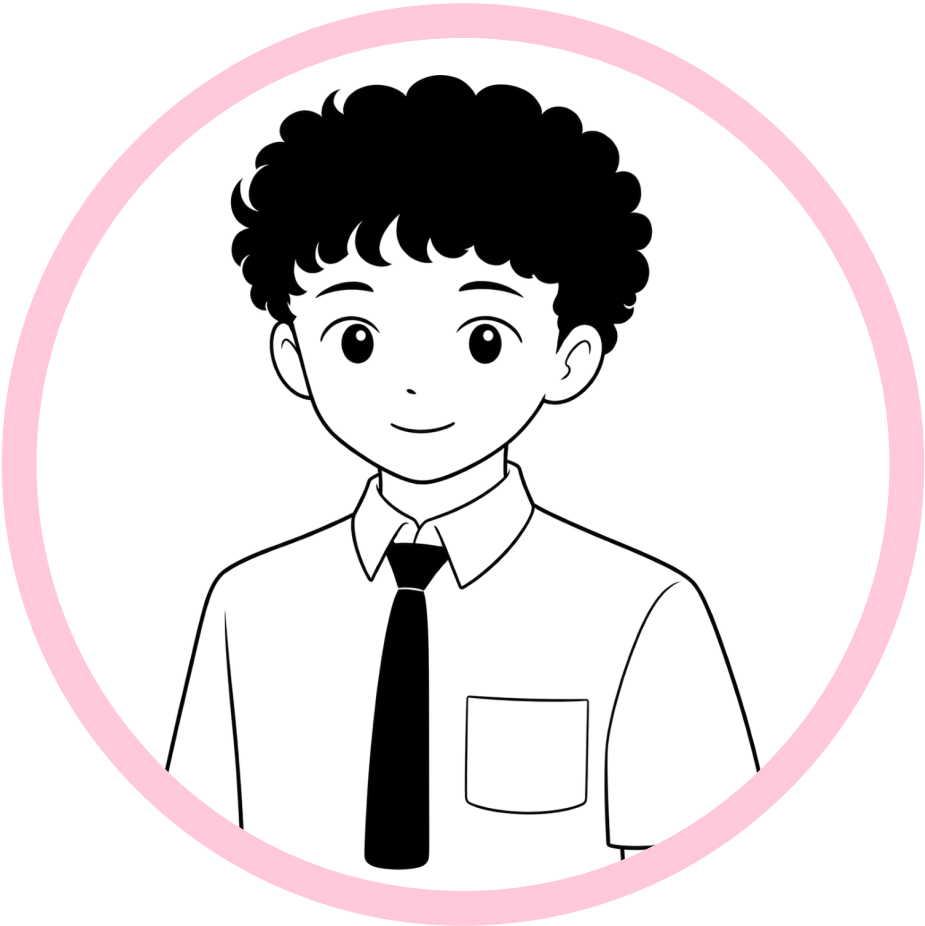
OCR A-LEVEL PSYCHOLOGY · H567

PSYCHOLOGY



EXAM QUESTION PACK

ISSUES IN MENTAL HEALTH

SCORE	PERCENTAGE
/280	%

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1 Outline **two** historical views of mental illness.

[6]

2(a) The key research by Gottesman et al. (2010) involved analysis of data from the Danish Psychiatric Central Register.

What were Gottesman et al. (2010) trying to find out?

[3]

trength of Gottesman et al. (2010) conducting their research through an register.

[3]

(c) Outline **one** weakness of Gottesman et al. (2010) conducting their research through analysis of data in this register.

[3]

archer working in the Psychology department of a university. She works
therapists. Orla thinks that non-biological treatments of mental illness are effective and she wants to conduct some research into their effectiveness to find out whether she is correct.

Identify **and** describe **one** non-biological treatment of a disorder that Orla could consider for her research.

[4]

(b) Explain how Orla could investigate the effectiveness of this non-biological treatment of mental illness.

[6]

nt can explanations of mental illness be considered socially sensitive?

[10]

5 Identify **one** specific disorder **and** outline an appropriate biological treatment for it.

[4]

manager of an office with approximately 100 members of staff. She is w
problems experienced by some of the people in her office. Charlie wants to find out whether her workplace could be causing these mental health problems.

What might a psychologist say to Charlie about whether the workplace could be causing some of her employees to have mental health problems?

Refer to **either** the humanistic **or** the psychodynamic **or** the cognitive neuroscience explanation of mental illness to inform your response.

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[4]

7(a) Outline the genetic explanation of mental illness.

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[3]

(b) Evaluate the usefulness of the genetic explanation of mental illness.

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[6]

nt can historical views of mental illness be considered scientific?

[7]

9 Assess the contribution that the key research by Szasz (2011) makes to the topic of alternatives to the medical model of mental illness.

[10]

imilarity between two historical views of mental illness.

[3]

(b) Outline **one** difference between two historical views of mental illness.

[3]

11(a) Describe the characteristics of an anxiety disorder.

[3]

sefulness of knowing the characteristics of disorders.

[5]

eacher of a large secondary school. Alex is concerned that growing num
seem to be experiencing problems with their mental health.

How might a **cognitive psychologist** explain to Alex why the pupils may be experiencing mental health problems?

---

[5]

earch by Gottesman et al. (2010), the following findings were reported f
care by the age of 52 years:

	Schizophrenia		Bipolar disorder	
	% of their children admitted	Number of couples	% of their children admitted	Number of couples
Both parents admitted with the disorder	27.3	196	24.95	83
One parent admitted with the disorder	7.0	8 006	4.4	11 995
Neither parent admitted with the disorder	0.86	1 080 030	0.48	1 080 030

Outline **two** conclusions that can be drawn from these findings.

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[4]

uggestions a psychologist might make about how these findings could b

[4]

nt can these findings be considered reliable?

[8]

g in a way that people regard as strange. Whatever events happen in Ali affect Ali's mood at all. Ali remains constantly happy and excited.

How might **one** of the historical views of mental illness explain Ali's behaviour?

[4]

(b) Outline **one** way the medical model might explain Ali's behaviour.

[4]

e of the alternatives to the medical model explain Ali's behaviour?

[4]

arch by Rosenhan (1973) reports that mental hospital staff “delivered ver
serious physical abuse to patients” in front of other patients. However, when other members of staff were known to be coming, this abuse was quickly stopped.

How did Rosenhan explain the behaviour of the abusive staff?

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[3]

ways in which the key research by Rosenhan (1973) could have been i

[6]

characteristics of an affective disorder with the characteristics of a psyc

[8]

17 Discuss ethical considerations concerning non-biological treatment of one specific mental disorder.

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[6]

arch by Rosenhan (1973) was carried out in the USA. Within this study, hospital rated how likely it was that patients were pretending to have a mental illness. Of the 193 patients judged in this way, 19 were suspected of being fake patients by a psychiatrist and one other staff member.

Outline **one** way this finding illustrates reliability.

[3]

(b) Outline **one** way this finding illustrates ethnocentrism.

[3]

earch by Szasz (2011), mental illness is described as a 'myth'.

What does Szasz mean by this?

[3]

(b) To what extent do you agree with Szasz's claim that mental illness is a 'myth'?

[5]

pecific disorder **and** identify an appropriate non-biological treatment for it

[2]

(b) Explain how the non-biological treatment of one specific disorder can contribute to the success of the economy and society.

[4]

tal illness in relation to the individual/situational explanations debate.

[10]

ay of defining abnormality in relation to mental health.

[2]

(b) Explain **one** weakness of this way of defining abnormality.

[3]

23 Outline **one** way of categorising mental disorders.

[3]

feel unwell, they often consult the website of the National Health Servic
are described on the NHS website needs to be extremely clear.

Describe the characteristics of an affective disorder in a way that could be included on the NHS website.

---

[5]

the key research by Gottesman et al. (2010) contributes to the medical m

[5]

sefulness of the key research by Szasz (2011).

[6]

behaviourist explanation of mental illness with **either** the humanistic **or** t
cognitive neuroscience explanation of mental illness.

[8]

al considerations concerning the biological treatment of **one** specific diso

[8]

-biological treatment of **one** specific disorder.

[5]

strength and **one** weakness of the non biological treatment referred to in

[5]

earch by Szasz (2011), the author states that “there is no such thing as

Szasz defend this claim?

---

[3]

sz's view that "there is no such thing as mental illness."

[5]

the key research by Rosenhan (1973) contributes to an understanding of cultural diversity.

[6]

ent are explanations of mental illness determinist?

[10]

33(a) Outline how mental hospitals failed to detect sanity in the research by Rosenhan (1973).

[2]

al considerations of the research by Rosenhan (1973).

[6]

Wendy are parents. They have just been told that their son has a psycho
understand what this means.

How might a clinical psychologist explain to Richard and Wendy the characteristics of a psychotic disorder?

[6]

ogical treatment of **one** specific disorder.

[5]

strength and **one** weakness of the biological treatment referred to in your

[6]

ent are alternatives to the medical model of explaining mental illness sci

[10]

END OF QUESTION PAPER

Mark Scheme

Question			Answer/Indicative content	Marks	Guidance
1			**Outline two historical views of mental illness.** **AO1 (6 marks)** Candidates will demonstrate knowledge and understanding by accurately outlining two historical views of mental illness. Examples of creditworthy historical views of mental illness include: Demonic possession/witchcraft Possession by evil spirits/Demons/devil Hysteria, Epilepsy, erratic behaviour Trepanning or burning The four humours An imbalance in yellow bile, black bile, blood and phlegm Melancholia Bloodletting, leeches Moral treatment Stressors/psyche/emotions Calm/routine/therapeutic relationship Exercise in the open air Punishment from god(s) Psychotic and neurotic illnesses Prayer/confession Exorcism (beating, restraint, etc) Psychosurgery Lobotomy ECT Early generations of drug therapy (pre-1960) Behaviourist Psychodynamic Other appropriate responses should be credited.	6	**5-6 marks** - Response demonstrates good relevant knowledge and understanding. Accurate and detailed description of two historical views of mental illness. **3-4 marks** - Response demonstrates reasonable relevant knowledge and understanding. Accurate and detailed description of one historical view of mental illness or more limited description of two historical views of mental illness. **1-2 mark** - Response demonstrates limited relevant knowledge and understanding. Limited description of one historical view of mental illness lacking in detail (e.g., just identified). Or two historical views identified. **0 marks** - No creditworthy response. For each historical view candidates are likely to: • Identify each historical view • Develop it further in general terms • Include some fine detail (context) specifically from that historical view For answers to be creditworthy, they must involve outlining of historical views of mental illness (i.e. views held or developed before 1960). Views of mental illness can include explanations and/or treatments. Views of mental illness that are not creditworthy as 'historical' include CBT, humanistic, and neurotransmitter-based explanations or treatments. If more than two historical views of mental illness are outlined, credit **the first two**. <u>Examiner's Comments</u> This question saw a large majority of candidates gaining full marks by considering two historical views. Previous reports have highlighted how we interpret the term 'historical' and there were rarely late 20th or 21st century views. We interpreted 'views' to mean explanations or treatments or a mix of both, a view, elaboration and then the treatment was

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Mark Scheme

Question			Answer/Indicative content	Marks	Guidance
					worth 3 marks.
			Total	6	

Mark Scheme

Question			Answer/Indicative content	Marks	Guidance
2	a		**The key research by Gottesman et al. (2010) involved analysis of data from the Danish Psychiatric Central Register.** **What were Gottesman et al. (2010) trying to find out?** **AO1 (3 marks)** Candidates will demonstrate knowledge and understanding by accurately outlining what Gottesman et al (2010) were trying to find out in their study. Answers can be expected to emphasise: • the likelihood of people developing mental illness (specifically schizophrenia and/or bipolar disorder) • the likelihood of developing other mental disorders (linked to genetic overlap) • how mental illness can depend on whether both of their parents, one of their parents, or neither of their parents had this disorder. • the age of onset of disorders. Other appropriate responses should be credited.	3	Marks can be awarded as follows: • 1 mark = the *likelihood/probability/percentage* (etc) of developing mental illness (or *could be* diagnosed with/ *vulnerable to, at risk*, etc.) • 1 mark = context (e.g. link to *schizophrenia and/or bipolar disorder*, or comparative groups [e.g. one parent, both parents, no parents], or finding, etc.) • 1 mark = reference to the transmission mechanism being *biological/genetic/hereditary/inherited* (etc) [“from their parents” is too vague] **0 marks** - no creditworthy response <u>Examiner’s Comments</u> Many candidates understood the aim of this study, including the key concepts of genetic transference, probability, both contextualised to the correct Gottesman study. Some candidates confused it with the twin study, but could still gain credit for the key concepts as they overlapped.

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Question			Answer/Indicative content	Marks	Guidance
	b		**Outline one strength of Gottesman et al. (2010) conducting their research through analysis of data in this register**. **AO1 (1 marks)** Candidates will demonstrate knowledge and understanding by commenting accurately on the use of data from the Danish Psychiatric Central Register. **AO3 (2 marks)** Candidates will demonstrate the skill of evaluation through clear and accurate outlining of one strength of Gottesman et al (2010) using this register as the basis of their research. <u>Relevant strengths could include:</u> • The ability to analyse data for a very **large group** of people (linking to **reliability** and/or **population validity**). • The relatively **straightforward 'desktop'** nature of the research. • The generation of **quantitative data enabling comparison bet**ween disorders. • **Ethics** (to do with not having physical participants in need of debriefing, protection from harm, confidentiality being respected, etc.) • The ability to **analyse data** relating to a lengthy period of time. • The fact that in Denmark this register would **include all people receiving a diagnosis** and that it could be linked to the Danish Civil Registration System, etc. • It links to **real-world** data / is **ecologically valid** • It involves collection of **secondary data** Other appropriate responses should be credited.	3	Marks can be awarded as follows: • 1 mark = identification of the strength (what it is) *Plus* • 1 mark = location of the strength in the context of the study (an example of this from the study) • 1 mark = development of the strength (i.e. "so what?"; why/in what way is it a strength?) **0 marks** - No creditworthy response. If more than one strength is outlined, mark and credit the **first** strength. Saying "it is reliable" (or equivalent) is not enough for the candidate to be identifying a strength; this must be added to (e.g. "it is externally reliable", or "it is open to test-retest reliability") for the first mark to be awarded. <u>Examiner's Comments</u> There were many strengths here; they needed to be strengths of using data to analyse mental health research - not the research itself. This was answered well by most candidates, and attempted by almost all candidates. Identifying a strength, elaborating why it is a strength and contextualising was a good structure used by many. It was nice to see reliability of large sample related to ability to deal with anomalous data, this is an improvement on how a previously similar question was answered on this paper.

