



Mark Scheme (Results)

Summer 2012

GCE Psychology (6PS04) Paper 01
How Psychology Works

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General Guidance on Marking – GCE Psychology

All candidates must receive the same treatment.

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

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

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

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

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

Using the mark scheme

The mark scheme gives:

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

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

Quality of Written Communication

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

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

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

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

Section A Clinical Psychology

Question numbers	General Instructions
Questions 1 – 3 (except 2aii and 2aiii)	Marking points are indicative, not comprehensive and other points should be credited. In all cases consider "or words to that effect". Each bullet point is a mark unless otherwise stated and each point made by the candidate must be clearly and effectively communicated.

Question Number	Question	
1(a)	Describe the procedure of one study you have learned about that investigated schizophrenia. (Do not use Rosenhan's study as this does not investigate the disorder of schizophrenia).	
	Answer	Mark
	<p>No credit for results and/or conclusions. Study must be investigating schizophrenia though this can be any aspect of the disorder. Max 2 marks for generic procedure points. If at part (a) the study is not clear or is a mixture, please look at part (b) to identify the study. If the description is an amalgam of two or more studies mark all and credit the best (take part (b) into account as well). If the study is one you do not know/recognise and cannot find, refer to your team leader. The study does not need to be named to gain full credit. No marks for aim(s), results or conclusion(s)</p> <p>Suitable studies include Goldstein, Lewine et al, Heston, Gottesman, Gottesman & Shields, Randrup & Munkvad, there are others. No credit for Rosenhan.</p> <p>e.g. Goldstein 1988</p> <ul style="list-style-type: none"> • The original sample consisted of 199 schizophrenics, both male & female/eq; • All were rediagnosed 10 years later with the newer version of DSM/eq; • Everyday functioning was assessed using a variety of measures included marital status, occupational status, peer relationships, isolation and interests (at least 2 from list)/eq; • The number and duration of hospitalisations over the ten year period was measured/eq; <p>Gottesman 1991</p> <ul style="list-style-type: none"> • 120 case histories used in the Gottesman and Shields (1987) study were used for the reassessment/eq; • Diagnosis using DSM, RCD & Schneider's first rank symptoms were compared/eq; • Each case history was independently reassessed by eight different clinicians/eq; • Clinicians were asked to make a diagnosis and assess the severity of the disorder based on the case notes/eq; 	(4 AO1)

	<p>e.g. Lewine et al 1990</p> <ul style="list-style-type: none"> • A group of schizophrenic patients, a group of non-schizophrenic patients and a control group were tested/eq; • Those participants with a mental disorder were recruited through the social worker referral network/eq; • Each participant was given a physical examination, an EEG, an ECG medical records were checked and a semi structured interview conducted (2 marks)/eq; (1 mark available for a list of 2 items) • Doses of chlorpromazine were checked to ensure there was no significant difference between male and female dosage levels/eq; • MRI imaging focusing on the corpus callosum was used/eq; • A questionnaire to determine handedness was administered/eq; <p>Randrup & Munkvad</p> <ul style="list-style-type: none"> • Male white rats aged from 3-6 months were used/eq; • All rats were housed individually for the period of the study/eq; • Rats were observed for a period of time before administration of the drugs to get a baseline measurement of behaviour/eq; • Rats were injected with amphetamines (subcutaneously) according to bodyweight/eq; • Each animal was observed continuously for a 6 hour period following the injection/eq; <p>Goldstein 1999</p> <ul style="list-style-type: none"> • 29 patients diagnosed with schizophrenia were matched with 29 healthy participants • Matching was done on age, sex, ethnicity, (parental SES, reading ability and handedness)/eq; • All 29 controls were screened for psychopathologies/eq; • Brain scans were used to measure the size of the brain/eq; • Volumes of different areas of the brain were compared/eq; • Adjustments to volumes were made for head size/eq; • 3D MRI scans were taken so that volume, white matter and grey matter could all be measured/eq; <p>Look for other appropriate marking points.</p>	
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Question Number	Question	
1(b)	Evaluate the study for which you have described the procedure in part (a).	
	Answer	Mark
	<p>If (a) is blank but (b) correctly evaluates a suitable study full marks may be awarded. If (a) is incorrect but within clinical and (b) evaluates the study described in (a) then max 2. If (b) evaluates a different study than in part (a) no marks.</p> <p>Max 2 for generic evaluation points</p> <p>e.g. Goldstein 1988</p> <ul style="list-style-type: none"> • The study used a large sample and was able to retain them through the use of interviews and such measures at the start of the study and hospital records later/eq; • The re-diagnosis was conducted by two independent experts who were unaware of the purpose of the study/eq; • There is support from other studies e.g. Angermeyer et al (1987) who found similar results showing premorbid history was a predictor of outcome/eq; • Data such as number and duration of hospital stays is objective and reliable/eq; • Although men and women were matched for employment status types of jobs varied between the sexes/eq; • No participants were over the age of 45 at the start of the study which may cause gender bias as a significant percentage of women do not have their first episode before 45/eq; <p>Gottesman 1991</p> <ul style="list-style-type: none"> • As the twins were identified as MZ/DZ prior to genetic fingerprinting there were likely to be at least some wrongly classified/eq; • The variability in diagnosis among the eight clinicians demonstrates the problems involved in diagnosing schizophrenia/eq; • Gottesman included many peripheral disorders not usually considered to be schizophrenia (e.g. schizophreniform disorder) in the schizophrenia statistics/eq; • This may have distorted findings as Gottesman claims a diagnosis of schizophrenia even when only one or two episodes have been experienced/eq; • Using eight different clinicians and amalgamating their diagnoses so that those who diagnosed very few and those who diagnosed a large number were tempered by the middle values gives a more robust estimate of the number of twins with schizophrenia (2 marks)/eq; <p>e.g. Lewine et al 1990</p> <ul style="list-style-type: none"> • Differences in hormonal patterns which are thought to underlie some differences in brain morphology were not measured by the study so cannot be taken into account/eq; • The MRI sample had only 4 schizophrenic females compared to 27 males making comparisons very difficult/eq; • Results are speculative because of the small sample sizes/eq; • The suggestion that the data support a diathesis-stress model of 	(4 AO2)

