



Mark Scheme (Results)

January 2024

Pearson Edexcel International Advanced Level
in Psychology (WPS04)
Paper 01: Clinical Psychology and Psychological
Skills

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General Marking Guidance

- All candidates must receive the same treatment. Examiners must mark the first candidate in exactly the same way as they mark the last.
- Mark schemes should be applied positively. Candidates must be rewarded for what they have shown they can do rather than penalised for omissions.
- Examiners should mark according to the mark scheme not according to their perception of where the grade boundaries may lie.
- There is no ceiling on achievement. All marks on the mark scheme should be used appropriately.
- All the marks on the mark scheme are designed to be awarded. Examiners should always award full marks if deserved, i.e. if the answer matches the mark scheme. Examiners should also be prepared to award zero marks if the candidate's response is not worthy of credit according to the mark scheme.
- Where some judgement is required, mark schemes will provide the principles by which marks will be awarded and exemplification may be limited.
- When examiners are in doubt regarding the application of the mark scheme to a candidate's response, the team leader must be consulted.
- Crossed out work should be marked UNLESS the candidate has replaced it with an alternative response.

CLINICAL PSYCHOLOGY

Question Number	Answer	Mark
1 (a)	<p style="text-align: center;">AO1 (1 mark)</p> <p>Credit one mark for an accurate statement.</p> <p>For example;</p> <ul style="list-style-type: none"> To investigate whether the sane could be distinguished from the insane (1). <p>Look for other reasonable marking points.</p>	(1)

Question Number	Answer	Mark
1 (b)	<p style="text-align: center;">AO1 (2 marks)</p> <p>Credit up to two marks for an accurate description.</p> <p>For example;</p> <ul style="list-style-type: none"> The pseudo-patients took detailed notes about their experiences with staff and patients on the ward in their diaries including what kind of medication they were given (1). The written notes also contained comprehensive details of patient behaviours that had been misinterpreted by the ward staff (1). <p>Look for other reasonable marking points.</p>	(2)

Question Number	Answer	Mark
1 (c)	<p style="text-align: center;">AO1 (2 marks), AO3 (2 marks)</p> <p>Credit one mark for each accurate identification of a strength (AO1) Credit one mark for justification/exemplification of each strength (AO3)</p> <p>For example;</p> <ul style="list-style-type: none"> • The pseudo-patients used standardised symptoms during the admissions process, they all told the doctors they could hear voices saying words such as 'thud' (1). This increases the reliability of the study by Rosenhan (1973) as it allowed the procedure to be retested a total of 12 times within the study (1). • Quantitative data was gathered by pseudo-patients for the number of tablets they were given and the number of times that staff initiated conversation or contact with them (1). The objectivity of this data strengthens the reliability of Rosenhan (1973) results about institutionalisation as there is no subjective interpretation required with numerical data which reduces researcher bias (1). <p>Look for other reasonable marking points.</p>	(4)

Question Number	Answer	Mark
2(a)	<p style="text-align: center;">AO2 (2 marks)</p> <p>Credit up to two marks for an appropriate description in relation to the scenario.</p> <p>For example;</p> <ul style="list-style-type: none"> Ashanti could undertake an online search of reputable psychology sources that publish research about different types of family therapy to gather a range of studies and articles (1). She would need to use key terms such as 'family therapy' and 'effective' in order to gather appropriate data relevant to her research topic (1). <p>Generic answers score 0 marks.</p> <p>Look for other reasonable marking points.</p>	(2)

Question Number	Answer	Mark
2(b)	<p style="text-align: center;">AO2 (4 marks)</p> <p>Credit up to four marks for an accurate description in relation to the scenario.</p> <p>For example;</p> <ul style="list-style-type: none"> First, Ashanti would need to gain fully informed consent from Caspian for his family therapy sessions and potentially personal information to be part of a case study (1). Ashanti could then undertake a range of research activities with Caspian to complete her case study, for example interviewing him about his thoughts on family therapy (1) and using his medical case files that show the course of his schizophrenia since he was first diagnosed, to find evidence of progress and therapy effectiveness (1). Ashanti could also attend a family therapy session with Caspian and make observational records of the therapy to include in her case study report about effectiveness (1). <p>Generic answers score 0 marks.</p> <p>Look for other reasonable marking points.</p>	(4)

