalisation to a typical OCD sufferer may be difficult as their attitudes to anxiety provoking situations may not be the same as people who are older/eq; • The task involved responses to items in a questionnaire which is not like a real life incident that elicits checking or washing concerns/eq; • Many of the tasks that were presented scenarios that were outside the experience of a typical 19 year old (mean age of sample) which may have meant they did not engage in the situation fully/eq; • The study aimed to differentiate between scenarios perceived as the responsibility of the participant or the responsibility of another person, however other than wording no check was made to ensure this perception was shared by the participants/eq; • The participants were all members of an Introduction to Psychology class so they may not have given consent, but been recruited because of their class membership/eq; • As the mean age of the participants was only 19.1 years they may have felt obliged to participate in the study and felt uncomfortable at refusing to take part/eq; Look for other appropriate marking points	
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Question Number	Question	
3	For many years clinicians have tried to improve the standard of diagnosis for those with mental health issues. Use research evidence to explain issues relating to reliability and validity of diagnosis.	
	Answer	Mark
	If only reliability or validity max 4 marks No research evidence max 4 marks 2 marks available for accurate definitions of reliability & validity (1+1) Issues can relate to any version of DSM or any other diagnostic tool. Do not credit unsubstantiated claims/assertions, but well-known research may be alluded to only briefly. • Reliability of diagnosis means that two or more clinicians agree (independently) on the diagnosis made/eq; • Goldstein (1988) demonstrated reliability as clinicians re-diagnosing patients previously diagnosed with an earlier version of DSM mainly agreed with the original diagnosis/eq; • Aboraya et al (2006) suggest that poor reliability is due to clinicians not following a structured approach to diagnosis and recommend a strategy based on specific steps/eq; • Beck (1962) demonstrated poor reliability using DSM II, but more recent versions of DSM have shown higher levels of reliability/eq; • Helzer et al (1977) showed that using a structured interview improved inter-rater reliability for diagnosis/eq; • Rosenhan's (1972) pseudo-patients presented with the same single symptom and with one exception received the same diagnosis showing DSM is reliable/eq; • Low levels of reliability (as shown by Beck) could be because patients vary in what they report to different clinicians/eq; • Validity is when the diagnosis given is correct, so the treatment/ therapy prescribed is effective in tackling the disorder/eq; (or negative version) • Different therapies work differently for different people there is a chance it will be ineffective even when the diagnosis is correct/eq; • Kendell & Jablensky (2003) argue distinct criteria used to distinguish between different mental disorders are erroneous as there are no such clear boundaries/eq; • Robins & Guze (1970) considered several stages in diagnosis need to be applied so criterion validity could be attained, these included clinical description/ laboratory study/ exclusion of other disorders/ follow-up study/ family study/eq; • • Validity of diagnosis has been questioned (e.g. Miller 2013) when individuals with no symptoms in common can be given the same diagnosis and have different prognoses/eq; • Rosenhan showed diagnosis may not be valid as someone can	(6 A02)

	be diagnosed with schizophrenia just by claiming the presence of one symptom/eq; • Etiological validity can be difficult to obtain as symptoms for (e.g.) schizophrenia can be very variable/eq; • Cultural perceptions of what is normal/abnormal can influence validity leading to bias/errors in diagnosis (must have an example/study or suitably elaborated point to gain credit)/eq; Look for other appropriate marking points	
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Question Number	Question	
4 (a)	As part of your course you will have prepared a leaflet using secondary data for a particular audience on a key issue within clinical psychology. Explain why the key issue within your leaflet is relevant to your target audience.	
	Answer	Mark
	Information about the audience is only creditworthy if it elucidates the reason why the key issue is relevant. If the candidate does not state the target audience and no target audience is discernible in the response then 0 marks. If the target audience is inappropriate 0 marks. There must be a clearly discernible key issue or max 1. The key issue could be broad or specific, e.g. how do I know what to do to help my friend (with 'x'), what sort of help is available for someone with 'x', what's the prognosis for my disorder? e.g. • The immediate family of someone recently diagnosed with schizophrenia is likely to need to understand when it may be necessary to request extra support/eq; • By giving the family information about the disorder and community support systems they will feel more able to cope/eq; • Co-workers of someone suffering from a mental disorder need to be aware of how the disorder is likely to affect their behaviour around other people/eq; • This may include what to do if they relapse when at work and where to seek help/eq; • Someone recently diagnosed with a disorder will need to know how to recognise whether the medication regime they are on is helping/eq; • Otherwise they may come off medication without returning to the clinician because they are unaware there are several alternative treatments available/eq; • Those who may be tempted to use social drugs e.g. cannabis need to be informed of the possible consequences on their mental health/eq; • There is increasing evidence that use of stronger forms of cannabis over an extended period may be linked to psychosis and the development of schizophrenia/eq; Look for other appropriate marking points	(2 A03)

Question Number	Question	
4 (b)	Explain how successful you think your leaflet would be in achieving its intended outcome. You must refer to the secondary data within your leaflet in the answer.	
	Answer	Mark
	Read answer then refer to levels. Must match with target audience described in (a) or 0 marks even if target audience is inappropriate. Note: assessing success is likely to consider (i) is content appropriate (ii) is content useful (iii) is leaflet likely to be read by target audience? Indicative content • My leaflet gave details of how to recognise the symptoms of schizophrenic episodes <i>so would be useful to</i> family members learning to cope with a newly diagnosed schizophrenia patient • By giving strategies of how to interact with someone suffering from depression the leaflet <i>would help work colleagues interact</i> with a work colleague who is finding it hard to cope at work • My self-help leaflet <i>should assist</i> mental health patients recognise their symptoms and when they need help • I used language that was easy for lay people to understand so my audience <i>should be able to understand</i> the information clearly • I used a colourful layout and did not include too much information so that <i>it was easy to find the important material</i> in the leaflet • I included a list of key symptoms for schizophrenia that family are likely to see when a relapse is starting with a clear message about what to do if these symptoms were seen • My leaflet included statistics on how successful treatment for depression can be and the importance of social support during treatment to encourage co-workers to help their colleague • I included the various helpline phone numbers and websites so that the patient/family knew who to contact if they needed support Level 3 comments • I think the leaflet <i>would have been more clearly understood</i> if the back page had been a bullet pointed list of the key information • I didn't include telephone helplines which would probably have made the leaflet <i>far more useful</i> because it would have told them where to go to get help. Levels 0 marks: Not linked to target audience identified in part (a). Material irrelevant to question. 1 mark: Some attempt to link leaflet content with the target audience, this may be implicit. Unlikely to address	(4 AO3)

	success/failure, or attempt will be general. 2 marks: Explanation links content of leaflet and target audience, link may be implicit. Role of secondary data may be present. Assessment of success/failure attempted. Response may be general rather than specific 3 marks: Explanation links content of the leaflet and target audience. Role of secondary data stated & an attempt made to make relevant. Some attempt at assessment of success/failure given, with reasons why. Breadth or depth 4 marks: Explanation links content of the leaflet and target audience. Role of secondary data clearly stated & made relevant. Assessment of success/failure with reasons why. Breadth and depth	
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Question Number	Question	
5	Describe and evaluate one cognitive therapy that is used to treat mental disorders. In your answer you must include one comparison with a different treatment/therapy.	(6 AO1) (6 AO2)
	Answer	
	Read through the whole answer then refer to levels. Avoid points based marking. Must be one treatment/therapy from the cognitive approach. If more than one treatment/therapy mark all and credit the best mark to the candidate's advantage. NOTE: Comparisons are equivalent to evaluation. Work to candidate's advantage Indicative content Description of therapy/treatment: (note there is a great deal of overlap between these therapies) CBT/cognitive therapy • Therapy is usually weekly or fortnightly sessions of either 30 mins or an hour and lasting from 6 weeks to 6 months. • Duration of the therapy tends to be determined by both the type of disorder as well as severity. • Aims to change clients thinking and behaviour. • The therapy focuses on the present though the therapist may ask about the past in case that has any bearing. • The client and therapist agree what to discuss at a particular session. • Problems are broken down into parts to identify patterns of thoughts, emotions and actions. • The therapist guides the client to challenge unrealistic, unhelpful or negative ways of thinking. • Catastrophising is treated by forcing the client to realise that a particular outcome would not be disastrous • The client will be asked to do homework by applying skills learned and keeping a record of how well it worked. • CBT is now available through computer based programmes 'Beating the Blues' and 'Fighting Fear'. RET • The therapist works with the client to identify those areas of faulty thoughts/ emotions/ beliefs. • The client is taught to challenge faulty beliefs and emotions and replace them with rational emotions and beliefs. • The therapist will set the client a series of targets to achieve and a progression is established. • Clients will be expected to complete assignments between sessions with the therapist which will include facing the issues causing problems. • The therapist will assist the client in examining faulty schemas and constructing more helpful/positive ones. • When a client's thought patterns revolve around awfulness and catastrophe this is challenged by making them consider what would be truly awful/a catastrophe	

- The therapy aims to empower the client to take control of their life and turn negative feelings around.

Evaluation of therapy

CBT

- CBT is considered to be a very effective therapy for depression as it tackles the underlying thoughts (e.g. Embling 2002).
- It is now the therapy of choice in many countries as it is cost effective and seems to provide a longer term effect than medication.
- March et al (2004) suggested that for adolescents the best results are found by combining drug treatment with CBT.
- Mirai et al (2013) questioned the efficacy of computer based CBT as it has an unacceptable high drop-out rate and relapse is greater than face-to-face therapy.
- Kingdon & Turkington (2006) suggest that CBT is effective in alleviating both positive & negative symptoms of schizophrenia that have proved resistant to drug treatment
- CBT is extremely popular and considered by many (e.g. Freeman & Freeman 2013) to be the most effective treatment for many disorders (e.g. bulimia)
- Tarrier & Wykes (2004) argue that CBT can be a positive intervention during acute periods of psychosis in patients with schizophrenia
- Jones et al (2012) (Cochrane Review) claim CBT is no more effective than other psychosocial treatments/therapies for a range of disorders
- They also suggest it has a better retention rate than medication but does not reduce the tendency for relapses/rehospitalisation/suicide in sufferers
- Bradshaw & Roseborough (2004) treated 22 patients with persistent residual symptoms of schizophrenia and found significant improvement in all participants.
- As CBT is available through the NHS there is not a huge cost to the individual.

Comparison with an alternative therapy

- Dreissen & Hollon (2010) showed CBT to be more effective than medication, except when the depression is related to another disorder
- While CBT is not a complete therapy, any more than any other treatment it seems to make a useful contribution to improvement and unlike drug therapy has the advantage of not producing unwanted/unpleasant side effects.
- Compared to drug therapy the cost/ time involved is less as successful CBT will effect an improvement for less cost/time to the individual.

RET

- Van Oppen et al (1995) showed challenging the emotional beliefs of OCD sufferers using RET was an effective way of reducing the symptoms of the disorder.
- Abramowitz (1997) showed that RET was at least as effective as other psychosocial or cognitive treatments in helping reduce symptoms of OCD.
- James & Blackburn (1995) argue there is insufficient evidence that RET or other cognitive therapies are effective at treating OCD
- It is thought that the inclusion of the emotive component in RET allows the therapist to better deal with anxiety disorders in general
- Bond & Dryden (1996) argue central tenets such as 'musterbation', are untestable as mental disorders are a result of the interplay between

	emotions, cognitions and behaviour and these cannot be separated & measured independently • If principles like musturbation cannot be tested then there is little evidence that can be considered robust enough to provide objective evidence for RET Comparison with an alternative therapy • Emmelkamp & Beens (1991) found RET was as effective as in vivo exposure to the target situations in helping overcome OCD with improvement maintained over a 6 month period • Cottraux et al (2001) compared the effectiveness of RET with behavioural therapies and found outcomes were similar for each therapy
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Level	Mark	Descriptor
Level 0	0	No rewardable material.
Level 1	1-3	Candidates will produce brief answers, making simple statements, showing some relevance to the question. • Attempt at description of therapy with no evaluation present OR • Only evaluation of therapy with no description of what the therapy involves. OR • Very brief attempt at both description & evaluation Little attempt at the analytical/evaluation demands of the question. Lack of relevant evidence. The skills needed to produce effective writing will not normally be present. The writing may have some coherence and will be generally comprehensible, but lack both clarity and organisation. High incidence of syntactical and/or spelling errors.
Level 2	4-6	Candidates will produce statements with some development in the form of analysis/evaluation, with limited success. • Both description and evaluation of therapy accurate but limited OR • Either description or evaluation done well and other very brief or one done very well and other absent • A different therapy may be present Limited evidence will be presented. Range of skills needed to produce effective writing is likely to be limited. There are likely to be passages which lack clarity and proper organisation. Frequent syntactical and/or spelling errors are likely to be present.
Level 3	7-9	Candidates' answers will show some good knowledge with understanding of the focus of the question and will include analysis and evaluation. Either both components done well or one done very well and the other attempted. • Description of therapy will show evidence of either breadth or depth • Evaluation will include a range of issues, not necessarily well balanced, probably refer to research • Comparison to another therapy attempted, not just juxtaposed • Breadth or depth, not necessarily well balanced Points made may not be fully treated critically though there may be some evidence of judgement and of reaching conclusions where this is relevant. Use of a range of evidence. The candidate will demonstrate most of the skills needed to produce effective extended writing but there will be lapses in organisation. Some syntactical and/or spelling errors are likely to be present.
Level 4	10-12	Candidates will offer a response which is relevant and focused on the question, and addresses the main issues contained in it. • Description of therapy will be thorough and detailed. • Evaluation will include a range of issues supported by research evidence at least once and showing balance in the choice of points made

		• Makes relevant comparison to another therapy There will be evidence of reasoned argument and of judgement when relevant to the question. The analysis will be supported by accurate factual material, which is relevant to the question. Good use of evidence. The skills needed to produce convincing extended writing in place. Good organisation and clarity. Very few syntactical and/or spelling errors may be found. Excellent organisation and planning
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Section B: Issues and Debates

Question numbers	General Instructions
Questions 6 & 7	Marking points are indicative, not comprehensive and other points should be credited. In all cases consider "or words to that effect". Each bullet point is a mark unless otherwise stated and each point made by the candidate must be clearly and effectively communicated.

Question Number	Question	
6 (a)	Briefly explain two contributions that the Psychodynamic approach has made to society.	
	Answer	Mark
	Max 2 marks for any one contribution. Contribution must be from the psychodynamic approach and must be to society. If more than two contributions mark all and credit the best two. There are no ID marks, appoint must be properly developed to gain credit. Note: contributions must be clearly from the psychodynamic approach. Hypnosis is not a contribution from the psychodynamic approach • Psychodynamic therapies have enabled people to access help without the medicalisation of their condition/eq; • People who use e.g. free association find the sessions provide them with insight that allows them to cope more effectively/eq; • The approach has shown parents that treatment of their child may have long term consequences for the child's personality/eq; • For example if they punish the child for mistakes during potty training the child may become anally retentive/eq; • Psychodynamic theory has shown the importance of having both parents present during the early years of development/eq; • Normal gender development requires exposure to both parents so encourages parents not to split up/eq; • Recognition of the role of defence mechanisms has shown how we protect ourselves from undesirable thoughts/feelings/eq; • Understanding defence mechanisms enables support workers to better deal with potentially distressing situations clients face/eq; • For example displacement allows people to vent their feeling about their boss in a way that avoids getting the sack/eq; • Advertising copywriters have used Freudian ideas to develop effective advertising campaigns/eq; • This has enabled companies to be able to market their	(4 AO1)

	products more successfully/eq;	
	Look for other appropriate marking points	

Question Number	Question	
6 (b)	Psychological approaches make useful contributions to society. Compare the usefulness of the Psychodynamic Approach with the usefulness of the Learning Approach.	
	Answer	Mark
	Comparisons that are two descriptions juxtaposed with no attempt to explicitly compare Max 2 To gain 2 marks both sides of a comparison must be developed, giving only one side does not get credit. No credit for a comparison where one side is incorrect. No credit for comparisons which are the pairing of things which have no common link. Two brief but genuine comparisons can get two mark, however a comparison where the second approach is "....doesn't" can only get 1 mark - Both the Psychodynamic and Learning approaches offer treatment for mental disorders that avoid the use of drugs(1st mark)/eq; which can be seen as useful as many drug treatments have unpleasant side effects for patients that alternative therapies avoid (2nd mark)/eq; - Whereas the Psychodynamic approach promotes an approach which requires an expert to interpret symptoms and offer a solution the Learning approach can be used as a self-help strategy with self conditioning being encouraged (2 marks)/eq; - Both can assist parents in being more effective in their childrearing as they encourage positive behaviour/eq; - The psychodynamic approach suggests that parents unconsciously influence their child's development, however the Learning approach places such matters within the awareness of parents and thus their control (2 marks)/eq; - The approaches agree on the advisability of children being brought up by both parents, however while the Psychodynamic approach suggests absence of one parent means the Oedipus complex is not successfully resolved the Learning approach believes it is the lack of an appropriate role model that is the problem (2 marks)/eq; - The Learning approach sees susceptibility to advertising as influenced by reinforcement or modelling, so can be controlled whereas the psychodynamic approach believes susceptibility is due to unconscious desires and thus harder to prevent (2 marks)/eq; - Psychodynamic approach tries to help people understand their inner thoughts whereas the Learning approach doesn't/eq; Look for other appropriate marking points	(6 AO2)

Question Number	Question	
7	Read the description of the proposed study given in the box below:	
	Researchers were interested in how people respond to the invasion of their personal space by a stranger. They defined personal space for the purpose of their study as 'closer than one metre if standing', and 'leaving less than two seats between the participant and the confederate when seated'. The researchers planned to observe the behaviour of a large sample of both men and women. The participants would be unaware of the manipulation of the situation or of being observed until after the data had been collected. They would be approached while in a quiet public waiting area at a bus station in the centre of a large town in the north of England. Half the participants would be approached by an individual of the same sex and half by someone of the opposite sex. The age of the confederate approaching the participant would be either: 5 years old, 10 years old, 15 years old or 20 years old. All observations would be undertaken by two people apparently conversing on their mobile phones while close to a window in the waiting area.	
	Evaluate the proposed study described in the box above.	
	Answer	Mark
	Evaluation must be of the stimulus material provided. Evaluation of elements not present can only gain credit if the suggestion is to include this to solve a problem that is realistic: e.g. problem of lack of consent could be resolved by a proper debrief. Evaluation points that seek to change essential components of the study can only gain credit if they deal with the effect this may have, e.g. suggesting changing the ages of the stooges fundamentally changes the study so is unlikely to be creditworthy, however replicating the study in a new location to improve generalisability is fine. Most ethical considerations need to be explained or linked to gain credit. E.g. lack of consent needs elaboration such as can be resolved by giving right to withdraw data at end. NO credit for generic evaluation, points must be linked, however briefly. • Definitions of invasion of personal space are problematic as they are culturally biased, countries/ethnicities have different norms/eq; • However the sample may/may not be representative of the population in general in the UK, as there may be a different ethnic/racial mix/eq; • There are ethical concerns about the lack of consent prior to the study, the researchers should at least gain presumptive consent/eq; • Everyone approached must be asked for their full informed consent after the event and given the right to withdraw their	(8 A03)

	information/eq; • The post observation approach will need to be done by someone the participants would not find intimidating, otherwise they may become distressed/eq; • The researchers would need to be careful that their observation and subsequent explanation to a participant was not observed by any other potential participants as otherwise they would not be naïve/eq; • It is possible that differences in response to the confederate approaching participants was caused by what the confederate looked like not just gender and age (1st mark). This could be controlled for by picking confederates who were very similar in appearance and dressing them in a similar way(2nd mark)/eq; • Confederates doing the approach would need to look for any signs that it was causing distress and abandon the approach if so/eq; • There are ethical concerns about using minors to be confederates in the study (1st mark) unless a parent was in the close vicinity (2nd mark)/eq; • A five year old may not be able to understand the nature of the confederate's task, thus making that part of the study invalid/eq; • The researchers need to define 'signs of discomfort' in an objective and standardised way prior to starting to collect data/eq; • Researchers need to ensure that the two observers were not suspected by the participants as otherwise the results will not be valid/eq; • The confederates doing the approaching needed to be thoroughly briefed as they may have been putting themselves at risk if the participant was of dubious character/eq; • This type of briefing may have been particularly difficult for the 5 year old confederates who have previously been taught not to approach strangers/eq; • If another real passenger entered the waiting area during the procedure there would need to be a protocol to follow so that it was clear when the observation needed to be abandoned as otherwise faulty data may be collected/eq; Look for other appropriate marking points	
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Question Number	Question	
8	A team investigating the role of early experiences on later behaviour decide to undertake a longitudinal study using a correlational design. They wish to discover whether the amount of time children spend using social media before the age of 10, has an impact on their behaviour as adults. Design a correlational study that would be appropriate for this investigation. Include as much detail as you can on such things as the sample, time scales, ways of measuring the variables, practical and ethical issues.	
	Answer	Mark
	Read through the whole answer before going to levels. To use levels first decide on which level is appropriate (start at top and work down). Once an appropriate level has been selected for levels 1 & 2 decide if it should be in the middle (typical answer for this level), top (almost next level up) or bottom (just makes it). For top level only start with – ‘why not full marks?’ The response does not need to be comprehensive, nor is it necessary for every suggestion to be practicable though suggestions made should in general seem both ethical and feasible. Indicative content: Sample • A sample of (e.g.) 200 children aged 4-5 years old • Equal numbers of boys and girls Time scales • Children’s viewing behaviour/use of facebook from recruitment to 10 years old (5-6 years) • Adult behaviour assessed at 18 and again at 28 years of age Measuring variables • Get parents to log which programmes children watch, games play etc • Ask children how many friends they have on social media • Sample one week every 3 months to measure time spent on social media • Also do sampling by sending a researcher to visit family once a year • From this estimate how many hours of media on average per week and also give a rating scale for (e.g.) level of violence • Need to establish a scale for violence before study • In adulthood could be number of fights get into/ level of drinking on nights out/ participation in sport/ what type of job/ relationships Practical issues • Mechanisms need to be put in place to make it easier to track people over the course of the study e.g. have an annual party for everyone	(9 A03)