	<p>onset, because a similar percentage of non-schizophrenics and of schizophrenics has a positive MRI scan, is speculative/eq;</p> <ul style="list-style-type: none"> • Use of handedness data allows the researchers to rule out hemispherical dominance as a factor in schizophrenia/eq; • While embracing abnormalities in the corpus callosum as a possible factor in male schizophrenia the researchers fail to suggest any physical aspects of the brain that may be associated with female schizophrenia/eq; <p>Randrup & Munkvad</p> <ul style="list-style-type: none"> • Results from rats may not generalise to humans so the results may not help understand schizophrenia/eq; • The results are only valid if it is true that excess dopamine in the CNS is causing the symptoms of schizophrenia/eq; • As the observation of a rat was conducted by one researcher it is possible that researcher bias could have affected data collection (1st mark) although there were two researcher and a technician collecting data so there should be sufficient variation to combat this(2nd mark)/eq; • The researchers gained baseline data first so they were able to see how amphetamines changed the rats' behaviour/eq; <p>Goldstein 1999</p> <ul style="list-style-type: none"> • The matching of a healthy control group with the schizophrenic patients meant that comparisons were reasonably valid/eq; • Participants all gave informed consent prior to the study so it had good ethical standards in that respect/eq; • Patients were all recruited from outpatient clinics whereas healthy controls responded to advertisements in the press so it is possible there were systematic differences in personality/eq; • A minimum IQ of 70 was set, however it is doubtful whether someone near the lower limit of the range would be able to understand the issues described to them prior to giving informed consent/eq; • Inter-rater reliability for the assessment of the brain scans was generally high though three areas (frontal operculum, basal forebrain and occipital pole) had low correlation coefficients/eq; <p>Look for other appropriate marking points.</p>	
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Question Number	Question	
2(a)(i)	During your study of clinical psychology you studied a key issue. You also produced a leaflet relating to this key issue. Who were the target audience for your leaflet?	Clip all of 2a & 2b
	Answer	Mark
	<p>Very broad terms e.g. children not creditworthy as issues like age would affect...</p> <p>The key issue must relate to an issue in clinical psychology or 0 marks</p> <p>e.g.</p> <ul style="list-style-type: none"> Families of those suffering from e.g. depression/eq; Someone about to embark on a course of therapy/eq; <p>Look for other reasonable marking points</p>	(1 AO3)

Question Number	Question	
2(a)(ii)	Outline the intended outcome of your leaflet.	
	Answer	Mark
	<p>Mark according to levels. Read the content, start at the top level, work down accordingly...</p> <p>The key issue must relate to an issue in clinical psychology or 0 marks – this applies to (aiii) and (b) as well</p> <p>Answer must seem relevant to the target audience identified. If no target audience is identified full credit can be gained provided the purpose is relevant to a set of individuals.</p> <p>Although you will not be marking the target audience look to ensure the outcome of the leaflet matches with the target audience stated in 2ai. If the stated intended outcome seems inappropriate for the target audience then no marks can be awarded here.</p> <p>e.g.</p> <ul style="list-style-type: none"> The leaflet was designed to inform the family of those suffering from depression To explain the role of Community Psychiatric Nurses and how to contact them in an emergency To tell readers which treatments were available for their disorder For example it explained CBT might be offered and how the family can support someone undertaking this therapy The leaflet gave information on common treatments for anorexia, their advantages, disadvantages and success rates so a patient could decide which treatment may suit them best <p>Levels:</p> <p>0 Intended outcome does not match target audience</p> <p>1 Some relevance to target audience but either not developed or of questionable relevance</p> <p>2 Intended outcome clear and appropriate</p>	(2 AO3)

Question Number	Question	
2(a)(iii)	Explain one reason why you used the material you did for the content of your leaflet.	
	Answer	Mark
	<p>Material should link (i) & (ii) by explaining how content fitted the target audience and the purpose. If more than one reason mark all and credit the best.</p> <p>Indicative content</p> <ul style="list-style-type: none"> • The leaflet explained the main symptoms likely to be seen in a depressed individual and how to handle the individual, such as how to spot the likely precursors of suicidal thoughts to help relatives care for the patient (Level 2) • The leaflet gave a list of the different treatments and therapies available and explained how a patient is likely to progress over a period of therapy so the client/family would be prepared for this (Level 2) • The leaflet explained what actions family members could take to support someone undergoing therapy (Level 1) • The material in the leaflet was designed to be easy to read for people who had no previous knowledge of mental health issues, so it used simple terms and very positive material as we thought it was important not to distress people about their diagnosis (Level 2) • We used a case study of a teenager with anorexia so that the issue became real for the Target audience to help them relate to the issues (Level 2) <p>0 No rewardable material</p> <p>1 Reason either only explains why or how or is poorly developed</p> <p>2 Reason is well explained showing both why and how or is rich in relevant detail</p> <p>Look for other reasonable marking points</p>	(2 AO3)

Question Number	Question	
2(b)	When you created the leaflet described in part (a) you will have used secondary data. Explain how you gathered your secondary data.	
	Answer	Mark
	<p>Read through all of answer before awarding marks. Refer to levels below indicative content</p> <p>Indicative content</p> <ul style="list-style-type: none"> • We searched the internet for evidence about what types of treatments are used for depression and how successful they are • 'NHS Choices' provided us with a list of the different ways of treating depression available on the NHS • We were able to list these and group them according to types • We visited websites of private clinics and found out what therapies they use • We collected data on the number of prescriptions for antidepressants from the Mind website <p>0 Nothing worthy of credit.</p> <p>1 Brief indication of where data collected from. Will be identifiable as secondary data. (Likely to be only one source of data. Likely to include irrelevancies).</p> <p>2 Description will include information on at least two different sources of data or one source of information and a detailed description of how the data were extracted from the source.</p> <p>3 A good resume such that a clear understanding of both the source(s) of data and the means used to collect the data are explained. (Likely to refer to some aspect of how data used).</p> <p>4 A good resume such that a clear understanding of both the source(s) of data and the means used to collect the data are clearly explained. In addition there will be some indication of how decisions were made about the selection and/or treatment of the material.</p>	(4 AO3)

Question Number	Question	
3(a)	<p>You have learned about either systematic desensitisation or the token economy programme as treatments/therapies within the Learning Approach.</p> <p>Describe one of these treatments/therapies as it is used in clinical psychology.</p>	Clip with 3(b)
	Answer	Mark
	<p>If both therapies are described mark all and credit the best. No credit for therapies other than the two mentioned in the question.</p> <p>Answers that focus on another use e.g. in prisons with only a single reference linking to clinical and/or give general points only, Max 2 marks.</p> <p>Examples may gain credit but must be appropriate, e.g. rewarding a person with anorexia with chocolate is not appropriate</p> <p>Systematic desensitisation</p> <ul style="list-style-type: none"> • Uses the principles of classical conditioning to treat phobias/eq; • The individual creates a hierarchy of fear ranging from the least to the most frightening aspect of their phobia/eq; • They are taught to be able to relax and become calm/eq; • The therapist will start with the least frightening level and guide the person through, getting them to relax at each stage/eq; • Progression onto the next level only occurs when the patient is comfortable and in control of the situation/eq; • It relies on the principle of reciprocal inhibition to achieve its results/eq; <p>Token economy</p> <ul style="list-style-type: none"> • Uses the principles of operant conditioning to change behaviour of people with anorexia/eq; • Target behaviours are identified and the rewards agreed with the patient/client/eq; • Each time a desired behaviour is performed the patient will be rewarded with a token/eq; • Tokens can then be exchanged for privileges, such as leaving the clinic for the weekend/eq; • Over time the tokens will become harder to achieve as the behaviour is shaped/eq; <p>Look for other reasonable marking points</p>	(4 AO1)

