Please check the examination details below before entering your candidate information

Candidate surname	Other names
StemUp Model Solution	

Pearson Edexcel
International Advanced Level

Centre Number	Candidate Number

Monday 25 January 2021

Morning (Time: 2 hours)	Paper Reference **WPS04/01**

Psychology

International Advanced Level

Paper 4: Clinical Psychology and Psychological Skills

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.
- Answer the questions in the spaces provided
  – *there may be more space than you need.*

Information

- The total mark for this paper is 96.
- The marks for **each** question are shown in brackets
  – *use this as a guide as to how much time to spend on each question.*
- The list of formulae and statistical tables are printed at the start of this paper.
- Candidates may use a calculator.

Advice

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

Turn over ▶

P66619A

©2021 Pearson Education Ltd.

1/1/1/1/1

P 6 6 6 1 9 A 0 1 3 2

Pearson

FORMULAE AND STATISTICAL TABLES

Standard deviation (sample estimate)

$$\sqrt{\left(\frac{\sum(x-\bar{x})^2}{n-1}\right)}$$

Spearman's rank correlation coefficient

$$1-\frac{6\sum d^2}{n(n^2-1)}$$

Critical values for Spearman's rank

	Level of significance for a one-tailed test				
	0.05	**0.025**	**0.01**	**0.005**	**0.0025**
	Level of significance for a two-tailed test				
N	**0.10**	**0.05**	**0.025**	**0.01**	**0.005**
5	0.900	1.000	1.000	1.000	1.000
6	0.829	0.886	0.943	1.000	1.000
7	0.714	0.786	0.893	0.929	0.964
8	0.643	0.738	0.833	0.881	0.905
9	0.600	0.700	0.783	0.833	0.867
10	0.564	0.648	0.745	0.794	0.830
11	0.536	0.618	0.709	0.755	0.800
12	0.503	0.587	0.678	0.727	0.769
13	0.484	0.560	0.648	0.703	0.747
14	0.464	0.538	0.626	0.679	0.723
15	0.446	0.521	0.604	0.654	0.700
16	0.429	0.503	0.582	0.635	0.679
17	0.414	0.485	0.566	0.615	0.662
18	0.401	0.472	0.550	0.600	0.643
19	0.391	0.460	0.535	0.584	0.628
20	0.380	0.447	0.520	0.570	0.612
21	0.370	0.435	0.508	0.556	0.599
22	0.361	0.425	0.496	0.544	0.586
23	0.353	0.415	0.486	0.532	0.573
24	0.344	0.406	0.476	0.521	0.562
25	0.337	0.398	0.466	0.511	0.551
26	0.331	0.390	0.457	0.501	0.541
27	0.324	0.382	0.448	0.491	0.531
28	0.317	0.375	0.440	0.483	0.522
29	0.312	0.368	0.433	0.475	0.513
30	0.306	0.362	0.425	0.467	0.504

The calculated value must be equal to or exceed the critical value in this table for significance to be shown.

DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA

stemup.co.uk

DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA

Chi-squared distribution formula

$$X^2 = \sum \frac{(O-E)^2}{E} \qquad df = (r-1)(c-1)$$

Critical values for chi-squared distribution

	Level of significance for a one-tailed test					
	0.10	**0.05**	**0.025**	**0.01**	**0.005**	**0.0005**
	Level of significance for a two-tailed test					
df	**0.20**	**0.10**	**0.05**	**0.025**	**0.01**	**0.001**
1	1.64	2.71	3.84	5.02	6.64	10.83
2	3.22	4.61	5.99	7.38	9.21	13.82
3	4.64	6.25	7.82	9.35	11.35	16.27
4	5.99	7.78	9.49	11.14	13.28	18.47
5	7.29	9.24	11.07	12.83	15.09	20.52
6	8.56	10.65	12.59	14.45	16.81	22.46
7	9.80	12.02	14.07	16.01	18.48	24.32
8	11.03	13.36	15.51	17.54	20.09	26.12
9	12.24	14.68	16.92	19.02	21.67	27.88
10	13.44	15.99	18.31	20.48	23.21	29.59
11	14.63	17.28	19.68	21.92	24.73	31.26
12	15.81	18.55	21.03	23.34	26.22	32.91
13	16.99	19.81	22.36	24.74	27.69	34.53
14	18.15	21.06	23.69	26.12	29.14	36.12
15	19.31	22.31	25.00	27.49	30.58	37.70
16	20.47	23.54	26.30	28.85	32.00	39.25
17	21.62	24.77	27.59	30.19	33.41	40.79
18	22.76	25.99	28.87	31.53	34.81	42.31
19	23.90	27.20	30.14	32.85	36.19	43.82
20	25.04	28.41	31.41	34.17	37.57	45.32
21	26.17	29.62	32.67	35.48	38.93	46.80
22	27.30	30.81	33.92	36.78	40.29	48.27
23	28.43	32.01	35.17	38.08	41.64	49.73
24	29.55	33.20	36.42	39.36	42.98	51.18
25	30.68	34.38	37.65	40.65	44.31	52.62
26	31.80	35.56	38.89	41.92	45.64	54.05
27	32.91	36.74	40.11	43.20	46.96	55.48
28	34.03	37.92	41.34	44.46	48.28	56.89
29	35.14	39.09	42.56	45.72	49.59	58.30
30	36.25	40.26	43.77	46.98	50.89	59.70
40	47.27	51.81	55.76	59.34	63.69	73.40
50	58.16	63.17	67.51	71.42	76.15	86.66
60	68.97	74.40	79.08	83.30	88.38	99.61
70	79.72	85.53	90.53	95.02	100.43	112.32

The calculated value must be equal to or exceed the critical value in this table for significance to be shown.

Wilcoxon Signed Ranks test process

- Calculate the difference between two scores by taking one from the other
- Rank the differences giving the smallest difference Rank 1

  Note: do not rank any differences of 0 and when adding the number of scores, do not count those with a difference of 0, and ignore the signs when calculating the difference
- Add up the ranks for positive differences
- Add up the ranks for negative differences
- T is the figure that is the smallest when the ranks are totalled (may be positive or negative)
- N is the number of scores left, ignore those with 0 difference

Critical values for the Wilcoxon Signed Ranks test

	Level of significance for a one-tailed test		
	0.05	0.025	0.01
	Level of significance for a two-tailed test		
n	0.1	0.05	0.02
N=5	0	-	-
6	2	0	-
7	3	2	0
8	5	3	1
9	8	5	3
10	11	8	5
11	13	10	7
12	17	13	9

The calculated value must be equal to or less than the critical value in this table for significance to be shown.

DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA

stemup.co.uk

SECTION A

CLINICAL PSYCHOLOGY

Answer ALL questions. Write your answers in the spaces provided.

1 In your studies of clinical psychology, you will have learned about schizophrenia.

(a) Describe **one** symptom of schizophrenia.

(2)

One symptom of schizophrenia is auditory hallucinations, which is a positive symptom. The person hears voices that are not their own and do not exist, for example voices commenting on what they are doing or telling them what to do.

(b) Describe **one** feature of schizophrenia.

(2)

One feature is the age of onset, which is most likely in a person's twenties. Male onset tends to be earlier, in the early to mid twenties, while female onset tends to be later, in the late twenties.

DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA

(c) Explain **two** strengths of the function of neurotransmitters as an explanation for schizophrenia.

(4)

1 *Drugs that increase dopamine can produce symptoms of schizophrenia, which is evidence of a link between neurotransmitters and the disorder. Moskovitz et al. (1978) found that L-dopa, a treatment for Parkinson's disease which increases dopamine, can result in schizophrenia-like symptoms.*

2 *The explanation is supported by objective, scientific evidence from methods such as PET scans and post-mortems, so it is credible and can be tested. Bird et al. (1979) found that post-mortems of patients with schizophrenia showed high levels of dopamine in the brain.*

(Total for Question 1 = 8 marks)

DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA

stemup.co.uk

2 Katie is researching the reliability of the DSM V. She sampled 200 patients from six different clinics in London who had previously been diagnosed with an anxiety disorder using the DSM IV.

The patients had three diagnostic interviews. Each of their interviews was carried out by a different clinician.

Katie compared the diagnosis from each of the three clinicians using the DSM V to the patient's initial DSM IV diagnosis. She wanted to know how many patients received the same diagnosis.

Her results are shown in **Table 1**.