	• But this may alter people as they see themselves as different • Ensure sample is big enough to cope with the inevitable dropout rate • Honesty of participants and parents on amount of media interaction may be an issue Ethical issues • Gaining consent from parents when child is 5 years old cannot hold an adult to that agreement but may feel obliged to continue • Right to withdrawn may make it difficult to retain a good size sample • All participants must be assured of anonymity • There may be an issue about protection of participants if researchers discover that a participant's life style is damaging to them and/or their family Look for other suitable material	
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Level	Mark	Descriptor
Level 0	0	No rewardable material. Response is not related to demands of the question.
Level 1	1-3	Partial replication may be possible. Either only one element considered in depth, or up to three done more superficially • Sample information such as size, geographic location, gender balance likely to be included • A timeline may be included but likely to be inaccurate/unhelpful • Information on some aspects of data collection present, though this is unlikely to be thorough and may be impractical • Some awareness of either practical or ethical issues shown though suggestions not necessarily practical/appropriate
Level 2	4-6	Enough issues considered to allow at least partial replication. Two elements considered in some depth, or one in depth with two done more superficially, or at least four elements mentioned superficially with little detail. • Some information on sample e.g. size, geographic location, gender balance • A suggested timeline likely to be included, but may not be appropriate • Information on some aspects of data collection such as how, when and what addressed, though this is unlikely to be thorough. • Some awareness of both practical and ethical issues is likely to be shown though one may be in more detail than the other
Level 3	7-9	A range of issues that would allow a reasonable chance of replication given. At least three elements considered in some depth • Some detail on sample such as size, geographic location, gender

		balance • An appropriate timeline should be included • Key issues regarding data collection such as how, when and what addressed. (Not all of these are necessary) • Likely to show good awareness of both practical and ethical issues.
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Question Number	Question	Mark
9(a)	You learned about prejudice and discrimination in the Social Approach. Below are five examples of prejudice and discrimination from just one week of world news. - A Roma family (often called gypsies or travellers) falsely accused of stealing a child that they then raised as their own. - Racist chants against black football players caused distress and anger to those targeted by the insults. - Muslim homes and businesses were targeted and destroyed in Myanmar (Burma), a Buddhist country - A Christian wedding ceremony was attacked in Egypt, a Muslim country. - In the UK one in five directors are women even though over half the workforce is female. Use your knowledge of psychology to describe and evaluate at least two psychological explanations for prejudice and discrimination. As part of your answer show how the explanation(s) you have described can be used to understand at least two of the examples given above.	(6AO1 12AO2)
	Answer	
	Read through the whole answer before attempting to award any marks. Go to the content levels and award a mark appropriate to the content and quality of the answer. 'Quality' here does not include qwc but reflects the depth and breadth of psychological knowledge displayed. Qwc: Once content mark has been awarded refer to structure levels and award those marks separately. Indicative content Explanations: Social Identity theory - Tajfel believed we view those like ourselves as an 'in group' and those different to ourselves as an 'out group'. - We favour our in group at the expense of our out group. - We denigrate the out group and will even disadvantage our in group in order to disadvantage the out group more. - There are three stages in the development of feelings that are likely to lead to prejudice, social categorisation, social identification and social comparison. - Members of a group tend to see their own group as individuals but members of an out group as homogenous Realistic Conflict Theory - Sherif believed that if resources were limited then there would be inevitable conflict between individuals as there could only be one winner - Rivalry between two competing groups would lead to inevitable conflict and thus prejudice - The more scarce the resource the greater the conflict between the groups and therefore the more obvious and blatant the prejudice.	

Social learning Theory

- Learning from those around us by observation is seen as an important component of human behaviour
- SLT states that we need to observe, retain and be motivated to reproduce observed behaviour
- Members of our family, peers or friends can all work as models
- Therefore if we observe prejudice/discrimination from such sources we are likely to imitate that behaviour

Psychodynamic theory

- If the id is dominant then an individual could act in a prejudiced/discriminatory way as the superego has insufficient influence
- The lack of moral restraint could lead to aggressive behaviour towards others

Evaluation of explanations

- Tajfel & Turner showed being labelled as belonging to a group was enough to alter behaviour to favour their own group at expense of the other group.
- Not everyone acts in the way predicted by SIT, those undertaking humanitarian aid projects often put those in 'other' groups before their own group.
- Some argue that such individuals are still following SIT, but see themselves as members of a bigger group, humanity, rather than a member of a sub-group.
- Sherif's Robber's Cave study supports both SIT and Realistic Conflict Theory as both types of influence were clearly driving the prejudice and discrimination actively undertaken by the boys.
- Rivalry/prejudice/discrimination/violence are seen when there is competition for resources. Such behaviour is often more extreme than that caused by SI.
- SLT cannot explain why people may choose to behave differently than family/friends/peers
- Prejudice/discrimination often follows a copycat model, which supports the views of SLT such as the riots in England in 2011.
- Aboud & Amato (2001) suggest that is a lack of engagement between parents and children aimed at reducing prejudice that accounts for much of the SLT influence from wider society
- Allport (1954) argued that transmission of values by observation of the actions of close family members was important in sustaining prejudice within society
- Concepts such as the id and superego are difficult to measure making any attempt to establish evidence for a psychodynamic explanation for prejudice or discrimination difficult

Application to scenarios

1. A Roma family (often called gypsies) falsely accused of stealing a child that they then raised as their own.

- Roma people behave very differently to most people in their host communities, therefore it is very easy to see the three steps of SIT being applied by members of the host community
- Comparison between the host community and Roma people will tend to

	include out group denigration, thus Roma behaviour will be treated with suspicion. 2. Racist chants against black football players caused distress and anger to those targeted by the insults. • Racial groups are readily identified as different and therefore easy targets in terms of SIT. • Competition in football means that realistic conflict theory will also be apparent • As black players on the opposing side are easy targets this could explain racist chants, particularly if the black players are talented and thus seen as a threat. 3. Muslim homes and businesses targeted and destroyed in Myanmar (Burma). • Similar to 2 4. Christian wedding ceremony attacked in Egypt. • Similar to 1. 5. In the UK only one in five directors are now women though over half the workforce is female. • Women have been seen as less able as senior managers as there is a perception that to be successful a senior manager/director needs to be ruthless. • There is concern that men may be unwilling to take orders from a female boss • Women are seen as less reliable as they may have children/take time off to look after children despite such discrimination now being illegal Look for other suitable material
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Level	Mark	Descriptor
Level 0	0	No rewardable material.
Level 1	1-3	Candidates will produce brief answers, making simple statements, showing some relevance to the question. • Description of one theory, OR • Attempt to explain scenarios only with little or no theory. Little, if any, attempt at the analytical/evaluation demands of the question. Lack of relevant evidence. Answer poorly focused on question
Level 2	4-6	Candidates will produce statements with some development in the form of analysis/evaluation, with limited success. • An attempt at all elements of the essay (description of at least one theory, evaluation and application) but none done well. OR • Two elements attempted, of which one at level 3 or better OR • Description or evaluation of explanations done very well (level 4) with no mention of application Limited evidence will be presented. Likely to be lacking in balance as well as detail.

Level 3	7-9	Candidates will show some good knowledge with understanding of the focus of the question and will include analysis and evaluation. • Two or more explanations for prejudice described. • Evaluation may not be balanced, e.g. one explanation done well and other very weak or only weaknesses, likely to use some evidence. • Two of the issues in the question will be explained using some psychological theory. Some development of arguments. Either development of an argument or the balance between the elements will be good. Use of a range of evidence.
Level 4	10-12	Candidates will offer a response which is relevant and focused. • At least two explanations for prejudice well described • Evaluation will be balanced and is likely to use some evidence. • Two of the issues in the question will be explained clearly and accurately using psychological theory. There will be evidence of reasoned argument and of judgement as relevant to the question. The analysis will be supported by accurate factual material. Good use of evidence.

Structure levels

Guidance – 6AO2 marks rewarding structure and focus of description and evaluation using two approaches.

Level	Mark	Descriptor
Level 0	0	No rewardable material e.g. no terminology appropriate to the question
Level 1	1-2	Response <i>lacks</i> focus and structure. Points are disparately made with little cohesion and flow. There will be some appropriate use of terminology. High incidence of syntactical and/or spelling errors.
Level 2	3-4	Response is <i>generally</i> focused and cohesive. Structure of the essay may be reasonable but is likely to have some poorly placed material/repetition or some points that are irrelevant to the overall structure. • Likely to cite research evidence but this is not essential if the writing implies reasonable knowledge of a range of arguments. The response is presented in a legible style using appropriate terminology. Some syntactical and/or spelling errors are likely to be present.
Level 3	5-6	Response is coherent, well structured, and focused. The injunctions in the question will be addressed appropriately and there will be only minor digressions from the substantive content of the essay. • There will be use of research evidence to support arguments. • Most research used will be appropriate and accurate. Very few syntactical and/or spelling errors may be found. Bear in mind time constraints in terms of both the range and detail given in the answer

Question Number	Question	Mark
9 (b)	In Unit 3 you studied two different applications chosen from Criminological, Child, Health and Sport. At AS level you studied five approaches. Explain and assess the roles of nature and nurture in psychology using evidence from at least two areas you have studied, other than clinical psychology.	(6 AO1) (12AO2)
	Answer	
	Read through the whole answer before attempting to award any marks. Go to the content levels and award a mark appropriate to the content and quality of the answer. 'Quality' here does not include qwc but reflects the depth and breadth of psychological knowledge displayed. Qwc: Once the content mark has been awarded refer to the structure levels and award those marks separately. • Nature is those aspects that are based on our genes and inherited from our parents whereas nurture is those things which emerge as a result of learning • Some emphasise one of these more than the other, but it is widely recognised to be a false dichotomy as most behaviour is a result of an interaction • In reality trying to apportion responsibility for behaviour to nature or nurture is fraught with difficulty as they constantly interact • Comparison between MZ and DZ twins are an attempt to measure differences due to genes rather than upbringing however the rarity of twins in the population as well as the fact that they may be treated differently makes using them to unpick the nature-nurture debate questionable Cognitive • Memory abilities seen as universal, thus genetic in origin whereas the way we use our memories and the information stored is due to experiences (nurture) • Forgetting theories e.g. cue dependency rely on experience and thus nurture Social • Prejudice is thought to be learned from peers/family and thus due to nurture • Studies show humans are obedient. There is disagreement whether obedience is nature as levels are similar or nurture as we can learn to be different • Studies into obedience/prejudice show that education and awareness reduce the tendency for people to obey/show prejudice e.g. Aronson jigsaw technique Psychodynamic • Humans are governed by universal components of the psyche such as the id, ego and superego and by universal principles such as Eros and Thanatos	

- Humans are influenced by the treatment they receive at the hands of parents in the early years such as the way they are weaned
- Overly harsh or indulgent treatment by the parent(s) results in distinctive personality traits according to this approach
- Recognition of the interaction between nature and nurture with neither dominant is a major strength of the psychodynamic approach
- There is no objective measurement of the id/ego/superego so their existence is theoretical making it harder to substantiate the nature part of the theory
- Children do change as they grow and develop supporting the view that experiences play a role in the development of a person's characteristics
- The success of psychodynamic therapy in treating personality disorders suggests there is truth in the ideas of how personality develops

Biological

- Emphasises the importance of the role of biology in determining what we are therefore strongly in favour of a nature influence e.g. genes determining sex
- Sees genes and hormones as the main factors in determining our behaviour thus explaining why males are more aggressive than females
- Ryan & Vandenberg (2002) suggest that females exposed to high levels of testosterone as a foetus are more likely to share 'male' characteristics such as being ambitious, more masculine cognition and behaviour
- Case studies such as Daphne Went suggest that the issue is more complex as this XY individual lived happily as a female unaware until adulthood that 'she' was biologically male
- The lack of success in the attempt to have Bruce/Brenda reared as a girl suggests that in some cases the biology will dominate
- There is most likely a complex interaction between both nature and nurture

Learning

- The learning approach minimises the role of nature believing that human behaviour is primarily a result of nurture
- The high level of plasticity in human behaviour is thought to be due to the ability of humans to learn so effectively
- Classical, operant and SLT all play a role in creating human behaviour and explain the considerable differences between cultures/individuals
- There is only a minor role for nature according to many learning theorists
- Imitation in the production of behaviour is seen in many studies (Bandura)
- Cross cultural studies often show major differences in behaviour (e.g. attachment) suggesting that nurture is a strong influence
- The ability of humans to acquire/change behaviour by the use of TEP/systematic desensitisation shows the capacity of humans to change behaviour through learning
- However it can be argued that humans have a genetic predisposition to learn, uniting nature and nurture in the same person

Criminological

- Origin of criminality is seen as a nature – nurture issue, some believe it is genetic others that it is learned
- Most crime in the UK is committed by a small number of families so could be an inherited trait
- Being brought up in an environment where criminal behaviour can be observed suggests a SLT explanation
- Eysenck suggested a criminal personality that was genetically based
- Some have argued for the XYY syndrome being responsible for some criminal behaviour.
- Children in a criminal family are exposed to nurture influences as well as having genes in common so it is impossible to partial out the contributions of nature-nurture.
- The fact that some individuals brought up in a criminal atmosphere do not become criminals suggests that genetics cannot be a major factor.
- Some adopt criminal behaviour when there is no family history of criminality.
- Raine et al (1997) showed differences in brain structure between murderers and non-murderers supporting a nature viewpoint of criminality.
- Evidence for XYY syndrome being associated with criminality has been largely discredited (e.g. Telfer).
- If criminality was genetic in origin then treatment would be of little value, as neither social skills training nor anger management would reduce recidivism.
- The level of recidivism could be argued to support the view that criminal behaviour is in the blood.

Child

- The potential to attach is seen as genetic in origin by Bowlby as it is necessary for human infants to develop normally.
- Cross-cultural differences in percentages of attachment types suggest that some aspects of attachment are learned.
- Privated children e.g. Genie do not develop a full repertoire of human skills, suggesting that some crucial aspects of human behaviour need to be learned.
- There is disagreement about whether autism is genetic or due to damage either during pregnancy or birth.
- Bowlby used evidence from other species (e.g. geese) to support his view of attachment having a nature base, but it is difficult to generalise from other species to humans.
- Although attachment types vary in frequency across cultures there are still only a small range of attachment styles suggesting a genetic underpinning.
- It is probably more meaningful to see attachment as an interaction between a genetic substrate and the role of experiences.
- There is evidence from e.g. Kulochova twins that privated individuals can recover showing that learning does play a role in normal development.
- The fact that the learning is less successful as the individual gets older suggests nature imposes a time limit on the period during which learning and thus plasticity can take place.

Health

- Biological explanations of substance misuse suggest a genetic

	predisposition for addiction as some people become addicted more readily than others. • Learning explanations see nurture influences as the commonest reason for addiction. • Human neurotransmitters are mimicked by drugs suggesting an enhanced nature effect is what causes addiction. • Nature would argue that once addicted giving up would be almost impossible whereas the nurture view would be that people could change. • Evidence that addiction can be reversed by learning therapies enhances case for nurture rather than nature. • Health psychology recognises the role of both physiological and psychological dependence supporting the interactionist view of nature and nurture. • The mode of action of drugs in the way they modify synaptic transmission supports the view that there is a nature substrate to addictive behaviour. • Although substance misuse could be learned by observing others there is evidence that children with parents who smoke also smoke which could be argued to be more nature than nurture. Sport • Sporting ability seems to run in families with many skilled sportspeople having sons or daughters who also compete at a high level. • Being brought up in a household where sporting achievement was seen as important/ desirable/ valued could be a strong nurturing factor. • Attitudes towards working towards achievement may be innate as they tend to present from a very early age. • If sporting success was only due to nature then all high achievers in sport would be the children of successful athletes. • The effect that good quality coaching can have on performance and motivation suggests that nature can only take achievement so far. • It is known that intrinsic motivation has a powerful effect on persistence and willingness to work towards a goal, this is likely to be mainly innate. • Effects of arousal are due to the autonomic system and how this operates in an individual is due to genetic make-up, so some individuals will find it much easier to control their level of arousal to the optimal level. • Even though a psychological technique such as imagery is known to help performance the ability to use imagery is probably genetic in origin Look for other suitable material
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Level	Mark	Descriptor
Level 0	0	No rewardable material.
Level 1	1-3	Candidates will produce brief answers, making simple statements, showing some relevance to the question. • Attempts to engage in the nature-nurture debate. • Only one area attempted OR • Two mentioned but with no attempt to relate to the nature-nurture debate. • Some general nature-nurture material may be present. Little attempt at the analytical/evaluation demands of the question. Lack of relevant evidence.
Level 2	4-6	Candidates will produce statements with some development in the form of at analysis/evaluation, with limited success. • At least one argument made for each side of the debate. • Likely to be some general nature-nurture material. EITHER • two attempted though a lack of balance is likely. OR • one done well and the other mentioned OR • only one area, but done very well. Limited evidence will be presented.
Level 3	7-9	Candidates will show some good knowledge with understanding of the focus of the question and will include analysis and evaluation. • Both sides of the nature- nurture debate will be explained well. • The response will consider (at least) two different areas though may be a lack of balance between them. • At least one issue will be raised and evaluated for each application. • May be some general nature-nurture material but this will only form part of the response • As comparisons are evaluation, if more than one comparison the balance of comparisons can be treated as evaluation. Work to the advantage of the candidate. Use of a range of evidence showing breadth and/or depth.
Level 4	10-12	Candidates will offer a response which is relevant and focused. The analysis will be supported by accurate factual material. • Nature- nurture debate will be engaged with fully. May mention interactionist view. • The response will use material from two or more different areas very well. • A variety of issues will be raised and evidence given to support or refute these. • May be some general nature-nurture material but this will only

		form part of the response There will be evidence of reasoned argument and of judgement relevant to the question. Material from at least two areas used. Evidence to evaluate the issues used very well.
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Structure levels

Guidance – 6AO2 marks rewarding structure and focus of description and evaluation using two approaches.