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Mark Scheme

Question			Answer/Indicative content	Marks	Guidance
	c		**Outline one weakness of Gottesman et al. (2010) conducting their research through analysis of data in this register**. **AO1 (1 marks)** Candidates will demonstrate knowledge and understanding commenting accurately on the use of data from the Danish Psychiatric Central Register. **AO3 (2 marks)** Candidates will demonstrate the skill of evaluation through clear and accurate outlining of one weakness of Gottesman et al (2010) using this register as the basis of their research. <u>Relevant weaknesses could include:</u> • The sheer **volume of data** to analyse. • The question of how far Denmark is **representative of other countries** with regard to diagnosis of mental illness. • The question of whether all **diagnoses will have been valid**. • **Not all people with a disorder** will have received a diagnosis. • The **absence of any qualitative data**. • The way **ICD was updated during** the time period analysed. • Difficulties of drawing conclusions about the **extent to which familiarity can be attributed to genetic** factors, etc. • It involves collection of **secondary data** Other appropriate responses should be credited.	3	Marks can be awarded as follows: • 1 mark = identification of the weakness (what it is) *Plus* • 1 mark = location of the weakness in the context of the study (an example of this from the study) • 1 mark = development of the weakness (i.e. “so what?”; why/in what way is it a weakness?) **0 marks** - No creditworthy response. If more than one weakness is outlined, mark and credit the **first** weakness. Do not credit lack of consent as a weakness. <u>Examiner’s Comments</u> This question on weakness again was generally well done. The issue of consent was not credited, as noone has to or has the ability to consent to become part of national data statistics and as the data was anonymised it wasn’t a necessity for Gottesman et al. to get this. More frequent responses referred to lack of generalisability as it was only based on a Danish population or a lack of qualitative data. Responses which referred to what was missing i.e. it only looked at Schizophrenia and Bipolar, were not credited because this wasn’t a weakness of using the register. Gottesman et al. wanted to study bipolar and schizophrenia so this register met his requirements. A criticism of his research for only looking at two disorders would be accurate but not as an answer to this question.
			Total	9	

Mark Scheme

Question			Answer/Indicative content	Marks	Guidance
3	a		Orla is a researcher working in the Psychology department of a university. She works with a range of different therapists. Orla thinks that non-biological treatments of mental illness are effective and she wants to conduct some research into their effectiveness to find out whether she is correct. Identify and describe one non-biological treatment of a disorder that Orla could consider for her research. AO2 (4 marks) Candidates should apply their knowledge and understanding of non-biological treatment by identifying and describing one such treatment that Orla could use in her investigation. Candidates are likely to refer to: • Exposure-based therapies such as systematic desensitisation or flooding • Aversion therapy • Cognitive behavioural therapies (CBT) • Client-centred therapy/psychotherapy. Treatment <u>must</u> be non-biological.	4	Award marks as follows for the <u>identification</u> of the treatment: 1 mark - accurate identification of one non-biological treatment of mental illness that Orla could consider for her research. Award marks as follows for the <u>description</u> of the treatment: 3 marks - Good application of non-biological treatment that Orla could investigate the effectiveness of. 2 marks - Reasonable application of a non-biological treatment that Orla could investigate the effectiveness of 1 mark - Limited application of a non-biological treatment that Orla could investigate the effectiveness of 0 marks - no creditworthy response The non-biological treatment needs to be identified and described in the context of the question (i.e., as a treatment that Orla could investigate the effectiveness of). The treatment that is described needs to reflect the treatment that is identified for the description marks to be accessible. The first treatment identified must be credited. Marks can be awarded as follows: • 1 mark = identify a non-biological treatment (e.g. systematic desensitisation) • 1-3 marks a description of what the non-biological treatment would involve in practice (e.g. drawing up a fear hierarchy; learning relaxation techniques; pairing a relaxation response with each stimulus in the hierarchy); one of these marks could potentially be for the psychology behind the treatment (in terms of how/why it can be expected to work, such as through developing positive associations) or for the outcome from it (e.g. in terms of overcoming a negative association). If the treatment can't be confirmed to be non-biological (e.g. "give them therapy"), then this is not creditworthy.

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Question			Answer/Indicative content	Marks	Guidance
					Examiner's Comments Generally candidates did well with their responses to this question. Question 3(a) and 3(b) were linked; the answer in Question 3(a) had to relate to the answer in 3(b). A non-biological treatment was more often than not identified, and, particularly with the classical conditioning based therapies, was detailed. CBT, RET, REBT tended to be less well described. If the therapy was not clearly identified then there could be no credit. If it was not identified but described in detail therefore clearly identifiable, this was credited. Exercise related to biochemical explanations was treated as a biological treatments and therefore not credited. The therapy had to be the one that was carried through to 3(b) with an outline of how the effectiveness of this treatment could be tested. Candidates had to consider how people with a specific disorder could be recruited; how they would be treated/what they would experience; and appropriate and specific details of how the effectiveness could be assessed with the best responses having exemplar questions or behaviour categories for observation to contextualise it to the scenario.

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Question			Answer/Indicative content	Marks	Guidance
	b		**Explain how Orla could investigate the effectiveness of this non-biological treatment of mental illness.** **AO2 (6 marks)** Candidate should apply their knowledge and understanding of the research process to the context of the question. They can be expected to outline an appropriate way in which Orla could investigate the effectiveness of this treatment. Suggestions are likely to centre on an experiment (e.g., with an experimental condition receiving the non-biological treatment and one or more control conditions receiving no treatment and/or a biological treatment) but could equally centre on the use of self-report or observation either as research methods, or as ways of collecting data within an experiment. The longitudinal approach could feature as could case studies, interviews with different therapists, or carrying out a review study. Better answers will contain increasing levels of detail about how Orla could investigate the effectiveness of the non-biological treatment. For example, reference could be made to the sample of participants and/or the sampling technique, to any independent variable, and/or how data could be obtained that could enable Orla to draw conclusions about the effectiveness of the non-biological treatment. The best answers will be fully contextualised to this scenario (i.e. to investigating the effectiveness of a non-biological treatment of mental illness). Other appropriate responses should be credited.	6	Marks can be awarded as follows: • 1-2 marks = **the methodology/procedure to be used** (1 mark for identification of this; 2nd mark for description of it, which may include reference to the measure being taken twice [before and after the intervention]) • 1-2 marks = **the sample of participants to be studied** (1 mark for some detail about this such as the sample size, or ages, gender or occupations of participants; 1 mark for placing this in the context of the proposed study such as by identifying the mental illness the participants have been diagnosed with) • 1-2 marks = **the way the effectiveness of the non-biological treatment will be measured** (1 mark for identifying this; the 2nd mark for elaborating on this - e.g., by giving detail about the precise question to be asked, observable behaviour to be seen, diagnostic measure to be taken, qualitative feedback to be listened out for, or coming up with more than one way of measuring, etc.) **0 marks** - No creditworthy response. It is acceptable for the candidate to come up with an investigation that involves a combination of two or more methods as the question didn't ask for "one" way; marks should be awarded by adding together different creditworthy aspects from each of these. A maximum of 2 marks for answers where: • A different treatment from the one described in question 3(a) is being referred to. • The treatment carried over from 3(b) is biological (so got zero marks in that question). • It is unclear what the treatment is that Orla is investigating the effectiveness of. These 2 marks (maximum) would be in relation to the sample of participants studied (i.e. the candidate can't get any

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Question			Answer/Indicative content	Marks	Guidance
					marks for either methodology or measurement). If the answer in question 3a was unclear (e.g. “therapy”) but now in question 3b it is made clear as a treatment that is non-biological (e.g. “humanistic therapy”), then in principle this can potentially access maximum marks. <u>Examiner’s Comments</u> Generally candidates did well with their responses to this question. Question 3(a) and 3(b) were linked; the answer in Question 3(a) had to relate to the answer in 3(b). A non-biological treatment was more often than not identified, and, particularly with the classical conditioning based therapies, was detailed. CBT, RET, REBT tended to be less well described. If the therapy was not clearly identified then there could be no credit. If it was not identified but described in detail therefore clearly identifiable, this was credited. Exercise related to biochemical explanations was treated as a biological treatments and therefore not credited. The therapy had to be the one that was carried through to 3(b) with an outline of how the effectiveness of this treatment could be tested. Candidates had to consider how people with a specific disorder could be recruited; how they would be treated/what they would experience; and appropriate and specific details of how the effectiveness could be assessed with the best responses having exemplar questions or behaviour categories for observation to contextualise it to the scenario.
			Total	10	

Mark Scheme

Question			Answer/Indicative content	Marks	Guidance
4			**To what extent can explanations of mental illness be considered socially sensitive?** **AO1 (2 marks)** Candidates should demonstrate knowledge and understanding of social sensitivity. **AO3 (8 marks)** Candidates should analyse, interpret and evaluate explanations of mental illness in relation to social sensitivity. **Any relevant explanation** of mental illness can be referred to. Points that could be explored: • The potential for workplace **discrimination** or for parents being blamed for their children's mental disorders (whether through genetic or behavioural transmission). • Biological explanations of mental illness could be seen as socially sensitive if they lead to eugenicist **government policies**. • From the other side of the question, explanations of mental illness can be seen as less socially sensitive when they **suggest the prospect of treatment** • The reason for the mental illness could be argued to be **beyond the control of the individual** experiencing it. Other appropriate responses should be credited. The injunction 'to what extent' invites consideration of how far explanations of mental illness are socially sensitive. To be able to access the top band, candidates must express a judgement about the extent to which explanations of mental illness are socially sensitive.	10	**9-10 marks** - The response demonstrates **good** knowledge and understanding of social sensitivity. There is a **good** analysis of social sensitivity in relation to explanations of mental illness. There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated. **6-8 marks** - The response demonstrates **reasonable** knowledge and understanding of social sensitivity. There is a **reasonable** discussion of social sensitivity in relation to explanations of mental illness. There is a line of reasoning presented with some structure. The information presented is in the most-part relevant and supported by some evidence. **3-5 marks** - The response demonstrates **limited** knowledge and understanding of social sensitivity. There is a **limited** discussion of social sensitivity superficially related to explanations of mental illness. The information has some relevance and is presented with limited structure. The information is supported by limited evidence. **1-2 marks** - The response demonstrates **basic** knowledge and understanding of social sensitivity. There is a **basic** discussion of social sensitivity which may not be in relation to explanations of mental illness. The information is basic and communicated in an unstructured way. The information is supported by limited evidence and the relationship to the evidence may not be clear. **0 marks** - No creditworthy response. **Notes**: • Historical explanations can be credited • Answers should be focused on the social sensitivity of *explanations* of mental illness (as opposed to the social sensitivity of empirical research) • Answers must be about *social sensitivity* (e.g. as opposed to ethics) • Answers need to relate to explanations (plural) to be able to access the top band

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Question	Answer/Indicative content	Marks	Guidance
			• An accurate definition of social sensitivity alone can enable candidates to get up to 2 marks (for the AO1 part) A good discussion point can be expected to do the following: • Identify the explanation of mental illness being discussed • Identify who would be impacted by this explanation (i.e. the group of people it is sensitive for) • What the impact might be (i.e. how it could be socially sensitive for them) Good answers can be expected to cover at least two such discussion points; however, to access the top (9-10) band, candidates must express a judgement about the *extent* to which explanations of mental illness are socially sensitive. <u>Examiner's Comments</u> This appeared to be the most difficult question on the paper. Most candidates attempted it, but often didn't link social sensitivity to explanations of mental illness. Rosehnhan's study, Szasz' view that it was a myth, definitions of abnormality and diagnosis manuals were all considered not creditworthy. It had to be related to explanations. Research evidence, such as Little Albert and Gottesman, was often described in unnecessary and irrelevant detail. The pertinent content was the explanation. The candidate also needed to show an understanding of social sensitivity. Some candidates thought this was related to ethics, but there needed to be a clear link to the impact on groups of people who were affected by a particular explanation (see point below). Stigma, prejudice, blame, and discrimination were the consequences which most often gained credit. Just a focus on explanations or social sensitivity was considered basic at best. If both explanations and socially sensitive were outlined but not linked this was considered limited. Once candidates could link the two coherently the response was more likely to be credited at the reasonable or good level. The question demanded a plurality of explanations and

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Question			Answer/Indicative content	Marks	Guidance
					candidates needed to consider two or more explanations to access the top level. Some candidates did not take the psychological viewpoint of socially sensitive explanations, but more a philosophical morality stance, which was not relevant in a psychology exam. Socially sensitive and ethical research Socially sensitive research: How the results/conclusions of research can affect wider society (which obviously *could* include the participants in the research). However, if discussing the effect on participants, this is not at the time the research is done (e.g. harm in the lab) as this is an ethical consideration. For 'harm' to be an acceptable point in relation to socially sensitive research, the harm must happen later, as a result of the conclusions drawn by the research, e.g. societal stigma/discrimination. Generally, points related to ethical considerations (consent, deception, debriefing, etc.) are not acceptable in relation to socially sensitive research. The only exception as mentioned above is harm, if the harm comes indirectly to the participants as a result of them being a member of the particular group researched - e.g. mentally ill, racial group, etc. If a question is about ethical considerations, this only relates to those named in the specification. Comments about socially sensitive research are not creditworthy.
			Total	10	

Question			Answer/Indicative content	Marks	Guidance
5			**Identify one specific disorder <u>and</u> outline an appropriate biological treatment for it.** **AO1 (4 marks)** Candidates will demonstrate knowledge and understanding by **identifying one specific disorder** and then outlining an appropriate biological treatment for it. For example, depression could be identified. If so, it may be treated through the use of **SSRIs** which **block the reuptake of serotonin** by the pre-synaptic neuron, thereby **increasing the effect of serotonin in the body**. Alternatively, electroconvulsive therapy could be outlined as a treatment for depression. If schizophrenia is identified, antipsychotic medication can be expected to be outlined. The 'outline' of a treatment could centre on how it is administered (e.g. ECT) or on how it works (e.g. the way SSRIs act on neurotransmitters). Other appropriate responses should be credited. Dopamine is not acceptable for depression but is for Sz. Increasing serotonin in brain or just serotonin levels is not enough for impact of action. Only increasing levels in synaptic gap is acceptable. ECT has little known about the action so more credit can be given for description of the process. If the candidate does two disorders the first disorder only can be credited	4	**1 mark** – identification of one specific disorder **3 marks** – outline of an appropriate biological treatment for the specified disorder Award marks as follows for the outline of the treatment: **3 marks** – accurate and detailed outline of an appropriate biological treatment **2 marks** – generally accurate outline of an appropriate biological treatment lacking some detail **1 mark** – limited outline (i.e. identification) of an appropriate biological treatment lacking in detail **0 mark** – no creditworthy response (e.g. no treatment is identified ie named not just generic eg drugs. the treatment is non-biological, or the treatment isn't appropriate for the specified disorder) If the specific disorder is not identified ie named, the mark will be capped at 1 For three marks we would expect the action, (eg prevent serotonin reuptake) the impact on the biology of the patient (eg increasing serotonin in the synaptic gap) and the effect of that impact on mood (so stabilising the mood) or on biology (allowing for improved neural transmission) ECT has little known about the action so more credit can be given for description of the process. <u>Examiner's Comments</u> This was a good opener, with the vast majority of candidates able to respond to the question. For full marks, the examiners were looking for the identified disorder, then a treatment specific to the disorder such as SRRIs for depression and 2 marks of the effects of the treatment, such as synaptic re-uptake inhibition and improved neural transmission. Some weaker responses simply referred to levels of serotonin in the brain.

