



Mark Scheme (Results)

June 2014

GCE Psychology (6PS04/01)
Unit 4: 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.

Unit 4: How Psychology Works

Section A – Clinical Psychology

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

Question Number	Question	
1 (a)	<p>During your course you have studied one of the following disorders:</p> <ul style="list-style-type: none"> • unipolar depression • bipolar depression • phobias • obsessive compulsive disorder • anorexia nervosa • bulimia nervosa. <p>Choose one disorder from the list.</p> <p>Describe the procedure of one study you have learned about that investigated this disorder.</p>	
	Answer	Mark
	<p>If the study does not investigate one of the disorders listed then 0 marks. No credit for aim, results or conclusions.</p> <p>There are many more studies that are appropriate, contact your TL if you are unsure whether the study is genuine and/or appropriate for a stated disorder.</p> <p>Studies that consider more than one disorder are acceptable full marks can be given (see marking points)</p> <p>Unipolar depression e.g. Brown et al (1985)</p> <ul style="list-style-type: none"> • Working class women with at least one child at home were recruited by postal questionnaire/eq; • All women were aged between 18 and 50, had a partner in manual labour and all lived in Islington/eq; • Women were assessed twice, approximately a year apart using a variety of measures/eq; • Assessments were done by interview and included measurements of psychiatric stress/eq; • At the second interview participants were questioned about stressful life events in the intervening period/eq; <p>Bipolar depression e.g. Viguera et al (2000)</p> <ul style="list-style-type: none"> • Clinical course of bipolar disorder in three groups of women aged 16-50 years was charted/eq; • One group consisted of women who came off lithium before becoming pregnant, another group who chose to remain on lithium during pregnancy and a group who came off lithium but were not pregnant/eq; • Some women came off lithium rapidly while others withdrew the treatment gradually/eq; • Semi-structured interviews were used to assess the women and provide both demographic and clinical information/eq; • Information about clinical state in the year prior to coming off lithium 	(3 AO1)

	<p>was also collected/eq;</p> <p>Phobias e.g. Cook & Mineka (1989)</p> <ul style="list-style-type: none"> • Twenty two lab reared rhesus monkeys aged between 4 and 11 years old were used/eq; • The monkeys were trained to reach over a clear plastic box to reach a food treat/eq; • Video clips of two other model monkeys showed their responses to a variety of stimuli/eq; • The model monkeys showed fear towards flowers and towards toy snakes/eq; • Observer monkeys were exposed to video clips which included either fear responses to flowers or fear responses to snakes/eq; • After exposure to video clips 12 times over a period of 3-4 weeks the observer monkeys were tested to see whether they would stretch over the box if it contained the feared object/eq; <p>Obsessive compulsive disorder e.g. Baxter et al (1992)</p> <ul style="list-style-type: none"> • Patients with OCD were given PET scans to assess glucose metabolising both before and after treatment/eq; • Patients were treated with either fluoxetine hydrochloride or with behaviour therapy/eq; • The level of activity in the two hemispheres of the brain were compared before and after treatment/eq; • Changes in brain activity were correlated with behavioural changes in compulsive behaviour post treatment/eq; <p>Anorexia nervosa e.g. Garner & Garfinkel (1980)</p> <ul style="list-style-type: none"> • Five independent groups with a total of over 400 female participants were used to assess whether students who were subject to constraints on body shape were more prone to anorexia nervosa/eq; • Three experimental groups, one of trainee ballet dancers, one of modelling student and one of people with anorexia nervosa were compared with two control groups/eq; • The two control groups were one of normal students and one of music students/eq; • All participants were administered the eating attitudes test, their height and weight were also collected/eq; <p>Bulimia nervosa e.g. Mumford & Whitehouse (1988)(accept for either AN or BN)</p> <ul style="list-style-type: none"> • Girls aged between 14 -16years old from four schools in Bradford were used/eq; • Girls were screened using an eating attitudes and a body shape questionnaire/eq; • Participants who scored above 20 on the eating attitudes and above 140 on the body shape questionnaires were invited for a clinical interview/eq; <p>Look for other relevant marking points</p>	
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Question Number	Question	
1 (b)	Evaluate the study you have described in (a).	
	Answer	Mark
	<p>TE: If (a) is blank but (b) correctly evaluates a suitable study then full marks may be awarded. If (a) is a study into a clinical disorder not listed in (a) and is correctly evaluated here then max 3. If (b) evaluates a different study than the one described in part (a) no marks.</p> <p>Max 2 for evaluation points not made specific to the study (generic)</p> <p>Unipolar depression e.g. Brown et al (1985)</p> <ul style="list-style-type: none"> • The sample, which was working class women in London may not allow generalisation to the wider population as their experiences may not be typical/eq; • The researchers made a good effort to try and recruit as many women in the relevant category as possible, however a minority of women refused to take part/eq; • The life events during the 12 months between the two interviews could not be objectively assessed, making the link between events and depression harder to link causally/eq; • Assessments were done by trained interviewers so should be consistent/eq; • The inevitable attrition over a longitudinal study may have created bias in the sample as only some types of participant may have dropped out/eq; • The study only looks at depression in women with children, so cannot explain depression in men or women without children/eq; • However the sample size was large so findings should be robust and applicable to a wider population/eq; • Recognition of the role of social factors meant the introduction of support structures as a strategy for treatment or prevention came to the fore and is now widely promoted/eq; • Some participants who suffered a traumatic life event did not develop depression showing the link probably involves other triggering factors/eq; <p>Bipolar depression e.g. Viguera et al (2000)</p> <ul style="list-style-type: none"> • The lack of a control group of women who suffered from another disorder and were pregnant means that the effects of drug removal during pregnancy may be because of other factors than the lithium itself/eq; • The women who had come off lithium but were not pregnant had done so for other health complications so may not have been an appropriate control group/eq; • There may be confounding variables as to why some women came off lithium rapidly and others withdrew more gradually which could have affected the results/eq; • The group of women who stayed on lithium during pregnancy may have done so because they had more severe bipolar than the group who came off lithium so the differences in mental health could be more to do with their underlying condition not the drug or the pregnancy/eq; • The increased risk of a postpartum episode in the women who had discontinued lithium use was only compared to non-pregnant women and not to the frequency of post-partum depression in non-bipolar sufferers/eq; 	(5 A02)