Question Number	Answer	Mark
2(c)	<p style="text-align: center;">AO2 (2 marks), AO3 (2 marks)</p> <p>Credit one mark for an accurate identification of each weakness in relation to the scenario (AO2) Credit one mark for justification/exemplification of each weakness (AO3)</p> <p>For example;</p> <ul style="list-style-type: none"> • Ashanti may be biased towards wanting success for Caspian as he is her patient so her case study could lack objectivity in reporting about family therapy (1) which would reduce the reliability of her research into effectiveness as her data would be skewed to her personal belief and interpretation of Caspian's experiences (1). • The case study is based on Caspian's unique experiences of family therapy for his schizophrenia and is unlikely to be representative of other families or mental health conditions (1), therefore the findings about the effectiveness of family therapy would not be generalisable to a wider population of patients undergoing this therapy (1). <p>Generic answers score 0 marks.</p> <p>Look for other reasonable marking points.</p>	(4)

Question Number	Answer	Mark
3(a)	<p style="text-align: center;">AO2 (2 marks)</p> <p>Credit up to two marks for an accurate description in relation to the scenario.</p> <p>For example;</p> <ul style="list-style-type: none"> The clinician and Andrej are from different cultural groups so they may have linguistic differences that impact on the wording used by Andrej to express the worries and concerns he had (1) leading to the clinicians misunderstanding his feelings and concerns about his symptoms due to seeing them through their own cultural lens rather than from a culturally relative point of view (1). <p>Generic answers score 0 marks.</p> <p>Look for other reasonable marking points.</p>	(2)

Question Number	Answer	Mark
3(b)	<p style="text-align: center;">AO2 (1 mark), AO3 (1 mark)</p> <p>Credit one mark for accurate identification of one reason in relation to the scenario (AO2).</p> <p>Credit one mark for justification/exemplification of the reason (AO3)</p> <p>For example;</p> <ul style="list-style-type: none"> Andrej's diagnosis can be considered reliable as the two clinicians both used the DSM for his diagnosis so there is inter-rater reliability from the two separate clinicians diagnosing the same mental health disorder for Andrej (1), as shown by Brown et al. (2001) who tested the DSM-IV for mood and anxiety disorders finding that independent interviewers came to the same diagnosis, so the DSM is a reliable diagnostic system (1). <p>Generic answers score 0 marks.</p> <p>Look for other reasonable marking points.</p>	(2)

Question Number	Answer	Mark
4(a)	<p style="text-align: center;">AO1 (1 mark)</p> <p>Credit one mark for an accurate symptom given.</p> <p>Anorexia nervosa</p> <p>For example;</p> <ul style="list-style-type: none"> One symptom is significantly low body mass index (BMI) of less than 18.5 kg/m² in adults (1). <p>Unipolar depression</p> <p>For example;</p> <ul style="list-style-type: none"> One symptom is a decreased interest or pleasure in most/all activities for most of every day (1). <p>Look for other reasonable marking points.</p>	(1)

Question Number	Answer	Mark
4(b)	<p style="text-align: center;">AO1 (4 marks)</p> <p>Credit up to four marks for an accurate description</p> <p>Anorexia nervosa</p> <p>For example;</p> <ul style="list-style-type: none"> Learning theory would suggest that anorexia nervosa may be a result of paying attention to role models who are thin and retaining this body image (1). Imitating the ideal weight of role models may be motivated by the positive reactions the media gives 'thin' celebrities and the negative responses to being overweight (1). Young people, often girls, may wish to be like their role models and reproduce the idealised ideas of women being of 'thin' shown in the western media (1), including social media imagery that reflects westernised ideal body images of women and pro-anorexia sites that positively reinforce sufferers being underweight (1). <p>Unipolar depression</p> <p>For example;</p> <ul style="list-style-type: none"> The cognitive model suggests that unipolar depression is due to cognitive errors that people make about themselves resulting in a negative view of themselves (1) which is the result of a faulty pattern of thought and irrational thinking that are considered to be negative schemata and distorted processing of information (1). The cognitive triad also suggests that a negative view of self, the world and the future results in negative cognitive biases, such as overgeneralisations based on limited evidence (1) creating an individual's negative self-concept involving how they see themselves and think about themselves in relation to the outside world (1). <p>Look for other reasonable marking points.</p>	(4)