Question Number	Question	
3(b)	<p>Magda has mental health issues and has been recommended therapy by her psychiatrist. Her psychiatrist has suggested that she would benefit from a behavioural therapy.</p> <p>Evaluate the treatment/therapy you described in (a) with reference to Magda's mental health issues.</p>	Clip with 3(a)
	Answer	Mark
	<p>Evaluation must relate to therapy described in (a) or 0 marks. If (a) is blank but (b) correctly evaluates one of the two therapies then full credit can be gained. If (a) is incorrect but (b) provides a correct evaluation of that therapy then max 3 marks. If no mention of Magda max 3 marks. Evidence is evaluation. Marking points that are overly brief and simplistic (e.g. quick & cheap) with no development or qualification gain no credit</p> <p>(5 AO2)</p> <p>Systematic desensitisation</p> <ul style="list-style-type: none"> • It is only likely to be of help if Magda has a phobia or similar anxiety disorder/eq; • It is unlikely to be very effective if her disorder is agoraphobia, as SD only tends to be effective for specific phobias/eq; • It is a very ethical therapy as Magda would be in control of the speed and progress at all times/eq; • Magda agrees the hierarchy with her therapist so knows what to expect next when moving through the programme/eq; • It only treats the observable symptoms Magda may start suffering from other problems if there are underlying causes/eq; • Psychoanalysis looks at the underlying cause and so might be more effective than systematic desensitisation/eq; • Systematic desensitisation is more acceptable than flooding to treat a phobia so is more ethical/eq; • The therapy is relatively quick and cheap compared to psychoanalysis meaning Magda will improve very quickly/eq; • Systematic desensitisation is more acceptable than flooding to treat a phobia as it is more ethical/eq; <p>Token economy</p> <ul style="list-style-type: none"> • Magda would need to be in either a psychiatric unit or half way house in order to use TE successfully/eq; • Careful monitoring of behaviour is essential if the programme is to be successful and this is hard to do when not in an institution/eq; • There is no guarantee that the new behaviour Magda learns will be retained once it is no longer reinforced/eq; • Magda may just be exploiting the situation in order to gain the rewards and have no intention of changing her behaviour/eq; • However most psychiatric patients are not sufficiently in control of their own behaviour to exercise this level of control/eq; • Most psychiatric patients wish to change their behaviour as they find the symptoms of their disorder distressing, meaning they will be very willing to co-operate/eq; • If staff on the ward/in the half way house do not apply the TEP consistently this may confuse Magda as she will not know what standards of behaviour are expected of her/eq; <p>Look for other reasonable marking points.</p>	

Question Number	Question	
4(a)	<p>You have studied one disorder from the following list:</p> <ul style="list-style-type: none"> • unipolar depression • bipolar depression • phobias • obsessive compulsive disorder • anorexia nervosa • bulimia nervosa. <p>Outline one explanation for your chosen disorder.</p>	Clip with 4(b)
	Answer	Mark
	<p>Disorder must be one of those listed in the question or 0 marks. Answers which are generic depression or eating disorders can only gain credit for one specific disorder. If outline does not match the stated disorder mark for the disorder outlined. Explanations can be specific or general to an approach. If more than one explanation mark all and credit the best. No credit for symptoms</p> <p>e.g. Unipolar depression</p> <ul style="list-style-type: none"> • Depression may be caused by faulty thought patterns ADD MORE/eq; • The depressed individual believes that others are critical of them/eq; • They will interpret events in a negative way such as someone not speaking to them because they don't like them/eq; • They will become more socially withdrawn as they get negative experiences from interactions/eq; • Depression is caused by a shortage of one or more monoamine neurotransmitters/eq; • The low level of serotonin is thought to induce anxiety/eq; • Dopamine and noradrenalin are also believed to be low/eq; • The individual may produce too much monoamine oxidase so the neurotransmitters are broken down too fast/eq; • People may have a genetic predisposition (shortened alleles of the 5-HTT gene) that means they produce less serotonin when under stress <p>e.g. Anorexia nervosa</p> <ul style="list-style-type: none"> • One explanation for anorexia is from social learning as people see size zero models and celebrities and try to copy them/eq; • In the initial stages as they lose weight they gain praise and attention/eq; • This reinforces the slimming behaviour so maintaining the weight loss cycle/eq; • One theory is that unconsciously the individual wishes to remain a child/eq; • They therefore stop eating as this maintains a boyish figure/eq; • It also stops menstruation, another way of delaying puberty/eq; • Cognitive explanation says that there is a faulty perception of body size/eq; 	(3 AO1)

	<ul style="list-style-type: none"> • The brain distorts the body image so that people see themselves as too large even when they are not/eq; • They therefore believe they need to lose weight in order to become a desirable size/eq; • The individual becomes obsessed by their believed body image and the need to be slimmer/eq; <p>e.g. Bulimia nervosa</p> <ul style="list-style-type: none"> • Low self esteem can cause bulimic behaviour/eq; • The person has excess concern about their body image and the opinion of peers/eq; • This leads the individual to want to purge themselves to attempt to control their weight/eq; <p>e.g. Bipolar depression</p> <ul style="list-style-type: none"> • It is likely that there is a genetic basis for bipolar disorder/eq; • It is likely that the genetic abnormality causes imbalances in the neurotransmitters/eq; • These will cause both the euphoric and depressed phases of the disorder/eq; <p>e.g. Phobias</p> <ul style="list-style-type: none"> • Learning theory suggests a phobia is caused by classical conditioning/eq; • The target object is paired with something already feared/eq; • e.g. A dog barking when a child plays in a sand pit pairs the sand with the dog/eq; • The phobia is maintained through negative reinforcement/eq; <p>e.g. Obsessive compulsive disorder</p> <ul style="list-style-type: none"> • OCD may be caused by the over responsiveness of parts of the sub-cortex to anxiety provoking situations/eq; • These areas send a danger signal to the cortex which mismatches with what the cortex perceives/eq; • This generated confusion and the anxiety is converted into OCD behaviour as a coping mechanism/eq; <ul style="list-style-type: none"> • OCD sufferers have a faulty pathway involving the caudate nucleus/eq; • The orbital frontal cortex sends worry signals to the thalamus which in turn feeds back to the OFC/eq; • However in OCD the caudate nucleus does not damp down the feedback system so the thalamus becomes over excited/eq; • This produces symptoms of excessive worrying/eq; <ul style="list-style-type: none"> • The psychodynamic approach suggests that OCD is the manifestation of guilt from an overactive superego/eq; • The particular compulsion is likely to be linked to a childhood desire that was never fully resolved/eq; • e.g. checking taps are switched off because of an unconscious desire to flood the house/eq; <p>Look for other reasonable marking points.</p>	
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Question Number	Question	
4(b)	Using research evidence, evaluate the explanation you have outlined in (a). In your answer make at least one comparison with a different explanation for the disorder you are using.	Clip with 4(a)
	Answer	Mark
	<p>If (a) is blank but (b) correctly evaluates an appropriate explanation then full marks can be gained. If (a) gives explanation(s) for a disorder not listed then max 2 marks. If (a) is correct but (b) evaluates a different explanation then no credit can be given. If no comparison is made max 3. If no research evidence max 3.</p> <p>e.g. Unipolar depression</p> <ul style="list-style-type: none"> • The cognitive explanation suggests faulty thought processes which fits better with the high success of CBT as a treatment/eq; • The faulty thoughts could be a symptom of chemical imbalance and not the cause of depression/eq; • There is evidence that the clinically depressed do interpret events in a more negative way than non-sufferers/eq; • Clark & Beck (1999) found evidence at all levels of depression for a negative cognitive triad that responded to CB therapies/eq; • If neurotransmitter imbalance caused depression, drugs designed to treat this would always work, but they don't/eq; • The level of neurotransmitters rises very quickly once on medication but any improvement associated with the drugs takes some time to manifest itself/eq; • In some instances the drugs do work almost instantaneously suggesting that depression is not a unitary disorder/eq; • There is always concern that the low levels of neurotransmitters could be effect rather than cause/eq; • Rausch et al (2002) showed the success of SSRI treatment is dependent on the sufferer's genes, suggesting another aspect to the biological substrate/eq; <p>e.g. Anorexia nervosa</p> <ul style="list-style-type: none"> • Everyone in Western culture is exposed to the same models yet only a small percentage adopt anorectic behaviour /eq; • Evidence from several studies (e.g. Nasser, Becker) has shown an increase in the incidence of anorexia in groups exposed to western cultural images, supporting SLT/eq; • Harrison & Cantor (1997) showed a significant predictive relationship between the reading of thinness promoting magazines and the onset of anorexia • Psychodynamic explanations of remaining as a child cannot explain the onset of anorexia post puberty or in males/eq; • Patton et al (1999) found that a history of dieting was the single most reliable predictor of onset, meaning unconscious motivations do not play a major role/eq; • The control that anorectic behaviour gives over diet and weight can be argued to substitute for the maturational development of identity in adolescence so supporting the psychodynamic 	(4 AO2)