Phobias

e.g. Cook & Mineka (1989)

- Carried out on rhesus monkeys so generalisation to humans questionable/eq;
- Controls with non-threatening objects showed a preparedness for a snake fear to develop compared to neutral objects/eq;
- Persistence of a snake fear once acquired also supports view that it may have an evolutionary basis/eq;
- Evidence from McNally (1987) suggests that humans are not so readily affected
- Suggestion of a special status for snake phobia not supported in humans where it is as readily treated as other specific phobias/eq;
- In humans knowledge may be more powerful than any evolutionary predisposition/eq;

Obsessive compulsive disorder

e.g. Baxter et al (1992)

- Schwartz et al (1996) replicated the finding for behavioural therapies so increasing the reliability of the findings/eq;
- Sample size for most of these studies is small because of the difficulties and expense of using large numbers of PET scans meaning it may be less generalisable than would be desirable/eq;
- Comparisons in glucose metabolism between OCD sufferers and normal controls supports the view that OCD sufferers have heightened metabolising of glucose/eq;
- If, as seems likely the basis of OCD is biological it seems unlikely that a behavioural therapy would be as effective as a drug therapy in controlling the disorder, yet this is what Baxter et al claim/eq;
- Although there are several studies producing very similar results they are all from a small team of researchers so may not be as independent as sees the case at first sight/eq;

Anorexia nervosa

e.g. Garner & Garfinkel (1980)

- Sample size was very large so results should be generalisable to other young women/eq;
- The dance students in particular were identified as coming from high attaining middle class families where anorexia is known to be more prevalent, so high incidence in this group may not be due to career choice but due to family background/eq;
- The higher incidence of anorectic individuals among the dance & modelling groups compared to control groups may be a result of a self selecting sample of students rather than the body consciousness required in these professions/eq;
- The researchers found that the ballet schools which were more professional had a higher incidence of anorexia, however rather than increased body awareness because of a desire to succeed in the profession it could be the stress of a competitive atmosphere causing the anorexia/eq;
- While some of the dance students had high EAT scores suggesting anorexia their body weight and condition did not match this, suggesting that the consciousness of eating and eating habits is independent of anorexia in this professional group/eq;