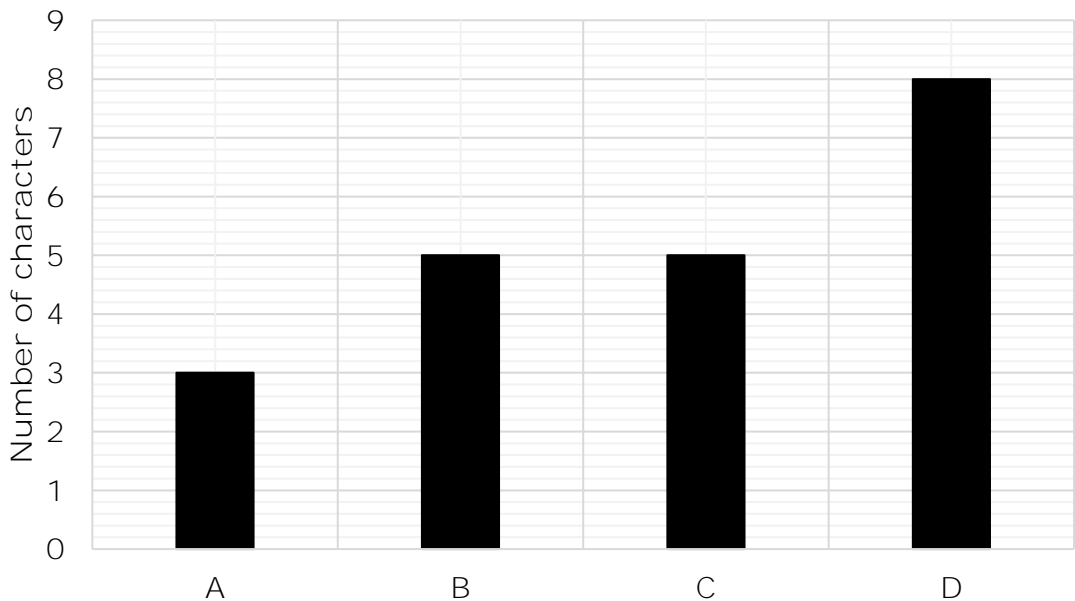
Question Number	Answer	Mark
4(c)	<p style="text-align: center;">AO1 (3 marks), AO3 (3 marks)</p> <p>Credit one mark for each accurate identification point (AO1) Credit one mark for justification of each point of analysis (AO3)</p> <p>Anorexia Nervosa</p> <p>For example;</p> <ul style="list-style-type: none"> CBT can challenge negative thoughts and helps question faulty beliefs about weight and body image to develop positive self-talk about food and weight (1). Pike et al. (2003) found CBT was more effective than nutritional counselling in improving outcome and preventing relapse in anorexia nervosa (1). CBT may not address other influences in the onset of anorexia nervosa, for example the impact of external factors such as role models in the media (1). Becker et al. (2002) found that television influenced views about body shape and/or weight which CBT may not consider when addressing cognitive processes (1). Specialised cognitive behavioural therapy (CBT-ED) is designed for people with eating disorders but takes over 40 weeks which is time consuming (1), so because CBT does not work immediately for patients with anorexia nervosa this may result in high drop out rates reducing the effectiveness of the treatment (1). <p>Unipolar Depression</p> <p>For example;</p> <ul style="list-style-type: none"> Cognitive behavioural therapy can be used in combination with other treatments and is considered to be effective alongside SSRI's for treating unipolar depression (1). Wiles et al. (2013) found that patients undertaking CBT with anti-depressant medications saw a reduction in their unipolar depression symptoms (1). Completing the homework tasks to reflect on their experiences of depression when they are away from the therapy session may be difficult for clients with depression (1) as these tasks require a motivation that the clients may not feel due to some of their symptoms, such as diminished interests in daily life (1). CBT does not account for other influences for the onset of depression, such as the role of neurotransmitters, so may not be effective if depression is not just related to cognitive processing (1) Cuijpers et al.'s (2013) meta-analysis of CBT effectiveness in adults finding CBT was no more effective than drug treatment when used alone but was most effective when CBT was combined with drug treatment (1). <p>Look for other reasonable marking points.</p>	(6)