	<p>view/eq;</p> <ul style="list-style-type: none"> • Evidence from body mapping experiments shows that cognitive mapping of parts of the body is poor in everyone/eq; • However if this is so common it is surprising that everyone does not suffer from anorexia/eq; • Evidence from anorectics shows that cognitive feedback on losing weight is a powerful incentive to keep losing weight/eq; <p>e.g. Bulimia nervosa</p> <ul style="list-style-type: none"> • Vohs et al (2001) found that poor body image and low self esteem were reliable predictors of bulimia/eq; • Baumeister et al (2009) showed that high self esteem reduced the risks of bulimia in female adolescent though not in males/eq; • The low self esteem that predicts bulimia is thought to originate in high levels of self consciousness during adolescent identity crises (Fairburn 1993)/eq; • Bulimic patients report experiencing more stress than non-bulimics suggesting they are affected by stress more rather than it being just to do with self esteem/eq; <p>e.g. Bipolar depression</p> <ul style="list-style-type: none"> • McGuffin(2003) found 85% concordance in MZ twins for bipolar disorder suggesting a strong genetic link/eq; • Craddock & Jones (1999) found 40-75% concordance in MZ twins/ 5-10% concordance in first degree relatives/eq; • Epidemiological evidence puts the risk factors within a family at 50-75% for a child where both parents have the disorder and 25% if only one parent is a sufferer/eq; • Genetic research suggests several genes responsible but rarely is the genetic connection a dominant gene/eq; <p>e.g. Phobias</p> <ul style="list-style-type: none"> • Variability in the susceptibility of people to developing phobias suggests that learning cannot be the only reason for their acquisition/eq; • Specific phobias do seem to be linked to specific experiences but the same is not true of agoraphobia/eq; • Walder et al (1987) demonstrated systematic desensitisation is an effective treatment for airplane phobia. This supports the view of it being a learned condition as it can be unlearned/eq; • Because agoraphobia tends to be associated with panic attacks the exact cause is difficult to establish/eq; • Preparedness may be a better explanation as most people who develop a phobia do so towards a relatively small range of items (e.g. spiders,snakes) as shown by e.g. Cook & Mineka/eq; <p>e.g. Obsessive compulsive disorder</p> <ul style="list-style-type: none"> • Karayiogou et al (1997) found evidence linking enzyme faults in the dopamine & noradrenalin systems to incidence of OCD, especially males/eq; • Brain scans show abnormal functioning in the frontal-subcortical brain circuits of OCD sufferers (Saxena & Rauch 2009)/eq; • SSRIs have a therapeutic effect on most OCD sufferers suggesting a biological basis whereas the psychodynamic explanation of an over dominant superego has no hard evidence 	
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	<p>to support it/eq;</p> <ul style="list-style-type: none"> • SSRIs produce a very slow response rate taking many weeks to have any impact on behaviour, this suggests that it is not merely the rebalancing of neurotransmitters that is the problem/eq; • It is possible the feedback problem with the caudate nucleus results from the development of OCD rather than causing it/eq; • Treatment of OCD by behavioural or cognitive means sees the faulty brain activity pattern corrected as shown by scanning supporting the view of consequence rather than cause/eq; • OCD usually starts in adulthood after some sort of stressful life event which goes against a faulty feedback loop/eq; • It is possible that stress could start the deterioration in the system but it requires some sort of mechanism other than a simple brain malfunction to trigger it/eq; <p>Look for other reasonable marking points</p>	
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Question Number	Question
*5	<p>Dr Padawi wishes to explain to a group of hospital volunteers how psychiatrists try to make decisions about abnormality. Dr Padawi decides to start by explaining how abnormality is defined.</p> <p>Describe and evaluate two definitions of abnormality. In your answer you must refer to how Dr Padawi might explain definitions of abnormality to the volunteers.</p>
	Indicative content
QWC	<p>Read through whole of essay then go to levels. Note start at Level 4 and work down Indicative content. The most likely definitions are statistical and social norm, however other definitions are equally acceptable and may be credited.</p> <p>Contextualisation may include how Dr Padawi explains definitions to the volunteers, what examples s/he may use. Any means that seems reasonable acceptable</p> <p>AO1</p> <ul style="list-style-type: none"> • Deviation from the statistical norm means behaviour seen as rare in the population will be deemed abnormal. • It uses the normal distribution curve with both extremes deemed equally abnormal and the middle regions as normal. • The cut off point is generally put at +/- 2 SDs from the mean • Deviation from social norms means behaviour is abnormal if perceived as different to that seen as acceptable within society • If the patients come from a different culture than the doctor's s/he may not recognise normal behaviour as normal • What is seen as abnormal will vary between cultures as well as over time • Socially normal behaviour is likely to be context and role specific. <p>AO2</p> <ul style="list-style-type: none"> • Depression is not statistically infrequent and yet is seen as abnormal • If all extremes of behaviour are seen as abnormal this will include behaviour seen as socially desirable as well as undesirable • The arbitrary nature of a statistical cut off point means there is no scope to account for how well the individual is coping • The arbitrary nature of a cut off point means that personal judgement cannot bias diagnosis • A social norm definition of abnormality could be used to control those seen as not conforming to the social norm according to Szasz • Behaviour deemed as normal in one society may be seen as abnormal in another gaining someone a label unjustifiably • It allows the global nature of behaviour to be assessed rather than relying on a specific symptom <p>Look for other reasonable material</p>