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Question			Answer/Indicative content	Marks	Guidance
					Electroconvulsive Therapy was credited with more procedural details, as the actual effects on the body are relatively unknown. Common errors included describing the symptoms or treatments of a specific disorder. These were not creditworthy. Although this would have no impact on the marks given, as there is positive marking, it does take up time the candidate might make better use of elsewhere on the paper.
			Total	4	

Mark Scheme

Question			Answer/Indicative content	Marks	Guidance
6			**Charlie is the manager of an office with approximately 100 members of staff. She is worried about mental health problems experienced by some of the people in her office. Charlie wants to find out whether her workplace could be causing these mental health problems.** **What might a psychologist say to Charlie about whether the workplace could be causing some of her employees to have mental health problems? Refer to <u>either</u> the humanistic <u>or</u> the psychodynamic <u>or</u> the cognitive neuroscience explanation of mental illness to inform your response.** AO1 (2 marks) Candidates will demonstrate knowledge and understanding of how a psychologist from one of these backgrounds might **explain mental illness**. For example, the work of Carl Rogers or Sigmund Freud might be referred to, or research connecting biological processes with thought processes (i.e. cognitions). AO2 (3 marks) Candidates should apply their knowledge and understanding of how a psychologist from one of these backgrounds might explain mental illness in this particular context. From a humanistic perspective, **reference could be made to employees** having low self-esteem (perhaps arising from conditions of worth when young) or to the employer paying them so little that they are stuck at the lower levels of Maslow's hierarchy of needs. From a psychodynamic perspective, reference could be made to unresolved **conflicts** from childhood or to the management style of the employer reminding members of staff of how their parents interacted with them when young (thereby triggering ego defence mechanisms as a reaction). From a cognitive neuroscience perspective, reference could be made to decreased levels **of brain-derived neurotropic factor (BDNF)** arising from stress either at work or away from work. Answers may seek to make connections between the workplace and the mental health issues of the staff, or they may centre on attempts to explain to the employer that the mental health problems experienced by her members of staff may be due to factors away from	5	**5 marks** – Response demonstrates good application of psychological knowledge and understanding. There is good relevant knowledge and understanding. **3-4 marks** –Response demonstrates reasonable application of psychological knowledge and understanding. There is reasonable relevant knowledge and understanding. **1-2 marks** – Response demonstrates limited application of psychological knowledge and understanding. There is limited relevant knowledge and understanding. **0 mark** – No creditworthy response. Application can include reference to work place or employees or what the psychologist would say to Charlie (ie the workplace is not causing disorders Reference to cognitive approach gains no credit, cognitive neuroscience needs biological aspect to be creditworthy For AO1 1 mark for structures of personality or unconscious or conflict 1 mark for interaction or cause or consequences Could refer to Id overruling ego etc 1 mark for harsh parenting 1 mark for conflict Reference could be to peer or management 1 mark for hierarchy of needs 1 mark for basic vs higher needs Could refer to cognitive or aesthetic needs 1 mark for Low serotonin levels 1 mark for Impairment of cognitive processes 1 mark for Resulting in depression AO2 1 application to workplace in detail or 3 brief applications to workplace <u>Examiner's Comments</u>

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Question	Answer/Indicative content	Marks	Guidance
	work or even from their childhoods. Application can include reference to work place or employees or what the psychologist would say to Charlie (ie the workplace is not causing disorders). To gain credit the application needs to be linked to a correct explanation ie if cognitive explanation cannot get application of psychologist referencing employees Other appropriate responses should be credited.		Candidates generally performed less well on this question. Candidates who chose the cognitive approach for their response gained zero marks as this was not one of the options given in the question. Candidates need to be aware of the difference between the cognitive approach and cognitive neuroscience. Some responses went beyond the scenario to advising Charlie how to find out about the causes, how to deal with disorders, or changes Charlie could make to the workplace. Again, these were not correct. Exemplar 1 A psychologist might explain to Charlie that her employees are experiencing mental health problems due to psychic conflict arising from childhood experiences and memory, resulting in a strong superego which can lead to guilt, anxiety and depression or a weak Id that can lead to psychosis and uncontrollable behaviours (eg schizophrenia). The psychologist would inform Charlie that there are factors outside her control therefore it is not the workplace that is causing mental health problems. Exemplar 1 demonstrates a strong response. There are 2 marks for outlining the psychodynamic explanation (AO1) and 3 marks for applying it to the scenario of how a psychologist might explain mental illness in this particular context (AO3). The response could just as easily have made a case for saying the workplace is responsible. Either argument would be given marks if supported by the outline of the explanation. The description of the psychodynamic explanation is succinct and detailed for this question. This isn't the only way to consider the psychodynamic explanation but it is noted. The link to the scenario involves the psychologist saying it's not within Charlie's control, that the factors outside the workplace cause conflict and feelings of guilt leading to uncontrollable behaviours such as schizophrenia. **Assessment for learning** If a teacher chooses to teach the cognitive-

Question			Answer/Indicative content	Marks	Guidance
					neuroscience explanation of mental health, there needs to be consideration of how it actually explains mental disorders, not related to a specific disorder. A consideration of what the treatment would involve, focusing on the differences from the cognitive treatments could be assessed on any exam paper for the current specification.
			Total	5	

Mark Scheme

Question			Answer/Indicative content	Marks	Guidance
7	a		Outline the genetic explanation of mental illness. AO1 (3 marks) Candidates will demonstrate knowledge and understanding through accurate description of the genetic explanation of mental illness. Answers can be expected to identify the idea of mental illnesses being inherited genetically from parents. This may then be elaborated upon by reference to research (e.g. studies investigating concordance rates between twins; the key research by Gottesman et al) or by reference to evolutionary theory (e.g. as investigated by Ohman). However, an outline of the genetic explanation of mental illness does not explicitly require reference to named research in order to show good understanding. Other appropriate responses should be credited. Supporting evidence doesn't need statistics but for two marks needs comparisons between named groups as evidence for genetic explanation or statistical evidence accurate to nearest whole number. Genetic is tautological so needs idea of inheritance or even passed on by parents Reference to evolution will still need link to inheritability of genes	3	3 marks – response demonstrates good relevant knowledge and understanding of the genetic explanation of mental illness 2 marks – response demonstrates reasonable relevant knowledge and understanding of the genetic explanation of mental illness 1 mark – response demonstrates limited relevant knowledge and understanding of the genetic explanation of mental illness 0 mark – no creditworthy response Reference to inheritance for 1 mark plus 2 marks of elaboration <u>Examiner's Comments</u> The responses to this question showed good knowledge and understanding, supported often with research. Evolution and inheritance were both notable approaches.

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Mark Scheme

Question			Answer/Indicative content	Marks	Guidance
	b		**Evaluate the usefulness of the genetic explanation of mental illness.** **AO2 (3 marks)** Candidates will demonstrate the skill of application through their discussion of the usefulness of the genetic explanation of mental illness. **AO3 (3 marks)** Candidates will demonstrate the skill of evaluation through the discussion that they generate of the usefulness of the genetic explanation of mental illness. Points made could centre on the **limitations of this explanation** (e.g. in terms of an individual not being able to change their genes, or of adopted children not necessarily knowing their genetic background). Other lines of argument could centre on counselling of couples thinking of having children and/or of it being possible to put support in place early on for children born to parents with a greater likelihood of having children with mental illness; however, such points would need handling sensitively, which raises the issue of how to make use of information arising from the genetic explanation. Points discussed need to be **linked to usefulness.** To be able to access the top Level, candidates can be expected to explore at least two arguments. Other appropriate responses should be credited. Do not credit the usefulness of embryonic manipulation. This is not widely available and has ethical considerations of producing designer babies.	6	**5-6 marks –** Response demonstrates good application of psychological knowledge and understanding. There is good evaluation that is mainly relevant to the demand of the question. **3-4 marks –** Response demonstrates reasonable application of psychological knowledge and understanding. There is reasonable evaluation that is partially relevant to the demand of the question. **1-2 marks –** Response demonstrates limited application of psychological knowledge and understanding. There is limited evaluation that may be related to the topic area. **0 mark –** No creditworthy response. Credit “it gives insight” <u>Examiner’s Comments</u> It is worth noting that evaluation in terms of eugenics or foetal manipulation to reduce mental disorders is not considered appropriate for an A Level candidate to be considering. There are enough other evaluative points about this explanation, and even if expressed in terms of it is unethical, it will not gain marks.
			Total	9	

Mark Scheme

Question			Answer/Indicative content	Marks	Guidance
8			**To what extent can historical views of mental illness be considered scientific?** **AO1 (2 marks)** Candidates should demonstrate knowledge and understanding of **what makes something 'scientific'**. **AO3 (5 marks)** Candidates should analyse, interpret and evaluate **historical views of mental illness in relation to what makes something scientific.** Any relevant historical view of mental illness can be referred to. Candidates are likely to claim that many such views are not scientific, but this argument needs to be made in relation to scientific concepts (e.g. effects not being replicated; a lack of supporting empirical evidence from controlled experiments; no quantitative data; explanations being 'supernatural'; interpretations being subjective; it not being possible to prove theories false; etc.). Better responses can be expected to explore whether there is a sense in which any of the historical views could be considered to meet some of the criteria associated with being scientific. For example, the theory of the four humours could be defended as at least being based in physiology. The injunction 'to what extent' invites consideration of how far alternatives to the medical model of explaining mental illness are scientific. To be able to access the top Level, candidates must express a judgement about the extent to which historical views of mental illness can be considered scientific. Credit the use of sciences (ie biology/chemistry) as feature of science so linking humours etc to biology. Other appropriate responses should be credited.	7	**7 marks –** The response demonstrates good knowledge and understanding of science. There is a good analysis of science in relation to historical views of mental illness. There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated. **5-6 marks –**The response demonstrates reasonable knowledge and understanding of science. There is a reasonable discussion of science in relation to historical views of mental illness. There is a line of reasoning presented with some structure. The information presented is in the most-part relevant and supported by some evidence. **3-4 marks –** The response demonstrates limited knowledge and understanding of science. There is a limited discussion of science superficially related to historical views of mental illness. The information has some relevance and is presented with limited structure. The information is supported by limited evidence. **1-2 marks –** The response demonstrates basic knowledge and understanding of science. There is a basic discussion of science which may not be in relation to historical views of mental illness. The information is basic and communicated in an unstructured way. The information is supported by limited evidence and the relationship to the evidence may not be clear. **0 mark –** No creditworthy response. Accept religion as in belief over evidence so not scientific Credit treatment, needs extent addressed, 2 features of science (2 marks AO1) plus theory and elaboration (3 marks) AO3 x 2 There is a plurality requirement of historical views. If only one historical view is given – even if applied to two features of science it is capped at 4 marks <u>Examiner's Comments</u> Combining a knowledge of the features of science and a knowledge of the historical views of mental health was something that many candidates attempted to do with

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Question			Answer/Indicative content	Marks	Guidance
					varying degrees of success. The more usual features being cited were unfalsifiable and subjective. These could apply to many of the historical views. Candidates often tried to balance their argument with views that were more scientific and links to the sciences of biology and chemistry were given marks as making a view more scientific. The extent to which the views are scientific was often lost in description. Assessment for learning Candidates should be aware of responding to the requirements of the question, such as in this question, the need for plurality (i.e. more than one) of the historical views.
			Total	7	