Question Number	Indicative Content	Mark
5	<p style="text-align: center;">AO1 (6 marks), AO3 (10 marks)</p> <p>AO1</p> <ul style="list-style-type: none"> • Drug therapy is a biological treatment where the use of anti-psychotic drugs such as clozapine, aims to alter the chemistry in the brain. • Drug therapy is based on neurotransmitter explanations of schizophrenia, such as the dopamine hypothesis. • Drug therapy consists of anti-psychotic medication which suppresses hallucinations and delusions and can be used with anti-depressants. • Some anti-psychotic drugs block dopamine activity so minimising the effects of dopamine, while others also act on serotonin uptake. • A patient can take the anti-psychotic medication in syrup or tablet form allowing them to select different methods of treatment. • If patients forget to take them then medical practitioners could inject the anti-psychotic drugs to help with drug compliance. <p>AO3</p> <ul style="list-style-type: none"> • Phenothiazine drugs block dopamine receptors and are effective as patients who respond to these show signs of improvement, with a reduction in most schizophrenic symptoms. • Bustillo et al. (2001) found that Assertive Community Treatments (ACT) help with preventing psychotic relapse and hospitalisation, so drug therapy targeting neurotransmitters can be combined with other interventions to achieve an overall more successful treatment. • Adityanjee and Kaizad (2005) found that in 0.05% of patients, anti-psychotic drugs lead to neuroleptic malignant syndrome which causes nausea, high blood pressure, confusion, and in 10% of cases, death, so despite effectiveness there may be negative health implications. • Eaton (1980) found that schizophrenia is associated with city life rather than biological factors, so if schizophrenia is related to the environment and social adversity it may be that drug therapy is ineffective. • Anti-psychotics can reduce symptoms of schizophrenia more rapidly than therapies such as family therapy, so can reduce patient distress quickly increasing the effectiveness of drugs as a treatment. • Meltzer et al. (2004) found patients using haloperidol had reduced symptoms of schizophrenia and showed improvements in day to day functioning, so the treatment is effective. • Emsley (2008) found that risperidone injections reduced both positive and negative symptoms of schizophrenia, with 64% of patients having no symptoms two years on, highlighting that drug therapy can be an effective treatment for a range of schizophrenia symptoms. • Drug therapy is reductionist as it only considers neurotransmitters as a cause of schizophrenia, yet an alternative biological explanation suggests genetics play a role in schizophrenia, so drugs would be ineffective. • Rosa et al. (2005) found only 50% of patients complied with taking their anti-psychotics, so while they may be successful in terms of the impact on neurotransmitters, they are ineffective if drug compliance is low. • Hartling et al. (2012) reviewed 114 studies and found it difficult to reach overall conclusions of antipsychotic effectiveness due to possible bias, brief follow-up trials, and use of selective populations. <p>Look for other reasonable marking points.</p>	(16)

Level	Mark	Descriptor
AO1 (6 marks), AO3 (10 marks) Candidates must demonstrate a greater emphasis on evaluation/conclusion vs knowledge and understanding in their answer. Knowledge & understanding is capped at maximum 6 marks.		
	0	No rewardable material.
Level 1	1-4 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) A conclusion may be presented, but will be generic and the supporting evidence will be limited. Limited attempt to address the question. (AO3)
Level 2	5-8 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Candidates will produce statements with some development in the form of mostly accurate and relevant factual material, leading to a superficial conclusion being made. (AO3)
Level 3	9-12 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning leading to a conclusion being presented. Candidates will demonstrate a grasp of competing arguments but evaluation may be imbalanced. (AO3)
Level 4	13-16 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical evaluation, containing logical chains of reasoning throughout. Demonstrates an awareness of competing arguments, presenting a balanced conclusion. (AO3)

PSYCHOLOGICAL SKILLS

Question Number	Answer	Mark
6(a)	<p style="text-align: center;">AO2 (1 mark)</p> <p>Credit one mark for a correct calculation.</p> <p>For example;</p> <ul style="list-style-type: none"> 14:13 (1). <p>Look for other reasonable marking points.</p>	(1)