Number of clinicians giving a diagnosis that is the same as the initial diagnosis	Number of patients diagnosed using the DSM IV receiving the same diagnosis using the DSM V
All three clinicians giving the same diagnosis	106
Two clinicians giving the same diagnosis	66
One clinician giving the same diagnosis	27
No clinicians giving the same diagnosis	1

Table 1

(a) Calculate the percentage of patients who received the same diagnosis by all three clinicians, from the total sample of patients in Katie's research.

(1)

Space for calculations

Total sample = 106 + 66 + 27 + 1 = 200

106 ÷ 200 × 100 = 53%

Percentage of patients ..... 53% .....

DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA

(b) Explain **one** strength of Katie using three independent clinicians for the diagnostic interviews in her research.

(2)

Using three independent clinicians reduces the effect of anomalies in diagnosis caused by one clinician's bias or misunderstanding of a patient's anxiety symptoms. If the clinicians agree, Katie's findings about the reliability of the DSM IV and DSM V for diagnosing anxiety disorders show inter-rater reliability.

(c) Explain **two** reasons why the DSM could be considered reliable when diagnosing mental health disorders.

(4)

1 *Different clinicians using the DSM give the same diagnosis, showing inter-rater reliability. Brown et al. (2001) found that two independent interviews using DSM IV criteria resulted in the same diagnosis of anxiety and mood disorders in 362 outpatients, so the diagnostic criteria are applied consistently.*

2 *Reliability has been found between different versions of the DSM when patients diagnosed with an earlier version are re-diagnosed. Goldstein (1988) used the DSM III to re-diagnose 199 patients who had been diagnosed with the DSM II and found reliability between the two versions.*

DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA

(d) Katie researched the reliability of the DSM. Other researchers have investigated the validity of the DSM.

Explain **one** reason why the DSM could be considered valid when diagnosing mental health disorders.

(2)

The DSM has predictive validity, as when a diagnosis is made the expected symptoms are later present. Lahey et al. (2015) studied DSM IV diagnoses of ADHD made at 4 to 6 years old and found the symptoms and associated impairments persisted into elementary school, so the diagnosis predicted the future course of the disorder.

(Total for Question 2 = 9 marks)

DO NOT WRITE IN THIS AREA DO NOT WRITE IN THIS AREA DO NOT WRITE IN THIS AREA

stemup.co.uk

3 In your studies of clinical psychology, you will have learned about **either** unipolar depression **or** anorexia nervosa.

Explain **one** strength and **one** weakness of Cognitive Behavioural Therapy (CBT) for your chosen mental health disorder.

Chosen disorder

Unipolar depression

Strength

CBT can be used alongside other treatments and is effective in combination with SSRIs for unipolar depression, as it challenges the negative thoughts that drug therapy does not address. Wiles et al. (2013) found patients who had CBT as well as antidepressant medication showed a reduction in their depression symptoms.

Weakness

CBT relies on clients completing homework tasks, such as reflecting on their negative thoughts between sessions. This may be difficult for clients with depression, because these tasks require motivation that they may lack due to symptoms such as diminished interest in daily life, so they may not complete the therapy.

(Total for Question 3 = 4 marks)

DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA

stemup.co.uk

4 Michael is investigating brain differences in patients with schizophrenia compared to healthy controls. He decides to use computerised axial tomography (CAT) neuroimaging scans.

(a) State **one** feature of a CAT neuroimaging scan.

(1)

A CAT scan uses X-rays taken from many angles to produce cross-sectional images of the brain.

(b) Explain **one** strength of Michael using a CAT neuroimaging scan in his investigation.

(2)

A CAT scan will give objective images of the brain structures of both the patients with schizophrenia and the healthy controls. This means Michael can empirically compare the images, for example the size of the ventricles, to look for structural differences in the brains of people with schizophrenia.

(c) Explain **one** weakness of Michael using a CAT neuroimaging scan in his investigation.

(2)

A CAT scan only gives structural images of 'slices' of the brains of the patients and the controls, so Michael cannot see how brain regions are functioning, eg dopamine activity. This may limit the conclusions he can draw about brain differences between the schizophrenia group and the control group.