Mark Scheme

Question			Answer/Indicative content	Marks	Guidance
9			**Assess the contribution that the key research by Szasz (2011) makes to the topic of alternatives to the medical model of mental illness.** AO2 (5 marks) Candidates will demonstrate the skill of application through their **consideration of the contribution made by** the key research to the topic (i.e. the application of the **Szasz** study to the topic of alternatives to the medical model) AO3 (5 marks) Candidates will demonstrate the skill of assessment through the arguments they develop in relation to the contribution made by the key research to the topic (i.e. assessing its contribution, rather than simply outlining what it contributes). On the **positive side**, it could be argued that Szasz raised questions that others did not even see as questions; he developed a series of concepts to capture the essence of his argument that are quite memorable; his critique of the medical model was powerfully expressed; he didn't deny the need for biological treatments where appropriate; he argued for recognition of people with behaviours seen as disturbing to be aided by 'internal ministry'; etc. **Less positively**, it could be argued that his argument was overstated and imbalanced; that it lacked supporting empirical evidence (and that, indeed, what empirical evidence there is contradicts his central thesis about mental illness being a 'myth'); that people who have received a diagnosis of a mental illness may feel their experience of distress is being dismissed; etc. The injunction to 'assess' invites candidates to consider both sides of the debate and reach a conclusion in relation to it. Other appropriate responses should be credited.	10	**9 – 10 marks –** The response demonstrates good assessment of the contribution made by the key research to the topic. There is a well-developed line of reasoning which is clear and logically structured. The arguments presented are relevant and substantiated. **6 – 8 marks –** The response demonstrates reasonable assessment of the contribution made by the key research to the topic. There is a line of reasoning presented with some structure. The arguments presented are in the most-part relevant and supported by some evidence. **3 – 5 marks –** The response demonstrates limited assessment of the contribution made by the key research to the topic. The arguments presented have some relevance and are presented with limited structure. The arguments presented are supported by limited evidence. **1 – 2 marks –**The response demonstrates basic assessment of the contribution made by the key research to the topic. The arguments presented are basic and communicated in an unstructured way. The arguments presented are supported by limited evidence and the relationship to the evidence may not be clear. **0 mark –** No creditworthy response. What was his contribution (AO1 5 marks) Challenges mental health as being a myth Social construct Political Challenges medical model – physical illness not mental Humanistic as normalises as natural response to difficult circumstances Do not credit economics of pharmaceutical companies ie profit of producing medication, as this is not 2011 article. Assessment of positives and negatives of contribution (5 Marks AO3) <u>Examiner's Comments</u> Candidates showed better knowledge and understanding of Szasz than on previous

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Question			Answer/Indicative content	Marks	Guidance
					papers. This question wanted Szasz's contribution to the topic of alternatives to medical model (which is where it sits in the spec) and the minority of candidates did link his views to each of the alternatives they knew. Other candidates focused on his view as an alternative to the medical model. Both of these were creditworthy courses to take. The assessment required an evaluation of this contribution, which could be both positive and negative. There was some confusion with Rosenhan's study being described and evaluated.
			Total	10	

Question			Answer/Indicative content	Marks	Guidance
10	a		**Outline one similarity between two historical views of mental illness.** **AO1 (2 marks)** Candidates will display knowledge and understanding through accurate reference to historical views of mental illness in support of their point of comparison. Examples of creditworthy historical views of mental illness include demonic possession (treated through trepanning), witchcraft, an imbalance in the four humours (including reference to elements, seasons and/or temperature), moral treatment, etc., up to and including the psychodynamic perspective, the anti-psychiatry movement, and even abnormal levels of neurotransmitters. As a rule of thumb, anything that originated in the 1960s or earlier can be treated as historical. **AO3 (1 mark)** The similarity could be based around debates (e.g. psychology as a science; reductionism/holism; freewill/determinism; ethical considerations); however, other points of comparison are also creditworthy (e.g. the approach to psychology that the historical views reflect; having similar causes; leading to similar treatments). Historical views of mental illness can relate to explanations and/or treatments. The similarity should be clearly identified, and linked to two historical views of mental illness.	3	**3 marks** – Good comparison. Similarity between historical views of mental illness is identified (1), and supported by relevant evidence from two historical views of mental illness (1+1). **2 marks** – Reasonable comparison. Similarity between historical views of mental illness is identified (1), and supported by relevant evidence from one historical view of mental illness (1). **1 mark** – Limited comparison. Similarity between historical views of mental illness is identified (1), but not supported by any relevant evidence from historical views of mental illness, or evidence of a historical view is outlined but no (defensible) similarity to another historical view is advanced. **0 marks** – No creditworthy response NB If more than one similarity is outlined, then it is the first that should be credited.

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Mark Scheme

Question			Answer/Indicative content	Marks	Guidance
	b		Outline one difference between two historical views of mental illness. AO1 (2 marks) Candidates will display knowledge and understanding through accurate reference to historical views of mental illness in support of their point of comparison. Examples of creditworthy historical views of mental illness include demonic possession (treated through trepanning), witchcraft, an imbalance in the four humours (including reference to elements, seasons and/or temperature), moral treatment, etc., up to and including the psychodynamic perspective, the anti-psychiatry movement, and even abnormal levels of neurotransmitters. As a rule of thumb, anything that originated in the 1960s or earlier can be treated as historical. (NB candidates don't have to use the same historical examples as those referred to in 1a). AO3 (1 mark) The difference could be based around debates (e.g. psychology as a science; reductionism/holism; freewill/determinism; ethical considerations); however, other points of comparison are also creditworthy (e.g. the approach to psychology that the historical views reflect; having different causes; leading to different treatments). Historical views of mental illness can relate to explanations and/or treatments. The difference should be clearly identified, and linked to two historical views of mental illness.	3	3 marks – Good comparison. Difference between historical views of mental illness is identified (1), and supported by relevant evidence from two historical views of mental illness (1+1). 2 marks – Reasonable comparison. Difference between historical views of mental illness is identified (1), and supported by relevant evidence from one historical view of mental illness (1). 1 mark – Limited comparison. Difference between historical views of mental illness is identified (1), but not supported by any relevant evidence from historical views of mental illness, or evidence of a historical view is outlined but no (defensible) difference from another historical view is advanced. 0 marks – No creditworthy response NB If more than one difference is outlined, then it is the first that should be credited. <u>Examiner's Comments</u> Candidates were well versed in historical views. There was a range of comparison points which we accepted. These included debates (e.g., reductionist), approaches (e.g., scientific), areas (e.g., Biological), issues (e.g., ethics) in addition to the beliefs and treatments of each view. Successful responses identified the comparison point and then applied it to two named views (eras).
			Total	6	

Question			Answer/Indicative content	Marks	Guidance
11	a		Describe the characteristics of an anxiety disorder. AO1 (3 marks) Candidates will demonstrate knowledge and understanding by referring to the characteristics of an anxiety disorder. Any appropriate anxiety disorder can be referred to (e.g. phobias; OCD; specific phobias). When describing characteristics, candidates can refer to symptoms but need to convey the extreme nature of them to bring out the 'disorder' part of what they are describing as well as the 'anxiety' part of it (e.g. avoidance, irrationality, fear or nervousness beyond that which a person might normally feel, signs of physiological arousal that are extreme and/or linked to anxiety rather than some other cause). Other appropriate responses should be credited.	3	3 marks – response demonstrates good relevant knowledge and understanding of the characteristics of an anxiety disorder. (Naming an anxiety disorder and outlining two characteristics will be enough for 3 marks; alternatively, outlining three characteristics with it being clear what the candidate is referring to would also get 3 marks even if a specific anxiety disorder has not been named.) 2 marks – response demonstrates reasonable relevant knowledge and understanding of the characteristics of an anxiety disorder. (e.g. naming an anxiety disorder and outlining one characteristic, or outlining two characteristics of an identifiable anxiety disorder with it being clear what the candidate is referring to even if a specific anxiety disorder has not been named.) 1 mark – response demonstrates limited relevant knowledge and understanding of the characteristics of an anxiety disorder (just naming – accurately – an anxiety disorder is enough for 1 mark, or outlining an appropriate characteristic). 0 marks – no creditworthy response <u>Examiner's Comments</u> Many candidates knew an appropriate anxiety disorder and most of those knew its characteristics. There were some errors in the choice of disorder.

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Question			Answer/Indicative content	Marks	Guidance
	b		Discuss the usefulness of knowing the characteristics of disorders. AO2 (2 marks) Candidates will demonstrate the skill of application through their discussion being of the usefulness of knowing the characteristics of disorders. (NB candidates don't need to be referring to the same disorder described in their answer to question 2a). AO3 (3 mark) Candidates will demonstrate the skill of analysis through the discussion that they generate of the usefulness of knowing the characteristics of disorders. Points made could centre on how such knowledge could lead to more accurate diagnosis or the administration of appropriate treatment. Candidates might also refer to how individuals could feel reassured by an awareness that their experiences arise from a recognised disorder, or how it could help the individual to cope better with the demands placed on them through work, caring responsibilities, etc. Equally, candidates could explore the debate from the other side, arguing that the usefulness of such knowledge is reduced if it adds to a person's anxiety levels, leads to inaccurate lay 'diagnoses', or leads to people noticing 'symptoms' that they might not otherwise notice. Points discussed need to be linked to usefulness (i.e. to practical applications). Other appropriate responses should be credited.	5	**5 marks** – Response demonstrates good application of psychological knowledge and understanding. There is good evaluation that is mainly relevant to the demand of the question. (e.g. two points about usefulness that are distinct from each other and elaborated, with at least one being linked explicitly to characteristics of disorders) **3–4 marks** – Response demonstrates reasonable application of psychological knowledge and understanding. There is reasonable evaluation that is partially relevant to the demand of the question. (e.g. for four marks, a candidate may make two points about usefulness that are distinct from each other and elaborated, but there may not be an explicit link to characteristics of disorders) **1–2 marks** – Response demonstrates limited application of psychological knowledge and understanding. There is limited evaluation that may be related to the topic area. (e.g. for two marks, a candidate may make one point about usefulness point which is elaborated) **0 marks** – No creditworthy response. <u>Examiner's Comments</u> The injunction to discuss the usefulness, was often overlooked. Successful responses could identify why knowing characteristics was positive (diagnosis and treatment) and balanced this with a consideration of individual differences or reliability of using DSM/ICD. Candidates who simply described characteristics of disorders or treatments in detail gain few, if any, marks.
			Total	8	

Question			Answer/Indicative content	Marks	Guidance
12			How might a cognitive psychologist explain to Alex why the pupils may be experiencing mental health problems? AO1 (2 marks) Candidates should demonstrate knowledge and understanding of how a cognitive psychologist might explain mental illness. For example, the work of Aaron Beck might be referred to, or that of Albert Ellis. AO2 (3 marks) Candidates should apply their knowledge and understanding of how a cognitive psychologist might explain mental illness to the scenario in the question. Reference could be made to how pupils might perceive the demands placed on them, such as by examinations, social media profiles, parental expectations, etc. (For all 3 application marks, candidates can be expected to make two links between their cognitive explanation and the [school pupil] scenario). Other appropriate responses should be credited.	5	5 marks – Response demonstrates good application of psychological knowledge and understanding. There is good relevant knowledge and understanding. 3-4 marks – Response demonstrates reasonable application of psychological knowledge and understanding. There is reasonable relevant knowledge and understanding. 1-2 marks – Response demonstrates limited application of psychological knowledge and understanding. There is limited relevant knowledge and understanding. 0 marks – No creditworthy response. Award marks as follows: • Up to 2 marks are available for a cognitive explanation • Up to 3 marks are available for the application of this cognitive explanation to the [school pupil] scenario in the question Do not credit application of non-cognitive explanations (e.g. behaviourist explanations) <u>Examiner's Comments</u> The majority of candidates answered this question poorly. There was good knowledge of the cognitive explanation of mental health problems but rarely any context relating to the pupils. Using scenarios If a question has a scenario, then it is expected that the response will directly relate to that specific scenario. Candidates must illustrate their points with reference to the scenario, giving clear examples of how their description is relevant. This is well done in Section B but not as effectively in Section A. Exemplar 1

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Mark Scheme

Question			Answer/Indicative content	Marks	Guidance
					3 A cognitive psychologist may explain to Alex that his pupils may be experiencing mental health problems and that such can be explained through Beck's triad of mental health problems. This triad is a cycle consisting of three categories: self, future and the world. If students are not in a healthy mindset then it is likely they will not like themselves and cant find any positives about being themselves. This leads to the children in the school therefore worrying about their future such as what universities they get into or what jobs they can and cant get. Consequently, this makes the students feel as though their world is falling apart and that everyone and everything is against them. As a result, there is a lightened state of unhappiness and the children's thought processes as individuals become damaged due to stress and overwhelming sadness. AO1 – Beck/ triad/ self, future and world. AO2 – University/ world against them/ other children in school.
			Total	5	

Question			Answer/Indicative content	Marks	Guidance
13	a		**Outline two conclusions that can be drawn from these findings.** **AO3 (4 marks)** Candidates are most likely to refer to the greater likelihood of developing either mental disorder if one parent or (even more so) both parents experienced the disorder, and/or to schizophrenia being more likely to lead to admittance than bipolar disorder. They could also refer to how children have a greater likelihood of not developing either disorder, even if both parents had been diagnosed with it. The seemingly greater heritability of schizophrenia could be referred to, but so too could the possibility of symptoms being learned behaviours; also, schizophrenia potentially being easier to diagnose. Other appropriate responses should be credited.	4	**3–4 marks** – good attempt at outlining two conclusions that can be drawn from these findings with relevant supporting evidence. **1–2 marks** – limited attempt at outlining two conclusions that can be drawn from these findings. Either only one conclusion is drawn with relevant supporting evidence, or two conclusions are drawn but with limited supporting evidence. **0 marks** – no creditworthy response NB Conclusions need to be distinct from each other; they also need to involve some sort of inference being made from a finding (e.g. referring to a greater likelihood, rather than simply reporting the actual likelihood). Simply reporting a finding without making an inference about it is not creditworthy. If more than two conclusions are drawn, then it is the first two that should be credited. <u>Examiner's Comments</u> Most candidates attempted this question and the majority of the responses were successful. Suggested conclusions could have been the genetic transference of disorders (high or low), difference between disorders (bipolar less frequent than schizophrenia), the role of nurture evidenced by the small percentage without parents admitted with a disorder or a conclusion about imitation of behaviour being stronger with two parents rather than one. Its good practice that if candidates are going to refer to 'more than' or 'higher than', then they should identify the comparison group, e.g., children with two parents admitted with a disorder had a higher chance of developing a disorder *than children with one parent admitted with a disorder.*