Level	Mark	Descriptor
Level 0	0	No rewardable material e.g. no terminology appropriate to the question
Level 1	1-2	Response <i>lacks</i> focus and structure. Points are disparately made with little cohesion and flow. There will be some appropriate use of terminology. High incidence of syntactical and/or spelling errors.
Level 2	3-4	Response is <i>generally</i> focused and cohesive. Structure of the essay may be reasonable but is likely to have some poorly placed material/repetition or some points that are irrelevant to the overall structure. • Likely to cite research evidence but this is not essential if the writing implies reasonable knowledge of a range of arguments. The response is presented in a legible style using appropriate terminology. Some syntactical and/or spelling errors are likely to be present.
Level 3	5-6	Response is coherent, well structured, and focused. The injunctions in the question will be addressed appropriately and there will be only minor digressions from the substantive content of the essay. • There will be use of research evidence to support arguments. • Most research used will be appropriate and accurate. Very few syntactical and/or spelling errors may be found. Bear in mind time constraints in terms of both the range and detail given in the answer

Write your name here

Surname

Other names

Pearson
Edexcel GCE

Centre Number

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Candidate Number

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Psychology

Advanced

Unit 4: How Psychology Works

Wednesday 11 June 2014 – Morning

Time: 2 hours

Paper Reference

6PS04/01

You do not need any other materials.

Total Marks

Instructions

- Use **black** ink or ball-point pen.
- **Fill in the boxes** at the top of this page with your name, centre number and candidate number.
- Answer **all** questions in Section **A**. In Section **B** answer Questions 6, 7 and 8 and then **EITHER** Question 9(a) **OR** 9(b).
- Answer the questions in the spaces provided
– *there may be more space than you need.*

Information

- The total mark for this paper is 90.
- The marks for **each** question are shown in brackets
– *use this as a guide as to how much time to spend on each question.*
- Questions labelled with an **asterisk** (*) are ones where the quality of your written communication will be assessed
– *you should take particular care with your spelling, punctuation and grammar, as well as the clarity of expression, on these questions.*

Advice

- Read each question carefully before you start to answer it.
- Keep an eye on the time.
- Check your answers if you have time at the end.

Turn over ►

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PEARSON

SECTION A: CLINICAL PSYCHOLOGY

Answer ALL questions.

You are advised to spend approximately one hour on Section A.

1 (a) During your course you have studied one of the following disorders:

- unipolar depression
- bipolar depression
- phobias
- obsessive compulsive disorder
- anorexia nervosa
- bulimia nervosa

Choose one disorder from the list.

Describe the procedure of **one** study you have learned about that investigated this disorder.

(3)

Disorder

Procedure of study

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(5)

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- 2** Joaquin, Zhang and Aisha, who are from different countries, are attending an international conference on mental health. The conference is discussing concerns about diagnosis of mental health issues across the international community.

Using research evidence, explain how cultural issues in diagnosis may affect those diagnosed with a mental health disorder.

(6)



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(Total for Question 2 = 6 marks)



3 (a) Describe **one** treatment/therapy that is used to treat schizophrenia.

(4)

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(5)



P 4 2 6 7 9 A 0 7 2 8

- 4** (a) Using your knowledge of the Rosenhan (1973) study, write a blog or diary entry describing the experiences that one of the pseudopatients may have had on one day during their stay in the hospital.

(4)



(6)

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(Total for Question 4 = 10 marks)



***5** With reference to relevant studies, describe and evaluate **two** research methods used to investigate schizophrenia.

Make **at least one** comparison point between the two research methods.

(12)



Handwriting practice area with 20 sets of dotted lines on a lined background.



(Total for Question 5 = 12 marks)

TOTAL FOR SECTION A = 45 MARKS



SECTION B: ISSUES AND DEBATES

Answer Questions 6, 7 and 8 and then EITHER Question 9(a) OR Question 9(b).

You are advised to spend approximately one hour on Section B.

- 6 Choose **one** study you have learned about that has raised ethical concerns.
You must **not** use a study from the Clinical Psychology topic.

(a) Describe the procedure of your chosen study.

(3)

Study

Procedure of study

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(5)

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- 7** (a) Social control can be exerted by those who have psychological knowledge. This may be beneficial or harmful to the person being controlled.

Describe **two** different ways in which psychological knowledge could be used to exert social control over people's behaviour.

(5)



- Using **one** of the ways of exerting social control you described in (a), assess the practical implications of this type of social control.

[illegible]

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***8** A research team is interested in conducting a study into stress. They decide to use people who have experienced stress caused by natural disaster. Examples of natural disasters include earthquakes, volcanic eruptions, avalanches or extreme weather.

Explain how the researchers may design and undertake a study into stress caused by a natural disaster.

You may wish to include the following information in your answer:

- finding a suitable sample
- deciding on an appropriate research method or methods
- ways of collecting data
- practical issues
- ethical considerations
- length of time the study will last

(10)

[illegible]

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(Total for Question 8 = 10 marks)



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Turn over for Question 9.



Answer EITHER Question 9(a) OR Question 9(b).

EITHER

- *9** (a) Psychology has benefited society in many ways and all the approaches you have studied can be said to have contributed positively to a wide range of areas and applications.

Describe and evaluate **at least two** contributions to society from the Psychodynamic Approach, and **at least two** contributions to society from the Social Approach. In your answer compare the usefulness of these contributions to society.

(18)

OR

- *9** (b) Read the information in the box below.

Conrad is performing in a play. He and his friend, Ahmed, have worked together on learning Conrad's lines. Conrad has just found out that Ahmed will not be able to attend the performance tonight.

Conrad is very proud of the important role he has been given in the play, but he is very nervous.

Then, as Conrad is waiting to go on stage, he suddenly realises he has a problem; his mind has gone blank. It is as if he has forgotten all the lines of the play and even the stage directions.

Psychology has many areas including approaches, application, concepts and topics.

Using **at least two** areas of psychology, describe and evaluate **two or more** explanations for Conrad's mind going blank. In your answer make **at least one** suggestion as to how psychology could help Conrad perform successfully in the play.

(18)



Indicate which question you are answering by marking a cross in the box ☒. If you change your mind, put a line through the box ☒ and then indicate your new question with a cross ☒.

Chosen Question Number:

Question 9(a)

☐

Question 9(b)

☐

Area with horizontal dotted lines for writing answers.



Handwriting practice area with 24 horizontal dotted lines.



Handwriting practice area with 25 horizontal dotted lines.



Handwriting practice area with 20 sets of dotted lines on a lined background.



Handwriting practice area with 25 sets of dotted lines on a lined background.



(Total for Question 9 = 18 marks)

TOTAL FOR SECTION B = 45 MARKS

TOTAL FOR PAPER = 90 MARKS



Mark Scheme (Results)

June 2014

GCE Psychology (6PS04/01)
Unit 4: How Psychology Works

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Summer 2014

Publications Code UA039802

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General Guidance on Marking – GCE Psychology

All candidates must receive the same treatment.

Examiners should look for qualities to reward rather than faults to penalise. This does NOT mean giving credit for incorrect or inadequate answers, but it does mean allowing candidates to be rewarded for answers showing correct application of principles and knowledge.

Examiners should therefore read carefully and consider every response: even unconventional answers may be worthy of credit.

Candidates must make their meaning clear to the examiner to gain the mark. Make sure that the answer makes sense. Do not give credit for correct words/phrases which are put together in a meaningless manner. Answers must be in the correct context.

Crossed out work should be marked UNLESS the candidate has replaced it with an alternative response.

When examiners are in doubt regarding the application of the mark scheme to a candidate's response, the Team Leader must be consulted.

Using the mark scheme

The mark scheme gives:

- an idea of the types of response expected
- how individual marks are to be awarded
- the total mark for each question
- examples of responses that should NOT receive credit (where applicable).

- 1 / means that the responses are alternatives and either answer should receive full credit.
- 2 () means that a phrase/word is not essential for the award of the mark, but helps the examiner to get the sense of the expected answer.
- 3 [] words inside square brackets are instructions or guidance for examiners.
- 4 Phrases/words in **bold** indicate that the meaning of the phrase or the actual word is **essential** to the answer.
- 5 TE (Transferred Error) means that a wrong answer given in an earlier part of a question is used correctly in answer to a later part of the same question.

Quality of Written Communication

Questions which involve the writing of continuous prose will expect candidates to:

- show clarity of expression
- construct and present coherent arguments
- demonstrate an effective use of grammar, punctuation and spelling.

Full marks can only be awarded if the candidate has demonstrated the above abilities.

Questions where QWC is likely to be particularly important are indicated "QWC" in the mark scheme BUT this does not preclude others.

Unit 4: How Psychology Works

Section A – Clinical Psychology

Question numbers	General Instructions
Questions 1 – 4	Marking points are indicative, not comprehensive and other points should be credited. In all cases consider "or words to that effect". Each bullet point is a mark unless otherwise stated and each point made by the candidate must be clearly and effectively communicated.

Question Number	Question	
1 (a)	During your course you have studied one of the following disorders: • unipolar depression • bipolar depression • phobias • obsessive compulsive disorder • anorexia nervosa • bulimia nervosa. Choose one disorder from the list. Describe the procedure of one study you have learned about that investigated this disorder.	
	Answer	Mark
	If the study does not investigate one of the disorders listed then 0 marks. No credit for aim, results or conclusions. There are many more studies that are appropriate, contact your TL if you are unsure whether the study is genuine and/or appropriate for a stated disorder. Studies that consider more than one disorder are acceptable full marks can be given (see marking points) Unipolar depression e.g. Brown et al (1985) • Working class women with at least one child at home were recruited by postal questionnaire/eq; • All women were aged between 18 and 50, had a partner in manual labour and all lived in Islington/eq; • Women were assessed twice, approximately a year apart using a variety of measures/eq; • Assessments were done by interview and included measurements of psychiatric stress/eq; • At the second interview participants were questioned about stressful life events in the intervening period/eq; Bipolar depression e.g. Viguera et al (2000) • Clinical course of bipolar disorder in three groups of women aged 16-50 years was charted/eq; • One group consisted of women who came off lithium before becoming pregnant, another group who chose to remain on lithium during pregnancy and a group who came off lithium but were not pregnant/eq; • Some women came off lithium rapidly while others withdrew the treatment gradually/eq; • Semi-structured interviews were used to assess the women and provide both demographic and clinical information/eq; • Information about clinical state in the year prior to coming off lithium	(3 AO1)

	was also collected/eq; Phobias e.g. Cook & Mineka (1989) • Twenty two lab reared rhesus monkeys aged between 4 and 11 years old were used/eq; • The monkeys were trained to reach over a clear plastic box to reach a food treat/eq; • Video clips of two other model monkeys showed their responses to a variety of stimuli/eq; • The model monkeys showed fear towards flowers and towards toy snakes/eq; • Observer monkeys were exposed to video clips which included either fear responses to flowers or fear responses to snakes/eq; • After exposure to video clips 12 times over a period of 3-4 weeks the observer monkeys were tested to see whether they would stretch over the box if it contained the feared object/eq; Obsessive compulsive disorder e.g. Baxter et al (1992) • Patients with OCD were given PET scans to assess glucose metabolising both before and after treatment/eq; • Patients were treated with either fluoxetine hydrochloride or with behaviour therapy/eq; • The level of activity in the two hemispheres of the brain were compared before and after treatment/eq; • Changes in brain activity were correlated with behavioural changes in compulsive behaviour post treatment/eq; Anorexia nervosa e.g. Garner & Garfinkel (1980) • Five independent groups with a total of over 400 female participants were used to assess whether students who were subject to constraints on body shape were more prone to anorexia nervosa/eq; • Three experimental groups, one of trainee ballet dancers, one of modelling student and one of people with anorexia nervosa were compared with two control groups/eq; • The two control groups were one of normal students and one of music students/eq; • All participants were administered the eating attitudes test, their height and weight were also collected/eq; Bulimia nervosa e.g. Mumford & Whitehouse (1988)(accept for either AN or BN) • Girls aged between 14 -16years old from four schools in Bradford were used/eq; • Girls were screened using an eating attitudes and a body shape questionnaire/eq; • Participants who scored above 20 on the eating attitudes and above 140 on the body shape questionnaires were invited for a clinical interview/eq; Look for other relevant marking points	
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Question Number	Question	
1 (b)	Evaluate the study you have described in (a).	
	Answer	Mark
	TE: If (a) is blank but (b) correctly evaluates a suitable study then full marks may be awarded. If (a) is a study into a clinical disorder not listed in (a) and is correctly evaluated here then max 3. If (b) evaluates a different study than the one described in part (a) no marks. Max 2 for evaluation points not made specific to the study (generic) Unipolar depression e.g. Brown et al (1985) • The sample, which was working class women in London may not allow generalisation to the wider population as their experiences may not be typical/eq; • The researchers made a good effort to try and recruit as many women in the relevant category as possible, however a minority of women refused to take part/eq; • The life events during the 12 months between the two interviews could not be objectively assessed, making the link between events and depression harder to link causally/eq; • Assessments were done by trained interviewers so should be consistent/eq; • The inevitable attrition over a longitudinal study may have created bias in the sample as only some types of participant may have dropped out/eq; • The study only looks at depression in women with children, so cannot explain depression in men or women without children/eq; • However the sample size was large so findings should be robust and applicable to a wider population/eq; • Recognition of the role of social factors meant the introduction of support structures as a strategy for treatment or prevention came to the fore and is now widely promoted/eq; • Some participants who suffered a traumatic life event did not develop depression showing the link probably involves other triggering factors/eq; Bipolar depression e.g. Viguera et al (2000) • The lack of a control group of women who suffered from another disorder and were pregnant means that the effects of drug removal during pregnancy may be because of other factors than the lithium itself/eq; • The women who had come off lithium but were not pregnant had done so for other health complications so may not have been an appropriate control group/eq; • There may be confounding variables as to why some women came off lithium rapidly and others withdrew more gradually which could have affected the results/eq; • The group of women who stayed on lithium during pregnancy may have done so because they had more severe bipolar than the group who came off lithium so the differences in mental health could be more to do with their underlying condition not the drug or the pregnancy/eq; • The increased risk of a postpartum episode in the women who had discontinued lithium use was only compared to non-pregnant women and not to the frequency of post-partum depression in non-bipolar sufferers/eq;	(5 A02)

	Phobias e.g. Cook & Mineka (1989) • Carried out on rhesus monkeys so generalisation to humans questionable/eq; • Controls with non-threatening objects showed a preparedness for a snake fear to develop compared to neutral objects/eq; • Persistence of a snake fear once acquired also supports view that it may have an evolutionary basis/eq; • Evidence from McNally (1987) suggests that humans are not so readily affected • Suggestion of a special status for snake phobia not supported in humans where it is as readily treated as other specific phobias/eq; • In humans knowledge may be more powerful than any evolutionary predisposition/eq; Obsessive compulsive disorder e.g. Baxter et al (1992) • Schwartz et al (1996) replicated the finding for behavioural therapies so increasing the reliability of the findings/eq; • Sample size for most of these studies is small because of the difficulties and expense of using large numbers of PET scans meaning it may be less generalisable than would be desirable/eq; • Comparisons in glucose metabolism between OCD sufferers and normal controls supports the view that OCD sufferers have heightened metabolising of glucose/eq; • If, as seems likely the basis of OCD is biological it seems unlikely that a behavioural therapy would be as effective as a drug therapy in controlling the disorder, yet this is what Baxter et al claim/eq; • Although there are several studies producing very similar results they are all from a small team of researchers so may not be as independent as seems the case at first sight/eq; Anorexia nervosa e.g. Garner & Garfinkel (1980) • Sample size was very large so results should be generalisable to other young women/eq; • The dance students in particular were identified as coming from high attaining middle class families where anorexia is known to be more prevalent, so high incidence in this group may not be due to career choice but due to family background/eq; • The higher incidence of anorectic individuals among the dance & modelling groups compared to control groups may be a result of a self selecting sample of students rather than the body consciousness required in these professions/eq; • The researchers found that the ballet schools which were more professional had a higher incidence of anorexia, however rather than increased body awareness because of a desire to succeed in the profession it could be the stress of a competitive atmosphere causing the anorexia/eq; • While some of the dance students had high EAT scores suggesting anorexia their body weight and condition did not match this, suggesting that the consciousness of eating and eating habits is independent of anorexia in this professional group/eq; Bulimia nervosa	
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	e.g. Mumford & Whitehouse (1988)(accept for either AN or BN) • The original sample (over 200 Asian girls and over 350 white girls all attending school in a large metropolitan area) so results should be generalisable within the UK/eq; • Participants were girls aged 14-16 so generalisation beyond this cohort may be limited as views on eating and body image change over time/eq; • The subset interviewed in detail were selected on the basis of responses to a questionnaire, however they may not have been entirely truthful in these responses/eq; • Eight Asian and 10 white girls identified for interview on questionnaire results did not attend interview/Only 75% of those invited for interview attended meaning results may be biased/eq; • Both researchers were male which may have created difficulties when interviewing adolescent girls about body image/eq; Look for other relevant marking points	
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Question Number	Question	
2	Joaquin, Zhang and Aisha, who are from different countries, are attending an international conference on mental health. The conference is discussing concerns about diagnosis of mental health issues across the international community. Using research evidence, explain how cultural issues in diagnosis may affect those diagnosed with a mental health disorder.	
	Answer	Mark
	If no research evidence max 3. If do not address the consequences for those with mental health issues max 3. Max 1 for a suitable example clearly explained. Research need not be named but must be clearly identifiable else treat as generic • Systems such as DSM tend to be culturally biased as they do not take into account different values in different countries, so people outside western cultures may be misdiagnosed /eq; • The current version of DSM is still unsatisfactory in terms of cross cultural applicability according to Escobar & Vega (2006) because of its strong western bias/eq; • Salusky (2004) suggests the failure of CIDI to include universally prevalent disorders such as schizophrenia means that it is as lacking in cross cultural applicability as DSM/eq; • Kirmayer (2001) suggests that cultural factors can affect both the manifest symptoms and the approach to coping mechanisms for mental disorders/eq; • Kastrup (2011) argues that as not all cultures see the separation of mind and body prevalent in Western society if the patient and clinician do not share an understanding of how problems are described faulty diagnoses are likely to occur/eq; • Cultural specific disorders such as Koro may not be recognised by those from another culture, which may mean an appropriate diagnosis is not made/eq; • Research by Cinnerella & Loewenthal (1999) suggested that ethnic group and religious faith had a marked effect on perceptions of mental illness so such factors need to be taken into account during diagnosis/eq; • Malgady (1987) demonstrated there is a difference in the interpretation of hearing voiced between Costa Rican culture where it is interpreted as spirits talking to an individual and the USA where the same phenomenon is interpreted as a symptom of schizophrenia/eq; • There is still a marked difference in diagnosis within a society such as the UK according to both ethnic origin and gender, e.g. two thirds of people diagnosed as alcoholics are males while women are more likely to be diagnosed with depression/eq; • Women are far more likely to be treated for a mental illness than men though NICE believe this is because women are more willing to seek help than men/eq; • There are proportionately more people of Afro-Caribbean origin treated for schizophrenia in the UK than white people though it is believed that the 1% of the population figure holds good across all ethnic groups suggesting other factors are playing a part/eq; Look for other relevant marking points	(6 AO2)