Bulimia nervosa

	<p>e.g. Mumford & Whitehouse (1988) (accept for either AN or BN)</p> <ul style="list-style-type: none">• The original sample (over 200 Asian girls and over 350 white girls all attending school in a large metropolitan area) so results should be generalisable within the UK/eq;• Participants were girls aged 14-16 so generalisation beyond this cohort may be limited as views on eating and body image change over time/eq;• The subset interviewed in detail were selected on the basis of responses to a questionnaire, however they may not have been entirely truthful in these responses/eq;• Eight Asian and 10 white girls identified for interview on questionnaire results did not attend interview/Only 75% of those invited for interview attended meaning results may be biased/eq;• Both researchers were male which may have created difficulties when interviewing adolescent girls about body image/eq; <p>Look for other relevant marking points</p>	
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Question Number	Question	
2	<p>Joaquin, Zhang and Aisha, who are from different countries, are attending an international conference on mental health. The conference is discussing concerns about diagnosis of mental health issues across the international community.</p> <p>Using research evidence, explain how cultural issues in diagnosis may affect those diagnosed with a mental health disorder.</p>	
	Answer	Mark
	<p>If no research evidence max 3. If do not address the consequences for those with mental health issues max 3. Max 1 for a suitable example clearly explained. Research need not be named but must be clearly identifiable else treat as generic</p> <ul style="list-style-type: none"> • Systems such as DSM tend to be culturally biased as they do not take into account different values in different countries, so people outside western cultures may be misdiagnosed /eq; • The current version of DSM is still unsatisfactory in terms of cross cultural applicability according to Escobar & Vega (2006) because of its strong western bias/eq; • Salusky (2004) suggests the failure of CIDI to include universally prevalent disorders such as schizophrenia means that it is as lacking in cross cultural applicability as DSM/eq; • Kirmayer (2001) suggests that cultural factors can affect both the manifest symptoms and the approach to coping mechanisms for mental disorders/eq; • Kastrup (2011) argues that as not all cultures see the separation of mind and body prevalent in Western society if the patient and clinician do not share an understanding of how problems are described faulty diagnoses are likely to occur/eq; • Cultural specific disorders such as Koro may not be recognised by those from another culture, which may mean an appropriate diagnosis is not made/eq; • Research by Cinnerella & Loewenthal (1999) suggested that ethnic group and religious faith had a marked effect on perceptions of mental illness so such factors need to be taken into account during diagnosis/eq; • Malgady (1987) demonstrated there is a difference in the interpretation of hearing voiced between Costa Rican culture where it is interpreted as spirits talking to an individual and the USA where the same phenomenon is interpreted as a symptom of schizophrenia/eq; • There is still a marked difference in diagnosis within a society such as the UK according to both ethnic origin and gender, e.g. two thirds of people diagnosed as alcoholics are males while women are more likely to be diagnosed with depression/eq; • Women are far more likely to be treated for a mental illness than men though NICE believe this is because women are more willing to seek help than men/eq; • There are proportionately more people of Afro-Caribbean origin treated for schizophrenia in the UK than white people though it is believed that the 1% of the population figure holds good across all ethnic groups suggesting other factors are playing a part/eq; <p>Look for other relevant marking points</p>	(6 A02)

Question Number	Question	
3(a)	Describe one treatment/therapy as it is used to treat schizophrenia.	
	Answer	Mark
	<p>Must be one treatment, if answer covers more than one treatment mark all and credit the best. Must link specifically to the treatment of schizophrenia (e.g. behaviour, patient, symptoms, schizophrenia etc.) at least once or 0 marks. So long as link clearly present general comments can gain credit but do not credit points made that are only appropriate for a different disorder. Suitable treatments include chemotherapy, token economy, CBT. Therapies or treatments that are historical (never used now to treat schizophrenia) may not gain credit here but are likely to gain credit in (b) if evaluate as ineffective or inappropriate treatment</p> <p>e.g. Chemotherapy</p> <ul style="list-style-type: none"> • Psychoactive drugs such as clozapine/chlorpromazine are taken by the sufferer/eq; • The drugs work by blocking dopamine receptors in the brain/eq; • This reduces positive symptoms such as hallucinations/eq; • There are two types of drug typical and atypical, the latter being the more modern treatments/eq; • The drugs are taken on a regular basis to keep the symptoms under control/eq; • It takes about 10 days before the drug starts to show an effect and symptoms reduce/eq; <p>e.g. Token economy programme</p> <ul style="list-style-type: none"> • This is used to improve the behaviour of schizophrenics living in an institution/eq; • The staff identify which behaviour(s) they wish to see increase in frequency as well as a reinforcement the patient will desire/eq; • The conditions of the programme are explained to the patient/eq; • Every time the desired behaviour is displayed the patient is rewarded with a token/eq; • After a designated number of tokens have been awarded the patient can exchange the tokens for a desired reward/eq; • The tokens are secondary reinforcers and the reward is a primary reinforcer/eq; <p>e.g. CBT</p> <ul style="list-style-type: none"> • The therapist engages with the patient in identifying the sources of distress for the individual such as hearing voices/eq; • The therapist build up a strong trusting relationship with the patient so that the patient will feel confident and comfortable in therapy/eq; • Using the ABC model the therapist identifies the patients perceptions linking the activating events with the consequences/eq; • The therapist will challenge the patients beliefs while being supportive/eq; • The patient's experiences will be decatastrophised by viewing experiences as on a continuum rather than different/eq; • The patient is encouraged to develop new, rationale alternative explanations for their experiences/eq; <p>Look for other relevant marking points</p>	(4 AO1)