(Total for Question 4 = 5 marks)

DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA

5 Analyse whether the study by Suzuki et al. (2014) can be considered reliable and valid.

(6)

Suzuki et al. (2014) investigated how common underweight is among patients with schizophrenia in Japan. Height and body weight were measured to calculate each patient's BMI, which is an objective measure of underweight status because it is based on physical evidence rather than the researcher's opinion. This increases reliability, as the procedure could be replicated to retest the underweight levels of inpatients with schizophrenia and should produce consistent results.

The findings that there are high levels of underweight in inpatients with schizophrenia are also consistent with previous research, such as Kitabayashi et al. (2006), who found that 16.1% of patients with schizophrenia in Japan were underweight. This consistency across studies suggests the findings are reliable.

However, Suzuki et al. controlled for physical illness and changes in drug therapy by removing those inpatients from the study. This means the sample may not represent the true range of inpatients with schizophrenia, many of whom have physical illnesses or changing medication, which limits the validity of the results. In addition, the patients were all in Japan, where diet and body size norms differ from other cultures, so the findings may lack population validity outside Japan.

Overall, the study is reliable because it uses an objective, replicable measure that agrees with other research, but its validity is more limited because of who was included in the sample.

DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA

stemup.co.uk

(Total for Question 5 = 6 marks)

TOTAL FOR SECTION A = 32 MARKS

DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA

SECTION B

CLINICAL PSYCHOLOGY

Answer the question. Write your answer in the space provided.

6 Evaluate the extent to which culture has an impact on the diagnosis of mental health disorders.

(16)

Culture refers to the norms, values and lifestyles shared by a group of people, and these affect how behaviour is viewed by others. What is seen as abnormal in one culture may be normal in another, for example in some religious groups hearing voices is seen as a sign of speaking to God. Clinicians may view symptoms with an ethnocentric bias, judging them against the norms of their own culture, which could lead to misdiagnosis. Cultural ideals and values can also make some disorders, such as anorexia nervosa, more likely.

There is strong evidence that culture affects diagnosis. Cooper et al. (1972) found New York psychiatrists were twice as likely to diagnose schizophrenia as London psychiatrists when shown the same video-taped clinical interviews. As the patients were identical, the difference must come from the clinicians' cultural training and expectations, so culture had a large impact. Similarly, Littlewood and Lipsedge (1997) suggested that Black and Irish people in Britain are more likely to receive a diagnosis of serious mental disorder due to bias in diagnosis. Malgady et al. (1987) found linguistic and cultural differences, with non-Hispanic clinicians rating the symptoms of Hispanic patients differently from Hispanic clinicians.

Culture also affects how patients present their symptoms. Lin and Cheung (1999) claimed that because Asian traditions view the body and mind as unitary, patients tend to focus on physical discomfort rather than emotional symptoms, leading to an overrepresentation of somatic complaints. A clinician using Western criteria may therefore miss depression. Luhrmann et al. (2015) found that in some cultures hearing voices was a negative experience while in others it

DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA

stemup.co.uk

was positive, so culture may shape the experience of mental illness itself. The Plains Indians may hear dead relatives speak to them and consider this normal, whereas in North America this would be seen as a symptom of schizophrenia.

Culture-bound syndromes are a further problem. Chadda (1995) found that patients reporting symptoms of 'Dhat', a culturally specific disorder, were classified under an unspecific emotional disorder in the DSM IIIR, because there were no criteria for Dhat in its own right. López and Núñez (1987) also argued that diagnostic criteria and interview schedules of the time paid little attention to cultural factors.

However, the impact of culture may be reducing. The DSM contains clearly defined disorders with specific symptoms that can be used in all English-speaking countries, and the DSM V now includes culture-related diagnostic issues and a cultural formulation, which outlines how cultural context must be considered. Lee (2006) found that using the DSM to diagnose ADHD in Korea was as valid as using it in the USA, suggesting culture had little impact for some disorders. Much of the evidence of bias, such as Cooper et al. (1972), is also dated and comes from before these changes, so it may not reflect diagnosis today. Some differences may also be real differences in prevalence rather than bias; for example bulimia nervosa is more prevalent in Western cultures (up to 7.3% of females) than non-Western cultures (up to 3.2%) (Makino et al., 2004).