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Question			Answer/Indicative content	Marks	Guidance
	b		**Outline two suggestions a psychologist might make about how these findings could be used.** **AO2 (4 marks)** Candidates could refer to counselling of couples at enhanced risk of having children with schizophrenia or bipolar disorder to help them with decision-making. They might also suggest interventions to help with parenting. On a wider level, it might be that psychologists would suggest further research to find out why some couples go on to have children with the same disorder as them, but not all do. Suggestions must be ones that psychologists might plausibly make (i.e. they must respect ethical guidelines and show awareness of the socially sensitive nature of these findings). Other appropriate responses should be credited.	4	**3–4 marks** – good attempt at outlining two suggestions about how these findings could be used with relevant supporting evidence/elaboration. **1–2 marks** – limited attempt at outlining two suggestions about how these findings could be used. Either only one suggestion is made about how these findings could be used with relevant supporting evidence/elaboration, or two suggestions are made but with limited supporting evidence/ elaboration. **0 marks** – no creditworthy response If more than two suggestions are made, then it is the first two that should be credited. <u>Examiner's Comments</u> One issue which this question highlights is the term "use" in a question. This will refer to a practical use rather than using the data to come to a conclusion. Another issue is that suggestions should be what a psychologist might do. Therefore, the suggestions should be ethical and practical. Credit wasn't given for sterilising couples who both have schizophrenia or legislating against them having children. Even if the candidate acknowledged the suggestion was unethical it couldn't gain credit. Genetic counselling was creditworthy, with the informed decision being made by the parents. Other suggestions included further research, interventions to support families, using family background to help diagnosis.
	c		**To what extent can these findings be considered reliable?** **AO2 (2 marks)** Candidates should apply their knowledge and understanding of reliability to this quantitative data. Reference to these findings alone is sufficient to potentially access maximum marks. **AO3 (6 marks)** Candidates should reach a judgement about the *extent* to which these findings can be considered reliable (and this can	8	**7–8 marks** – The response demonstrates good application of knowledge and understanding of reliability. There is a good assessment of the extent to which the findings can be considered reliable. There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated. **5–6 marks** – The response demonstrates reasonable application of knowledge and understanding of reliability. There is a reasonable assessment of the extent to which the findings can be considered

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Question			Answer/Indicative content	Marks	Guidance
			be expected of top band responses). Candidates could make reference to the consistent pattern that emerges for both schizophrenia and bipolar disorder in relation to the likelihood of admittance for either disorder increasing if one or (even more so) both parents were themselves admitted with the disorder. The fact that two disorders were studied (rather than one) could also be referred to (although candidates could also look at it from the angle of two disorders rather than more than this). They could also refer to the large number of couples in each condition, pointing out that larger sample sizes are less vulnerable to being distorted by anomalous findings and, therefore, are more capable of revealing a trend in the data. Points made could also centre on the difficulties of replicating a study with over a million couples being studied (although they could also argue that studies based around analysis of information from a database can be seen as replicable), whether diagnostic criteria were applied in a standardised way, whether the same diagnostic criteria were applied in all cases, etc. Points made need to relate to reliability to be creditworthy (e.g. if they are essentially about another issue, such as validity, they are not creditworthy). Other appropriate responses should be credited.		reliable. There is a line of reasoning presented with some structure. The information presented is in the most-part relevant and supported by some evidence. **3–4 marks** – The response demonstrates limited application of knowledge and understanding of reliability. There is a limited assessment of the extent to which the findings can be considered reliable. The information has some relevance and is presented with limited structure. The information is supported by limited evidence. **1–2 marks** – The response demonstrates basic application of knowledge and understanding of reliability. There is a basic assessment of the extent to which the findings can be considered reliable. The information is basic and communicated in an unstructured way. The information is supported by limited evidence and the relationship to the evidence may not be clear. **0 marks** – No creditworthy response. <u>Examiner's Comments</u> Generally, candidates identified one or two features which may have related to reliability. But these could have, and often were, referred to as influencing validity. Identifying these gained basic credit, but more successful responses addressed the "to what extent" in the question, making a point about why it could be considered reliable, e.g., the sample size impacted on reliability, and elaborating why. This was then either reinforced by another point or countered with a reason the data wouldn't be considered reliable. Points for consideration included, qualitative data, objectivity/subjectivity, diagnostic tools, sample size, research method, replicability. Any appropriate feature was credited. No reference to the Gotttesman study beyond the data table was required for full marks.
			Total	16	

Question			Answer/Indicative content	Marks	Guidance
14	a		How might one of the historical views of mental illness explain Ali's behaviour? AO1 (2 marks) Candidates will demonstrate knowledge and understanding through accurate reference to one of the historical views of mental illness (e.g. the four humours; demonic possession; etc.). AO2 (2 marks) Candidates are required to *apply* the historical view of mental illness to explain Ali's behaviour. For example, reference could be made to imbalance in the four humours, to Ali being possessed by evil spirits, etc. Other appropriate responses should be credited. Candidates could identify / elaborate a historical view , eg humours+example of humours,(1) explain the issue ie imbalance,(1) identify the characteristics of the issue, eg excitability (1), and link to Ali in the scenario. (1)	4	4 marks – good application of psychological knowledge and understanding. Application will be mainly explicit, accurate and relevant. 3 marks – reasonable application of psychological knowledge and understanding. Application will be partially explicit, accurate and relevant. 2 marks – limited application of psychological knowledge and understanding. Application may be related to the general topic area rather than the specific question. 1 mark – basic application of psychological knowledge and understanding. Application may simply comprise identification of one historical view of mental illness. 0 marks – no creditworthy response

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Question			Answer/Indicative content	Marks	Guidance
	b		**Outline one way the medical model might explain Ali's behaviour.** **AO1 (2 marks)** Candidates will demonstrate knowledge and understanding through accurate reference to one of the medical model explanations of mental illness (i.e. biochemical; genetic; or brain abnormality). **AO2 (2 marks)** Candidates are required to *apply* their chosen medical model explanation to make sense of Ali's behaviour. For example, reference could be made to biochemical imbalance within his brain or to genetic inheritance. Other appropriate responses should be credited. Candidates could identify / elaborate medical model (eg biological and neurotransmitters) explain the issue ie imbalance / levels,(1) identify the characteristics of the issue, eg excitability (1), and link to Ali in the scenario. (1)	4	**4 marks** – good application of psychological knowledge and understanding. Application will be mainly explicit, accurate and relevant. **3 marks** – reasonable application of psychological knowledge and understanding. Application will be partially explicit, accurate and relevant. **2 marks** – limited application of psychological knowledge and understanding. Application may be related to the general topic area rather than the specific question. **1 mark** – basic application of psychological knowledge and understanding. Application may simply comprise identification of one medical model explanation of mental illness. **0 marks** – no creditworthy response

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Question			Answer/Indicative content	Marks	Guidance
	c		How might one of the alternatives to the medical model explain Ali's behaviour? AO1 (2 marks) Candidates will demonstrate knowledge and understanding through accurate reference to one of the alternatives to the medical model (i.e. the behaviourist, cognitive, humanistic, psychodynamic or cognitive neuroscience explanations). AO2 (2 marks) Candidates are required to *apply* their chosen alternative to the medical model explanation to make sense of Ali's behaviour. For example, reference could be made to socially learned behaviour, to positive reinforcement, or to 'faulty' ways of thinking. Other appropriate responses should be credited. Candidates could identify / elaborate alternative, eg humanistic, self worth / self actualisation,(1) explain the issue ie low self esteem,(1) identify the characteristics of the issue, low expectations so self esteem high (1), and link to Ali in the scenario. (1)	4	4 marks – good application of psychological knowledge and understanding. Application will be mainly explicit, accurate and relevant. 3 marks – reasonable application of psychological knowledge and understanding. Application will be partially explicit, accurate and relevant. 2 marks – limited application of psychological knowledge and understanding. Application may be related to the general topic area rather than the specific question. 1 mark – basic application of psychological knowledge and understanding. Application may simply comprise identification of one alternative to the medical model explanation of mental illness. 0 marks – no creditworthy response
			Total	12	

Mark Scheme

Question			Answer/Indicative content	Marks	Guidance
15	a		**How did Rosenhan explain the behaviour of the abusive staff?** **AO2 (3 marks)** The abuse itself could be explained in terms of staff being in a position of power and not seeing the patients as equals. However, to address the question of why the abuse was ended when another member of staff appeared, reference could be made to how other members of staff will have been seen as credible witnesses, while (owing to their diagnosis of a mental illness) patients would not have been. Candidates could identify any three from the characteristics of the practitioners which would make them likely to abuse, eg power; characteristics of the patients likely to make them victims eg label; and consequences eg verbal abuse. This would also be the case for behaviour stopping, if the characteristics of the co-workers are identified eg likely to be believed.	3	**3 marks** – good application of psychological knowledge and understanding. Application will be mainly explicit, accurate and relevant. **2 marks** – reasonable application of psychological knowledge and understanding. Application will be partially explicit, accurate and relevant. **1 mark** – limited application of psychological knowledge and understanding. Application may be related to the general topic area rather than the specific question. **0 marks** – no creditworthy response
	b		**Describe two ways in which the key research by Rosenhan (1973) could have been improved.** **AO3 (6 marks)** Suggestions could centre on collecting data from a larger number of hospitals and / or from hospitals beyond the USA. Having the pseudopatients present with more than one set of symptoms could also be referred to, as well as formally testing whether there were any tendencies towards inaccurate diagnosis based on the age, gender or ethnicity of the person presenting with the symptoms (or, indeed, on any characteristics of the diagnosing practitioner). Improvements need to actually be improvements (rather than changes) and they should be described rather than simply identified. Candidates need to contextualise their suggested improvements to the Rosenhan study. Other appropriate responses should be credited.	3+3	For each suggestion: **3 marks** – good response. Suggestion that is appropriate, developed *and* explicitly related to the Rosenhan study. **2 marks** – reasonable response. Suggestion that is appropriate and *either* developed *or* explicitly related to the Rosenhan study (but not both). **1 mark** – limited response. Suggestion that is appropriate, but is *neither* developed *nor* explicitly related to the Rosenhan study. **0 marks** – no creditworthy response
			Total	9	

Question			Answer/Indicative content	Marks	Guidance
16			**Compare the characteristics of an affective disorder with the characteristics of a psychotic disorder.** **AO1 (4 marks)** Demonstration of knowledge and understanding of the different disorders is likely to be achieved through accurate reference to their characteristics in context (e.g. for the characteristics of an affective disorder, the candidate may refer to the symptoms of depression or bipolar disorder; for the characteristics of a psychotic disorder, the candidate may refer to the symptoms of schizophrenia). **AO3 (4 marks)** The injunction to 'compare' invites candidates to explore similarities and / or differences between the characteristics of the two disorders. Points of comparison are likely to centre on the characteristics themselves (e.g. hallucinations; flattened mood; effects on sleeping), but could equally broaden out into the level of insight the individual has of their condition, whether they retain contact with reality, effects on personality, etc. Reference could also be made to the ways in which the characteristics are known about (e.g. via self-report or observation; from the individual themselves or from those around them). Other appropriate responses should be credited.	8	**7-8 marks** – Good points of comparison (similarities and / or differences) are clearly identified and referenced appropriately to both sets of characteristics. There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated. **5-6 marks** – This may lack detail or be unbalanced. Reasonable comparison is made in some detail with reference to both sets of characteristics. There is a line of reasoning presented with some structure. The information presented is in the most-part relevant and supported by some evidence. **3-4 marks** – This will lack detail, be unbalanced or superficial. Limited comparison in some detail with some reference to both sets of characteristics. The information has some relevance and is presented with limited structure. The information is supported by limited evidence. **1–2 marks** – Some basic comparison made but with no reference to the sets of characteristics. The information is basic and communicated in an unstructured way. The information is supported by limited evidence and the relationship to the evidence may not be clear. **0 marks** – No creditworthy response. **Guidance:** **Per point of comparison:** 4 marks – Similarity / difference between sets of characteristics is identified (1); discussed / elaborated (1); and supported by relevant evidence from the two disorders (1+1). 3 marks – Similarity / difference between sets of characteristics is identified (1); not discussed / elaborated; but supported by relevant evidence from the two sets of characteristics – one from each disorder (1+1) OR Similarity / difference between sets of characteristics is identified (1); discussed / elaborated (1); and supported by relevant evidence from one disorder (1). 2 marks – Similarity / difference between sets of characteristics is identified (1); not discussed / elaborated; but supported by

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Question			Answer/Indicative content	Marks	Guidance
					relevant evidence from one disorder (1) OR Similarity / difference between sets of characteristics is identified (1); discussed / elaborated (1); but not supported by any relevant evidence from either disorder. 1 mark – Similarity / difference is identified (1). 0 marks – No creditworthy response *As the question says 'compare', candidates can give 2 similarities, 2 differences or a similarity and a difference.*
			Total	8	

Question			Answer/Indicative content	Marks	Guidance
17			**Discuss ethical considerations concerning non-biological treatment of one specific mental disorder.** **AO1 (2 marks)** Candidates should demonstrate knowledge and understanding of ethical considerations. **AO3 (4 marks)** The injunction to 'discuss' invites recognition that whilst there may be ways in which non-biological treatment raises ethical concerns, nonetheless it ought to be possible to defend non-biological treatments ethically, too. Discussion points could reach into such issues as whether the end justifies the means, social sensitivity, or human rights. Points that centre on the ethical guidelines for psychological research (e.g. protection from harm, confidentiality, withdrawal, etc.) are also creditworthy. Answers need to be focused on the non-biological treatment of the same specific disorder throughout (e.g. depression, phobias, or schizophrenia), but different non-biological treatments of this disorder can be referred to in support of points made. Candidates must specify the disorder being treated to access more than the bottom band. Other appropriate responses should be credited. The plurality of ethical considerations in the question indicates that more than one ethical consideration needs to be explored. This is necessary for answers to access the top band; however, this could be two sides of one ethical discussion.	6	**5-6 marks** – The response demonstrates good knowledge and understanding of ethical considerations. There is a good interpretation and evaluation of ethical considerations in relation to non-biological treatment of one specific disorder. There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated. **3-4 marks** – The response demonstrates reasonable knowledge and understanding of ethical considerations. There is a reasonable discussion of ethical considerations in relation to non-biological treatment of one specific disorder. There is a line of reasoning presented with some structure. The information presented is in the most-part relevant and supported by some evidence. **1-2 marks** – The response demonstrates limited knowledge and understanding of ethical considerations. There is a limited discussion of ethical considerations superficially related to non-biological treatment of one specific disorder. The information has some relevance and is presented with limited structure. The information is supported by limited evidence. **0 marks** – No creditworthy response.
			Total	**6**	