Question Number	Question	
3 (b)	Evaluate the treatment/therapy you described in (a) as a treatment for schizophrenia. In your evaluation make one comparison with a different treatment/therapy for schizophrenia.	
	Answer	Mark
	<p>TE: If (a) is blank but an appropriate and identifiable treatment is evaluated here full marks can be awarded. If the treatment described in (a) is not a treatment for schizophrenia but is a treatment for another mental disorder and is correctly evaluated here then max 2 marks. Must be the same treatment as described in (a) or 0 marks. If (a) is a treatment that could be used for schizophrenia but gains no credit in (a) as fails to link to the disorder, full marks are available in (b).</p> <p>If no comparison with another treatment/therapy is made then max 4 marks. Comparison must be relevant. If more than one comparison made mark all and credit the best</p> <p>e.g. Chemotherapy</p> <ul style="list-style-type: none"> • Though atypical drugs do not produce as many unpleasant side effects as typical drugs the side effects are still unpleasant/eq; • This means long term compliance with a drug regime is low, estimated compliance is below 50%/eq; • Drug treatment is only effective for positive symptoms so those with mainly negative symptoms are not really helped by chemotherapy/eq; • Can leave as many as 60% of patients with symptoms that do not respond to treatment/eq; • Drugs cannot cure the disorder, at best they help the individual manage the disorder/eq; <ul style="list-style-type: none"> • CBT can be better than drugs at getting sufferers to recognise the false premise of their intrusive thoughts/eq; • Whereas drug treatment tends to damp down brain activity meaning that the individual functions less well in other aspects of their life token economy can be used to allow the patient to learn control without the negative side effects/eq; <p>e.g. Token economy</p> <ul style="list-style-type: none"> • Only treats the behavioural aspects of the disorder as rewards can only be gained for observable behaviour/eq; • Unlikely to help with the underlying aspects of schizophrenia, just makes the behaviour more acceptable/eq; • McMonagle & Sultana (2000) suggest that TEPs can assist in controlling negative symptoms/eq; • TEPs are only effective in a closed environment so the schizophrenic needs to be institutionalised to benefit from the programme/eq; • There is always a danger of abuse of power when administering a TEP/eq; <ul style="list-style-type: none"> • A token economy has to be administered by those in power/authority over the patient whereas most drug regimes can be self administered once the appropriate dosage level has been established/eq; • CBT is more empowering for the patient as they are encouraged to challenge their own thinking patterns/eq; <p>e.g. CBT</p> <ul style="list-style-type: none"> • Initially used just to deal with residual symptoms but now seen as an alternative therapy/eq; • Healy et al (1998) suggest that CBT is cost effective as an intervention 	(5 A02)