Question Number	Question	
3(a)	Describe one treatment/therapy as it is used to treat schizophrenia.	
	Answer	Mark
	Must be one treatment, if answer covers more than one treatment mark all and credit the best. Must link specifically to the treatment of schizophrenia (e.g. behaviour, patient, symptoms, schizophrenia etc.) at least once or 0 marks. So long as link clearly present general comments can gain credit but do not credit points made that are only appropriate for a different disorder. Suitable treatments include chemotherapy, token economy, CBT. Therapies or treatments that are historical (never used now to treat schizophrenia) may not gain credit here but are likely to gain credit in (b) if evaluate as ineffective or inappropriate treatment e.g. Chemotherapy • Psychoactive drugs such as clozapine/chlorpromazine are taken by the sufferer/eq; • The drugs work by blocking dopamine receptors in the brain/eq; • This reduces positive symptoms such as hallucinations/eq; • There are two types of drug typical and atypical, the latter being the more modern treatments/eq; • The drugs are taken on a regular basis to keep the symptoms under control/eq; • It takes about 10 days before the drug starts to show an effect and symptoms reduce/eq; e.g. Token economy programme • This is used to improve the behaviour of schizophrenics living in an institution/eq; • The staff identify which behaviour(s) they wish to see increase in frequency as well as a reinforcement the patient will desire/eq; • The conditions of the programme are explained to the patient/eq; • Every time the desired behaviour is displayed the patient is rewarded with a token/eq; • After a designated number of tokens have been awarded the patient can exchange the tokens for a desired reward/eq; • The tokens are secondary reinforcers and the reward is a primary reinforcer/eq; e.g. CBT • The therapist engages with the patient in identifying the sources of distress for the individual such as hearing voices/eq; • The therapist build up a strong trusting relationship with the patient so that the patient will feel confident and comfortable in therapy/eq; • Using the ABC model the therapist identifies the patients perceptions linking the activating events with the consequences/eq; • The therapist will challenge the patients beliefs while being supportive/eq; • The patient's experiences will be decatastrophised by viewing experiences as on a continuum rather than different/eq; • The patient is encouraged to develop new, rationale alternative explanations for their experiences/eq; Look for other relevant marking points	(4 AO1)

Question Number	Question	
3 (b)	Evaluate the treatment/therapy you described in (a) as a treatment for schizophrenia. In your evaluation make one comparison with a different treatment/therapy for schizophrenia.	
	Answer	Mark
	TE: If (a) is blank but an appropriate and identifiable treatment is evaluated here full marks can be awarded. If the treatment described in (a) is not a treatment for schizophrenia but is a treatment for another mental disorder and is correctly evaluated here then max 2 marks. Must be the same treatment as described in (a) or 0 marks. If (a) is a treatment that could be used for schizophrenia but gains no credit in (a) as fails to link to the disorder, full marks are available in (b). If no comparison with another treatment/therapy is made then max 4 marks. Comparison must be relevant. If more than one comparison made mark all and credit the best e.g. Chemotherapy • Though atypical drugs do not produce as many unpleasant side effects as typical drugs the side effects are still unpleasant/eq; • This means long term compliance with a drug regime is low, estimated compliance is below 50%/eq; • Drug treatment is only effective for positive symptoms so those with mainly negative symptoms are not really helped by chemotherapy/eq; • Can leave as many as 60% of patients with symptoms that do not respond to treatment/eq; • Drugs cannot cure the disorder, at best they help the individual manage the disorder/eq; • CBT can be better than drugs at getting sufferers to recognise the false premise of their intrusive thoughts/eq; • Whereas drug treatment tends to damp down brain activity meaning that the individual functions less well in other aspects of their life token economy can be used to allow the patient to learn control without the negative side effects/eq; e.g. Token economy • Only treats the behavioural aspects of the disorder as rewards can only be gained for observable behaviour/eq; • Unlikely to help with the underlying aspects of schizophrenia, just makes the behaviour more acceptable/eq; • McMonagle & Sultana (2000) suggest that TEPs can assist in controlling negative symptoms/eq; • TEPs are only effective in a closed environment so the schizophrenic needs to be institutionalised to benefit from the programme/eq; • There is always a danger of abuse of power when administering a TEP/eq; • A token economy has to be administered by those in power/authority over the patient whereas most drug regimes can be self administered once the appropriate dosage level has been established/eq; • CBT is more empowering for the patient as they are encouraged to challenge their own thinking patterns/eq; e.g. CBT • Initially used just to deal with residual symptoms but now seen as an alternative therapy/eq; • Healy et al (1998) suggest that CBT is cost effective as an intervention	(5 A02)

	to reduce residual and negative symptoms/eq; • It has been shown to be relatively ineffective at the onset of the disorder, only being of value when patients have relapsed at least once/eq; • It is unclear whether CBT is more useful than other psychological interventions/eq; • According to a NICE report (2009) a meta-analysis of CBT trials demonstrated a 24% reduction in re-hospitalisations of schizophrenics/eq; • To be effective CBT for schizophrenics needs to be done on a 1:1 basis making it expert intensive compared to drug treatment/TEP/eq; • CBT is better than drug treatment only at improving psycho-social functioning/eq; Look for other relevant marking points	
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Question Number	Question	
4 (a)	Using your knowledge of the Rosenhan (1973) study, write a blog or diary entry describing the experiences that one of the pseudopatients may have had on one day during their stay in the hospital.	
	Answer	Mark
	Should at least attempt to adopt a style that is appropriate for a blog/diary – e.g. in the first person and may interpret reported issues creatively Response needs to relate to experiences during the period of hospitalisation and show knowledge of the material contained in the study about this. Points that describe knowledge of the other pseudopatients/ the lead up or follow up of the study are not admissible. Creativity linked to known facts is acceptable. • Asked the duty doctor when I could be discharged as I was feeling fine and he just ignored me/eq; • Noticed two of the nurses having a conversation and looking over towards me, think they've heard that I said I didn't have schizophrenia/eq; • Jake (one of the other patients) said he knows I'm faking it, interesting that the nurses and doctors still seem convinced I've got schizophrenia even though I behave as normally as possible/eq; • When I got my medication handed out to me during the morning ward rounds I managed to slip the tablets into my locker and then flushed them down the toilet later in the morning/eq; • Noticed several other patients flushing away medication rather than taking it, wonder if the nurses are aware what goes on/eq; • This morning I tried asking the nurse about my treatment but she just pushed the pills at me and told me to take them, I feel I'm not allowed to have a view about things/eq; • When we were waiting outside the canteen for them to start serving lunch I heard a couple of doctors walking past commenting on strange, queuing behaviour, obviously they've never been bored or hungry/eq; • I'm going to have to behave ultra normal in order to convince them I can go home as when I was writing my diary today I got asked by a nurse why I wrote so much, she thinks it's obsessive behaviour/eq; • There were some visitors in the ward today, when I was tidying up I got asked by one of them why I didn't behave like other patients, I didn't seem 'odd'/eq; Look for other relevant marking points	(4 AO1)

Question Number	Question	
4 (b)	Evaluate Rosenhan's (1973) study in terms of ethical issues.	
	Answer	Mark
	1 mark per point/elaboration. No credit for practical or methodological issues unless elaborating an ethical issue. • Rosenhan deceived the participants (staff at the psychiatric units) as they had no idea that they were being observed by the pseudopatients/eq; • However if the staff had known in advance the results would have been	(6 AO2)

	compromised, this was shown when, in the second part of the study a hospital was told to expect a pseudopatient/eq; • The admission of the pseudopatients into a psychiatric ward could have taken time and effort away from genuine patients who did need the help/eq; • As the hospitals were in the USA it is unclear who met the cost of the hospitalisations but it was likely to be either insurance or state funding meaning resources for real patients got less/eq; • There is no mention in the study of a full debrief being given to the hospital staff which means that they may have felt disgruntled by the experience but has no opportunity to express this/eq; • Although the pseudopatients went into the study understanding what they had to do it must have been distressing when they discovered they could not easily be discharged/eq; • The pseudopatients were administered powerful antipsychotic drugs which would have been harmful to them if they swallowed them/eq; • It may have been better if the hospitals had been given a letter to be opened at a due date explaining the situation if the pseudopatient had not been discharged after e.g. 2 weeks/eq; • The real identity and occupation of the pseudopatients was not used so there was no long term consequence of a mental illness being recorded in their health records/eq; • Genuinely ill people were turned away from psychiatric units in the period following publication so some who did require help may not have received it because of this study/eq; Look for other relevant marking points	
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Question Number	Question	
5 QWC	With reference to relevant studies, describe and evaluate two research methods used to investigate schizophrenia. Make at least one comparison point between the two research methods.	
	Answer	Mark
	Suitable research methods include twin studies, case studies, animal experiment, interviews, brain scans, . Any other research method can be accepted provided it matches with the studies given. Where studies use multiple methods go with the intention of the candidate. NOTE: Describing a study is acceptable as a means of describing a method Rosenhan is not a study into Schizophrenia, so not acceptable as study, though the research method of a field study is fine. Indicative content Twin studies • When an identical twin is diagnosed with schizophrenia the other twin is studied to see if both of them get schizophrenia • MZ & DZ twins are both used to see how likely it is that if one twin has the disorder so will the other one • Concordance rates are compared to see if it gives evidence that the amount of genetic material shared indicates the likelihood of both suffering from schizophrenia • This is because while twins reared together will share the same environment only identical twins share the same genes • Researchers will use a variety of strategies to ensure the allocation to MZ or DZ is accurate • Gottesman (1991) looked at concordance levels in MZ and DZ twins and found it to be much higher in MZ twins • One problem is that twins are relatively rare in the population therefore the sample pool is not very large • Historically there have been problems being certain whether a pair of twins were genuinely MZ or DZ, however DNA testing means this is less of an issue now • Although ideally the only difference between MZ & DZ twins reared together is the degree of relatedness it is possible that identical twins are treated more alike than DZ twins so contaminating the data Interviews • Individuals diagnosed with schizophrenia are asked about their life history • The interviewer is likely to use an unstructured interview so they can find out how participants respond in a variety of situations • Of particular interest will be how well the individuals interpret the world around them/adapt to changing circumstances • Goldstein interviewed all her participants so she could understand how well they were coping with their disorder • In a face to face interview people may be more concerned about how they are perceived by the interviewer rather than telling the truth • Schizophrenic patients often find it hard to relate to others so may find responding coherently to interview questions challenging. • Symptoms such as paranoia or word salad may have an effect on responses that makes them very difficult to analyse correctly	(12 A03)

	Animal experiments • Animals are treated in various ways to see if certain factors can induce schizophrenia like symptoms • For example Castner et al (1998) exposed pregnant monkeys to doses of radiation to induce brain damage in the fetuses • This showed that hallucinations and memory problems appeared after puberty in rats that had been irradiated as a foetus • For example psychotic behaviour is elicited in rats by the administration of amphetamines/ excessive dopamine to test the dopamine hypothesis • However there are problems of extrapolating from e.g. rats to humans as we are different species and may not react in the same way • It is difficult but necessary for observed behaviour to be interpreted correctly by researchers as animals cannot explain how they feel • So researchers make assumptions about hallucinations based on brain wave patterns and behaviour Case studies • A case study is a detailed and in depth study of an individual, in this case someone with schizophrenia • Data will be collected using a range of methods such as clinical interviews and tests • The clinician will seek to develop as complete a picture of the individual's state as possible • If treatment is being given the measurements will very likely look at before and after scores • Bradshaw (1998) described both the progression and treatment, with CBT, of a young woman with schizophrenia over a three year period • However case studies are difficult to extrapolate to the wider population as they are unique • Case studies allow the researcher to look at the subtleties of the disorder within the individual and will give a more profound understanding of the illness • The prolonged period of interaction between the researcher and patient may cause the individuals to become too emotionally close so the researcher ceases to be objective in their interpretation Family studies • Researchers use correlations to assess the level of occurrence of schizophrenia between people who are blood relatives • For example how commonly the children of schizophrenics are also diagnosed with the disorder • The frequency will be compared with that for those with a different degree of relationship such as cousins • The degree of heritability is compared to the degree of relatedness • Crawford et al (1998) looked at families with a schizophrenic member to see if saccadic eye movement may be a marker for vulnerability to the disorder • Although the research is looking for heritability, results may be contaminated by shared environments • Studies rely heavily on historical data where memory may cause errors or are longitudinal with the attendant problems of attrition • Unless DNA sampling is done there may be concern that believed family relationships may not be correct. Uncovering of relatedness issues could cause difficulties for the family Adoption studies	
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	• Researchers look at the frequency with which schizophrenia occurs in children living with a parent who has schizophrenia • They also look at rates for children of schizophrenics who have been adopted into families with no schizophrenia • They look at differences in frequency between groups and may also compare these levels with the baseline level in the population • Tienari et (1994) compared 91 yoked pairs of adopted children where one child had a mother with schizophrenia and the other was a matched, non-schizophrenic control • There are logistical problems in following through yoked pairs over a period of years as attrition of one of the pair means both are lost • Studies comparing children of schizophrenic mothers with those from 'normal' mothers, all of whom are adopted are able to control for the effect that adoption may have on the children • However recruiting sufficient children who fulfil these criteria can be difficult and may mean pairs are spread over several years • It is possible that the prenatal environment of the children will be different as schizophrenic mothers may be on medication that affects the foetus/be less careful of their nutrition Comparisons e.g. • Using animal models to study factors associated with schizophrenia allows much tighter control to be exerted than in twin studies where there is no control or knowledge of the life of the twins prior to diagnosis. However whether results from another species can be applied to humans is debateable. In contrast although twins are relatively rare they do share more with other humans than we do with e.g. rhesus monkeys • In adoption studies and family studies there are large amounts of time when the individuals are not meeting with the researchers so it is difficult to know what other experiences they have had that may affect their vulnerability to schizophrenia • Whereas a case study is very detailed about the one person a family study will use a large number of people within the same family and probably a large number of families, This means the family study researchers will know very little about their participants, relying on large numbers to swamp anomalies, whereas the case study researcher will know a great deal about their participant and what affects them. Look for other relevant material	
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Level	Mark	Descriptor
Level 0	0	No rewardable material.
Level 1	1-3	Candidates will produce brief answers, making simple statements, showing some relevance to the question. • One method at a basic/brief level for both description and evaluation or • Description of two research methods BUT no evaluation/ comparison or • One or two studies required but no RM or evaluation or comparison Little attempt at the analytical/evaluation demands of the question. Lack of relevant evidence. Skills needed to produce effective writing unlikely to be present. May have some coherence, will be generally comprehensible, but lack both clarity and organisation. High incidence of syntactical and/or spelling errors.
Level 2	4-6	Candidates unlikely to maintain balance between the elements of the essay. Either • Only one method: described & evaluated well. A second may be present or • Both methods described or evaluated well: the other skill present but minimal or • All four elements present and balanced but all at a basic level <i>With - in all cases</i> • Some reference to one or more relevant studies and/or a basic comparison Range of skills needed to produce effective writing is likely to be limited. There are likely to be passages which lack clarity and proper organisation. Frequent syntactical and/or spelling errors are likely to be present.
Level 3	7-9	Candidates will show some good knowledge with understanding of the focus of the question and include some analysis and evaluation. Note: symmetry in the level of detail within the answer is not necessary • Both research methods described with breadth or depth • An attempt to evaluate both research methods with some breadth and/or depth shown for one method and use of a relevant study for at least one of the methods • There may be an attempt at a comparison between the methods Points made may not be fully treated critically though there may be some evidence of judgement and of reaching conclusions where this is relevant. Use of a range of evidence. The candidate will demonstrate most of the skills needed to produce effective extended writing but there will be lapses in organisation. Some syntactical and/or spelling errors are likely to be present.
Level 4	10-12	Responses are relevant, focused and address the main issues contained in it. • Good description of two research methods with depth and/or breadth • Both research methods evaluated effectively with breadth and depth and at least one research study per method. • There will be at least one comparison made There will be evidence of reasoned argument and of judgement when relevant to the question. The analysis will be supported by accurate factual material, which is relevant to the question. Good use of evidence. The skills needed to produce convincing extended writing in place. Good organisation and clarity. Very few syntactical and/or spelling errors may be found. Excellent organisation and planning

Section B: Issues and Debates

Question numbers	General Instructions
Questions 6 & 7	Marking points are indicative, not comprehensive and other points should be credited. In all cases consider "or words to that effect". Each bullet point is a mark unless otherwise stated and each point made by the candidate must be clearly and effectively communicated.

Question Number	Question	
6 (a)	Choose one study you have learned about that has raised ethical concerns. You must not use a study from the Clinical Psychology topic. Describe the procedure of your chosen study.	
	Answer	Mark
	No marks for aims, results, conclusion or for describing the ethical issues Suitable studies include Milgram, Meuus & Raaijmakers, Hofling, Zimbardo, there are many more. Note the study could be one on animals, this is acceptable. Accept Watson & Rayner's study on Little Albert (1920), Freud's study on Little Hans (1909) and Axline's study on Dibs (1964/1990) as these are learned about in approaches/ applications other than Clinical Psychology e.g. Milgram (1963) • Participants were recruited via a newspaper advertisement/eq; • They believed they were taking part in a study into punishment and learning/eq; • They took part in a fixed draw which meant the real participant was always the teacher/eq; • They were told to administer an electric shock to the other 'participant' when they got an answer wrong/eq; • If they said they wished to stop verbal prods were used to encourage them to continue/eq; e.g. Meuus & Raaijmakers (1986) • Participants were told to make a series of 15 derogatory comments to a 'job applicant' during the process of answering a series of questions/eq; • The 'job applicant' would complain about the derogatory remarks but the participant was told to ignore this/eq; • The participant was told the job involved being able to handle stress, so giving the task face validity/eq; • A total of 39 participants were used, 15 were present at the interview but did not give stress remarks, 24 were told to give the stress remarks e.g. Hofling (1966) • A nurse on duty alone on a hospital ward received a telephone call/eq; • The caller identified themselves as a doctor and asked the nurse to get a box of 'Astroten' from the medicines locker/eq; • The nurse was required to read out the dosage instructions over the phone 'to check it was the correct medication'/eq; • The doctor then instructed the nurse to administer double the maximum dose to a patient on the ward/eq; • If the nurse went to administer the drug a confederate who had been observing discretely intervened before the nurse could do so/eq; e.g. Yuille & Cutshall (1986)	(3 AO1)

	• Participants were recruited from the real life witnesses to a fatal shooting/eq; • The researchers interviewed each witness and compared their recall with the witness statement given to the police/eq; • Two leading questions were asked, one about a broken headlight and one about the colour of a quarter panel on the car/eq; e.g. Curtiss (Genie) (1977) • Genie was initially admitted to a children's hospital where she received intensive input and was tested to check her physical and psychological progress/eq; • After moving to a foster carer she continued to have one to one sessions to develop her language and other skills/eq; • Genie was taken on shopping trips and to other places by Curtiss to broaden her experiences/eq; e.g. Blattler et al (2002) • Participants were poly drug users attending clinics in various parts of Switzerland/eq; • They were included in the study if they were participating in a scheme which gave them free heroin in return for attending therapy sessions aimed to tackle the underlying drug use problem/eq; • Questionnaires were administered every six months by trained researchers/eq; • Randomly spaced urine samples were taken to check the veracity of self report on drug usage/eq; e.g. Cottrell et al (1968) • Participants learned word pairs and then had to recall the pair word when given the first one/eq; • There were two competitive groups, one of whom completed the task alone and the other in the presence of others/eq; • There were two non-competitive groups, one who completed the task when on their own and the other in the company of others/eq; • The audience in the first experiment was two attentive students/eq; • In experiment two sometimes the audience was two blindfolded students to create the 'mere presence' condition/eq; Look for other relevant marking points	
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Question Number	Question	
6 (b)	Evaluate the study you have described in (a) in terms of ethical issues and suggest one way in which the study could be made more ethical.	
	Answer	Mark
	If the study evaluated in (b) is a different study than that described in (a) 0 marks. If (a) is blank but (b) evaluates a relevant study full marks may be gained. If (a) is an incorrect study (i.e. from Clinical) but correctly evaluated here then max 3 marks. If no mention of a way that the study could be improved then max 4. No credit for methodological evaluation points Improvements in ethics must be realistic in the context of the study, eg. Informed consent in Milgram's study would not work, so can't get credit Counterarguments are acceptable as elaboration points. (Eval of eval) e.g. Milgram (1963) • Milgram deceived his participants as they believed they were administering electric shocks to Mr Wallace/eq; • However the deception was necessary if the study was to test obedience successfully/eq; • Milgram also deceived the participants into the true nature of the study as they believed it was about the effects of punishment on learning/eq; • To have known the true aim of the study would have made the results invalid/eq; • Participants were given the right to withdraw before the study started, however this was difficult to implement for the participants because of the verbal prods/eq; • Milgram could have chosen a less distressing task for his participants so that they did not get so upset/eq; • Milgram could have used a smaller sample size so that fewer participants experienced the distress/eq; e.g. Meuus & Raaijmakers (1986) • The administration of psychological rather than physical harm was deemed to be less stressful but this may not be true/eq; • Participants 'hid' their distress by behaving like an 'official', but that doesn't mean it is less distressing than Milgram's procedure/eq; • The participants were deceived as they believed the interviewee really wanted the job rather than being a stooge/eq; • Despite the assurance at the start of the study the use of prods meant that the right to withdraw was not really present/eq; • Fifteen derogatory remarks is a lot of potential distress, it would have been possible to show the obedience with considerably fewer comments e.g. Hofling (1966) • The nurses did not give consent to the study as they were unaware it was taking place/eq; • They were misled into breaking hospital regulations which was then discussed with them causing deep distress/eq; • Nurses were targeted when alone so had no colleague to discuss the issue with, which they may have done in a more realistic situation/eq; • Nurses were given the right to withdraw results after the study but by then the damage had been done to their feelings of competence/eq; • Undermining nurse's confidence in their ability to do the job well may have serious consequences for the nurse professionally as well as for the welfare of their patients	(5 AO2)