Question Number	Answer	Mark										
6(b)	<div><div>AO2 (3 marks)</div><div>Credit one mark for appropriate title. Credit one mark for appropriate labelling of axes. Credit one mark for correct plots. For example;</div><div><div>A bar chart to show the number of non-stereotypical female characters shown in four television programmes</div><table><thead><tr><th>Television programme</th><th>Number of characters</th></tr></thead><tbody><tr><td>A</td><td>3</td></tr><tr><td>B</td><td>5</td></tr><tr><td>C</td><td>5</td></tr><tr><td>D</td><td>8</td></tr></tbody></table></div><div>Look for other reasonable marking points.</div></div>	Television programme	Number of characters	A	3	B	5	C	5	D	8	(3)
Television programme	Number of characters											
A	3											
B	5											
C	5											
D	8											

Question Number	Answer	Mark
7(a)	<p style="text-align: center;">AO2 (2 marks)</p> <p>Credit up to two marks for an accurate description in relation to the scenario.</p> <p>For example;</p> <ul style="list-style-type: none"> Zhi could advertise her research about educational achievement through the local schools where children aged six would be attending (1) and include her contact details for parents of six-year-olds to volunteer to take part in the longitudinal research on parenting styles and education (1). <p>Generic answers score 0 marks.</p> <p>Look for other reasonable marking points.</p>	(2)

Question Number	Answer	Mark
7(b)	<p style="text-align: center;">AO2 (1 mark), AO3 (1 mark)</p> <p>Credit one mark for an accurate improvement in relation to the scenario (AO2)</p> <p>Credit one mark for exemplification/justification of the improvement (AO3)</p> <p>For example;</p> <ul style="list-style-type: none"> Zhi could also include families who have new-born babies and children under six years old in her investigation (1) which would allow her to find out about the influence of parenting styles from a child's birth onwards so her findings about educational achievement are more valid (1). <p>Generic answers score 0 marks.</p> <p>Look for other reasonable marking points.</p>	(2)

Question Number	Answer	Mark
8	<p style="text-align: center;">AO2 (3 marks), AO3 (3 marks)</p> <p>Credit one mark for each accurate point identified in relation to the scenario (AO2) Credit one mark for exemplification/justification of each point (AO3)</p> <p>For example;</p> <ul style="list-style-type: none"> • Rabia would need to ensure that she only conducted the medical procedure on the smallest number of rats possible whilst enabling her research to be a reliable test of testosterone and aggression (1), this ensures she meets the requirement of 'reduction' in the Animals (Scientific Procedures) Act 1986 that the number of animals is reduced to the minimum needed to achieve the results sought (1). • The medical procedure on the rats should be undertaken in a manner that causes the least pain and harm to the rats during the operation and afterwards during the experiment (1). This is because the Animals (Scientific Procedures) Act 1986 states that all procedures must be refined in order to minimise any suffering that an animal would experience during the experiment (1). • The rats would need to be housed and cared for in appropriate caging and given acceptable standards of care such as feeding the rats during the experimental period of time (1) in order to meet the code of practice for promoting good animal welfare through the provision of consistent, high-quality care and accommodation for the animals is met by Rabia (1). <p>Generic answers score 0 marks.</p> <p>Look for other reasonable marking points.</p>	(6)

Question Number	Answer	Mark																																																
9(a)	<p style="text-align: center;">AO2 (4 marks)</p> <p>Credit one mark for a correct calculation of total for $d^2 = 50$</p> <p>Credit one mark for a correct calculation of 6 times the sum of $d^2 = 300$</p> <p>Credit one mark for a correct calculation of 6 times the sum of d^2 divided by $n(n^2-1) = 1.4286$</p> <p>Credit one mark for a correct answer to three decimal places = -0.429</p> <table><tr><th>Score for bullying behaviour (out of 20)</th><th>Rank 1</th><th>Score for self-esteem (out of 20)</th><th>Rank 2</th><th>d</th><th>d^2</th></tr><tr><td>18</td><td>5</td><td>4</td><td>1</td><td>4</td><td>16</td></tr><tr><td>9</td><td>2</td><td>13</td><td>4</td><td>-2</td><td>4</td></tr><tr><td>14</td><td>3</td><td>9</td><td>3</td><td>0</td><td>0</td></tr><tr><td>2</td><td>1</td><td>18</td><td>6</td><td>-5</td><td>25</td></tr><tr><td>19</td><td>6</td><td>17</td><td>5</td><td>1</td><td>1</td></tr><tr><td>17</td><td>4</td><td>8</td><td>2</td><td>2</td><td>4</td></tr><tr><td colspan="5">Total for d^2</td><td>50</td></tr></table> <p>• $1 - \frac{6 \times 50}{6(36-1)} = \frac{300}{210} = -0.429$</p> <p>Look for other reasonable marking points.</p>	Score for bullying behaviour (out of 20)	Rank 1	Score for self-esteem (out of 20)	Rank 2	d	d^2	18	5	4	1	4	16	9	2	13	4	-2	4	14	3	9	3	0	0	2	1	18	6	-5	25	19	6	17	5	1	1	17	4	8	2	2	4	Total for d^2					50	(4)
Score for bullying behaviour (out of 20)	Rank 1	Score for self-esteem (out of 20)	Rank 2	d	d^2																																													
18	5	4	1	4	16																																													
9	2	13	4	-2	4																																													
14	3	9	3	0	0																																													
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Total for d^2					50																																													