	<p>to reduce residual and negative symptoms/eq;</p> <ul style="list-style-type: none">• It has been shown to be relatively ineffective at the onset of the disorder, only being of value when patients have relapsed at least once/eq;• It is unclear whether CBT is more useful than other psychological interventions/eq;• According to a NICE report (2009) a meta-analysis of CBT trials demonstrated a 24% reduction in re-hospitalisations of schizophrenics/eq;• To be effective CBT for schizophrenics needs to be done on a 1:1 basis making it expert intensive compared to drug treatment/TEP/eq;• CBT is better than drug treatment only at improving psycho-social functioning/eq; <p>Look for other relevant marking points</p>	
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Question Number	Question	
4 (a)	Using your knowledge of the Rosenhan (1973) study, write a blog or diary entry describing the experiences that one of the pseudopatients may have had on one day during their stay in the hospital.	
	Answer	Mark
	<p>Should at least attempt to adopt a style that is appropriate for a blog/diary – e.g. in the first person and may interpret reported issues creatively Response needs to relate to experiences during the period of hospitalisation and show knowledge of the material contained in the study about this. Points that describe knowledge of the other pseudopatients/ the lead up or follow up of the study are not admissible. Creativity linked to known facts is acceptable.</p> <ul style="list-style-type: none"> • Asked the duty doctor when I could be discharged as I was feeling fine and he just ignored me/eq; • Noticed two of the nurses having a conversation and looking over towards me, think they've heard that I said I didn't have schizophrenia/eq; • Jake (one of the other patients) said he knows I'm faking it, interesting that the nurses and doctors still seem convinced I've got schizophrenia even though I behave as normally as possible/eq; • When I got my medication handed out to me during the morning ward rounds I managed to slip the tablets into my locker and then flushed them down the toilet later in the morning/eq; • Noticed several other patients flushing away medication rather than taking it, wonder if the nurses are aware what goes on/eq; • This morning I tried asking the nurse about my treatment but she just pushed the pills at me and told me to take them, I feel I'm not allowed to have a view about things/eq; • When we were waiting outside the canteen for them to start serving lunch I heard a couple of doctors walking past commenting on strange, queuing behaviour, obviously they've never been bored or hungry/eq; • I'm going to have to behave ultra normal in order to convince them I can go home as when I was writing my diary today I got asked by a nurse why I wrote so much, she thinks it's obsessive behaviour/eq; • There were some visitors in the ward today, when I was tidying up I got asked by one of them why I didn't behave like other patients, I didn't seem 'odd'/eq; <p>Look for other relevant marking points</p>	(4 AO1)

Question Number	Question	
4 (b)	Evaluate Rosenhan's (1973) study in terms of ethical issues.	
	Answer	Mark
	<p>1 mark per point/elaboration. No credit for practical or methodological issues unless elaborating an ethical issue.</p> <ul style="list-style-type: none"> • Rosenhan deceived the participants (staff at the psychiatric units) as they had no idea that they were being observed by the pseudopatients/eq; • However if the staff had known in advance the results would have been 	(6 AO2)

	<p>compromised, this was shown when, in the second part of the study a hospital was told to expect a pseudopatient/eq;</p> <ul style="list-style-type: none">• The admission of the pseudopatients into a psychiatric ward could have taken time and effort away from genuine patients who did need the help/eq;• As the hospitals were in the USA it is unclear who met the cost of the hospitalisations but it was likely to be either insurance or state funding meaning resources for real patients got less/eq;• There is no mention in the study of a full debrief being given to the hospital staff which means that they may have felt disgruntled by the experience but has no opportunity to express this/eq;• Although the pseudopatients went into the study understanding what they had to do it must have been distressing when they discovered they could not easily be discharged/eq;• The pseudopatients were administered powerful antipsychotic drugs which would have been harmful to them if they swallowed them/eq;• It may have been better if the hospitals had been given a letter to be opened at a due date explaining the situation if the pseudopatient had not been discharged after e.g. 2 weeks/eq;• The real identity and occupation of the pseudopatients was not used so there was no long term consequence of a mental illness being recorded in their health records/eq;• Genuinely ill people were turned away from psychiatric units in the period following publication so some who did require help may not have received it because of this study/eq; <p>Look for other relevant marking points</p>	
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Question Number	Question	
5 QWC	With reference to relevant studies, describe and evaluate two research methods used to investigate schizophrenia. Make at least one comparison point between the two research methods.	
	Answer	Mark
	<p>Suitable research methods include twin studies, case studies, animal experiment, interviews, brain scans, . Any other research method can be accepted provided it matches with the studies given. Where studies use multiple methods go with the intention of the candidate.</p> <p>NOTE: Describing a study is acceptable as a means of describing a method Rosenhan is not a study into Schizophrenia, so not acceptable as study, though the research method of a field study is fine.</p> <p>Indicative content</p> <p>Twin studies</p> <ul style="list-style-type: none"> • When an identical twin is diagnosed with schizophrenia the other twin is studied to see if both of them get schizophrenia • MZ & DZ twins are both used to see how likely it is that if one twin has the disorder so will the other one • Concordance rates are compared to see if it gives evidence that the amount of genetic material shared indicates the likelihood of both suffering from schizophrenia • This is because while twins reared together will share the same environment only identical twins share the same genes • Researchers will use a variety of strategies to ensure the allocation to MZ or DZ is accurate • Gottesman (1991) looked at concordance levels in MZ and DZ twins and found it to be much higher in MZ twins <ul style="list-style-type: none"> • One problem is that twins are relatively rare in the population therefore the sample pool is not very large • Historically there have been problems being certain whether a pair of twins were genuinely MZ or DZ, however DNA testing means this is less of an issue now • Although ideally the only difference between MZ & DZ twins reared together is the degree of relatedness it is possible that identical twins are treated more alike than DZ twins so contaminating the data <p>Interviews</p> <ul style="list-style-type: none"> • Individuals diagnosed with schizophrenia are asked about their life history • The interviewer is likely to use an unstructured interview so they can find out how participants respond in a variety of situations • Of particular interest will be how well the individuals interpret the world around them/adapt to changing circumstances • Goldstein interviewed all her participants so she could understand how well they were coping with their disorder <ul style="list-style-type: none"> • In a face to face interview people may be more concerned about how they are perceived by the interviewer rather than telling the truth • Schizophrenic patients often find it hard to relate to others so may find responding coherently to interview questions challenging. • Symptoms such as paranoia or word salad may have an effect on responses that makes them very difficult to analyse correctly 	(12 A03)