	• The regulations nurses were made to break could have been ones that were potentially less damaging to patients causing less distress/eq; e.g. Yuille & Cutshall (1986) • All potential participants were invited to 'opt in' to the study so protection of participants was well considered/eq; • Nonetheless participants were required to relive their experience of witnessing a fatal shooting which may have been distressing/eq; • No participants were identified in the study, however as there had been a court case they may have been traceable/eq; • If participants were misled by the leading questions it may have caused anxiety about whether they'd given accurate EWT in the court case/eq; • The researchers could have used real eyewitnesses, but to an event that was potentially less traumatic than a shooting/eq; e.g. Curtiss (Genie) (1977) • The researchers did safeguard anonymity by using a pseudonym for the girl in the case 'Genie'/eq; • There was a lack of duty of care in the opinion of a court who removed 'Genie' from the care of the researchers citing exploitation/eq; • There was evidence that Genie was tested to check progress more than was necessary as the researchers wanted to achieve good data/eq; • The enrichment programme undertaken by people such as Curtiss was more intensive, time consuming and demanding than is normally the case suggesting they were genuinely concerned for Genie's welfare/eq; • A more stable and caring home would have been better and may have had a more positive outcome, as it did with the Kulochova twins/eq; e.g. Blattler et al (2002) • The research was approved by the Swiss ethical committee before being conducted so should be to a good standard/eq; • To become involved addicts had to agree to attend a programme of counselling, so there was an attempt to help the addicts/eq; • Regular monitoring of urine sample and questionnaires did help to keep addicts 'cleaner' than they had been previously/eq; • Participants' results and details were confidential, to ensure privacy/eq; • It may have been possible to keep more of the initial sample in the scheme if there had been additional incentives to keep in the study/eq; e.g. Cottrell et al (1968) • Participants did not give informed consent as they had no idea of the true purpose of the study • Participants were subdivided into fast, medium or slow learners, if they discovered this it could have a negative effect on them/eq; • It is possible that the competitive condition could have distressed some people who were not of the right personality type/eq; • Confidentiality was observed as there is no way of tracing who the participants in the study were/eq; • It should be possible to conduct such a study using a degree of informed consent as the effect of an audience still happens/eq; Look for other relevant marking points.	
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Question Number	Question	
7 (a)	Social control can be exerted by those who have psychological knowledge. This may be beneficial or harmful to the person being controlled. Describe two different ways in which psychological knowledge could be used to exert social control over others. In your description include how these ways may be used to control people's behaviour in real life.	
	Answer	Mark
	If only one way max 3. If no example max 3. Different ways must employ different psychological techniques, not the same technique in different context. Suitable methods of social control include drug therapy, token economy, classical conditioning, the role of the practitioner in treatments/therapies. Other mechanisms of social control are acceptable as long as they are psychological. Response must focus on what is done rather than theory. Drug therapy • Psychoactive drugs are given to treat mental disorders such as depression/eq; • The idea is to enable the individual to function more effectively in society and lead a normal life/eq; • The drugs are obtained on prescription from a doctor/psychiatrist who will monitor the patient to see how they progress/eq; • This means the patient has to comply with what the clinician wants, such as additional therapy, in order to keep the drug supply/eq; Token economy • Staff in prisons may impose a TEP to improve the behaviour of the prisoners during social sessions/eq; • They would give tokens for desirable behaviour, in their view, such as being polite to each other/eq; • The prisoners will exchange the tokens for desired items such as phone calls or cigarettes/eq; • This means the staff can manipulate the behaviour to suit the regime they wish to create/eq; Classical conditioning • By associating a behaviour with a particular situation an individual's behaviour is influenced, even if they do not wish it to be linked/eq; • Someone wishing to cure a fear of flying may pay to be classically conditioned to overcome their fear/eq; • Practitioners will conduct an intensive course that lasts at most a few days and will train the individual to feel relaxed when in an aircraft/eq; • No follow up to check on the long term effects of the treatment/eq; Role of the practitioner • During a talking therapy the practitioner will determine the style and content of the therapy sessions/eq; • Clients will, depending on the therapy be told what underpins their thoughts or what their thoughts mean/eq; • Their assumptions about themselves will be challenged and they will be expected to change their thinking in a way determined by the practitioner/eq; Look for other relevant marking points	(5 AO1)

Question Number	Question	
7 (b)	The social control that can be exerted using psychological knowledge has both benefits and costs. Using one of the ways of exerting social control you have described in (a), assess the practical implications of this type of social control.	
	Answer	Mark
	If more than one type of social control mark all and credit the best. No credit for ethical evaluation. If the social control assessed here is not one of the types described in (a) then 0 marks. If (a) is blank but (b) correctly evaluated a psychological means of exerting social control then full marks can be gained. If (a) is a non-psychological mechanism for exerting social control but is correctly assessed here then a max of 2 marks may be given. A maximum of 2 marks may be awarded for evaluations that are generic in nature, but go with the intention of the candidate as some generic comments can be made specific by the addition of a minor point. Suitable methods of social control include drug therapy, token economy, classical conditioning, the role of the practitioner in treatments/therapies, there are others Drug therapy • Although drug therapy may be effective in controlling a mental disorder it can often produce unpleasant side effects that the patient may not want to experience/eq; • However often it is the only practical way for those with more serious disorders to function out of an institution/eq; • This may mean that drug treatment is also more affordable for a society/eq; • If a patient does not take their medication while pretending they are doing they could endanger themselves or others because there is an assumption they are safe to leave unsupervised/eq; • Drug treatments are often referred to as chemical coshes, this is because they can produce sufficiently strong side effects that the recipient is unable to function normally/eq; • Compared to the financial costs of alternative strategies drug treatments are often very cost effective as a means of dealing with mental disorders/eq; Token economy • The use of a token economy in a prison may have the advantage of making the prison run more smoothly as the prisoners are happy to comply with staff wishes in return for rewards/eq; • TEPs can be operated with a minimum of training for the staff so that administration can be rolled out in an institution fairly easily/eq; • TEPs tend only to work well within institutions as it is necessary to be able to observe and respond to all examples of the desired behaviour in the individuals otherwise it will not work/eq; • There is no guarantee that behaviour learned in an institution with a TEP will generalise to the outside world where there is no TEP in operation so any long term benefits may be forfeit/eq; • If reinforcement is erratic/inconsistent it may reduce its effectiveness as a means of control/eq; • TEPs can be effective at controlling an individual's behaviour provided the rewards on offer are ones the individual desires/eq;	(4 AO2)

	Classical conditioning • Systematic desensitisation can be considered a very positive method of helping people overcome an irrational fear/eq; • By allowing people to control the speed of their progression through the therapy the therapist's level of control is minimised and that of the client increased making clients feel better about their therapy/eq; • Systematic desensitisation has been shown to be effective in terms of cost and time with courses to cure a fear of flying run by airline companies costing less than £200, lasting one day and with a money back guarantee(2 marks)/eq; • As the therapy can use in vitro methods it is not essential to always have the phobic object around, making it easier to undertake/eq; • Although classical conditioning techniques such as SD are useful in treating phobias they are of very limited value for other disorders so if a therapist attempted to treat a patient with anorexia it would not be effective/eq; Generic points • Social control infringes the right of people to self determination so infringes national/international law/eq; • Even if asked to enter an agreement to undergo treatment/therapy that involves social control a person may not understand the implications of what they are agreeing to before it is too late/eq; • If someone has committed an offence or is seriously ill, either physically or mentally it may be argued by some people that they forgo the right to opt out of a treatment that involves social control/eq; Look for other relevant marking points	
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Question Number	Question	
8 QWC	A research team is interested in conducting a study into stress. They decide to use people who have experienced stress caused by a natural disaster. Examples of natural disasters include earthquakes, volcanic eruptions, avalanches or extreme weather. Explain how the researchers may design and undertake a study into stress caused by a natural disaster. You may wish to include the following information in your answer: • finding a suitable sample • deciding on an appropriate research method or methods • ways of collecting data • practical issues • ethical considerations • length of time the study will last.	
	Answer	Mark
	Read through the whole of the answer before going to the levels. Suitable research methods include surveys, observations, case studies and experiments. More than one research method may be incorporated into the design (as in real research) so long as choices are appropriate. Answers using a mix of methods are acceptable. The answer can use any natural disaster, the examples are for guidance Indicative content e.g. • Visit the area as soon as it is clear that flooding/disaster is likely to happen/ has happened • Use a semi-structured interview as this is likely to be more productive than a questionnaire. • This would have been designed in advance as if people are feeling stressed they will not want to bother with a paper questionnaire • To get a good response rate go to a centre that people have been evacuated to because of the state of their homes • People may have time on their hands as they wait for flood water to subside but will be stressed thinking about the state of their homes • People relocated to a tent camp because on an earthquake may have time on their hands because there will be no jobs to go to • Interviewers need to be trained to ensure they do not cause additional stress with their questions • Potential participants should give consent before starting the interview and know they can stop at any time if the questioning distresses them • The researchers could join one of the emergency teams and operate as participant observers to see how people are coping with the situation • Participants should be asked if they would be willing to be observed when they go back to their home to assess damage • This may be difficult to manage if everyone is returning at the same time so it may be necessary to ask some participants if they would complete a questionnaire about how they feel • This will give qualitative data which may prove interesting, however it may be good to get some objective, quantitative data as well • If they found a suitable family they may be able to recruit them to	(10 A03)

	undertake a case study so they can collect data, not just in the immediate aftermath of the disaster but to see how they cope over the next year and the impact on the internal dynamics of the family • A follow up interview in which the participants reflect on their experiences would be conducted about 6 months after the event • As there may be quite a high drop-out rate the sample should be quite large to start off with • It is quite possible that those who are most stressed will be the first to drop out which may be a problem as data will be biased • Some people may mistake a questionnaire about how they are feeling for one about insurance for their homes so may exaggerate their state, giving problems on the accuracy of the data collected Look for other relevant material	
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Level	Mark	Descriptor
Level 0	0	No rewardable material
Level 1	1-3	• There is an attempt to design a study. Given the aim of the study indicated by the question, it is possible that suggestions are either unrealistic or inappropriate. • There will be a lack of detail about the sample and/or data • Either practical and/or ethical issues not addressed • There is insufficient detail to allow a study to be attempted based on the information provided Skills needed to produce effective writing unlikely to be present. May have some coherence, will be generally comprehensible, but lack both clarity and organisation. High incidence of syntactical and/or spelling errors.
Level 2	4-6	• Description shows some understanding of the issues involved in designing a study, the suggestions made should be at least partly appropriate. • The answer will address some elements relating to the sample and how might be recruited, data collection and type of data obtained. • Practical and ethical issues considered briefly or only practical or ethical done, but with breadth and depth. • Sufficient detail given so it would be possible to see how a study might be done though details too sparse to allow the study to be attempted Range of skills needed to produce effective writing is likely to be limited. There are likely to be passages which lack clarity and proper organisation. Frequent syntactical and/or spelling errors are likely to be present.
Level 3	7-8	• Shows good understanding of issues involved in designing a suitable study. • Type of sample and how might be recruited, how data may be collected and what type of data would be obtained likely to be addressed • Practical and ethical issues addressed well, with either breadth or depth • May have flaws /gaps that mean it is not entirely practicable, however the response should be sufficiently detailed that at least partial carrying out of the suggestions could be undertaken Points made may not be fully developed though there may be some evidence of judgement where relevant. The candidate will demonstrate most of the skills needed to produce effective extended writing but there will be lapses in organisation. Some syntactical and/or spelling errors are likely to be present.
Level 4	9-10	• Description shows excellent understanding of the issues involved in designing an appropriate study. • Most of the key issues such as sample type and recruitment, data collection, type of data etc tackled • A range of practical and ethical issues appropriately addressed • Flaws /gaps will be minor though may mean it is not entirely practicable, however the response should be sufficiently detailed that replication could be attempted with reasonable hope of success. There will be evidence of judgement regarding choices in the design Good use of methodological understanding. The skills needed to produce convincing extended writing in place. Good organisation and clarity. Very few syntactical and/or spelling errors may be found. Excellent organisation and planning

Question Number	Question	
9 (a) QWC	Psychology has benefited society in many ways and all the approaches you have studied can be said to have contributed positively to a wide range of areas and applications. Describe and evaluate at least two contributions to society from the Psychodynamic Approach, and at least two contributions to society from the Social Approach. In your answer compare the usefulness of these contributions to society.	
	Answer	Mark
	Read through the whole answer before attempting to award any marks. Go to the content levels and award a mark appropriate to the content and quality of the answer. 'Quality' here does not include qwc. QWC: Once the content mark has been awarded refer to the structure levels and award those marks separately Indicative content Description of contributions: Note a negative contribution is as creditworthy as a positive contribution should one be described Psychodynamic: • The introduction and development of psychoanalysis has opened the way for talking therapies as opposed to medical approaches • Many people have benefitted from the insights developed as a result of psychoanalysis • The explanations of gender development emphasises the importance of identification with the same sex parent • The importance of parental relationships in developing a healthy personality in young children originated with Freud • Freudian concepts about unconscious desires have been exploited by advertising agencies • The use of defence mechanisms to cope with unpleasant or threatening circumstances enables people to better deal with their anxieties • An overdominant id as a result of early experiences and over-indulgence may be linked to criminal activity according to psychodynamic therapists, this could lead to successful treatment of offenders Social: • Helped to explain why people behave in extreme ways/out of character when they enter the agentic state • Thus also allowing us to guard against the excesses that can result from blind obedience. • SIT explains why people behave in a prejudice manner and why in-group identity and out-group denigration can lead to aggression and negativity • Social approach has helped to develop constructive/positive ways to help those suffering from mental disorders to be reintegrated into society • SFP can explain how those from disadvantaged or violent backgrounds can become criminals because of the way they are treated • Relationships research has shown how the first attachment produces a model for life, so it is important that children get the right start in life • The social pressure experienced by drug users to maintain their habit so they fit in contributes to our understanding of how addiction starts and also how it can be maintained • Teenage girls often abandon sport as the norms in their social group see it as 'uncool' meaning that to improve participation the social acceptability	(6 AO1 12 AO2)

	of female sport needs to be increased Evaluation of contributions Psychodynamic: • Talking therapies are viewed as ethical and positive as they are less invasive and have fewer negative side effects than other interventions • Even people who are not suffering from a mental disorder have benefited from psychodynamic therapy as they find the explanations cathartic • However some find the dwelling on childhood experiences and relationships with the mother both intrusive and distressing • The tendency for psychodynamic therapists to invoke arguments of denial when a client disagrees with their analysis does not help credibility • According to psychodynamic theory children brought up in a single parent home are likely to suffer from an inadequately developed superego • The view that both divorce and gay families can cause psychological issues for children is too extreme a view for most people to accept • There is only no objective evidence that advertising based on Freudian concepts works more effectively than other types of advertising, alternative explanations are often equally persuasive • Cognitive psychologists would argue that defence mechanisms are indeed used, but consciously in the vast majority of circumstances • There is evidence that rather than being repressed deeply distressing events are remembered in great detail by the victim • Very few of the concepts within the psychodynamic approach have concrete evidence to support them Social: • Due to research by e.g. Milgram into the way someone in an agentic state may behave there is now emphasis in training e.g. the military to avoid such problems • However such problems seem to still recur suggesting that despite the evidence it is still not seen as a major issue in many places • Work by both clubs and authorities to address the rivalries caused by in – out group conflict seems to have reduced the level of aggression present in such situations • It could be argued that improvements in football fan behaviour are not because better understanding has led to tackling the in-out group issue but for fear of being caught • The SFP cannot explain how people become criminals even when there is no expectation that this is how they are likely to behave • The social approach to mental disorders does little to address the symptoms that an individual may be experiencing though it is good in helping to re-integrate them back into their community • Not everyone who starts using drugs is a member of a group that will apply social pressure to encourage this behaviour • Although early social experiences of infants are important the resilience of humans means children can learn to overcome some of these problems Comparisons between the (usefulness of the) contributions: • Both psychoanalysis and care in the community are useful as they provide support for people while in the community • • Both approaches agree that early relationships in the family are important, but the psychodynamic explanation sees the unconscious psychosexual relationships as being the building blocks of personality the social approach will see child rearing styles and the warmth of the parent –child relationships as crucial. • Whereas the psychodynamic approach considers that personality development is complete by age 6 the social approach would argue we	
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	continue to grow and develop for as long as we interact with other people. • Whereas the psychodynamic approach sees an over-dominant id as being responsible for criminal behaviour the social approach would argue that SFP is more important. Look for other relevant material	
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Level	Mark	Descriptor
Level 0	0	No rewardable material.
Level 1	1-3	Candidates will produce brief answers, making simple statements, showing some relevance to the question. • Description may be of approaches in general rather than contributions or • Contributions are described but there is no explanation of why they contribute something useful to society nor any general evaluation or • Contribution(s) described very briefly and evaluation if present is general and poorly developed
Level 2	4-6	Both some description and some evaluation must be present. Description Either • One or more contributions to society from each approach listed but only two described with any detail (either from the same or different approaches). May develop the rationale of why it is a contribution or • Brief descriptions of at least two contributions from each approach or • Contributions from one approach done well, with both breadth and depth. Other approach may not be mentioned Evaluation • Evaluation either done well, with both breadth and depth for one approach or attempted for both approaches • Evaluation may be more general than specific
Level 3	7-9	Candidates' answers will show some good knowledge with understanding of the focus of the question and will include analysis and evaluation. • Two or more contributions to society given for each approach, at least one must be explicitly developed. At least one contribution from each approach needs to be well detailed or explain why it is a contribution to society. • Evaluation considers how useful contributions are, likely to provide evidence and some points may be general to the approach rather than specific to the contribution • Comparison between the contributions may be present but is only essential if the evaluation is otherwise at level 2.
Level 4	10-12	Candidates will offer a response which is relevant and focused on the question and addresses the main issues contained in it. • At least two contributions to society well explained for each of the approaches. For each approach one contribution must show detail and explain why it is a contribution to society while the other contribution(s) must show some detail. • Evaluation of the contributions will be relevant and is likely to cite evidence though this may not be in the form of specific studies • There will be at least one comparison made between the usefulness of the contributions

Structure levels

Guidance – 6AO2 marks rewarding structure and focus of description and evaluation. These marks are awarded independently of the content mark and should reflect the overall impression gained from the essay.