Question Number	Answer	Mark
9(b)	<p style="text-align: center;">AO2 (1 mark)</p> <p>Credit one mark for an accurate statement</p> <p>For example;</p> <ul style="list-style-type: none"> The result is not significant at $P \leq 0.05$ for a two-tailed test where $N=6$ as the calculated value of 0.429 is less than the critical value of 0.886 (1). <p>Look for other reasonable marking points.</p>	(1)

Question Number	Answer	Mark
9(c)	<p style="text-align: center;">AO3 (1 mark)</p> <p>Credit one mark for an accurate conclusion</p> <p>For example;</p> <ul style="list-style-type: none"> Troy could conclude that an individual's self-esteem does not have any relationship to whether the individual displays bullying behaviour or not (1). <p>Look for other reasonable marking points.</p>	(1)

Question Number	Indicative Content	Mark
10	<p style="text-align: center;">AO1 (4 marks), AO2 (4 marks)</p> <p>AO1</p> <ul style="list-style-type: none"> • Operant conditioning would suggest that desired consequences will positively reinforce behaviour and that behaviour will be repeated. • Activities that bring pleasure can increase activation of the dopamine reward pathway and stimulate feelings of euphoria. • Family therapy is where a patient, their family and friends attend sessions to work with each other to help support mental health. • Drug treatments such as SSRI mood stabilisers aim to regulate a person's neurotransmitter functioning in the brain. <p>AO2</p> <ul style="list-style-type: none"> • The variable ratio reinforcement schedule encourages internet addiction by positively reinforcing the addict, this could be likes for an Instagram photograph or points in a game, so interventions could use positive reinforcements that outweigh those on the internet. • When mood enhancing content is found through internet use it could mean the users need for more time to achieve sufficient stimulation of dopamine to reach their desired mood, so interventions would need to reduce internet time gradually to avoid withdrawal. • The results of internet addiction, such as family conflict and a poor social life could be addressed through interventions like family therapy where the concerns about the inability to control internet use can be discussed to support the internet addict to stop. • SSRI's may help reduce the withdrawal symptoms from not using the internet which may be due to the addict needing greater amounts of time online to achieve the same emotional response and mood that they desire from the use of mobile devices or video games. <p>Look for other reasonable marking points.</p>	(8)

Level	Mark	Descriptor
AO1 (4 marks), AO2 (4 marks) Candidates must demonstrate an equal emphasis between knowledge and understanding vs application in their answer.		
	0	No rewardable material
Level 1	1–2 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) Provides little or no reference to relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2)
Level 2	3–4 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Discussion is partially developed but is imbalanced or superficial occasionally supported through the application of relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2)
Level 3	5–6 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning. Candidates will demonstrate a grasp of competing arguments, but discussion may be imbalanced or contain superficial material supported by applying relevant evidence from the context (scientific ideas, processes, techniques and procedures (AO2)
Level 4	7–8 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical balanced discussion, containing logical chains of reasoning. Demonstrates a thorough awareness of competing arguments supported throughout by sustained application of relevant evidence from the context (scientific ideas, processes, techniques or procedures). (AO2)