In conclusion, culture has a considerable impact on diagnosis, both through clinician bias and through how symptoms are expressed, especially for disorders like schizophrenia where symptoms such as hearing voices are interpreted differently. The extent of the impact depends on the disorder and the clinician, and modern tools such as the DSM V cultural formulation reduce it, but they cannot remove it completely.

DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA

DO NOT WRITE IN THIS AREA

DO NOT WRITE IN THIS AREA

DO NOT WRITE IN THIS AREA

stemup.co.uk

DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA

(Total for Question 6 = 16 marks)

TOTAL FOR SECTION B = 16 MARKS

stemup.co.uk

SECTION C

PSYCHOLOGICAL SKILLS

Answer ALL questions. Write your answers in the spaces provided.

7 Ross wants to investigate the moral development of children using cross-sectional research. He intends to find out how children's views of right and wrong change between 4 years old and 18 years old. Ross also intends to compare these developments in girls and boys.

(a) Describe how Ross could gather a random sample of participants from local schools for his investigation.

(4)

Ross would first decide how many children he needs in each age group from 4 to 18 years old, and include an equal number of boys and girls for each age group from each local school. He would get the class lists from the schools and split the pupils' names into boys and girls for each age. Each name would be put on a slip of paper and placed in a hat for that age and gender group, and he would randomly draw the required number of names, eg 10 boys and 10 girls aged 4, so every child had an equal chance of being selected.

DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA

stemup.co.uk

(b) Explain **one** reason why Ross chose to use cross-sectional research for his investigation into the moral development of children.

(2)

Cross-sectional research lets Ross find out children's understanding of right and wrong at each age group at the same time, from 4 to 18 years old. He can then compare the age groups to see how morality changes and develops as children get older, without waiting 14 years as a longitudinal study would need.

(c) Ross intends to use structured interviews with the children. He has written 10 scenarios and plans to ask the children if they think the person in the scenario acted in the right or wrong way.

Explain **one** strength of Ross using structured interviews for his investigation.

(2)

Ross can use the same 10 scenarios and questions with every child across the age range, so he can directly compare their answers about whether the person acted in the right or wrong way. This gives him more reliable data to show the changes in children's understanding of right and wrong.

(Total for Question 7 = 8 marks)

DO NOT WRITE IN THIS AREA DO NOT WRITE IN THIS AREA DO NOT WRITE IN THIS AREA

8 Sigmund conducted a laboratory experiment to find out whether obedience to an authority figure changes based on the status of the person giving orders. He used an empty classroom in his local university to conduct his experiment.

He selected 60 participants (30 male and 30 female) from volunteers who answered an advert he placed in a local newspaper. Sigmund allocated 15 males and 15 females to each of the experimental conditions.

- In Condition A participants were instructed to delete the contents of a laptop computer by a man wearing a business suit.
- In Condition B participants were instructed to delete the contents of a laptop computer by a man in casual clothing.

Sigmund recorded how many participants deleted the contents of the laptop computer in each condition.

(a) Identify the independent variable in Sigmund's experiment.

(1)

Whether the man giving the order is wearing a business suit or casual clothing.

(b) State the experimental/research design used by Sigmund in his experiment.

(1)

Independent groups design.

DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA

stemup.co.uk

(c) The data gathered by Sigmund is shown in **Table 2**.

	Number of participants who obeyed	Number of participants who disobeyed
Condition A Man wearing a business suit	25	5
Condition B Man wearing casual clothing	8	22

Table 2

10 females obeyed the man wearing a business suit.

Calculate the ratio of males to females obeying the man wearing the business suit.

You **must** give your answer in the lowest form.

(1)

Space for calculations

Condition A obeyed = 25, females = 10

Males = 25 − 10 = 15

15 : 10 ⇒ 3 : 2

Ratio *3 : 2*

(d) Describe how Sigmund would present the data from **Table 2** in an appropriate graph.

(2)

He would use a bar chart, because obeying and disobeying in each condition are discrete categories. The x-axis would show the conditions (business suit, casual clothing) with separate bars for obeyed and disobeyed, and the y-axis would show the number of participants.

DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA

(e) Calculate the chi-squared for the data gathered by Sigmund in his experiment by completing **Table 3.**

Your answers should all be correct to two decimal places.