Mark Scheme

Question			Answer/Indicative content	Marks	Guidance
18	a		**Outline one way this finding illustrates reliability.** **AO2 (3 marks)** Candidates should apply their knowledge and understanding of reliability to the context of the question. Candidates could comment on the fact that the suspicions involved two members of staff in agreement with each other (i.e. inter-rater reliability); they could also refer to the fact that judgements were made in respect of 193 patients (i.e. a large enough sample to be able to establish a trend). Other appropriate responses should be credited.	3	**3 marks** – Good – accurate outline of one way the finding illustrates reliability. **2 marks** – Reasonable – generally accurate outline of one way the finding illustrates reliability. **1 mark** – Limited outline of one way the finding illustrates reliability. **0 marks** – No creditworthy response.
	b		**Outline one way this finding illustrates ethnocentrism.** **AO2 (3 marks)** Candidates should apply their knowledge and understanding of ethnocentrism to the context of the question. Candidates are likely to draw attention to the fact that the study was carried out in the USA. They should then go further than this to explain that therefore the study only tells us about diagnosis of mental illness in the USA and nowhere else. Other appropriate responses should be credited.	3	**3 marks** – Good – accurate outline of one way the finding illustrates ethnocentrism. **2 marks** – Reasonable – generally accurate outline of one way the finding illustrates ethnocentrism. **1 mark** – Limited outline of one way the finding illustrates ethnocentrism. **0 marks** – No creditworthy response.
			Total	**6**	

Question			Answer/Indicative content	Marks	Guidance
19	a		**In the key research by Szasz (2011), mental illness is described as a "myth". What does Szasz mean by this?** **AO1 (3 marks)** Szasz sees mental illness as a "linguistic-rhetorical phenomenon" describing behaviours that disturb or disorient others or the self. He argues that if a mental illness turns out to have a biological basis to it then it was never a mental illness but instead was an undiagnosed bodily illness. If it is not a bodily illness then describing it as a mental illness involves perpetuating a particular (medicalised) way of viewing behaviours that leads to the 'patient' being the subject of coercive 'treatment' rather than being seen as an active player in a real-life drama. In short, Szasz's views is that there is no such thing as mental illness: it is just our modern "pseudomedical" perspective on the tragic nature of life. Other appropriate responses should be credited.	3	**3 marks** – Good knowledge and understanding of Szasz's description of mental illness as a myth. **2 marks** – Reasonable knowledge and understanding of Szasz's description of mental illness as a myth. **1 mark** – Limited knowledge and understanding of Szasz's description of mental illness as a myth. **0 marks** – No creditworthy response.

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Question			Answer/Indicative content	Marks	Guidance
	b		To what extent do you agree with Szasz's claim that mental illness is a "myth"? AO1 (1 mark) Arguments should be illustrated with appropriate examples (e.g. of medicalisation, politicisation, treatment, etc.) AO3 (4 marks) Candidates could present arguments on either side (or both sides) of this debate. They could agree with Szasz's argument, perhaps referring to social control of people diagnosed with mental illness or making points about the pharmaceutical industry's financial interest in seeing ever more mental disorders 'discovered'. Alternatively, they could disagree with Szasz's argument, possibly referring to how people are often comforted by having their experience given a diagnostic 'label', or making the point that Szasz's argument risks shutting off a range of ways of helping people that they often find really useful. To be able to access the top band, candidates must express a judgement about the extent to which they agree with Szasz's description of mental illness as a "myth". Other appropriate responses should be credited.	5	**5 marks** – Good discussion of the extent to which the candidate agrees with Szasz's description of mental illness as a "myth". **3–4 marks** – Reasonable discussion of the extent to which the candidate agrees with Szasz's description of mental illness as a "myth". **1–2 marks** – Limited discussion of the extent to which the candidate agrees with Szasz's description of mental illness as a "myth". **0 marks** – No creditworthy response.
			Total	8	

Mark Scheme

Question			Answer/Indicative content	Marks	Guidance
20	a		**Identify one specific disorder and identify an appropriate non-biological treatment for it.** **AO1 (2 marks)** Candidates should demonstrate knowledge and understanding of an appropriate non-biological treatment for one specific disorder.	2	**1 mark** – identification of one specific disorder **1 mark** – identification of an appropriate non-biological treatment for the specified disorder NB For both marks, the treatment has to be non-biological and has to be an appropriate treatment for the identified disorder.
	b		**Explain how this treatment can contribute to the success of the economy and society.** **AO2 (4 marks)** Candidates should explain the benefits to the economy and society of the non-biological treatment identified in their answer to part (a). Points made could centre on how the treatment might enable the patient to return to work (or continue working), thereby benefitting the economy as they are working and presumably paying taxes rather than potentially being off ill and maybe requiring their employer to hire temporary staff to do their work and/or possibly claiming sickness benefits. Benefits to society could centre on (for example) the patient being able to continue in caring roles and/or doing voluntary work as well as interacting successfully with friends, family, colleagues, etc. Other appropriate responses should be credited.	4	**3-4 marks** – good attempt at explaining how the treatment can contribute to the success of the economy and society. At least two lines of argument are explored with relevant supporting evidence. **1-2 marks** – limited attempt at explaining how the treatment can contribute to the success of the economy and society. One line of argument is explored with reasonable supporting evidence or two lines of argument are explored with limited supporting evidence. **0 marks** – no creditworthy response
			Total	6	

Question			Answer/Indicative content	Marks	Guidance
21			**Discuss mental illness in relation to the individual/ situational explanations debate.** **AO1 (2 marks)** Candidates should demonstrate knowledge and understanding of the individual/ situational explanations debate. **AO3 (8 marks)** Candidates should analyse, interpret and evaluate explanations of mental illness in relation to the individual/ situational explanations debate. For instance, situational explanations might involve reference being made to behaviourist learning theories – e.g. in terms of a mental illness being the result of external factors affecting the individual through classical conditioning, operant conditioning and/or social learning. Individual explanations are likely to refer to biological explanations (in terms of biochemical factors, genetic inheritance and/or brain abnormality). Other explanations could also be cited and candidates may argue that both individual and situational factors are likely to play a part in explaining mental illness. Treatments can be made relevant as evidence on either side of the debate. Other appropriate responses should be credited.	10	**9-10 marks –** The response demonstrates good knowledge and understanding of the individual/ situational explanations debate. There is a good interpretation and evaluation of the individual/ situational explanations debate in relation to explanations of mental illness. There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated. **6-8 marks –** The response demonstrates reasonable knowledge and understanding of the individual/ situational explanations debate. There is a reasonable discussion of the individual/ situational explanations debate in relation to explanations of mental illness. There is a line of reasoning presented with some structure. The information presented is in the most part relevant and supported by some evidence. **3–5 marks –** The response demonstrates limited knowledge and understanding of the individual/ situational explanations debate. There is a limited discussion of the individual/ situational explanations debate superficially related to explanations of mental illness. The information has some relevance and is presented with limited structure. The information is supported by limited evidence. **1–2 marks –** The response demonstrates basic knowledge and understanding of the individual/ situational explanations debate. There is a basic discussion of the individual/ situational explanations debate which may not be in relation to explanations of mental illness. The information is basic and communicated in an unstructured way. The information is supported by limited evidence and the relationship to the evidence may not be clear. **0 marks –** No creditworthy response.
			Total	10	

Question			Answer/Indicative content	Marks	Guidance
22	a		**Outline one way of defining abnormality in relation to mental health.** **AO1 (2 marks)** Candidates may give definitions such as 'deviation from social norms', 'failure to function adequately' or 'behaviour that does not fit with the context'. A definition could also include reference to diagnostic criteria in manuals such as the International Classification of Diseases (ICD) or Diagnostic and Statistical Manual (DSM), arguing that abnormality can be defined by meeting such criteria. Other appropriate responses should be credited.	2	**2 marks** – A clear, accurate definition. **1 mark** – Vague or partial definition. **0 marks** – No creditworthy response. To access full marks, the candidate must include one definition that has been cited in psychological literature. Marks will only be allocated to one way of defining abnormality.
	b		**Explain one weakness of this way of defining abnormality.** **AO1 (1 mark)** Candidates will demonstrate knowledge and understanding by commenting accurately on the way of defining abnormality referred to in response to the previous question. **AO3 (2 marks)** There are many weaknesses that could be referred to (depending on the way of defining abnormality outlined in part (a)). For instance, statistical rarity may not make something an abnormality; definitions in terms of deviation from social norms are vulnerable to criticisms of cultural or temporal relativity; references to a failure to function adequately may reflect normative judgements about how people ought to lead their lives; definitions in terms of not meeting the criteria for ideal mental health are likely to set the standard so high that almost everyone can be described as abnormal at some point in their lives; references to ICD or DSM presuppose the validity and/or reliability of their diagnostic criteria. Other appropriate responses should be credited.	3	**3 marks** – Response demonstrates good analysis, interpretation and/or evaluation that is mainly relevant to the demand of the question. There is good relevant knowledge and understanding. **2 marks** – Response demonstrates reasonable analysis, interpretation and/or evaluation that is partially relevant to the demand of the question. There is reasonable relevant knowledge and understanding. **1 marks** – Response demonstrates limited analysis, interpretation and/or evaluation that may be related to the topic area. There is limited relevant knowledge and understanding. **0 marks** – No creditworthy response.
			Total	5	

Question			Answer/Indicative content	Marks	Guidance
23			Outline one way of categorising mental disorders. AO1 (3 marks) Candidates will demonstrate knowledge and understanding by referring to any way of categorising mental disorders. DSM or ICD are likely to be referred to, although other appropriate responses should be credited. Candidates who merely identify a way of categorising mental disorders should receive credit at the lowest level; to go beyond this, they should include some detail about their identified way of categorising mental disorders.	3	3 marks – Accurate and detailed outline of one way of categorising mental disorders. 2 marks – Generally accurate outline of one way of categorising mental disorders lacking some detail. 1 mark – Limited outline of one way of categorising mental disorders lacking in detail. 0 marks – No creditworthy response. <u>Examiner's Comments</u> Often candidates confused defining abnormality with categorising mental disorders. They are in the same section of the specification (page 16) but the distinction should be clear. The better responses structured their answers with– a classification system, such as, DSM/ICD, a sentence on what this is, and some extension, such as, an example or reference to a section of the manual. AfL It is important that candidates have a clear knowledge and understanding of the difference between defining abnormality and categorising abnormality.
			Total	3	

Mark Scheme

Question			Answer/Indicative content	Marks	Guidance
24			**Describe the characteristics of an affective disorder in a way that could be included on the NHS website.** AO1 (1 mark) Candidates will demonstrate knowledge and understanding by referring to the characteristics of an affective disorder in support of points made within their answer. Any appropriate affective disorder can be referred to. AO2 (4 marks) Candidates should apply their knowledge and understanding of the characteristics of an affective disorder to the context of the question. Answers can be expected to outline some of the symptoms that characterise an affective disorder with either depth or breadth; to access the top band, candidates must make explicit reference to the context of the question (i.e. a way in which it could be included on the NHS website).	5	**5 marks** – Response demonstrates good application of psychological knowledge and understanding. There is reasonable relevant knowledge and understanding. **3-4 marks** – Response demonstrates reasonable application of psychological knowledge and understanding. There is reasonable relevant knowledge and understanding. **1-2 marks** – Response demonstrates limited application of psychological knowledge and understanding. There is reasonable relevant knowledge and understanding. **0 marks** – No creditworthy response. Examiner's Comments Nearly all candidates were able to describe an affective disorder that is, they named depression and outlined the symptoms. Quite a few candidates suggested phobias, Schizophrenia and OCD. Relatively few responded to the NHS context of the question, thus many candidates only scored 4 out of the 5 marks available. AfL Responses to this question limited many candidates from gaining full marks because they did not answer all aspects of the question. It is important that candidates understand that all parts of a question should be answered, if they are to be given full marks.
			Total	5	

Mark Scheme

Question			Answer/Indicative content	Marks	Guidance
25			Explain how the key research by Gottesman et al. (2010) contributes to the medical model of mental illness. AO1 (2 marks) Candidates will demonstrate knowledge and understanding of the key study by Gottesman et al through describing the psychological evidence of the key study appropriately and effectively. AO2 (3 marks) Candidates can be expected to apply their knowledge and understanding to explain that Gottesman et al's study suggests a genetic component to severe mental disorders; better answers will quantify the extent of this genetic component or note that this genetic component may be greater for some disorders than others. Candidates must refer to the medical model of mental illness to access the top band. Other appropriate responses should be credited.	5	5 marks – Good knowledge and understanding of the study by Gottesman et al. including at least one fine detail. Good application that is accurate and relevant. 3-4 marks – Reasonable knowledge and understanding of the study by Gottesman et al. Reasonable application that is partially accurate and relevant. 1-2 marks – Limited knowledge and understanding of the study by Gottesman et al lacking in detail. Limited application to the specific question. 0 marks – No creditworthy response. <u>Examiner's Comments</u> Most candidates recalled the study's fine details and were able to relate the point of it in relation to the question. Common errors included confusing this study with earlier work of Gottesman (regarding twin studies) or overlooking the explicit genetic link of inheritance to the medical model.
			Total	5	