Level	Mark	Descriptor
Level 0	0	No rewardable material.
Level 1	1-3	<p>Candidates will produce brief answers, making simple statements showing some relevance to the question.</p> <ul style="list-style-type: none"> • Only description or evaluation attempted • OR only attempts to describe and evaluate one definition • OR second definition only named • Unlikely to refer to Dr Padawi <p>Little attempt at the analytical/evaluation demands of the question. Lack of relevant evidence. The skills needed to produce effective writing will not normally be present. The writing may have some coherence and will be generally comprehensible, but lack both clarity and organisation. High incidence of syntactical and/or spelling errors.</p>
Level 2	4-6	<p>Description OR evaluation only OR limited attempt at each OR one is in less detail than the other.</p> <ul style="list-style-type: none"> • Description of two definitions done very well and no evaluation • OR one definition described and evaluated very well • OR both definitions described and evaluated though limited • Link may be present <p>Limited evidence will be presented. Range of skills needed to produce effective writing is likely to be limited. There are likely to be passages which lack clarity and proper organisation. Frequent syntactical and/or spelling errors are likely to be present.</p>
Level 3	7-9	<p>Candidate has attempted and answered both injunctions well.</p> <ul style="list-style-type: none"> • Description of both definitions accurate and fairly full • Both definitions evaluated with appropriate strengths/weaknesses • Link to Dr Padawi will be present <p>Points made may not be fully treated critically though there may be some evidence of judgement and of reaching conclusions where this is relevant. Use of a range of evidence. The candidate will demonstrate most of the skills needed to produce effective extended writing but there will be lapses in organisation. Some syntactical and/or spelling errors are likely to be present.</p>
Level 4	10-12	<p>Candidate has attempted and answered both injunctions very well.</p> <ul style="list-style-type: none"> • Description of both definitions thorough & accurate • Evaluation will be thorough and consider a range of issues such as effectiveness, practicality and ethics • Likely to cite evidence and/or application • Response will be successfully contextualised <p>There will be evidence of reasoned argument and of judgement when relevant to the question. The analysis will be supported by accurate factual material, which is relevant to the question. Good use of evidence. The skills needed to produce convincing extended writing in place. Good organisation and clarity. Very few syntactical and/or spelling errors may be found. Excellent organisation and planning.</p>

Section B Issues and Debates

Question numbers	General Instructions
Questions 6 & 8a (except 6a)	Marking points are indicative, not comprehensive and other points should be credited. In all cases consider "or words to that effect". Each bullet point is a mark unless otherwise stated and each point made by the candidate must be clearly and effectively communicated.

Question Number	Question	
6(a)	Explain one factor that would make a study scientific.	
	Answer	Mark
	<p>If more than one factor mark all and credit the best. Two marks can be awarded for a point and elaboration or for a very rich detailed point</p> <ul style="list-style-type: none"> • The data collected will be empirical/eq; • This means that it is objective/can be tested/eq; • Scientific methodology is designed to support or refute theories/eq; • So it should be possible to provide evidence to support or reject Olaf's hypothesis/eq; • It uses the idea of testing hypotheses/eq; • These are derived from the theory underpinning the research/eq; • It is possible to use statistical tests on the data. These allow for an objective assessment of how likely the pattern of results gained may be due to chance factors/eq; (2 marks) • A study that produces quantitative data that can be analysed is scientific (1 mark) • A study that is reductionist will be more scientific as it does not seek to over interpret findings (1 mark) <p>Other suitable factors include falsifiability, ability to control variables</p> <p>Levels:</p> <p>0 marks – no rewardable material</p> <p>1 mark – factor given partly explained or poorly developed</p> <p>2 marks – factor given clearly explained/well developed</p> <p>Look for other reasonable marking points.</p>	(2 AO1)

Question Number	Question	
6(b)	Olaf has been told not to use the Psychodynamic Approach. Explain why the Psychodynamic Approach is often seen as unscientific.	
	Answer	Mark
	<p>Must be specifically applied to the psychodynamic approach to gain credit. Counter-arguments may gain limited credit. Max 1 mark for an example (e.g. Little Hans) (though if adds to the answer can gain elaboration marks)</p> <ul style="list-style-type: none"> • Psychodynamic approach fails to provide objective evidence so cannot support or refute theories like other approaches/eq; • Evidence heavily biased by interpretation such as analysis of symbols meaning it is subjective/eq; • A lack of empirical evidence because the concepts are not easily tested/eq; • The heavy reliance on case studies makes it difficult to generalise conclusions to the wider population/eq; • The use of case studies means results are not replicable, another criterion for scientific status/eq; • Popper's view that a science should test for falsifiability cannot be met by the psychodynamic approach/eq; • Places entire emphasis on the collection of qualitative data/eq; <p>Look for other appropriate marking points</p>	(4 AO2)

Question Number	Question	
6(c)	<p>You have studied several different approaches to psychology as part of your course.</p> <p>Identify one psychological approach other than the Psychodynamic Approach and explain why it is considered scientific.</p>	
	Answer	Mark
	<p>Suitable approaches include cognitive, learning and biological. Other approaches, and/or applications may be used to answer this question. Mark to the advantage of the candidate when they make points that support the approach being used as scientific. Reject psychodynamic approach.</p> <p>Max 3 marks if no direct reference to the approach being addressed (this can be by example or by specific point).</p> <p>e.g. Biological approach or Learning approach</p> <ul style="list-style-type: none"> • Uses the scientific method to create and test hypotheses/eq; • Uses objective means of collecting quantifiable data/eq; • Subjects the data collected to rigorous statistical analysis/eq; • Is able to falsify a theory based on the likely probability that results occurred by chance/eq; • Uses studies on animals where all conditions can be carefully and closely controlled leaving little opportunity for confounding variables to affect results/eq • Produces studies that have been repeated many times demonstrating replicability/eq; • Can produce theories that have sufficient objective and reliable evidence to support them that they can be generalised to the wider population/eq; • The administration of drugs to stimulate neurotransmitters can be calibrated exactly/eq; • Schedules of reinforcement can be applied rigorously and objectively/eq; <p>Look for other appropriate points.</p>	(4 AO2)

Question Number	Question	
7	<p>During her work experience at a local newspaper the editor asks Sophia to write an article using her psychological knowledge. The headline of the article reads:</p> <p>Does someone's upbringing make them who they are?</p> <p>Write a brief article giving both sides of the argument. In your answer use examples from at least two areas of psychology to illustrate your argument.</p>	5 marks (AO2)
	Answer	Mark
QWC	<p>'Who they are' can be specific or general – work with the intention of the candidate Areas can be interpreted as approaches or applications. Work with the intention of the candidate Read through the whole answer before going to the levels</p> <p>Indicative content</p> <ul style="list-style-type: none"> • Reinforcement of behaviour by parents will help develop the sort of person we become according to the learning approach, supporting the nurture argument • The genes we inherit will determine the way our brain works/level of intelligence and the environment we are brought up in will have little impact on this • Some psychologists argue criminal behaviour is based on behaviour modelled in the family, meaning upbringing has a major role. However as most children are brought up by their biological family it is impossible to decide whether the influence is learned or genetic. • The first attachment that infants experience is believed to create a template for all future relationships. • Evidence from e.g. Belsky suggests that early experiences of day care have a long lasting effect on behaviour leading to higher levels of aggression. • Once someone has become addicted to drugs their behaviour will change and many become criminals in order to feed their habit, even though this is not how they were brought up. • There is disagreement about whether vulnerability to addiction is genetic, in which case upbringing will not make much difference, or learned by attitudes towards potentially addictive substances we encounter when growing up. • Children of drug addicts are likely to become addicts even when they are brought up in a foster home because 'genes will out' according to the biological argument • The belief that it is the lack of female sporting role models that leads to very low participation by women in sport has led to a major campaign to change this perception. • The increase in female sporting participation suggests it is the way we are brought up as otherwise change would not happen so readily. • It is difficult to tell whether it is nature or nurture that influences excellence in sport as usually very talented parents are keen to support their children's efforts • Evidence from e.g. Heston suggests it makes no difference to someone's vulnerability to schizophrenia whether they are brought up in a home with a schizophrenic or not, it is genetic. • The enmeshed family explanation of schizophrenia suggests family relationships can cause confusion leading to mental health problems. 	