(4)

		Observed	Expected	O–E	$(O–E)^2$	$(O–E)^2/E$
Condition A **Man wearing a business suit**	**Obeyed**	25	16.50	8.50	72.25	4.38
	Disobeyed	5	13.50	−8.50	72.25	5.35
Condition B **Man wearing casual clothing**	**Obeyed**	8	16.50	−8.50	72.25	4.38
	Disobeyed	22	13.50	8.50	72.25	5.35
				Chi-squared =		19.46

Table 3

Space for calculations

O − E: 25 − 16.50 = 8.50, 5 − 13.50 = −8.50, 8 − 16.50 = −8.50, 22 − 13.50 = 8.50

$(O - E)^2 = 8.50^2 = 72.25$ for every cell

72.25 ÷ 16.50 = 4.38, 72.25 ÷ 13.50 = 5.35

$\chi^2 = 4.38 + 5.35 + 4.38 + 5.35 = 19.46$

(f) Justify, using the data, whether Sigmund's results are significant for a one-tailed (directional) test at p=0.05 where *df*=1.

The critical value table can be found at the front of the paper.

(1)

The calculated value of 19.46 is greater than the critical value of 2.71 (one-tailed, p = 0.05, df = 1), so the results are significant and the null hypothesis can be rejected.

DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA

stemup.co.uk

(g) Explain **one** improvement that Sigmund could make to his experiment in terms of validity.

(2)

Sigmund could carry out the experiment in a more realistic setting than an empty university classroom, such as a real office with a work laptop. This would increase ecological validity, as it is more reflective of day-to-day obedience when people are asked by someone at work to delete the contents of a computer.

(Total for Question 8 = 12 marks)

TOTAL FOR SECTION C = 20 MARKS

DO NOT WRITE IN THIS AREA DO NOT WRITE IN THIS AREA DO NOT WRITE IN THIS AREA

SECTION D

Answer the question. Write your answer in the space provided.

9 One key question for society is whether negative attitudes towards employees with mental health issues in the workplace can be reduced.

Biggs et al. (2010) found that employers have a high level of concern when employing individuals with mental health conditions. These concerns included issues of trust, needing supervision, inability to use initiative and inability to deal with the public.

Perkins and Rinaldi (2002) claimed that employment among individuals in London with a diagnosis of schizophrenia in 1993 was 7.7%, and fell to 4.4% in 1999. This was despite the increase in general employment rates during this time.

Campaigns such as "Time to Change" encourage employers to tackle mental health stigma in the workplace to improve the wellbeing and productivity of employees.

Discuss the key question of whether negative attitudes towards employees with mental health issues in the workplace can be reduced. You should use concepts, theories and/or research studied in your psychology course.

You must make reference to the context in your answer.

(8)

Negative attitudes towards mental health can lead to stigma, where a person with a mental health condition is seen as different and less valued. When mental health is misunderstood, individuals may be marginalised and excluded from full involvement in society, including work. The employer concerns found by Biggs et al. (2010), such as issues of trust, needing supervision and an inability to deal with the public, show how this wider social stigma enters the workplace. Perkins and Rinaldi (2002) found employment of people with schizophrenia in London fell from 7.7% to 4.4%, a 3.3% reduction, even though general employment rose, which suggests marginalisation from employment was increasing rather than attitudes improving.

However, there are reasons to think attitudes can be reduced. Many mental health conditions, such as schizophrenia, have a biological basis, for example excess dopamine, so symptoms can be treated with drug therapy such as antipsychotics. With effective treatment, employers' concerns about trust and needing supervision can be reduced, because employees can manage their symptoms at work. Raising awareness through campaigns such as Time to Change can correct

DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA

stemup.co.uk

misunderstandings, and contact with colleagues who have mental health conditions can challenge stereotypes, changing employer and colleague attitudes and reducing exclusion.

On the other hand, stigma is deep-rooted, and cultural differences in how mental health is perceived mean some workplaces may resist change. Campaigns may change what employers say rather than their actual hiring decisions, and medication has side effects that may still affect work.

Overall, negative attitudes in the workplace can be reduced, but only if awareness campaigns are combined with effective treatment and support, so that employers' specific concerns are actually addressed.

DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA

(Total for Question 9 = 8 marks)

TOTAL FOR SECTION D = 8 MARKS

DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA

stemup.co.uk

SECTION E

Answer the question. Write your answer in the space provided.