Question			Answer/Indicative content	Marks	Guidance
26			Assess the usefulness of the key research by Szasz (2011). AO2 (3 marks) Candidates should apply their knowledge and understanding of the research by Szasz. AO3 (3 marks) The injunction to 'assess' invites candidates to weigh up the usefulness of the Szasz study. Answers could centre on ways in which it is or isn't useful. For example, it could be argued that it is useful in exposing the politicisation and medicalisation of psychiatry, trying to place limits on the powers of psychiatrists, encouraging 'internal ministry', and counselling voluntary clients. However, it could be argued that it lacks usefulness because of the negative views it conveys about psychiatrists and mental hospitals and also its central contention that there is no such thing as mental illness. Points discussed need to be linked to usefulness. To be able to access the top band, candidates can be expected to explore at least two arguments. Other appropriate responses should be credited.	6	5-6 marks – Response demonstrates good application of psychological knowledge and understanding. There is good evaluation that is mainly relevant to the demand of the question. 3-4 marks – Response demonstrates reasonable application of psychological knowledge and understanding. There is reasonable evaluation that is partially relevant to the demand of the question. 1-2 marks – Response demonstrates limited application of psychological knowledge and understanding. There is limited evaluation that may be related to the topic area. 0 marks – No creditworthy response. <u>Examiner's Comments</u> Many answers showed a good awareness of Szasz's central arguments. Many were able to consider usefulness but there was a difficulty in assessing the usefulness. More able candidates were able to give detail relating to Szasz and then comment on how his ideas had useful applications to the understanding and treatment of mental health issues; and/or they commented on how his theoretical stance is just that and isn't really useful to a person who is experiencing treatment via the medical establishment. Most candidates gained 3 or 4 marks. Less able students tended to be confused about Szasz's ideas and thus were unable to accurately comment on relevant usefulness. Exemplar 1

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Question			Answer/Indicative content	Marks	Guidance
					Szasz claimed that "mental illness is a myth". ~~His research~~ Research can be classed as being useful if it can be applied to other people ~~on~~ in the population. Szasz claiming that mental illness is a myth is useful as it means that we don't label people, and the ~~people w~~ individuals with a mental illness don't carry a stigma around them. This protects those individuals. By labeling someone with ~~an me~~ having a mental illness, we are labeling them as abnormal just because they do not fit in with the social norms of society, which makes them vulnerable in society. However, Szasz's ~~isn~~ research ~~isn't useful in the way tho~~ may also be seen as not being useful. Some mental illnesses can be real, as we have seen with people who have schizophrenia. The symptoms ~~cou~~ of schizophrenia can be reduced with drugs. By saying that mental illness is a myth, it makes people, who do have mental illnesses think that what they are experiencing is normal, and so don't seek help. Not seeking help for mental illnesses is dangerous as the individuals can become a danger to themselves and to others, if not ~~pro~~ given the proper help and treatment. Exemplar 1 shows a full mark answer (6/6 marks). It is a well written response that gives one example of usefulness and one example of lack of usefulness both contextualised to Szasz with relevant examples.
			Total	6	

Mark Scheme

Question			Answer/Indicative content	Marks	Guidance
27			**Compare the behaviourist explanation of mental illness with <u>either</u> the humanistic <u>or</u> the psychodynamic <u>or</u> the cognitive neuroscience explanation of mental illness.** **AO1 (4 marks)** Demonstration of knowledge and understanding of the different explanations of mental illness is likely to be achieved through reference to key concepts in context (e.g. for the behaviourist explanation, candidates may refer to one or more of the behaviourist learning theories; for the humanistic explanation, candidates may refer to Maslow's hierarchy of needs or Carl Rogers' concept of conditions of worth; for the psychodynamic explanation, candidates may refer to unconscious conflicts; while for the cognitive neuroscience explanation candidates may refer to both biological and cognitive components). The candidate may refer to disorders to elaborate on the explanation or they may use empirical evidence as elaboration of the explanation – both would be creditworthy. **AO3 (4 marks)** The injunction to 'compare' invites candidates to explore similarities and/or differences between the explanations. Points of comparison could be based around debates (e.g. usefulness; social sensitivity; reductionism/holism) or methodological issues such as the type of research supporting the explanation; however, other points of comparison can be expected (e.g. in relation to the area of psychology both explanations come from, or the sorts of treatment they may lead to). Each point should be clearly identified, and linked to both explanations. Again, empirical evidence might be used but will only be creditworthy where it is appropriately used to support the similarity or difference being discussed. The question does not ask for evaluation of the explanation or research and such material would not be creditworthy: it is asking for comparison. Other appropriate responses should be credited.	8	**7-8 marks** – Good points of comparison (similarities and/or differences) are clearly identified and referenced appropriately to both explanations. There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated. **5-6 marks** – This may lack detail or be unbalanced. Reasonable comparison is made in some detail with reference to both explanations. There is a line of reasoning presented with some structure. The information presented is in the most-part relevant and supported by some evidence. **3-4 marks** – This will lack detail, be unbalanced or superficial. Limited comparison in some detail with some reference to both explanations. The information has some relevance and is presented with limited structure. The information is supported by limited evidence. **1–2 marks** – Some basic comparison made but with no reference to the explanations. The information is basic and communicated in an unstructured way. The information is supported by limited evidence and the relationship to the evidence may not be clear. **0 marks** – No creditworthy response. **Guidance:** **Per point of comparison: Best two should be credited** 4 marks – Similarity / difference between explanations is identified (1); discussed/elaborated (1); and supported by relevant evidence from the two explanations (1+1). 3 marks – Similarity / difference between explanations is identified (1); not discussed/elaborated; but supported by relevant evidence from the two explanations – one from each explanation (1+1) OR Similarity / difference between explanations is identified (1); discussed/elaborated (1); and supported by relevant evidence from one explanation (1). 2 marks – Similarity / difference between explanations is identified (1); not discussed/elaborated; but supported by relevant evidence from one explanation (1)

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Question			Answer/Indicative content	Marks	Guidance
					OR Similarity / difference between explanations is identified (1); discussed/elaborated (1); but not supported by any relevant evidence from either explanation. 1 mark – Similarity / difference is identified (1). 0 marks – No creditworthy response *Both paragraphs need to involve comparison of the behaviourist explanation of mental illness with the same other explanation.* *As the question says 'compare', candidates can give 2 similarities, 2 differences or a similarity and a difference*. <u>Examiner's Comments</u> Simply identifying and explaining at least two comparisons (similarities or differences) with support from behaviourist and humanistic/psychodynamic/cognitive neuroscience could earn full marks, and often did. Candidates who did less well on this question described the two approaches with little or no attempt at comparison. Misconception Some candidates confused the cognitive explanation with the cognitive neuroscience explanation. Centres can teach either the humanistic; the psychodynamic or the cognitive neuroscience explanation. Candidates need to be careful to read what the question is actually asking them to do.
			Total	8	

Question			Answer/Indicative content	Marks	Guidance
28			Discuss ethical considerations of biological treatment of one specific disorder. AO1 (2 marks) Candidates should demonstrate knowledge and understanding of ethical considerations. AO3 (6 marks) The injunction to 'discuss' invites recognition that whilst there may be ways in which biological treatment raises ethical concerns, nonetheless it ought to be possible to defend biological treatments ethically, too. Discussion points could reach into such issues as whether the end justifies the means, social sensitivity, or human rights. Points that centre on the ethical guidelines for psychological research (e.g. protection from harm, confidentiality, withdrawal, etc.) are also creditworthy. Answers need to be focused on the biological treatment of the same specific disorder throughout (e.g. depression, phobias, or schizophrenia), but different biological treatments of this disorder can be referred to in support of points made. Answers will be regarded as 'limited' if they discuss only one ethical consideration or if the references to treatment lack elaboration. Candidates must specify the disorder being treated to access more than the bottom band. Other appropriate responses should be credited.	8	7-8 marks – The response demonstrates reasonable knowledge and understanding of ethical considerations. There is a good interpretation and evaluation of ethical considerations in relation to biological treatment of one specific disorder. There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated. 5-6 marks – The response demonstrates reasonable knowledge and understanding of ethical considerations. There is a reasonable discussion of ethical considerations in relation to biological treatment of one specific disorder. There is a line of reasoning presented with some structure. The information presented is in the most-part relevant and supported by some evidence. 3–4 marks – The response demonstrates limited knowledge and understanding of ethical considerations. There is a limited discussion of ethical considerations superficially related to biological treatment of one specific disorder. The information has some relevance and is presented with limited structure. The information is supported by limited evidence. 1–2 marks – The response demonstrates limited knowledge and understanding of ethical considerations. There is a basic discussion of ethical considerations which may not be in relation to biological treatment of one specific disorder. The information is basic and communicated in an unstructured way. The information is supported by limited evidence and the relationship to the evidence may not be clear. 0 marks – No creditworthy response. Examiner's Comments Most named a disorder and one or more biological treatments associated with it. However, this was not what the question asked them to do, Better candidates focused on the ethics concerned and some developed this to the level of a discussion. Many candidates resorted to ethical guidelines and this worked well enough for those candidates.. Candidates needed to be explicit and clearly identify the ethical consideration they were

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Question	Answer/Indicative content	Marks	Guidance
			discussing. Those who merely described strengths and weaknesses of a biological treatment were less successful on this question, as they had not fully addressed all aspects of the question. There were quite a few candidates who did not understand what constituted a biological treatment with answers given on systematic desensitisation. Exemplar 2 One biological treatment of the mental disorder schizophrenia is the use of drugs. The biological explanation of schizophrenia details how the psychotic disorder is due to an excess of dopamine receptors, specifically D2 receptors as it is considered that an excess of these ~~w~~ the receptors will allow for above average levels of dopamine to enter the limbic ~~pathwa~~ pathways creating a sensory overload for the individual, resulting in schizophrenic symptoms such as hearing voices and having delusions of grandeur. In ~~prog~~ administering drugs which contain a chemical hormone to block the receptors in some limbic pathways, the dopamine levels of the brain can be controlled and monitored to remove schizophrenic symptoms. An ethical implication as a result of this biological treatment is the fact that the drugs are altering the brain chemistry of the individual and this may be viewed as unethical by some, as the individual is no longer their 'real' self and the reduced dopamine levels could result in negative side effects as the hormone dopamine is responsible for feelings of joy and happiness in the brain so a lower level of this may result in depressive symptoms. On the other hand, the use of drugs to control the levels of dopamine means individuals can administer ~~their~~ the treatment themselves in a community setting such as a mental institution. Therefore allowing a higher degree of freedom of movement for individuals experiencing schizophrenia who may previously had to have been hospitalised to be treated. In addition, another ethical issue to consider is the long term effects of using drugs to treat schizophrenia as this is a relatively new form of medication so it is not certain what the long lasting effects are on the human body and mind. Exemplar 2 Exemplar 2 the candidate was given 6/8 marks. They have correctly identified treatment and the disorder with one ethical disadvantage (harm) and one weaker advantage (the benefit to the patient). This advantage is not fully linked to ethical

Question			Answer/Indicative content	Marks	Guidance
					issues.
			Total	8	

Question			Answer/Indicative content	Marks	Guidance
29	a		Outline a non-biological treatment of one specific disorder. AO2 (5 marks) Candidates are likely to refer to exposure-based therapies such as systematic desensitisation or flooding, aversion therapy, cognitive behavioural therapies, client-centred therapy, or psychotherapy. Candidates must specify the disorder being treated to access more than the bottom band. Treatments must be non-biological. Other appropriate responses should be credited.	5	5 marks – Good application of a clear, detailed and accurate non-biological treatment to a specified (named) disorder. 3-4 marks – Reasonable application of a non-biological treatment to a specified (named) or implied disorder. 1-2 marks – Limited application of a non-biological treatment with no reference to a specific disorder. 0 marks – No creditworthy response. <u>Examiner's Comments</u> Candidates were able to name a specific disorder and the vast majority were able to give a non-biological treatment. Very few, though some, mentioned a biological treatment such as ECT or drugs. Popular responses included reference to CBT, flooding and systematic desensitisation. Some were very well written with good use of terminology while others were quite brief and somewhat vague in their description of the treatment. For example, SD not referring to relaxation techniques or CBT referring to little more than challenging thoughts without saying how.

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Mark Scheme

Question			Answer/Indicative content	Marks	Guidance
	b		Discuss one strength and one weakness of the non-biological treatment referred to in your answer to (a). AO1 (3 marks) Candidates will demonstrate knowledge and understanding by commenting accurately on the non-biological treatment referred to in response to the previous question. For the top band, points made need to be accurate and to be specific to the non-biological treatment referred to (i.e. be more than just generic points). AO3 (3 marks) Candidates should consider one strength and one weakness of the non-biological treatment referred to in response to the previous question. Points made could relate to the efficacy of a treatment, practical issues (e.g. cost, availability), side effects, etc. Points need actually to be strengths or weaknesses and should be discussed. Other appropriate responses should be credited.	6	5-6 marks – Response demonstrates good analysis, interpretation and / or evaluation that is mainly relevant to the demand of the question. There is good relevant knowledge and understanding. 3-4 marks – Response demonstrates reasonable analysis, interpretation and / or evaluation that is partially relevant to the demand of the question. There is reasonable relevant knowledge and understanding. 1-2 marks – Response demonstrates limited analysis, interpretation and / or evaluation that may be related to the topic area. There is limited relevant knowledge and understanding. 0 marks – No creditworthy response. Examiner's Comments An accessible question that allowed candidates to consider strengths and weaknesses of the chosen treatment. Most candidates were able to suggest one strength and one weakness (with supporting evidence), possibly explain it but rare was the candidate who would go on to 'discuss' the points they had made and illustrated.
			Total	11	

Question			Answer/Indicative content	Marks	Guidance
30	a		**In the key research by Szasz (2011), the author states that "there is no such thing as mental illness." How does Szasz defend this claim?** AO1 (3 marks) Candidates could be expected to make reference to any of Szasz's arguments. For example, some bodily illnesses are wrongly diagnosed as mental illnesses; the term 'mental illness' reflects a judgement by other people about particular ('bad') ways of behaving; it's a legal definition; it's a medical construct; it's a political construct; it's society's judgement. Although Szasz mentions derogatory labels he does not refer to labelling theory. Other appropriate responses should be credited.	3	**3 marks** – Good knowledge and understanding of the rationale behind Szasz's view about mental illness. Reasons are identified and explained. **2 marks** – Reasonable knowledge and understanding of the rationale behind Szasz's view about mental illness. Reasons are identified but not explained. **1 mark** – Limited knowledge and understanding of the rationale behind Szasz's view about mental illness. **0 marks –** No creditworthy response. <u>Examiner's Comments</u> Szasz points about the medicalisation and politicisation of mental illness were often cited, but ability to explain how he defends the claim varied dramatically. Some candidates confused his view with that of Rosenhan or believed that Szasz thought there was such a thing as mental illness but it was in fact a physical illness. Better responses addressed the claim that mental illness was a myth.