Level	Mark	Descriptor
Level 0	0	No rewardable material e.g. no appropriate terminology
Level 1	1-2	Response <i>lacks</i> focus and structure. Points are disparately made with little cohesion and flow. There will be some appropriate use of terminology. High incidence of syntactical and/or spelling errors.
Level 2	3-4	Response is <i>generally</i> focused and cohesive. There may be some points that are irrelevant to the overall structure. Likely to cite research evidence but this is not essential if the writing implies reasonable knowledge of a range of arguments. The response is presented in a legible style using appropriate terminology. Some syntactical and/or spelling errors are likely to be present.
Level 3	5-6	Response is coherent, well structured and focused. The injunctions in the question will be addressed appropriately and there will be only minor digressions from the substantive content of the essay. There will be use of research evidence to support arguments. Most research used will be appropriate and accurate. Very few syntactical and/or spelling errors may be found. Bear in mind time constraints in terms of both the range and detail given in the answer

Question Number	Question	
9 (b) QWC	Conrad is performing in a play. He and his friend, Ahmed, have worked together on learning Conrad's lines. Conrad has just found out that Ahmed will not be able to attend the performance tonight. Conrad is very proud of the important role he has been given in the play, but part of him is very nervous and wishes he could just leave. Then, as Conrad was waiting to go on stage, he suddenly realises he has a problem; his mind had gone blank. It is as if he has forgotten all the lines of the play and even the stage directions. Psychology has many areas including approaches, application, concepts and topics. Using at least two areas of psychology, describe and evaluate two or more explanations of Conrad's mind going blank. In your answer make at least one suggestion as to how psychology could help Conrad perform successfully in the play.	
	Answer	Mark
	Read through the whole answer before attempting to award any marks. Go to the content levels and award a mark appropriate to the content and quality of the answer. 'Quality' here does not include QWC. QWC: Once the content mark has been awarded refer to the structure levels and award those marks separately Indicative content Cognitive approach: • Conrad may be suffering from cue dependent forgetting as he learned his lines at home rather than on the stage • He needs to reinstate the context in which he learned the material such as thinking himself back into his room • Conrad was probably quite calm and relaxed when he learned his lines whereas now he is quite taut in preparation for going on stage so his state is making him forget • He needs to produce a calmer feeling by using some sort of relaxation technique to help reinstate the learning • Tulving's theory of cue dependency suggests that both state and context cues may play a part • Evidence from studies such as Godden & Baddeley support the theory and could explain Conrad's forgetting as divers remembered better in the same environment as the one they learned in • Conrad may have started learning the lines for his next production and this is causing interference for him • This would produce retroactive interference and may mean that the lines for his current play are no longer accessible • Research by Loftus has shown how new material can either overwrite or interfere with material already present in the mind • To avoid this happening Conrad should avoid learning new lines until the lines for the current play are rehearsed sufficient to ensure the memory trace cannot be over written so easily	(6 AO1 12 AO2)

	Learning approach • When Conrad learned his lines he probably got positive reinforcement from Ahmed telling him well done, now that he has no one to say well done the learning has been extinguished • It is possible there will be spontaneous recovery and the information will return but Conrad could improve the chances of remembering what he learned by thinking of Ahmed saying well done • Operant conditioning could explain how information can be lost provided it is not being used regularly • Conrad could decide to give himself a reward if he remembers his lines correctly to improve the chances of accurate recall Psychodynamic approach • Conrad may be repressing information because he is in a very emotional state waiting to go on stage • The use of a defence mechanism to protect the ego from the excessive demands of the superego wishing to produce the perfect perform may lead to the loss of the information • It could even be that unconsciously if the lines are forgotten it provides an 'excuse' for not giving a perfect performance • Conrad would need to learn to accept his best effort as good enough and be content that perfection may not always be possible Biological • Conrad may be suffering from choking in the same way that athletes sometimes do when an important performance is needed • His stress levels have risen sufficiently high that his performance has crashed • According to catastrophe theory there is a sudden drop in performance standard due to excessive levels of stress hormones • Learning to control his stress will help Conrad, as will over-learning his lines so they become well rehearsed responses and therefore more resistant to the effects of stress Social • Conrad is aware of stories about stage fright and how people forget their parts because of this • This has influenced him so that when he stands in the wings and feels nervous he interprets it as stage fright • He therefore forgets all his lines because he believes that this is what it happening to him • Self fulfilling prophecy can have powerful effects on people as they fulfil what they believe to be the case. The stage manager may have said she expected that he was nervous • Self fulfilling prophecies do not always work and Conrad may be able to escape the effect through wanting to show he is not a victim of its power Look for other suitable material	
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NB: As this is an applied question and response the level of research required for any particular level is not as rigorous as in a standard question		
Level	Mark	Descriptor
Level 0	0	No rewardable material.
Level 1	1-3	Candidates will produce brief answers, making simple statements, showing some relevance to the question. • Only one explanation described possibly with a mention of theory or • Two explanations identified with very basic explanations possibly with an identification of the underpinning theory or • Theory/research given without making it relevant to an explanation or • Suggestions to overcome the 'blanking' without reference to explanations and/or theories
Level 2	4-6	Candidates will produce statements with some development in the form of analysis/evaluation, with limited success. Either • Two different explanations from two different areas, though one may be in more detail than the other or • Two explanations from the same area done well or • More than one explanation described or evaluated well • Some underpinning theory and/or research will be present either done well for one explanation or in less detail if both attempted. • A suggestion to deal with Conrad's 'blanking' may be made.
Level 3	7-9	Candidates' answers will show some good knowledge with understanding of the focus of the question and will include analysis and evaluation. • At least two different explanation from two different areas will be described • Underpinning theory / research will be used for at least one explanation, showing some breadth and/or depth • The response will be contextualised • An appropriate strategy to deal with Conrad's 'blanking' will be given
Level 4	10-12	Candidates will offer a response which is relevant and focused on the question, and addresses the main issues contained in it. • At least two different explanation from two different areas will be described in detail • Underpinning theory and research will be used appropriately though not necessarily in great depth, nor for every explanation if more than two explanations are given • The response will be clearly contextualised • There will be an attempt to suggest an appropriate strategy to overcome Conrad's 'blanking' related to one (or more) of the explanations

Structure levels

Guidance – 6AO2 marks rewarding structure and focus of description and evaluation. These marks are awarded independently of the content mark and should reflect the overall impression gained from the essay.

Level	Mark	Descriptor
Level 0	0	No rewardable material e.g. no appropriate terminology
Level 1	1-2	Response <i>lacks</i> focus and structure. Points are disparately made with little cohesion and flow. There will be some appropriate use of terminology. High incidence of syntactical and/or spelling errors.
Level 2	3-4	Response is <i>generally</i> focused and cohesive. There may be some points that are irrelevant to the overall structure. Likely to cite research evidence but this is not essential if the writing implies reasonable knowledge of a range of arguments. The response is presented in a legible style using appropriate terminology. Some syntactical and/or spelling errors are likely to be present.
Level 3	5-6	Response is coherent, well structured and focused. The injunctions in the question will be addressed appropriately and there will be only minor digressions from the substantive content of the essay. There will be use of research evidence to support arguments. Most research used will be appropriate and accurate. Very few syntactical and/or spelling errors may be found. Bear in mind time constraints in terms of both the range and detail given in the answer

Write your name here

Surname

Other names

Centre Number

Candidate Number

Edexcel GCE

Psychology

Advanced

Unit 4: How Psychology Works

Monday 17 June 2013 – Morning

Time: 2 hours

Paper Reference

6PS04/01

You do not need any other materials.

Total Marks

Instructions

- Use **black** ink or ball-point pen.
- **Fill in the boxes** at the top of this page with your name, centre number and candidate number.
- Answer **all** questions in Section **A**. In Section **B** answer Questions 6, 7 and 8 and then **EITHER** Question 9(a) **OR** 9(b).
- Answer the questions in the spaces provided
– *there may be more space than you need.*

Information

- The total mark for this paper is 90.
- The marks for **each** question are shown in brackets
– *use this as a guide as to how much time to spend on each question.*
- Questions labelled with an **asterisk** (*) are ones where the quality of your written communication will be assessed
– *you should take particular care with your spelling, punctuation and grammar, as well as the clarity of expression, on these questions.*

Advice

- Read each question carefully before you start to answer it.
- Keep an eye on the time.
- Check your answers if you have time at the end.

Turn over ►

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SECTION A: CLINICAL PSYCHOLOGY

Answer ALL questions.

You are advised to spend approximately one hour on Section A.

- 1 A neighbour visits and tells you that their friend has recently been diagnosed with a mental illness. Your neighbour needs your help as they cannot remember the name of the disorder but thinks it may be one of the following:

- unipolar depression
- bipolar depression
- phobias
- obsessive compulsive disorder
- anorexia nervosa
- bulimia nervosa.

- (a) Describe the symptoms of **one** disorder from the list to help your neighbour.

(4)

Disorder

Symptoms

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(b) Your neighbour asks you to explain what may have caused their friend's disorder.

Describe **one** explanation for the disorder that you described in (a).

(4)

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(5)

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2 Your cousin Hugo is training to become a psychotherapist. In the autumn term he is starting a course on Psychodynamic therapies and will be learning about free association and dream analysis. He has asked you to explain one of these therapies to him so he will be well prepared for the course.

(a) Describe **either** free association **or** dream analysis.

(4)



In your answer include **one** comparison with a treatment/therapy from a different approach.

[illegible]

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- 3** Chantelle is planning some research into mental illness. She has gone to see her supervisor about the project. Her supervisor suggests that there may be some data available from a previous student's research that Chantelle could use.

Explain the advantages and disadvantages of using secondary data rather than primary data that Chantelle needs to consider before deciding whether to use the previous student's research. Refer to Chantelle in your answer.

(6)

[illegible]

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(Total for Question 3 = 6 marks)



- 4** As part of a campaign to raise awareness of mental disorders, your school/college magazine has published an article on what makes behaviour abnormal. You know that there are other explanations for abnormality but this article only explains the statistical definition of abnormality.

Write a letter to the magazine's editor evaluating the statistical definition of abnormality.

(5)

Dear Editor,

(Total for Question 4 = 5 marks)



***5** Astrid, a community psychiatric nurse (CPN), has contacted the emergency team at the mental health unit as a client has had a serious relapse. Once the client has been admitted the duty psychiatrist decides to use a biological treatment/therapy to treat the client.

Describe **one** treatment/therapy from the Biological Approach that the duty psychiatrist may use to treat a mental disorder. Evaluate this treatment/therapy using research evidence.

(12)



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(Total for Question 5 = 12 marks)

TOTAL FOR SECTION A = 45 MARKS



SECTION B: ISSUES AND DEBATES

Answer Questions 6, 7 and 8 and then EITHER Question 9(a) OR Question 9(b).

You are advised to spend approximately one hour on Section B.

- 6** Zac and Yan have collected data for a cross-cultural research study into how children learn. Zac collected data from his own country Pranzakia. Yan's data is from a different country, Scolana, a country he is visiting for the first time. They wish to combine their data but are concerned about possible bias.
- (a) Use your knowledge of ethnocentrism to explain the potential effects of cultural bias in Zac and Yan's research.

(5)

This image shows a full page of white paper with horizontal dotted lines. The lines are evenly spaced and run across the width of the page, providing a guide for handwriting practice. There are no margins, text, or other markings on the page.

(b) Zac and Yan think there may be issues of nature and nurture in the way that children learn.

Explain what is meant by the term 'nurture'.

(3)

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(Total for Question 6 = 8 marks)

7 (a) Outline **two** contributions to society from the Learning Approach.

(4)

[illegible]

(5)

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- *8 Sometimes companies use tests to assess applicants for a job as part of the interview day.



Professor Trestle is doing a research project and has asked two of her students to investigate how people feel about the way companies choose new employees.

The students decide to conduct a survey.

- (a) Explain how the students may design and carry out their survey.

(6)

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- Explain strengths **and** weaknesses of recruiting a sample in this way.

Answer EITHER Question 9(a) OR Question 9(b).

EITHER

- *9 (a) Psychology A Level is officially a science. However, imagine you are applying for a university course which means you need to explain that your Psychology A Level is counted as a science.

Using research evidence from **at least two** different areas of psychology, assess whether psychology can be called a science.

Include in your answer **at least one** argument you might use to convince an admissions tutor that psychology is a science.

(18)

OR

- *9 (b) Read the information in the box below.

A team of psychologists has applied for research funds to carry out a study into the effects of both biological and learning factors on gender development. The team has decided to use laboratory bred rhesus monkeys as they wish to artificially manipulate hormone levels in some animals as well as controlling the conditions in which the animals are raised.



(Source: © Science Photo Library Limited)

Describe and evaluate the ethical issues this team of psychologists should take into account when carrying out the study described in the box above.

Your answer must be focused on this study.

(18)



Indicate which question you are answering by marking a cross in the box ☒. If you change your mind, put a line through the box ☒ and then indicate your new question with a cross ☒.

Chosen Question Number:

Question 9(a)

☐

Question 9(b)

☐

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Handwriting practice area with 24 horizontal dotted lines.



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(Total for Question 9 = 18 marks)

TOTAL FOR SECTION B = 45 MARKS

TOTAL FOR PAPER = 90 MARKS

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Q9(b) SAM OGDEN/SCIENCE PHOTO LIBRARY Primate research animal. Head of an adult rhesus monkey (*Macaca mulatta*). This monkey may be used to study primate behaviour & biology, the development & transmission of human diseases, or to test novel drugs. Photographed at the New England Regional Primate Research Centre, Harvard Medical School, Massachusetts, USA.



Mark Scheme (Results)

Summer 2013

GCE Psychology (6PS04/01)

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Summer 2013

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General Guidance on Marking – GCE Psychology

All candidates must receive the same treatment. Examiners must mark the first candidate in exactly the same way as they mark the last

Examiners should look for qualities to reward rather than faults to penalise. This does NOT mean giving credit for incorrect or inadequate answers, but it does mean allowing candidates to be rewarded for answers showing correct application of principles and knowledge.

Examiners should therefore read carefully and consider every response: even unconventional answers may be worthy of credit. Mark schemes should be applied positively. Candidates must be rewarded for what they have shown they can do rather than penalised for omissions.

Examiners should mark according to the mark scheme not according to their perception of where the grade boundaries may lie. There is no ceiling on achievement. All marks on the mark scheme should be used appropriately.

All the marks on the mark scheme are designed to be awarded. Examiners should always award full marks if deserved, i.e. if the answer matches the mark scheme. Examiners should also be prepared to award zero marks if the candidate's response is not worthy of credit according to the mark scheme.

Where some judgement is required, mark schemes will provide the principles by which marks will be awarded and exemplification may be limited.

Candidates must make their meaning clear to the examiner to gain the mark. Make sure that the answer makes sense. Do not give credit for correct words/phrases which are put together in a meaningless manner. Answers must be in the correct context.

Crossed out work should be marked UNLESS the candidate has replaced it with an alternative response.

When examiners are in doubt regarding the application of the mark scheme to a candidate's response, the Team Leader must be consulted.

Using the mark scheme

The mark scheme gives:

- an idea of the types of response expected
- how individual marks are to be awarded
- the total mark for each question
- examples of responses that should NOT receive credit (where applicable).

- 1 / means that the responses are alternatives and either answer should receive full credit.
- 2 () means that a phrase/word is not essential for the award of the mark, but helps the examiner to get the sense of the expected answer.
- 3 [] words inside square brackets are instructions or guidance for examiners.
- 4 Phrases/words in **bold** indicate that the meaning of the phrase or the actual word is **essential** to the answer.
- 5 TE (Transferred Error) means that a wrong answer given in an earlier part of a question is used correctly in answer to a later part of the same question.

Quality of Written Communication

Questions which involve the writing of continuous prose will expect candidates to:

- show clarity of expression
- construct and present coherent arguments
- demonstrate an effective use of grammar, punctuation and spelling.

Full marks can only be awarded if the candidate has demonstrated the above abilities.

Questions where QWC is likely to be particularly important are indicated "QWC" in the mark scheme

BUT this does not preclude others.

Unit 4: How Psychology Works

Section A – Clinical Psychology

Question numbers	General Instructions
Questions 1 – 4	Marking points are indicative, not comprehensive and other points should be credited. In all cases consider “or words to that effect”. Each bullet point is a mark unless otherwise stated and each point made by the candidate must be clearly and effectively communicated.

Question Number	Question	
1(a)	A neighbour visits and tells you that their friend has recently been diagnosed with a mental illness. Your neighbour needs your help as they cannot remember the name of the disorder but thinks it may be one of the following: • unipolar depression • bipolar depression • phobias • obsessive compulsive disorder • anorexia nervosa • bulimia nervosa. Describe the symptoms of one disorder from the list to help your neighbour.	
	Answer	Mark
	To be creditworthy a symptom must be described not just listed. A list of 3 symptoms with no elaboration 1 mark, for 5 or more max 2. Answers must be clear enough for the neighbour to understand, so not using technical jargon that a neighbour may not understand, if jargon is used it needs to be explained, (e.g. dysthymic, amenorrhea), if all response uses is unexplained jargon max 1. No need to refer to neighbour in the answer. Description of symptoms as referred to in DSM/ICD is acceptable so long as couched in terms a lay person could understand. If generic, max 1 mark/mark symptoms to fit the best disorder. If the description and the disorder named do not match ignore identification. The disorder must be from the list otherwise 0 marks. No credit for naming the disorder. If identification and symptoms do not match mark the symptoms and ignore the identification. If symptoms from more than one disorder mark all and credit the best. Unipolar depression • Individual has feelings of intense sadness and/or guilt/eq; • There is a lack of enjoyment or pleasure in activities which used to elicit such feelings/eq; • Sufferer finds it difficult to get off to sleep and difficult to wake up/eq; • Their levels of motivation are very low/eq;	(4 AO1)

	• Feelings of intense lethargy and apathy tend to dominate/eq; Bipolar depression • Phases of depression alternate with periods of mania/eq • During depressed phases there is a lack of enjoyment in everyday activities/eq; • There will be a lack of motivation as well as extreme lethargy/eq; • During periods of mania activity can be intense/eq; • During periods of mania behaviour is often unreasonable and demanding as the sufferer can find it hard to relate to other people/eq; Phobias • There is a deep irrational fear of something/eq; • The fear is so intense that it will generate panic/sweating/eq; • The sufferer will go to great lengths to avoid the phobic stimulus/eq; • The fear is so great that it prevents the individual from leading a normal life/eq; • Even thought of the target of the phobia can be sufficient to generate palpitations/hyperventilating/eq; OCD • The person is obsessed with thoughts/anxieties/eq; • These can be so severe the individual feels paranoid about e.g. whether something is clean/eq; • The person feels compelled to undertake actions related to the obsession/eq; • Failure to undertake an action leads to severe anxiety/eq; • The person is likely to feel embarrassed/distressed by the obsession/eq; • Depression is a common side effect of OCD/eq; Anorexia nervosa • Individual refuses to eat to maintain body weight/eq; • Is only 85% of recommended minimum weight or lighter/eq; • The individual denies there is a problem and still perceive self as fat/eq; • The body and face become covered in fine downy hair/eq; • The person will feel constantly cold and wear baggy clothing/eq; • There is a distorted body image/eq; • Will be secretive, misleading others regarding their eating behaviour/eq; Bulimia nervosa • The sufferer finds it difficult to regulate their food intake/eq; • Bouts of over-eating are interspersed by under-eating/eq; • The person will either make themselves sick or purge themselves after eating/eq; • The sufferer is likely to disappear off to the toilet immediately after eating/eq; • Likely to be obsessed with exercising/eq; • The individual may hoard food/snack on unhealthy foods/eq; Look for other appropriate marking points	
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Question Number	Question	
1(b)	Your neighbour asks you to explain what may have caused their friend's disorder. Describe one explanation for the disorder that you described in (a).	
	Answer	Mark
	If more than 1 approach mark all and credit the best. TE: If approach does not match the disorder credited in (a) 0 marks. If (a) is blank and the explanation is appropriate full marks can be given. If (a) is schizophrenia or disorder not on the list, but a correct explanation is given max 2 marks. If you are unsure whether the disorder explained is appropriate please consult your team leader. Accept points that are within an approach, e.g. both Beck & Ellis for cognitive explanations, both biochemical & genetic for biological, SLT, CC and OC for learning. Go with the intention of the candidate. 1 mark available for a clear identification of a component of an approach that is correct. Language may be technical (does not need to be lay person language) Unipolar depression • An imbalance of neurotransmitters is thought to cause depression/eq; • There is a deficit in the dopamine reward system caused by low serotonin levels/eq; • It is thought that the levels of noradrenalin may also be too low/eq; • These chemical imbalances may be the result of genetic tendencies as there appears to be a genetic link to depression/eq; • There are suggestions that the high levels of cortisol associated with stress may also play a role in the development of depression/eq; • Faulty thought processes that are learned may cause depression/eq; • The individual has a negative self view which affects the way they interpret the world/eq; • The more the person interprets things negatively the more depressed they become causing mood to spiral downward/eq; • Catastrophising is involved as the individual interprets every situation in the worst possible way, seeing disaster where there is none/eq; • Helplessness will develop, driving depression even deeper/eq; Bipolar disorder • The high incidence of bipolar disorder in close family members suggests a strong genetic component/eq • The depression stage is thought to be caused by low levels of serotonin/noradrenalin/dopamine/eq; • There is evidence of abnormal activity in the HPA axis associated with stress in bipolar sufferers/eq; • Circadian rhythms and melatonin production also change during the different phases of the disorder/eq; Phobias	(4 AO1)