	0 Answer only addresses nature OR nurture with NO mention of the opposite position with no compensatory depth or breadth.
	1 Simple statement(s) showing an awareness of some aspect of the issues. Assertions made with no evidence used. Poorly developed or totally one-sided but showing breadth or depth.
	2 Gives a nature-nurture argument about some aspect of 'who they are'. Areas can be application, topic or approach. Some evidence given
	3 Tackles nature-nurture issue of 'who they are' in at least one way. Uses psychological knowledge/evidence more than once in developing arguments. Areas can be application, topic or approach.
	4 Gives a balanced argument on the nature-nurture issue. Evidence from more than one area of psychology considered (approach or topic). Will address most of the demands of the question adequately but lack the appropriate journalistic focus of the question.
	5 Gives a balanced argument on the nature-nurture issue. Evidence from more than one area of psychology considered (approach or topic). Succeeds in using a journalistic style either by being concise or by the use of journalese.

Question Number	Question	
8(a)(i)	<p>Researchers conducted a structured observation to discover the preferred distance people would sit from each other in a college library. There were ten tables, each with four seats at them. Some of the tables had a single seat occupied by a confederate (actor). The researchers then observed where people chose to sit when they entered the library. The researchers were positioned around the library either 'reading items in the magazine area' or 'hunting for a book on the shelves' so they could observe what happened.</p> <p>Explain practical issues the researchers might have taken into account when undertaking the study described in the box (on page 18)</p>	
	Answer	Mark
	<p>Watch for material just repeated from the stem e.g. the location (college library), sample (likely to be students), covert observation... Practical issues that are developed from the stem need to be explained. Practical issues that could have arisen in the period before that described in the stimulus material are acceptable as long as the issue is clearly explained and appropriately developed. Issues must be practical and explain why, no credit for merely identifying an issue</p> <ul style="list-style-type: none"> • Time of day observation takes place may affect results as when the library is busy people will be forced to sit closer together/eq; • The researchers may need to rearrange the tables so that it is easier to monitor activity/eq; • Participants may have been affected by the gender of the confederate on a particular table so researchers would need to record whether the both the gender of participant and the gender of confederates who were available to sit by/eq; • If participants knew one of the confederates they may have chosen to sit by them because of this (1st mark) so the researchers should ensure they use confederates participants do not know(2nd mark)/eq; • If all the tables in the library were occupied by just one stranger the participants may have been suspicious of what was happening and not acted normally/eq; • It may have been difficult to keep a watch on people's behaviour without making it obvious what was going on especially as observers would need to record the information. • It would be difficult to ensure that all confederates were equally friendly/hostile in their manner (1st mark) so the choice of where to sit may be a result of uncontrolled extraneous variables(2nd mark)/eq; <p>Look for other appropriate points.</p>	(4 AO3)

Question Number	Question	
8(a)(ii)	<p>The researchers worked hard to address issues such as ecological validity when designing the study described in the box (on page 18).</p> <p>Explain either how the study might be said to have high ecological validity or how the study might be said to have low ecological validity.</p>	
	Answer	Mark
	<ul style="list-style-type: none"> • The library was a realistic location which students were used to studying in so ecological validity should be high (1st mark) as students would be unlikely to expect a research study to be taking place in this location(2nd mark)/eq; • Students frequently go into work areas/libraries and search for somewhere they can sit undisturbed so the set up was reasonably realistic increasing ecological validity (2 marks)/eq; • Students will be used to sitting and studying in the library with others around them so are unlikely to be suspicious so there should be no demand characteristics(2 marks)/eq; • Having one person per table would not have been a normal pattern so reducing ecological validity(1st mark) It would be likely to make students suspicious of the situation so not act normally (2nd mark)/eq; • The number of people standing about covertly observing may have reduced ecological validity as it was so contrived (1 mark)/eq; <p>Look for other appropriate points.</p>	(2 AO3)

Question Number	Question
8(b)	<p>As a follow up to the structured observation, the researchers decide to conduct a naturalistic observation on the distance apart from strangers that people choose to sit.</p> <p>Explain how the researchers might plan to undertake such an observation.</p> <p>Possible practical factors that may be considered include choice of location, sample, type of data and means of collecting data. There are other factors. No credit will be given for ethical issues.</p>
	Indicative content
QWC	<p>Read the complete answer then refer to levels. Remember there is no credit for raising ethical issues.</p> <p>An observation in a library is permissible however bear in mind that if they use the same or similar location to that described in the stimulus material there may be some methodological issues that are lifted from the stimulus</p> <p>Start at the top level and work down</p> <p>Indicative content</p> <ul style="list-style-type: none"> • The observation would take place in a public park on a sunny day when people are enjoying the weather • Observers would be participant observers as they would behave like normal members of the public in the park • Each observer would take an area of known size on the grass and count how many individuals or friendship groups were in that space at 10 minute intervals over the two hour period from 12 noon until 2 pm each weekday during a warm spell of weather. • Participants would not need to be asked for permission as only their presence is being counted. • The park would be visited in advance so that the designated areas could be measured. • It would be useful to know in advance which areas are in the shade and which are sunny as this may affect behaviour. • Researchers would be able to calculate the average space between people. • Observers would enter data, including numbers in groups on a Blackberry so it just looks as though they are sending a text. • The observation could take place on a bus to see where people sat when they got on • The observation would take place during the middle of the day when it is fairly quiet <p>Look for other appropriate points.</p>

Level	Mark	Descriptor
Level 0	0	No rewardable material.
Level 1	1-2	<p>Candidates will produce brief answers, making simple statements, showing some relevance to the question.</p> <ul style="list-style-type: none"> • Observation may not be naturalistic • Critical decisions either missing or inappropriate • Replication either inappropriate or impossible <p>Little use of relevant material. Terminology may display some errors. There are likely to be passages which lack clarity and proper organisation. Frequent syntactical and/or spelling errors are likely to be present.</p>
Level 2	3-4	<p>Candidates answers will indicate some knowledge and some understanding of the focus of the question</p> <ul style="list-style-type: none"> • Observation at least partially appropriate • Some methodological issues addressed though suggestions not necessarily realistic. Should make an attempt to identify a suitable sample, be able to address some aspect of data collection • Partial replication possible <p>Factual material may be poorly used. Terminology may have a few errors. . Fairly good organisation and clarity. The standard of grammar and spelling should be reasonable.</p>
Level 3	5-6	<p>Candidates answers will show good knowledge and be relevant and focused on the question.</p> <ul style="list-style-type: none"> • Observational strategy shows some understanding of likely issues • Several methodological issues addressed effectively such as (some but not all) size and type of sample, duration of data collection, methods used to collect data, mention of some control, location is realistic • Provides sufficient detail to allow replication despite minor omissions/lapses. Suggestions may not necessarily produce a design that would successfully address the research issue <p>There will be accurate factual material, which is relevant to the question. Accurate use of terminology. The skills needed to produce convincing extended writing in place. Good organisation and clarity. Very few syntactical and/or spelling errors may be found. Given time constraints full marks should be given when the answer is reasonably detailed even if all the information is not present.</p>