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Question			Answer/Indicative content	Marks	Guidance
	b		Evaluate Szasz's view that "there is no such thing as mental illness." AO1 (1 mark) Arguments should be illustrated with appropriate examples (e.g. of mental disorders, cultures, diagnostic manuals, etc.). AO3 (4 marks) Comments could be supportive or critical. In defence of Szasz's view, for example, candidates might point to the way in which judgements about what counts as a mental illness can vary over time or between cultures; they could also point to biological explanations of specific mental disorders. Against Szasz's argument, they might cite examples of disturbances that would elicit concern in any location at any time, and which have not been explained biologically; they could also make reference to the way in which diagnoses of mental illness can open the door to support. To be able to access the top band, candidates are likely to explore more than one argument. Other appropriate responses should be credited.	5	5 marks – Good evaluation of Szasz's view about mental illness. Typically, at least two lines of argument will be explored with relevant supporting evidence. 3–4 marks – Reasonable evaluation of Szasz's view about mental illness. Two lines of argument may be explored with limited supporting evidence or one line of argument may be explored with good supporting evidence. 1–2 marks – Limited evaluation of Szasz's view about mental illness. One line of argument is explored with reasonable or limited supporting evidence. 0 marks – No creditworthy response. <u>Examiner's Comments</u> Many candidates struggled with the skill of evaluating. The more helpful structure of response suggested how Szasz's argument could be defended and then how it could be criticised. This was a sensible way of approaching the question and there was some thoughtful, sensitively handled discussion. Too many commentaries were shallow. Such as, "we know there are physical symptoms so Szasz must be wrong to say it doesn't exist."
			Total	8	

Mark Scheme

Question			Answer/Indicative content	Marks	Guidance
31			**Explain how the key research by Rosenhan (1973) contributes to an understanding of individual, social and cultural diversity.** AO1 (2 marks) Candidates should illustrate their arguments with appropriate details from within the Rosenhan paper. AO2 (4 marks) In relation to individual diversity, candidates could point to the way in which 35 patients (but no staff members) suspected the pseudopatients of faking their symptoms in study 1; from study 2, they could point to differences between members of staff in their ratings of whether the 193 patients were pseudopatients or not. Social diversity could be illustrated by the way in which one social group (students) were treated differently from another social group (patients diagnosed with mental disorders) when they asked an innocuous question. The study could be said to contribute to an understanding of cultural diversity by illustrating how, in one particular culture (the USA), mental disorders are / were (mis)diagnosed; points could also be made about how patients in mental hospitals within this culture are / were treated. Other appropriate responses should be credited.	6	**5-6 marks** – Response demonstrates good application of psychological knowledge and understanding. There is good relevant knowledge and understanding. **3-4 marks** – Response demonstrates reasonable application of psychological knowledge and understanding. There is reasonable relevant knowledge and understanding. **1-2 marks** – Response demonstrates limited application of psychological knowledge and understanding. There is limited relevant knowledge and understanding. **0 marks** – No creditworthy response. <u>Examiner's Comments</u> This question proved to be the most difficult to access for a large number of candidates. Too many merely described the study; others made an attempt to address the question but often did not do so. This is the question that attracted the most NR marks. Those who were more successful may have talked about individual diversity between the doctors and the real patients, the patients seeing the pseudo patients differently to the medical professionals, none of whom questioned the assigned diagnostic label. In terms of social diversity, some candidates were able to say that the pseudo patients were treated very differently in the hospital as all their behaviour was viewed in the context of their diagnosis whereas similar behaviour outside the hospital would attract no such attention. As for cultural diversity, candidates may have received credit by pointing how mental disorder can be (mis) diagnosed in a particular country/culture.
			Total	6	

Question			Answer/Indicative content	Marks	Guidance
32			To what extent are explanations of mental illness determinist? AO1 (2 marks) Candidates should demonstrate knowledge and understanding of what makes something 'determinist'. AO3 (8 marks) Candidates should analyse, interpret and evaluate explanations of mental illness in relation to determinism. Relevant points that could be made in the context of arguments about freewill or determinism might relate to concordance rates, causation versus correlation, individual differences, the effectiveness of treatments (and what this might tell us about an explanation), findings from empirical research, the difficulties of isolating individual causes, etc. Arguments could support determinism or freewill. Any explanations of mental illness can be referred to. The injunction 'to what extent' invites consideration of how far explanations of mental illness are determinist. Other appropriate responses should be credited.	10	9–10 marks – The response demonstrates good knowledge and understanding of determinism. There is a good analysis of determinism in relation to alternatives to explanations of mental illness. There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated. 6–8 marks – The response demonstrates reasonable knowledge and understanding of determinism. There is a reasonable discussion of determinism in relation to explanations of mental illness. There is a line of reasoning presented with some structure. The information presented is in the most-part relevant and supported by some evidence. 3–5 marks – The response demonstrates limited knowledge and understanding of determinism. There is a limited discussion of determinism superficially related to explanations of mental illness. The information has some relevance and is presented with limited structure. The information is supported by limited evidence. 1–2 marks – The response demonstrates basic knowledge and understanding of determinism. There is a basic discussion of determinism which may not be in relation to explanations of mental illness. The information is basic and communicated in an unstructured way. The information is supported by limited evidence and the relationship to the evidence may not be clear. 0 marks – No creditworthy response. <u>Examiner's Comments</u> Candidates who gave a clear description of the determinism-freewill argument and then illustrated this with (usually) biological / environmental arguments for determinism and then cognitive explanations using the choice to go into therapy as an example of the freewill argument gained the most credit here. Many candidates suffered from superficial understanding. For example, environmental factors are freewill because "you can choose where you live" or because biological factors do not account for 100% of cases this does not mean that

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Question			Answer/Indicative content	Marks	Guidance
					the illness is not determined, it is just determined by an interaction of biological and environmental factors.
			Total	10	

Question			Answer/Indicative content	Marks	Guidance
33	a		Outline how mental hospitals failed to detect sanity in the research by Rosenhan (1973). AO1 Candidates will demonstrate knowledge and understanding by accurately outlining how mental hospital staff failed to detect sanity in the Rosenhan study. Candidates are likely to refer to how in experiment one the pseudopatients were given a diagnosis of mental disorder and admitted on all twelve occasions when they presented themselves at mental hospitals. Better answers will contain fine details (e.g. reference to the symptoms, diagnosis or number of admissions). They could also refer to evidence of continued failure on the part of hospital staff to recognise sanity in the pseudopatients after they had been admitted to hospital. Answers could also legitimately refer to the basis upon which the pseudopatients were discharged - namely, that their schizophrenia was "in remission".	2	2 marks – A clear, accurate outline of evidence. 1 mark – Vague or partial outline of evidence. 0 marks – No creditworthy response. <u>Examiner's Comments</u> Very well answered with the majority of candidates getting 2 marks. They identified the failure and gave an example, such as behaviours that were incorrectly seen as insane, for example, the journal writing.

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Question			Answer/Indicative content	Marks	Guidance
	b		Discuss ethical considerations of the research by Rosenhan (1973). AO1 Candidates will demonstrate knowledge and understanding by accurately referring to the detail of the key research by Rosenhan. Ethical considerations apply to all aspects of the research (i.e. the people studied, the pseudopatients, social sensitivity, the language of 'consent', 'withdrawal', etc., and also the language of 'integrity', 'respect', etc.). AO3 The injunction to 'discuss' invites recognition that whilst there may be ways in which the study could be seen as staying within the ethical guidelines (e.g. in study 2, the hospital consented to be involved) nonetheless there are also ways in which the study can be seen as breaching ethical guidelines (e.g. in study 1, the staff in the hospitals were deceived about the status of the pseudopatients – i.e. they weren't real patients). It is acceptable for discussion points made to be criticisms or praise (i.e. they don't have to be on both sides of the argument). Other appropriate responses should be credited.	6	**5–6 marks** – Response demonstrates good analysis, interpretation and / or evaluation that is mainly relevant to the demand of the question. There is good relevant knowledge and understanding. **3–4 marks** – Response demonstrates reasonable analysis, interpretation and / or evaluation that is partially relevant to the demand of the question. There is reasonable relevant knowledge and understanding. **1–2 marks** – Response demonstrates limited analysis, interpretation and / or evaluation that may be related to the topic area. There is limited relevant knowledge and understanding. **0 marks** – No creditworthy response. Examiner's Comments Many candidates wrote about the pseudopatients as participants (which was credited) whereas strictly speaking the doctors and nurses were the participants. Candidates could describe and exemplify appropriate issues (informed consent, harm, right to withdraw); better answers included a discussion – for instance, consent could not be obtained from the staff as this would have invalidated the research.
			Total	8	

Question			Answer/Indicative content	Marks	Guidance
34			How might a clinical psychologist explain to Richard and Wendy the characteristics of a psychotic disorder? AO1 Candidates will demonstrate knowledge and understanding by referring to the characteristics of a psychotic disorder in support of points made within their answer. Any appropriate psychotic disorder can be referred to. AO2 Candidates should apply their knowledge and understanding of the characteristics of a psychotic disorder to the context of the question. If candidates write about schizophrenia, then they will probably distinguish positive from negative symptoms, but this is not necessary. Good answers can be expected to outline some of the symptoms that characterise a psychotic disorder with either depth or breadth; they may also show an understanding of the way in which psychotic disorders involve a loss of contact with reality. Other appropriate responses should be credited.	6	5–6 marks – Response demonstrates good application of psychological knowledge and understanding. There is good relevant knowledge and understanding. 3–4 marks – Response demonstrates reasonable application of psychological knowledge and understanding. There is reasonable relevant knowledge and understanding. 1–2 marks – Response demonstrates limited application of psychological knowledge and understanding. There is limited relevant knowledge and understanding. 0 marks – No creditworthy response. <u>Examiner's Comments</u> Most candidates could give varying description of schizophrenia, positive and negative symptoms; however only the better responses engaged with the scenario and showed they understood the term 'psychotic'.
			Total	6	

Question			Answer/Indicative content	Marks	Guidance
35	a		**Outline a biological treatment of one specific disorder.** AO2 Candidates are likely to refer to drug therapy, although references to other biological treatments (e.g. ECT, or psychosurgery) are also creditworthy. Detailed knowledge could include what a drug might be (e.g. SSRI) and how it works (e.g. by stopping reuptake of serotonin, thereby increasing the mood-enhancing effect of serotonin due to increased levels of serotonin in the synapse). Answers must relate to one specific disorder. Other appropriate responses should be credited.	5	**5 marks** – Good application of a clear, detailed and accurate biological treatment to one specific disorder. **3–4 marks** – Reasonable application of a biological treatment to one specific disorder. **1–2 marks** – Limited application of a biological treatment with little reference to the treatment of any disorder. **0 marks –** No creditworthy response. <u>Examiner's Comments</u> Often well answered. The most common options picked were drug treatment and ECT. Many candidates could describe in detail how SSRIs worked, generally better than those with the task of outlining ECT.
	b		**Discuss one strength and one weakness of the biological treatment referred to in your answer to part (a).** AO1 Candidates will demonstrate knowledge and understanding by commenting accurately on the biological treatment referred to in response to the previous question. For the top band, points made need to be accurate and to be specific to the biological treatment referred to (i.e. be more than just generic points). AO3 Candidates should consider one strength and one weakness of the biological treatment referred to in response to the previous question. Points made could relate to the efficacy of a treatment, practical issues (e.g. cost, availability), side effects, etc. Points need actually to be strengths or weaknesses and should be discussed. Other appropriate responses should be credited.	6	**5–6 marks** – Response demonstrates good analysis, interpretation and / or evaluation that is mainly relevant to the demand of the question. There is good relevant knowledge and understanding. **3–4 marks** – Response demonstrates reasonable analysis, interpretation and / or evaluation that is partially relevant to the demand of the question. There is reasonable relevant knowledge and understanding. **1–2 marks** – Response demonstrates limited analysis, interpretation and / or evaluation that may be related to the topic area. There is limited relevant knowledge and understanding. **0 marks** – No creditworthy response. **<u>Examiner's Comments</u>** Candidates seemed competent in readily identifying a strength and a weakness, locating them, and referring them specifically to the context of the question. As with Q1b, however, the injunction (command) to 'discuss' was often overlooked.
			Total	11	

Question			Answer/Indicative content	Marks	Guidance
36			To what extent are alternatives to the medical model of explaining mental illness scientific? AO1 Candidates should demonstrate knowledge and understanding of what makes something 'scientific' AO3 Candidates should analyse, interpret and evaluate alternatives to the medical model of explaining mental illness in relation to what makes something scientific. Candidates may discuss the following: the possibility of establishing causal links (e.g. classical conditioning); psychodynamic explanations that are hard to falsify; reliance on self-report (e.g. for cognitions); the extent to which there is empirical evidence to support the explanations, and the nature of the research that might lend support to them (e.g. case studies, as opposed to controlled experiments). The injunction 'to what extent' invites consideration of how far alternatives to the medical model of explaining mental illness are scientific. Other appropriate responses should be credited.	10	9–10 marks – The response demonstrates good knowledge and understanding of science. There is a good analysis of science in relation to alternatives to the medical model of explaining mental illness. There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated. 6–8 marks – The response demonstrates reasonable knowledge and understanding of science. There is a reasonable discussion of science in relation to alternatives to the medical model of explaining mental illness. There is a line of reasoning presented with some structure. The information presented is in the most-part relevant and supported by some evidence. 3–5 marks – The response demonstrates limited knowledge and understanding of science. There is a limited discussion of science superficially related to alternatives to the medical model of explaining mental illness. The information has some relevance and is presented with limited structure. The information is supported by limited evidence. 1–2 marks – The response demonstrates basic knowledge and understanding of science. There is a basic discussion of science which may not be in relation to alternatives to the medical model of explaining mental illness. The information is basic and communicated in an unstructured way. The information is supported by limited evidence and the relationship to the evidence may not be clear. 0 marks – No creditworthy response. <u>Examiner's Comments</u> More candidates did seem to struggle with this question than any other on the paper. If they did clarify what constitutes 'science' then responses were compromised by assessing medical model explanations or by considering treatments rather than explanations. Answers rarely engaged with the "to what extent" part of the

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Question			Answer/Indicative content	Marks	Guidance
					question.
			Total	10	