Question Number	Indicative Content	Mark
11	<p style="text-align: center;">AO1 (8 marks), AO3 (12 marks)</p> <p>AO1</p> <ul style="list-style-type: none"> • Milgram's (1963) research into obedience has increased our understanding of the situations in which blind, destructive obedience is most likely to happen. • The working memory model provides an understanding of processing speeds and phonological development in active short-term memory functioning. • Bartlett's (1932) theory of reconstructive memory helps to understand why memory can be inaccurate and recall of events may be different to the exact experience. • The role of brain functioning and structures in aggression, such as the pre-frontal cortex or amygdala, provides knowledge of the innate factors involved in aggression. • Social learning theory emphasises the importance of the role model in the learning of behaviour through attention, retention, reproduction, and motivation. • Explanations of behaviours as a result of hormones have been able to explain how human behaviour can be due to imbalanced melatonin or testosterone. • Bowlby's (1944) research of 44 juvenile thieves suggested that the lack of a maternal attachment figure could result in children developing affectionless psychopathy. • Classical conditioning claims that behaviours such as phobic responses are the product of stimulus-response pairing and association. • <p>AO3</p> <ul style="list-style-type: none"> • Knowing the factors that impact on obedience can help society with prevention strategies to reduce atrocities such as the Mai Lai massacre from happening again. • Understanding of the optimum conditions for obedience to an authority figure could be used negatively in society by individuals seeking to influence others and gain power and control over those in subordinate positions to them. • Using knowledge of working memory can help children with dyslexia access learning through classroom strategies and direct interventions such as Cog-Med that improve working memory functioning and the accessibility of educational content. • Memory has been found to be largely accurate in eyewitness testimony by Yuille and Cutshall (1986) so considering eyewitness accounts as inaccurate in court trials could be detrimental to achieving justice for defendant or victims of criminal activities. • Raine et al. (1997) found that murderers pleading not guilty by reason of insanity had less activity in their prefrontal brain regions and corpus callosum, helping criminal justice systems understand that violence may not always be a rational choice. • Despite awareness in society of negative influences of thin women in the media on eating disordered behaviour, such as Becker et al. (2002) society does not always use this information to reduce negative influencers, so thin role models remain available. • Bandura's research in his Bobo Doll studies has been utilised in society to reduce access to violent or aggressive media sources by children, such as the PEGI game ratings on video games and the age ratings for movies. • Aggression has been linked to testosterone which has led to chemical treatments for violent male offenders, however this does not explain violence in females and can only be partially used in society to treat offenders. • Treatments such as light therapy have proved to be effective use of our knowledge of the interactions between hormones and external zeitgebers to help treat patients with seasonal affective disorder and irregular sleep patterns or disorders. 	(20)

	<ul style="list-style-type: none"> While effective parenting is an important use of psychological knowledge, the findings of Bowlby (1944) may result in society placing blame on the mothers of children who demonstrate anti-social behaviours, which results in negative attitudes to the mother. Systematic desensitisation has developed from the understanding of phobia acquisition to provide an effective treatment for patients with phobias, shown by Capafons (1998) in their treatment of a fear of flying. Aversion therapy for homosexuality has been used to 'cure' people of their sexual attractions, despite homosexuality being removed from the DSM in 1973, so the misuse of therapies can lead to social control over the lifestyles of people. 	
Look for other reasonable marking points.		

Level	Mark	Descriptor
AO1 (8 marks), AO3 (12 marks) Candidates must demonstrate a greater emphasis on assessment/conclusion vs knowledge and understanding in their answer. Knowledge & understanding is capped at maximum 8 marks.		
	0	No rewardable material.
Level 1	1–4 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) Generic assertions may be presented. Limited attempt to address the question. (AO3)
Level 2	5–8 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Candidates will produce statements with some development in the form of mostly accurate and relevant factual material, leading to a generic or superficial assessment being presented. (AO3)
Level 3	9–12 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning, leading to an assessment being presented which considers a range of factors. Candidates will demonstrate understanding of competing arguments/factors but unlikely to grasp their significance. The assessment leads to a judgement but this will be imbalanced. (AO3)
Level 4	13–16 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a logical assessment, containing logical chains of reasoning throughout which consider a range of factors. Demonstrates an understanding of competing arguments/factors but does not fully consider the significance of each which in turn leads to an imbalanced judgement being presented. (AO3)
Level 5	17–20 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical assessment, containing logical chains of reasoning throughout. Demonstrates a full understanding and awareness of the significance of competing arguments/factors leading to a balanced judgement being presented. (AO3)