10 Addiction can be considered to be when an individual does not have control over their actions towards substances or activities, even when it can result in harm to the individual.

Addictions can include smoking, alcohol, illegal drugs, the internet, gambling and even shopping. Individuals with addictions often say it can be difficult to stop their behaviour even though they may understand that it is harmful.

To what extent can learning theories and biological psychology explain addiction?

(20)

Learning theories explain addiction as learned behaviour. In operant conditioning, positive reinforcement is when a desired consequence is received, which encourages behaviour to be repeated. For example, a gambler who wins money is positively reinforced, so gambling continues. Negative reinforcement is when an unpleasant consequence is removed: a smoker who lights a cigarette removes withdrawal symptoms such as anxiety, so smoking is repeated. Skinner (1948) found repetitive behaviours could be conditioned in pigeons through reinforcement, which may explain the habits of addictive actions such as repeatedly checking the internet. Variable ratio reinforcement, as in gambling, produces behaviour that is especially hard to extinguish, which explains why addicts find it difficult to stop even though they know it is harmful.

Social learning theory claims individuals observe the behaviour of role models, people of high status or importance to them, and imitate it. Individuals may observe role models in the media or their family smoking or drinking alcohol, retain these behaviours and reproduce them, especially if the model is seen being rewarded, which is vicarious reinforcement. Bandura, Ross and Ross (1961) found that children imitated the behaviour of adult role models, which can explain how behaviours that become addictive, such as drinking, start.

However, learning theories are deterministic, assuming reinforcement is sufficient to learn a behaviour and ignoring individual differences such as peer pressure or cultural norms. They also

DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA

cannot explain why only some people who gamble or drink become addicted when many receive the same reinforcement. Much of the research, such as Skinner's, used animals, which may not represent the complexity of human addiction, and Bandura's study measured short-term imitation of aggression in a lab rather than long-term addictive behaviour.

Biological psychology explains addiction through the brain. The dopamine reward pathway is stimulated when individuals perform rewarding actions, so they feel pleasure. Drugs such as cocaine and nicotine stimulate this pathway directly, so drug taking may become addictive because of the 'high' experienced, even though it is harmful. Glutamate is also involved: blocking glutamate at the NMDA receptor can result in psycho-stimulation. Lahti et al. (1995) found that ketamine blocks NMDA receptors, producing feelings of euphoria and psychotic effects, which may be a desired consequence leading to continued misuse. The pre-frontal cortex (PFC) plays a role in self-control, regulating emotions and inhibiting behaviour, so dysfunction in the PFC may explain why addicts do not seem to have control over their behaviour even when they know it is harmful.

Biological explanations are supported by scientific evidence such as brain scans, and they explain the loss of control better than learning theories do. However, it is difficult to establish cause and effect: excess dopamine activity may be the result of addictive behaviour rather than its cause, so the argument may be circular. Moselhy et al. (2001) reviewed neuropsychological studies and found specific deficits in alcoholism suggesting frontal lobe dysfunction, but this could be an effect of prolonged alcohol use rather than a cause. Neuroplasticity means differences in the PFC of addicts may result from their actions. Biological explanations are also reductionist, as they cannot explain behavioural addictions such as shopping without considering the rewards from the environment, and much of the research is on animals.

DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA

The two approaches can be integrated. Reinforcement works because rewards such as winning money or a drug 'high' trigger dopamine release, so learning theories explain why a behaviour starts and what maintains it, while biological psychology explains the mechanism of reward and why control is lost. Social learning explains the initiation of addictions such as smoking in teenagers, whereas biology better explains why they are difficult to stop.

In conclusion, learning theories and biological psychology can each explain addiction to a considerable extent, but neither is complete on its own. Learning theories are stronger for initiation and behavioural addictions, and biological psychology for loss of control and substance addictions. An interactionist explanation combining both, alongside social and cultural factors, explains addiction most fully.

DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA

DO NOT WRITE IN THIS AREA

DO NOT WRITE IN THIS AREA

DO NOT WRITE IN THIS AREA

stemup.co.uk

DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA

(Total for Question 10 = 20 marks)

TOTAL FOR SECTION E = 20 MARKS
TOTAL FOR PAPER = 96 MARKS

stemup.co.uk

BLANK PAGE

DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA

stemup.co.uk