Question Number	Question
9 (a)	Describe at least three ethical guidelines that researchers should follow when conducting psychological research using human participants. Assess the ethical aspects of two or more studies that use human participants that you have learned about during your course.
	Indicative content
QWC	<p>Read through the whole answer before attempting to award any marks.</p> <p>Go to the content levels and award a mark appropriate to the content and quality of the answer.</p> <p>Once the content mark has been awarded refer to the structure levels and award those marks separately</p> <p>Indicative content</p> <p>Description of ethical guidelines</p> <ul style="list-style-type: none"> • Researchers should obtain informed consent from participants prior to the study • They can do this either in written or verbal form • If it would be damaging to the study to inform participants of the true nature of the study then the researcher should be as truthful as possible • In the case of children informed consent must also be obtained from their parents/guardians • If informed consent is not possible as it would affect the outcome of the study then presumptive consent should be obtained • A participant should not be deliberately deceived unless it is essential to the successful completion of the study • When deceit is necessary then a full debrief is essential • Before undertaking such a study it would be best to get presumptive consent • Participants should be made aware of their right to withdraw before the start of the investigation • Participants should be given the right to withdraw during the study if they so wish • Participants must be able to withdraw their data from the study on completion of their part in the study • Participants should know there will be no negative comeback if they choose to withdraw • Participants should be debriefed at the end of the procedure where the purpose and nature of the study will be explained • The debrief should ensure that participants leave in the same emotional state as when they arrived • Researchers should explain as much about the study as the participant wishes to know • Researchers should ensure the physical and psychological well being of their participants is a priority at all times • If there is any reason for concern then support or assistance should be on hand as follow up support • A researcher should be competent to carry out the research undertaken • Colleagues should be consulted and where appropriate colleagues should highlight shortcomings

Evaluation

Most studies are suitable however evaluation points must be ethical

- Bandura, Ross & Ross failed to protect children adequately as they exposed them to a violent model which may have been distressing to some children
- Telling the children they were not allowed to play with the best toys as they were going to be reserved for the other children could have made the children feel bad about themselves
- As the children in the study were so young it would have been difficult to debrief them about what had happened so the children had learned some inappropriate behaviour as a result of the study
- Watson & Rayner's study caused distress to Albert as he was conditioned to fear a white rat which he had previously liked
- The lack of de-conditioning because of his withdrawal from the study meant that Albert may have continued to have the fear of white objects for some considerable time
- Watson & Rayner gained the permission of Albert's mother, but she may well have felt she had to agree as Watson was in an authority position
- Milgram deceived his participants as they believed they were conducting a study into learning and punishment, however this was necessary if the study was to work
- Participants may have felt obliged to continue as they had received payment, even though they had been told the payment was unconditional
- Milgram followed up all participants a year later to ensure they had not suffered any long term negative consequences from the study
- Rosenhan's study failed to get consent from the staff in the psychiatric units however this would have been impossible if a true result was to be obtained
- The decision to make the pseudo-patients get themselves discharged could have caused them distress when they discovered that telling the truth did not get them out of the hospital
- Money's case study on David Reimer was unethical as Money misled the parents into believing that gender reassignment was a known quantity and not experimental
- Although reassignment occurred very young David/Brenda was not subsequently informed about the situation at a stage where his/her opinions should have been taken into account

Look for other appropriate material.

Level	Mark	Descriptor
Level 0	0	No rewardable material.
Level 1	1-3	<p>Candidates will produce brief answers, making simple statements, showing some relevance to the question.</p> <ul style="list-style-type: none"> Two ethical guidelines described briefly with a possible mention of a third Attempt to assess the ethics of one study <p>Little attempt at the analytical/evaluation demands of the question. Lack of relevant evidence.</p>
Level 2	4-6	<p>Description OR evaluation only OR limited attempt at each OR one is in less detail than the other</p> <ul style="list-style-type: none"> EITHER an outline of at least three ethical guidelines described OR two ethical guidelines described very well Two studies used but may be primarily a description of the ethical issues. There may be superfluous general evaluation of the study(ies) Unlikely to assess either a study for both positive and negative ethical issues or the likely impact of participation on people <p>Limited evidence will be presented. Most evaluative points will be in the form of assertions. There may be general evaluation.</p>
Level 3	7-9	<p>Candidate has attempted and answered <i>both injunctions well</i>.</p> <ul style="list-style-type: none"> Three ethical guidelines described well At least two studies used to demonstrate ethical issues. There may be superfluous description of the study May include positive as well as negative ethical points Will attempt to address the impact of a study's ethics on participants (or vice versa) <p>Points made may not be fully treated critically though there may be some evidence of judgement and of reaching conclusions where this is relevant. Use of a range of evidence.</p>
Level 4	10-12	<p>Candidate has attempted and answered <i>both injunctions very well</i>.</p> <ul style="list-style-type: none"> Three or more ethical guidelines described very well At least two studies used effectively to demonstrate ethical issues Likely to include positive as well as negative ethical points Will address the likely impact of a study's ethics on participants (or vice versa) <p>There will be evidence of reasoned argument and of judgement when relevant to the question. The analysis will be supported by accurate factual material, which is relevant to the question. Good use of evidence. Given time constraints full marks must be given when the answer is reasonably detailed even if all the information is not present.</p>

Structure levels

Level	Mark	Descriptor
Level 0	0	No rewardable material.
Level 1	1-2	<p>Response lacks focus and structure. Points are disparately made with little cohesion and flow. Some appropriate use of terminology.</p> <p>Little attempt at the analytical/evaluation demands of the question. The skills needed to produce effective writing will not normally be present. The writing may have some coherence and will be generally comprehensible, but lack both clarity and organisation. High incidence of syntactical and/or spelling errors</p>
Level 2	3-4	<p>Response is generally focused and cohesive but may be lacking in some evaluation and judgement as some points may be irrelevant to the overall structure.</p> <p>Points made are unlikely to be fully treated critically though there may be some evidence of judgement and of reaching conclusions where this is relevant. Use of some evidence. The candidate will demonstrate most of the skills needed to produce effective extended writing but there will be lapses in organisation. The response is presented in a legible style using appropriate terminology. Some syntactical and/or spelling errors are present.</p>
Level 3	5-6	<p>Response is coherent, well structured and focused</p> <p>The skills needed to produce convincing extended writing in place. Good organisation and clarity. Very few syntactical and/or spelling errors may be found. Excellent organisation and planning. Good use of evidence. Given time constraints full marks must be given when the answer is reasonably detailed even if all the information is not present.</p>