	• Phobias may be developed as a result of classical conditioning (1st mark) where the sufferer learns to associate a new object with a fear response (2nd mark)/eq; • Once formed a phobia will persist through operant conditioning/eq; • Avoiding the phobic object is reinforcing as the fear is not experienced/eq; • The tendency for similar fears to appear in children as appear in their parents can be explained by social leaning theory/eq; • The parents act as models and therefore the child readily acquires the phobic behaviour/eq; OCD • Tendency to run in families, and closely related to degree of relatedness/eq; • The brains of OCD sufferers have increased grey matter in the lenticular and caudate nuclei/eq; • There is decreased grey matter in the cingulate gyrus compared to non-sufferers/eq; • There is also abnormal activity in the striatum/eq; Anorexia nervosa • Media images of size 0 models suggest this is a desirable size/shape/eq; • This is combined with low self esteem and a desire to have control/gain attention/eq; • By severe dieting attention is gained, individual feels in control and the social ideal is achieved, so reinforcing the behaviour(2 marks)/eq; • The need/desire for perfection and/or control help maintain the behaviour/eq; • Denial of adulthood means anorexics diet to avoid developing an adult shape/eq; • The anorexic may be fearful of sexual maturity as over dependent on parents/eq; • A lack of identity means control of food intake is seen as way of exerting control and achieving a sense of self/eq; • An over controlling parent may result in the anorexic seeing food control as a means of countering a dominant parent/eq; • An individual who has been sexual abused as a child may unconsciously wish to reject and/or destroy their own body/eq; Bulimia nervosa • Low self esteem may be a cause/eq; • The individual is able to exert some control over their lives as a result of their eating behaviour/eq; • The low self esteem may also be associated with dissatisfaction with their appearance as they believe they are too fat/eq; • This tends to be linked with perceived pressure from those around the individual to conform to socially desirable appearances/eq; Look for other appropriate marking points	
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Question Number	Question	
1(c)	Using research evidence, evaluate the explanation you described in (b).	
	Answer	Mark
	TE: If the explanation in 1(b) is <u>not</u> for an appropriate mental disorder (e.g. schizophrenia) but it is correctly evaluated here max 2. If (b) is blank but a suitable evaluation of an explanation for a disorder from the list is given and identifiable then full marks can be given. If the explanation evaluated here is different to the one described in (b) then 0 marks If no mention of research max 2 Unipolar depression • The success of SSRIs in helping to relieve symptoms of depression suggests there is some basis for this explanation (Coppin 1967)/eq; • However many sufferers do not respond to drug treatment, or only to an extent suggesting other factors may be implicated/eq; • Kirsch et al's (2005) meta analysis showed placebos are often as effective as SSRIs, questioning serotonin's role in depression/eq; • Most evidence for abnormal levels of chemicals in the brain as a cause of depression is correlational so cause-effect can't be established/eq; • The number of different chemicals potentially related to depression is so wide that almost any endocrine imbalance or neurotransmitter deficit is seen as a potential cause (e.g. Monteleone 2001)/eq; • The success of CBT /REBT in treating depression is evidence that faulty thought processes are linked to depression/eq; • Seligman (1975) suggests cognitive aspects of depression in humans is analogous to learned helplessness in laboratory animals where the perception of a lack of control leads to inaction to change things/eq; • It is possible that cognitive aspects are a consequence rather than a cause of depression/eq; • Peterson & Seligman (1984) used both longitudinal and cross sectional evidence to show a link between faulty attributions and depression when helplessness was present/eq; • Cognitive vulnerability has been shown to be a valid measure in predicting adolescent depression (Hankin & Abramson 2002)/eq; Bipolar disorder • There is evidence that a high percentage of bipolar sufferers have been the victims of either early abuse or PTSD, suggesting stressful life events play a major part in onset/eq; • Kato (2007) suggests that evidence for a genetic component is too erratic and therefore not trustworthy/eq; • The level and variety of neurotransmitter abnormalities suggests that rather than being causal they may be a symptom of the disorder/eq; • Interaction between genetics, environment and psychosocial factors is the most promising explanation suggest Serretti & Mendelli (2008)/eq; • There is an increased risk of bipolar developing in people whose fathers were older at conception suggesting a possible degradation in sperm quality (Frans et al 2008)/eq; Phobias • The successfulness of systematic desensitisation in the removal of phobias supports the view that they are a result of faulty learning/eq; • Cook & Mineka (1989) showed that a phobic response can be acquired through observational learning in monkeys/eq;	(5 AO2)

	• However the lack of success for general as opposed to specific phobias and for the incidence of certain phobias to develop more readily than others means other explanations are also needed/eq; • The learning explanation does not explain why the acquisition of phobias varies a great deal in individuals experiencing similar situations, some other factors must influence susceptibility/eq; • The gradual deterioration in agoraphobics supports the view that avoiding the phobic situation is reinforcing in itself/eq; • Chambless et al (1984) showed that agoraphobics and social phobics actively seek to avoid phobic situations compared to non phobics supporting the view of reinforcement of the condition/eq; OCD • Abromowitz et al (2009) found evidence for a major genetic component in children diagnosed with OCD/eq; • Abnormalities in the serotonin transport system found in different families prone to OCD supports its role in OCD (Ozaki et al 2003)/eq; • Rasmussen & Tsuang (1986) reported concordance rates of between 53%-87% for MZ twins compared to 22%-47% for DZ twins/eq; • However as concordance rates are below 100% other factors must be playing a role, such as stress factors/eq; • Mice genetically engineered with an abnormality in the striatum similar to that found in OCD sufferers show excessive grooming behaviour according to Welch et al (2007)/eq; Anorexia nervosa • There is a significant increase in anorexia when western media are introduced to a previously naive country e.g. Fiji (Becker 2002)/eq; • However research in mice suggests lesioning of the ventromedial nucleus causes a cessation of eating and possibly similar brain abnormalities could be associated with anorexia in humans/eq; • Everyone is exposed to size 0 models yet only a minority of individuals develop anorexia so other factors must be involved as well/eq; • The success of token economy in treating anorexia is seen as evidence in support of it being a learned disorder rather than an organic problem, as the latter would be less likely to response to TE/eq; • Polivy & Herman (2002) suggest an interaction between socio-cultural, family and personality factors is probably necessary as one factor alone is unlikely to cause anorexia to develop/eq; • Explanations invoking a denial of sexual maturity do not explain the development of anorexia in males/older females/eq; • There is evidence that the concept of mothers of anorexic girls being over controlling is untrue (Bonenburger et al 1988) • There is evidence for anorexia being linked to digestive disorders in childhood not sexual abuse in childhood (Marchi & Cohen 1990)/eq; • Weinreich et al (1985) found personality profiles supported the view of a conflict between self and parental views of identity in anorexics/eq; • Bruch (1975) claimed many anorexics had mothers who admitted over anticipating hunger in their young child and over feeding them/eq; Bulimia nervosa • Mond et al (2004) found that women believed the primary cause of bulimia was low self esteem with other risk factors being media pressure and problems in childhood/eq; • Silverstone (1992) suggests chronic low self esteem is the single most consistent factor linked with the development of eating disorders/eq;	
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	• The difference in self esteem levels between adolescent males and females could explain the difference in incidence of eating disorders according to Kling et al (1999)/eq • Cowen et al (1996) suggest rather than low self esteem, moderate dieting can alter the effect of prolactin on serotonin in some people leading to the development of bulimia/eq; • Pritchard (2009) found a 3 way interaction between levels of self esteem, preoccupation with weight and gender in predicting vulnerability to bulimia/eq; Look for other appropriate marking points	
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Question Number	Question	
2(a)	Your cousin Hugo is training to become a psychotherapist. In the autumn term he is starting a course on Psychodynamic therapies and will be learning about free association and dream analysis. He has asked you to explain one of these therapies to him so he will be well prepared for the course. Describe either free association or dream analysis.	
	Answer	Mark
	Points that describe the purpose of the therapy can gain credit. If neither free association nor dream analysis, no marks. If both are described, mark all and credit the best. Free association • The therapist seeks to discover the unconscious motivations of the client by accessing hidden thoughts/eq; • The client is asked to talk about whatever comes into their minds and not censor their thoughts/eq; • The client will have their back to the therapist during this phase so they are not distracted by the therapist/eq; • The therapist will interpret the material gained to understand what is causing the mental health issues for the client/eq; • Issues that matter most to the client will tend to crop up more frequently/eq; • Projection may occur with the client projecting internal motivations / feelings onto external sources/eq; Dream analysis • The client is asked to recount their dreams in as much detail as possible/eq; • The therapist listens to this, the manifest content in order to understand the client's problems/eq; • The therapist is able to uncover the latent content of the dream and explain this to the client/eq; • This enables the therapist and client to understand what is troubling the client and so resolve the issues/eq; • Understanding of symbols is vital to the interpretation of the dreams, especially as one object may represent more than one concept/EQ; Look for other appropriate marking points	(4 AO1)

Question Number	Question	
2(b)	Evaluate the usefulness of the therapy you described in (a) in treating mental disorders. In your answer include one comparison with a treatment/therapy from a different approach.	
	Answer	Mark
	TE: If therapy evaluated is different to therapy described in (a) 0 marks If the therapy described in (a) is neither free association nor dream analysis but is either a different psychodynamic therapy (e.g. short term psychodynamic therapy) or a therapy from a different approach and it is appropriately evaluated here max 2. If (a) is blank but an appropriate therapy (free association or dream analysis) is evaluated here full marks may be awarded Max 4 marks if no comparison to another treatment/therapy. A maximum of 2 marks for a well developed comparison. If more than one comparison mark all and credit the best (rubric). If the answer conflates the two therapies, separate out, mark both and credit the best. Free association • The client has to feel completely at ease or the therapy is unlikely to work so the client-therapist relationship is key/eq; • This can sometimes be difficult as the client is paying the therapist for the sessions so the therapist is not neutral/eq; • The repetition of themes could be because of current issues in the person's life and not anything to do with unconscious thoughts/eq; • The client is reliant on the therapist's interpretation, however another therapist may interpret issues differently (1st mark), casting doubt on the reliability of free association as an effective therapy(2nd mark)/eq; • Free association is unlikely to be of much help to schizophrenics as they may not be able to talk fluently or reflect on their thoughts/eq; • If schizophrenia is caused by a chemical imbalance in the brain, drugs to correct this will be of greater value than talking to someone/eq; Dream analysis • The client has to remember and report dreams accurately if dream analysis is to have any value/eq; • The client is dependent on the interpretation of the therapist in understanding what the dreams mean/eq; • Symbol interpretation can be very person specific so a different therapist may interpret dream content differently/eq; • The view of dreams as a vital way of accessing unconscious feelings is not shared by physiological psychologists (1 mark) who see dreams as a bi-product of the day's activities, so meaningless (2nd mark) /eq; • Dream analysis can access root causes of a disorder whereas drug treatments merely mask the problems/eq; • Dream analysis is valuable in treating e.g. PTSD whereas drug treatment damps down the anxiety component/eq; Look for other appropriate marking points.	(5 AO2)

Question Number	Question	
3	Chantelle is planning some research into mental illness She has gone to see her supervisor about the project. Her supervisor suggests that there may be some data available from a previous student's research that Chantelle could use. Explain the advantages and disadvantages of using secondary data rather than primary data that Chantelle needs to consider before deciding whether to use the previous student's research. Refer to Chantelle in your answer.	
	Answer	Mark
	Answer must refer to the scenario at least once or max 3. If only advantages or disadvantages considered max 3 (but not 3+3) If no comparison between primary and secondary data max 3 • It would be much quicker for Chantelle to use secondary data as she would not need to design and carry out her own research as data already exists/eq; • The use of secondary data is also less expensive as the costs involved in producing a questionnaire do not have to be incurred, the analysis can be done directly/eq; • Secondary data may be less satisfactory as Chantelle cannot be sure how the previous student collected the data so it may not be appropriate for her study/eq; • Secondary data may have been collected some time ago so responses may have changed as views in society are constantly changing/eq; • Chantelle would know exactly how her own, primary data, had been collected so would be less likely to have issues of reliability /eq; • It is unlikely that detailed information about the individuals in the sample have been retained so Chantelle would be unable to draw any conclusions relating to the nature of the sample (1st mark), if the information had been retained there may be ethical issues regarding confidentiality (2nd mark)/eq; • The use of primary data would ensure that the information that had been collected was specific to the research question being asked (1st mark) whereas secondary data may be only partially appropriate reducing the validity of the study (2nd mark)/eq; Look for other appropriate marking points.	(6 AO3)

Question Number	Question	
4	As part of a campaign to raise awareness of mental disorders your school/college magazine has published an article on what makes behaviour abnormal. You know that there are other explanations for abnormality but this article only explains the statistical definition of abnormality. Write a letter to the magazine's editor evaluating the statistical definition of abnormality.	
	Answer	Mark
	Alternative explanations as evaluation can gain credit if used in comparison. If the response does not contextualise in any way (either by topping and tailing or by the way arguments are addressed) max 4 1 mark available for elaboration of an appropriate point. • The statistical definition uses an arbitrary cut off point with no gradation/eq; • For example DSM determines the presence or absence of a disorder on the basis of how many tick boxes can be checked/eq; • The advantage of an arbitrary cut-off point is that it is objective, so subjective interpretation is not going to colour decisions/eq; • One person's opinion is not going to make the difference between whether someone is judged abnormal or not, purely on the basis of their set of attitudes/eq; • Statistical abnormality cannot differentiate between positive and negative abnormality, therefore someone who is considered a genius is seen as equally abnormal as someone who has a learning deficit/eq; • Statistical abnormality implies that infrequency is a key factor in deciding whether something is abnormal yet some disorders such as depression are not that infrequent (1st mark) showing that a definition such as failure to function adequately may be more useful in defining abnormality (2nd mark)/eq; • There may be political or social expediency in where the cut-off point is set as this can manipulate whether something is deemed abnormal just as much as social norms definitions/eq; Look for other appropriate marking points	(5 AO2)

Question Number	Question
*5	Astrid, a community psychiatric nurse (CPN), has contacted the emergency team at the mental health unit as a client has had a serious relapse. Once the client has been admitted the duty psychiatrist decides to use a biological treatment/therapy to treat the client. Describe one treatment/therapy from the Biological Approach that the duty psychiatrist may use to treat a mental disorder. Evaluate this treatment/therapy using research evidence.
	Answer
QWC i, ii, iii	Read through the whole answer then refer to levels. Avoid points based marking. No need to refer to duty psychiatrist/Astrid. Therapy/treatment must be from the biological approach and must be a single therapy/ treatment If more than one disorder or more than one therapy select the best options for the candidate and mark accordingly Indicative content Drugs Description • Drug treatments use psychoactive drugs that change the balance of neurotransmitters in the brain • e.g. antipsychotics reduce the availability of dopamine as high levels of dopamine are implicated in schizophrenia • Psychiatrists will adjust the quantity of a drug so it is tailored to the level needed for that patient • Psychoactive drugs for treating mental disorders are available on prescription and patients will be monitored to ensure they are responding to the drugs • There are usually several different drugs for treating the same disorder and it may be necessary to try several different ones until the drug that suits a particular patient best is found Evaluation • Drug treatments have side effects, some of which are unpleasant leading to poor compliance • Drugs act relatively quickly allowing stabilisation of the patient's condition during the acute phase of illness • However they are not instantaneous, indeed take longer to act than should be the case if neurotransmitter imbalance is the primary cause of the disorder • Drug treatment is often referred to as a chemical straightjacket/chemical cosh as the side effects can often be debilitating • Drug treatment allows the patient to return to and function effectively in the community • Avery & Winokur (1976) found that depressed patients treated with ECT were significantly more likely to survive over a period of several years than those either not treated at all or only with antidepressant drugs • Nulman et al (1997) showed no deleterious effects on cognitive or language functions in children whose mothers had undergone drug treatment for depression during pregnancy

ECT

Description

- The patient is given a muscle relaxant as well as general anaesthetic
- Electrodes are placed on each side of the head for bilateral ECT
- An electric current will be passed through the brain to induce a seizure lasting about 30 seconds (anywhere between 20-50 secs)
- The voltage will be between 70-150 volts and last for between 0.1-0.5 seconds
- A course is likely to be two treatments per week for 3 to 4 weeks
- ECT used to be given for a variety of disorders though it is now only used for depression that has not responded to other treatments

Evaluation

- Many patients suffer memory loss, and though this can be quite mild in a few cases it is severe
- Although there are side effects for those contemplating suicide it may be the only effective treatment that can work in time
- There is no real understanding of how the therapy works and controversy about the amount of damage caused by the treatment
- ECT may still be used to treat schizophrenia despite evidence that it does not help this disorder
- In 2005 half the patients treated with ECT in the UK felt that even though they had signed a consent form they had not really given informed consent
- Madsen et al (2000) found ECT stimulated new cell growth in rat brains
- Avery & Winokur (1976) found that depressed patients treated with ECT were significantly more likely to survive over a period of several years than those either not treated at all or only with antidepressant drugs

Look for other appropriate material.

Level	Mark	Descriptor
Level 0	0	No rewardable material.
Level 1	1-3	Candidates will produce brief answers, making simple statements, showing some relevance to the question. • No disorder is identifiable • Only brief description of therapy attempted OR • Only evaluation of therapy with no description of what the therapy involves. Little attempt at the analytical/evaluation demands of the question. Lack of relevant evidence. The skills needed to produce effective writing will not normally be present. The writing may have some coherence and will be generally comprehensible, but lack both clarity and organisation. High incidence of syntactical and/or spelling errors.
Level 2	4-6	Candidates will produce statements with some development in the form of analysis/evaluation, with limited success. Both description and evaluation present but limited, OR one in more detail than the other OR very good description with no evaluation (or vice versa) • Description of therapy accurate but limited, (e.g. refers to choice of drug and not mode of action) • Evaluation may be done well though no research cited • Limited evaluation, with research evidence Limited evidence will be presented. Range of skills needed to produce effective writing is likely to be limited. There are likely to be passages which lack clarity and proper organisation. Frequent syntactical and/or spelling errors are likely to be present.
Level 3	7-9	Candidates' answers will show some good knowledge with understanding of the focus of the question and will include analysis and evaluation. Either both components done well or one done very well and the other attempted. • Description of therapy will be done well, though may not be comprehensive but will show evidence of some breadth or depth • Evaluation will include a range of issues, though not necessarily well balanced, will include some research. • Likely to refer the therapy/treatment to a relevant mental disorder Points made may not be fully treated critically though there may be some evidence of judgement and of reaching conclusions where this is relevant. Use of a range of evidence. The candidate will demonstrate most of the skills needed to produce effective extended writing but there will be lapses in organisation. Some syntactical and/or spelling errors are likely to be present.
Level 4	10-12	Candidates will offer a response which is relevant and focused on the question, and addresses the main issues contained in it. • Description of therapy will be thorough and detailed. • Evaluation will include a range of issues well supported by research evidence and showing balance in the choice of points made • Clearly links the therapy/treatment to a relevant mental disorder There will be evidence of reasoned argument and of judgement when relevant to the question. The analysis will be supported by accurate factual material, which is relevant to the question. Good use of evidence. The skills needed to produce convincing extended writing in place. Good organisation and clarity. Very few syntactical and/or spelling errors may be found. Excellent organisation and planning

Section B: Issues and Debates

Question numbers	General Instructions
Questions	Marking points are indicative, not comprehensive and other points should be credited. In all cases consider “or words to that effect”. Each bullet point is a mark unless otherwise stated and each point made by the candidate must be clearly and effectively communicated.