Question Number	Question
9 (b)	<p>You will have covered issues in your course where psychology has helped to explain how harm can be done in society.</p> <div data-bbox="316 376 1458 689" style="border: 1px solid black; padding: 10px;"> <p>Here are three examples that show how psychology can explain why harm may happen:</p> <ul style="list-style-type: none"> • Milgram's research on obedience showed most people have the potential to harm others if ordered to do so. • Imprisonment of innocent people on the basis of eyewitness memory has been exposed as a major hazard in the judicial system. • Social psychologists have sought to explain why during times of hardship people will attack (either physically or verbally) members of minority groups. </div> <p>Describe and evaluate at least two ways in which psychological knowledge has contributed to our understanding of why harm is done in society. (You may use the examples given above if you wish).</p>
	Indicative content
QWC	<p>Read through the whole answer before attempting to award any marks. Be aware of candidates who simply repeat the wording in the stem (stem material can be used). Go to the content levels and award a mark appropriate to the content and quality of the answer.</p> <p>Once the content mark has been awarded refer to the structure levels and award those marks separately</p> <p>Description</p> <ul style="list-style-type: none"> • Milgram showed that even when very distressed a substantial number of people are willing to obey an order seen as cruel/wrong • The universality of this has been well established by replications world-wide • Even quite limited pressure will lead to compliance if the authority of the person giving the instruction is accepted • Hofling showed that nurses were willing to endanger a patient's life • It is now recognised that eyewitness memory of an event may not always be accurate particularly if violence/weapon was used • Intervening material can distort the memory e.g. media stories/questioning • Loftus & Palmer showed leading questions can cause faulty memory • The presence of a weapon can cause witnesses to switch focus away from the criminal during an incident as shown by Pickel • SIT shows identification with an in group can lead to persecution of an out group • The individual may develop negative feelings towards an out group in order to bolster their in group • Genocides and inter racial conflict such as in Rwanda are believed to be consequence of the conflict between in and out groups, especially when one group is seen as being in a more powerful position than the other • Bowlby's research into attachment showed the level of potential damage to a young child's psychological well being if separated from their caregiver • This led to a major shift in hospital practices where children are concerned • There is now a recognition that physical health and recovery interacts with

psychological well being

Evaluation

- It is a very different matter to blindly obey in a 'safe' setting where there is every reason to trust the authority figure (researcher) compared to the malign influence of a dictator
- There is evidence obedience to authority is no less now (e.g. Slater et al 2006), however it is no longer seen as excusable so soldiers in a court martial can no longer use obedience as a defence
- It has led to major changes in military training in countries such as USA/UK, as recruits are now taught to be more willing to take the initiative and make decisions for themselves rather than only accepting orders from superiors
- Society needs people to be obedient to authority but discriminating between malign and benign authority may be difficult
- Loftus' work on the problems associated with distortion of memories through leading questions has led to changes of practice in police interviewing and the cognitive interview is now much more widespread
- However the practice has not been barred from the courtroom so witnesses and jurors can still be misled and even if the question is 'withdrawn' it has still been heard
- Work by Yuille & Cutshall suggests that if an incident carries the weight of reality it may be more resistant to distortion than in a lab exercise
- It is often difficult to tell whether people see themselves as different so it can be hard to see whether SIT is in fact causing content
- There are alternative explanations for conflict between groups such as realistic conflict theory which may explain many genocide situations better
- Not everyone turns into a racist or commits genocide so not everyone is affected by their membership of in groups in a negative way
- Most people would agree that the way children are treated in hospitals now is preferable to earlier, less humane practices, however it is more expensive to provide accommodation for a parent
- Zetterstrom (1984) commented on the paucity of research to understand other effects that cause anxiety in hospitalised children besides parental separation
- Children who were well prepared by their parents for a separation coped better, and did not remain psychologically scarred
- Just because children 'can cope' does not mean they 'should cope', so the change in practice is seen as an improvement in a more caring society

Look for other suitable material.

Level	Mark	Descriptor
Level 0	0	No rewardable material.
Level 1	1-3	<p>Candidates will produce brief answers, making simple statements, showing some relevance to the question.</p> <ul style="list-style-type: none"> One way psychological knowledge has helped understand/explain harm in society described, or two attempted very briefly or focuses on contributions to society with little reference to harm Evaluation may be missing or be a very brief assertion. May produce an evaluation irrelevant to the question as set
Level 2	4-6	<p>Description OR evaluation only OR limited attempt at each OR one is in less detail than the other</p> <ul style="list-style-type: none"> Two ways psychological knowledge has helped understand/explain harm in society described though one may be in less detail than the other May focus on 'contribution to society' rather than explaining harm (but look for where becomes relevant) Evaluation may be of the studies/theories without any link to the notion of harm. Any such links likely to be tenuous <p>Limited evidence will be presented. Most evaluative points will be in the form of assertions. There may be general evaluation and/or general description of study(ies).</p>
Level 3	7-9	<p>Candidate has attempted and answered <i>both injunctions well</i>.</p> <ul style="list-style-type: none"> Description of at least two ways psychological knowledge has helped understand/explain harm in society done well. May rely entirely on stimulus material. Description likely to demonstrate knowledge of relevant theories and/or studies Evaluation may be limited to strengths/weaknesses of the evidence described rather than how adequate the material is in explaining harm <p>Points made may not be fully treated critically though there may be some evidence of judgement and of reaching conclusions where this is relevant. Use of a range of evidence.</p>
Level 4	10-12	<p>Candidate has attempted and answered <i>both injunctions very well</i>.</p> <ul style="list-style-type: none"> Description of at least two ways psychological knowledge has helped understand/explain harm in society done very well but balance quantity and quality. Description is likely to use both theories and research to explain the harm Evaluation will consider how adequate (e.g. strengths and weaknesses) the explanations for why harm happens are. <p>There will be evidence of reasoned argument and of judgement when relevant to the question. The analysis will be supported by accurate factual material, which is relevant to the question. Good use of evidence. Given time constraints full marks must be given when the answer is reasonably detailed even if all the information is not present.</p>

Structure levels

Level	Mark	Descriptor
Level 0	0	No rewardable material.
Level 1	1-2	<p>Response lacks focus and structure. Points are disparately made with little cohesion and flow. Some appropriate use of terminology.</p> <p>Little attempt at the analytical/evaluation demands of the question. The skills needed to produce effective writing will not normally be present. The writing may have some coherence and will be generally comprehensible, but lack both clarity and organisation. High incidence of syntactical and/or spelling errors</p>
Level 2	3-4	<p>Response is generally focused and cohesive but may be lacking in some evaluation and judgement as some points may be irrelevant to the overall structure.</p> <p>Response must consider why harm can happen, not merely produce studies demonstrating e.g. that EWT can be erroneous.</p> <p>Points made are unlikely to be fully treated critically though there may be some evidence of judgement and of reaching conclusions where this is relevant. Use of some evidence. The candidate will demonstrate most of the skills needed to produce effective extended writing but there will be lapses in organisation. The response is presented in a legible style using appropriate terminology. Some syntactical and/or spelling errors are present.</p>
Level 3	5-6	<p>Response is coherent, well structured and focused</p> <p>Response addresses the issue of harm, how psychological studies and theories can throw light on this and balances the elements within the essay</p> <p>The skills needed to produce convincing extended writing in place. Good organisation and clarity. Very few syntactical and/or spelling errors may be found. Excellent organisation and planning. Good use of evidence. Given time constraints full marks must be given when the answer is reasonably detailed even if all the information is not present.</p>

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