Question Number	Question	
6(a)	Zac and Yan have collected data for a cross-cultural research study into how children learn. Zac collected data from his own country Pranzakia. Yan’s data is from a different country, Scolana, a country he is visiting for the first time. They wish to combine their data but are concerned about possible bias. Use your knowledge of ethnocentrism to explain potential effects of cultural bias in Zac and Yan’s research.	
	Answer	Mark
	Answer must relate to the scenario at least once or max 3. Either direction can be accepted regarding statements of bias caused by the relationship of the researcher to the culture/country Cultural bias relating to other factors e.g. abnormality or attachment cannot in themselves gain credit 1 mark available for a definition of ethnocentrism: e.g. Ethnocentrism is • where a researcher fails to take into account another culture’s language, practices and beliefs/eq; • when you see things from your own view and don’t understand someone else’s background/eq; • where one’s own cultural views are used to interpret the actions of people in another country/eq; • Different cultural experiences may mean Yan interprets the data he collects in a way biased by his own cultural experiences/eq; • He is likely to interpret the findings in the light of his own childhood experiences which may be very different/eq; • For example Yan’s culture may value competitiveness whereas Scolana values co-operation, this would interfere with understanding of learning experiences/eq; • Zac may pick up on nuances of behaviour that would not be seen by an outsider meaning the level of interpretation in the two sets of data will be very different/eq; • It is possible that the children will be more relaxed in Zac’s presence compared with the Scolana children in Yan’s study/eq; • As Zac shares the same culture as his participants he is likely to share values and concepts so his interpretation of results will be using a common basis of understanding/an emic/eq; • Yan is unlikely to share the same culture as his participants, as it is his first visit to Scolana he may apply an enforced etic on participants/eq; • This may mean that findings from one culture do not apply to another because understandings are different/eq; • Though cognitive functioning is seen to be similar in all societies the ability to assess such functioning may still be culturally specific/eq; Look for other appropriate marking points	(5 AO2)

Question Number	Question	
6(b)	Zac and Yan think there may be issues of nature and nurture in the way that children learn. Describe what is meant by the term 'nurture'.	
	Answer	Mark
	Max 1 mark for an example that is clear and elucidates the answer. Max 1 for a point that explains nurture by comparing it with nature • Nurture means that the primary influences on the individual are from external sources/eq; • It means we are who we are as a result of our experiences/eq; • Such influences are likely to include the way we are brought up by our parents/eq; • Nurture can include literature, children's stories, nursery rhymes etc/eq; • Learning itself is a nurture influence (Plus an appropriate example)/eq; Look for other appropriate marking points.	(3 AO1)

Question Number	Question	
7(a)	Outline two contributions to society from the Learning Approach.	
	Answer	Mark
	If more than two, mark all and credit the best. 2+2 No credit for contributions to psychology. A contribution to society is likely to be where psychological knowledge/understanding/theory can be seen to explain something that people are likely to want to understand and/or provide a possible solution to a problem, a way of helping people Levels marking 0 marks: not a contribution from the learning approach (may be from another approach or a straight reiteration of theory with no identification of why it is a contribution) 1 mark: basic description of a contribution identifying the nature of the contribution and some indication of the underpinning source/theory 2 marks: a good description showing some breadth and/or depth with a clear link between the contribution and the theory Indicative content: e.g. Understanding how we may develop phobias • Classical conditioning explains development of phobias through association (1 mark) • Classical conditioning explains the development of phobias through the association of a new stimulus with something which already elicits fear such as a loud noise (2 marks) e.g. Understanding how rewards/punishments may change behaviour • Operant conditioning explains how the consequences of an action alter the probability of it occurring again (1 mark) • Drinking alcohol is positively reinforcing because of the rapid, pleasant effect it has on our brains while the unpleasant effects of a hangover are too delayed to put us off (2 marks) e.g. Why prison does/doesn't work • Punishment is the least effective strategy in operant conditioning as it only seeks to remove a behaviour (1 mark) • Prisoners taught alternative ways of thinking/behaving while in prison, such as anger management, are less likely to re-offend as the bad behaviour has been replaced by a more positive behaviour (2 marks) e.g. Understanding the role of media in promoting violence in society • SLT explains how observation and imitation can lead to the copying of violence observed in the media (1 mark) • SLT explains why children are more vulnerable to media images than adults and has led to the adoption of the 9 o'clock watershed on British TV to protect young children from violence (2 marks) e.g. TEPs to improve behaviour in prisons/cure anorexia • Token economies can be implemented to train anorectic patients to eat so they gain weight (1 mark) • Using TEPs to make rewards such as visits home dependent on appropriate eating behaviour leads, in time, to the anorexic patient associating eating with positive outcomes and means they become motivated to eat (2 marks) Look for other appropriate material.	(4 AO1)

Question Number	Question	
7(b)	Evaluate contributions from the Learning Approach using psychological research	
	Answer	Mark
	If only one contribution evaluated max 3 No mention of research max 3 • Bandura, Ross & Ross (1961) showed that young children will imitate an adult role model behaving aggressively which has led to the introduction of the 9 o'clock watershed/eq; • Eron & Huesmann (1986) showed a link to the amount of violent television watched at 10 years old and adult offending, however there may be a factor causing both the behaviour at 10 and in adulthood/eq; • Markey (2010) showed that violent computer games only have a negative effect on certain personality types, so not all learn in the same way/eq; • Langlois & Downs (1980) showed parents reinforce gender appropriate roles in their children, particularly in the opposite sex child, so society can challenge gender stereotyping by the way children are treated in education/eq; • Idle et al (1993) showed children will accept toys that are masculine, feminine or neutral equally happily, however parents express opinions veering towards gender appropriate toys suggesting gender preferences are learned through selective exposure at an early age/eq; • Leitenberg et al (1969) showed that systematic desensitisation is effective in removing a phobia of snakes, though it is more effective with specific phobias than agoraphobia/eq; • Wald & Taylor (2001) showed that virtual reality exposure treatment is effective in treating a phobia of car driving and results are sustained over a period of many months/eq; • One of the most successful programmes of systematic desensitisation is a commercial enterprise to cure people of a fear of flying culminating in a short return flight to Paris from the UK/eq; • Token economy has been shown to be effective in improving behaviour of institutionalised young offenders (Hobbs & Holt 1976)/eq; • Day (1988) showed token economy was effective in improving offending against the person in mentally handicapped offenders however the treatment was less effective with property crimes such as arson and burglary/eq; • Whitby & Miller (2009) reported the successful use of TEPs with children previously unable to control their behaviour in the classroom leading to more effective learning/eq; Look for other appropriate material	(5 AO2)

Question Number	Question	
*8(a)	Sometimes companies use tests to assess applicants for a job as part of the interview day. Professor Trestle is doing a research project and has asked two of her students to investigate how people feel about the way companies choose new employees. The students decide to conduct a survey. Explain how the students may design and carry out their survey.	
	Answer	Mark
QWC	Read through the whole answer then go to the levels. Survey could be interview/questionnaire/a combination of the two Ignore comments unrelated to surveys eg IV and DV. Possible elements that the candidate may use include information on: sample (type/size/structure/source etc) design decisions (questionnaire/interview/postal etc) data collection (open/closed, qual/quant) controls ethical considerations there are others Indicative content • Design closed questions asking participants about experiences/views on the use of assessment tests • Could use a Likert scale/forced choice to assess views • Open questions would allow them to explore feelings in more depth • May ask if not these type of assessment tests what employees think would be an appropriate method of assessment • Participants would be best if recruited from some companies in the area that use assessment tests • Would need to be confidential as otherwise people may be afraid of being honest if their company uses the tests • Get the agreement of the companies, issue every employee with a questionnaire and provide sealed collecting boxes at work (like ballot boxes) to ensure anonymity • May use a semi-structured interview so that detailed information can be collected • The students would need to be aware of potential themes that may emerge • Need to find out whether the person has ever been through a recruitment process using such tests or not as may influence views • Ideally several hundred people to get a good overview Look for other appropriate marking points	(6 AO3)

Level	Mark	Descriptor
Level 0	0	No rewardable material.
Level 1	1-2	Candidates will produce brief answers, making simple statements, showing some relevance to the question. Knowledge will be basic. • One element done well OR • Superficial comments on several elements • Critical decisions either missing or inappropriate • Replication would be impossible or not appropriate Little use of relevant material. Poor use of terminology. The writing may have some coherence and will be generally comprehensible, but lacking both clarity and organisation. High incidence of syntactical and/or spelling errors.
Level 2	3-4	Candidates' answers will indicate some knowledge and understanding of the focus of the question. Suggestions may be poorly focused or ineffective • Two elements done well with good detail (depth) OR • At least three elements with moderate detail (breadth) • Some elements good while others weak • Insufficient detail would make it difficult to replicate the study Factual material may be poorly used. Terminology may have some errors. There may be passages which lack clarity and proper organisation. The standard of grammar and spelling should be reasonably good though there may be lapses.
Level 3	5-6	Candidates answers will show good knowledge with understanding of the focus of the question. • A range of elements addressed showing both breadth and depth, though not all elements need to be in depth • Appropriate methodological issues considered, though not necessarily done well • It should be possible to replicate most aspects of the study given the time constraints of the paper. Factual material will be largely correct. Mainly accurate use of terminology. Good organisation and clarity. Standard of grammar and spelling should be good

Question Number	Question	
8(b)	As part of the research project Professor Trestle wishes to try out some of the tests used by one company. She wants to use a sample of participants who can then be asked about their experiences. Professor Trestle recruits her sample by putting an advertisement on the students' notice board in their common room. Explain strengths and weaknesses of recruiting a sample in this way.	
	Answer	Mark
	Accept answers that focus on volunteer or self-selected sampling where the focus of recruitment matches the stimulus material. The sample type does not need to be named so long as the points credited are all for the same type of sampling. If a different sample name is used but the points clearly apply to volunteer/self-selecting credit can be gained. Explain means assertions must be qualified or expanded, not just stated to gain credit Elaborated strengths/weaknesses can gain up to one elaboration mark in total for the question (note rubric) If only strengths or weaknesses max 3. Volunteer/self-selecting • The participants are unlikely to drop out as they have chosen to do the study/eq; • It is usually quite quick to recruit a sample this way compared to selecting and finding people for e.g. a random sample/eq; • People who volunteer are probably highly committed to the research so likely to try harder to give useful feedback/eq; • The sample may be biased by age or gender as the researcher has no control over the structure of the sample/eq; • Participants may be atypical of the population as a whole by the nature of being volunteers/eq; • There is a higher likelihood of demand characteristics as the participants want to help the researcher/eq; Look for other appropriate material	(4 AO3)

Question Number	Question
*9(a)	Psychology A Level is officially a science. However, imagine you are applying for a university course which means you need to explain that your Psychology A Level is counted as a science. Using research evidence from at least two different areas of psychology, assess whether psychology can be called a science. Include in your answer at least one argument you might use to convince an admissions tutor to show that psychology is a science.
	Answer
	Read through the whole answer before attempting to award any marks. Go to the content levels and award a mark appropriate to the content and quality of the answer. 'Quality' here does not include qwc but reflects the depth and breadth of psychological knowledge displayed. Qwc: Once the content mark has been awarded refer to the structure levels and award those marks separately. Areas can be interpreted as either applications or approaches Indicative content Description • A subject is considered a science if it uses scientific methods such as experiments • Objectivity is considered to make something more scientific whereas subjectivity makes it less scientific • According to Popper to be a science there should be an overarching paradigm • A science produces empirical data • A science should use the hypothesis testing cycle to move knowledge on • A science is able to produce hypotheses that are falsifiable • To be scientific psychology should have a high degree of control thus removing bias as far as is possible • Methodology such as laboratory experiments is seen as fulfilling scientific criteria Evaluation • Approaches such as Learning/Behaviourism and cognitive psychology adopt methods which can be seen as objective and therefore scientific • Such experiments collect empirical data that can therefore be tested using statistical tests and hypotheses refuted or not • Unfortunately even when collecting objective empirical data an approach such as the cognitive approach has difficulties as it is attempting to measure brain functioning, something which is somewhat subjective • Though biological psychology can be more scientific as it seeks to measure genetic relatedness or brainwave patterns even here the link between these objective measures and the behavioural interface is influenced by subjective interpretation • Despite the view put forward that 'real' sciences have overarching paradigms these are not quite so lacking in controversy in other disciplines as the ideal suggests • The psychodynamic approach is often seen as the least scientific approach within psychology as so much of it is difficult to test, as well as subjective • Concepts such as the id/ego/superego, though they may seem intuitively reasonable cannot be proven to exist • While experiments are seen as scientific other research methods such as surveys or case studies are less rigorous and therefore less scientific

	Admissions tutor arguments • I consider the material I have studied in my psychology course which attempts to control variables and show clear cause-effect relationships aspires to be as scientific as biology • I would argue that work on the biological basis of behaviour is falsifiable as there are clear criteria that can be tested Look for other appropriate material
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Level	Mark	Descriptor
Level 0	0	No rewardable material.
Level 1	1-3	Candidates will produce brief answers, making simple statements, showing some relevance to the question. The answer may include any of the following elements. • A general and basic definition of what it means to be scientific • Little or no reference to psychology • Evaluation fails to link comments to any areas of psychology, comments being general to psychology as a whole
Level 2	4-6	Candidates will produce statements with some development in the form of analysis/evaluation, with limited success. • At least one area of psychology (either approach or application) considered and another at least mentioned • May be very unbalanced with either description or evaluation done well, the other being both general and basic or one area done well and the other(s) mentioned very briefly OR • Both description and evaluation attempted though arguments lack development
Level 3	7-9	Candidates' answers will show some good knowledge with understanding of the focus of the question and will include analysis and evaluation. • Arguments applied to at least two areas of psychology (either approaches or applications) though some may lack detail • Shows good understanding of the criteria associated with the concept of science • Evaluation will cite relevant evidence though the arguments may not always be developed • Link to admission tutor will be present but may be implicit
Level 4	10-12	Candidates will offer a response which is relevant and focused on the question, and addresses the main issues contained in it. • Arguments applied to at least two areas of psychology (either approaches or applications) in good detail • Shows good understanding of the nature of what is meant by a science • Evaluation will be balanced, with evidence cited to support and refute both sides of the argument • Synthesis points are likely to be present • Some indication of what could be cited to an admission tutor to support the science argument. Look for OWTTE

Structure levels

Guidance – 6AO2 marks rewarding structure and focus of description and evaluation. These marks are awarded independently of the content mark and should reflect the overall impression gained from the essay in terms of ability to express and develop arguments.

Level	Mark	Descriptor
Level 0	0	No rewardable material e.g. no terminology appropriate to the question
Level 1	1-2	Response <i>lacks</i> focus and structure. Points are disparately made with little cohesion and flow. There will be some appropriate use of terminology. High incidence of syntactical and/or spelling errors.
Level 2	3-4	Response is <i>generally</i> focused and cohesive. Structure of the essay may be reasonable but is likely to have some poorly placed material/repetition or some points that are irrelevant to the overall structure. Likely to cite research evidence but this is not essential if the writing implies reasonable knowledge of a range of arguments. The response is presented in a legible style using appropriate terminology. Some syntactical and/or spelling errors are likely to be present.
Level 3	5-6	Response is coherent, well structured and focused. The injunctions in the question will be addressed appropriately and there will be only minor digressions from the substantive content of the essay. This level can be achieved even if no mention of the admissions tutor argument is included in what is otherwise an appropriate essay as this omission is dealt with under the content levels. - There will be use of research evidence to support arguments. - Most research used will be appropriate and accurate. Very few syntactical and/or spelling errors may be found. Bear in mind time constraints in terms of both the range and detail given in the answer

Question Number	Question
*9(b)	A team of psychologists has applied for research funds to carry out a study into the effects of both biological and learning factors on gender development. The team has decided to use laboratory bred rhesus monkeys as they wish to artificially manipulate hormone levels in some animals as well as controlling the conditions in which the animals are raised. Describe and evaluate the ethical issues this team of psychologists should take into account when carrying out this study described in the box above. Your answer must be focused on this study.
	Answer
	Read through the whole answer before attempting to award any marks. Go to the content levels and award a mark appropriate to the content and quality of the answer. 'Quality' here does not include qwc but reflects the depth and breadth of psychological knowledge displayed Qwc: Once the content mark has been awarded refer to the structure levels and award those marks separately Indicative content Description • The researchers need to ensure that the animals are kept in adequate conditions in terms of space, food and water • Rhesus monkeys need to have social contact as they are a social species • Any procedures undertaken should keep discomfort to a minimum • As few animals as possible should be used given the nature of the research • The team will require a Home Office Licence and be able to demonstrate their competence in undertaking the research project • The team perhaps ought to look at whether it would be possible to use a species such as rats in preference to monkeys • Researchers should always consider the cost-benefit balance using the Bateson cube or a similar strategy Evaluation • As the monkeys being used are laboratory bred, that is better than using wild caught monkeys who would find lab conditions more distressing • There may be problems ensuring sufficient social contact for the needs of the animals and manipulating the nature of the contact to discover the role in gender development. Harlow showed how inadequate social contact can have a very negative effect on future skills • If any medical procedures such as removal of glands is being undertaken the animals should be properly anaesthetised and given adequate time to recover • The researchers need to decide whether results from macaques are going to be applicable to humans as otherwise the research is futile • The Home Office Licence should ensure that there are sufficient safeguards in place to ensure the welfare of the animals as otherwise the lab could be closed down • Both the funding body and the university ethics committee should be carefully scrutinising the research to ensure it maintains high standards • Every effort should be made to ensure the monkeys maintain a high standard of life after the study or if this is difficult for them that they are euthanased Look for other appropriate material

Level	Mark	Descriptor
Level 0	0	No rewardable material.
Level 1	1-3	Candidates will produce brief answers, making simple statements, showing some relevance to the question. • Description of animal ethics issues either very brief or inaccurate OR • Description of human ethical issues applied to the scenario
Level 2	4-6	Candidates will produce statements with some development in the form of analysis/evaluation, with limited success. • Description of ethical issues may be brief and/or poorly focused • Evaluation may be general rather than related to the scenario OR • Either description or evaluation done very well and the other missing or a minimal attempt
Level 3	7-9	Candidates' answers will show some good knowledge with understanding of the focus of the question and will include analysis and evaluation. • Description of ethical considerations will either fail to expand on points made or leave out some important aspects There will be either breadth or depth • Evaluation may be biased in one direction • The answer must refer to the context of the question at least once • There may be errors/misconceptions/omissions that slightly alter the meaning of the arguments made
Level 4	10-12	Candidates will offer a response which is relevant and focused on the question, and addresses the main issues contained in it. • There will be very good knowledge of the ethical issues involved though the issues covered may not be exhaustive • Evaluation will consider both positives and negatives of animal research • The response will be fully contextualised

Structure levels

Guidance – 6AO2 marks rewarding structure and focus of description and evaluation. These marks are awarded independently of the content mark and should reflect the overall impression gained from the essay in terms of ability to express and develop arguments

Level	Mark	Descriptor
Level 0	0	No rewardable material e.g. no terminology appropriate to the question
Level 1	1-2	Response <i>lacks</i> focus and structure. Points are disparately made with little cohesion and flow. There will be some appropriate use of terminology. High incidence of syntactical and/or spelling errors.
Level 2	3-4	Response is <i>generally</i> focused and cohesive. There may be some points that are irrelevant to the overall structure. - Will cite relevant ethical guidelines but may produce in a format that reflects a 'list of ethical issues' rather than being fully integrated into the essay - May cite research evidence but this is not essential if the writing implies reasonable knowledge of a range of arguments. The response is presented in a legible style using appropriate terminology. Some syntactical and/or spelling errors are likely to be present.
Level 3	5-6	Response is coherent, well structured and focused. The injunctions in the question will be addressed appropriately and there will be only minor digressions from the substantive content of the essay. - There may be use of research evidence to support arguments. - Any research used will be appropriate and accurate. Very few syntactical and/or spelling errors may be found. Bear in mind time constraints in terms of both the range and detail given in the answer

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Summer 2013

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