Animal experiments

- Animals are treated in various ways to see if certain factors can induce schizophrenia like symptoms
- For example Castner et al (1998) exposed pregnant monkeys to doses of radiation to induce brain damage in the foetuses
- This showed that hallucinations and memory problems appeared after puberty in rats that had been irradiated as a foetus
- For example psychotic behaviour is elicited in rats by the administration of amphetamines/ excessive dopamine to test the dopamine hypothesis
- However there are problems of extrapolating from e.g. rats to humans as we are different species and may not react in the same way
- It is difficult but necessary for observed behaviour to be interpreted correctly by researchers as animals cannot explain how they feel
- So researchers make assumptions about hallucinations based on brain wave patterns and behaviour

Case studies

- A case study is a detailed and in depth study of an individual, in this case someone with schizophrenia
- Data will be collected using a range of methods such as clinical interviews and tests
- The clinician will seek to develop as complete a picture of the individual's **state as possible**
- If treatment is being given the measurements will very likely look at before and after scores
- Bradshaw (1998) described both the progression and treatment, with CBT, of a young woman with schizophrenia over a three year period
- However case studies are difficult to extrapolate to the wider population as they are unique
- Case studies allow the researcher to look at the subtleties of the disorder within the individual and will give a more profound understanding of the illness
- The prolonged period of interaction between the researcher and patient may cause the individuals to become too emotionally close so the researcher ceases to be objective in their interpretation

Family studies

- Researchers use correlations to assess the level of occurrence of schizophrenia between people who are blood relatives
- For example how commonly the children of schizophrenics are also diagnosed with the disorder
- The frequency will be compared with that for those with a different degree of relationship such as cousins
- The degree of heritability is compared to the degree of relatedness
- Crawford et al (1998) looked at families with a schizophrenic member to see if saccadic eye movement may be a marker for vulnerability to the disorder
- Although the research is looking for heritability, results may be contaminated by shared environments
- Studies rely heavily on historical data where memory may cause errors or are longitudinal with the attendant problems of attrition
- Unless DNA sampling is done there may be concern that believed family relationships may not be correct. Uncovering of relatedness issues could cause difficulties for the family

Adoption studies

- Researchers look at the frequency with which schizophrenia occurs in children living with a parent who has schizophrenia
- They also look at rates for children of schizophrenics who have been adopted into families with no schizophrenia
- They look at differences in frequency between groups and may also compare these levels with the baseline level in the population
- Tienari et (1994) compared 91 yoked pairs of adopted children where one child had a mother with schizophrenia and the other was a matched, non-schizophrenic control
- There are logistical problems in following through yoked pairs over a period of years as attrition of one of the pair means both are lost
- Studies comparing children of schizophrenic mothers with those **from 'normal' mothers, all of whom are adopted are able to control** for the effect that adoption may have on the children
- However recruiting sufficient children who fulfil these criteria can be difficult and may mean pairs are spread over several years
- It is possible that the prenatal environment of the children will be different as schizophrenic mothers may be on medication that affects the foetus/be less careful of their nutrition

Comparisons

e.g.

- Using animal models to study factors associated with schizophrenia allows much tighter control to be exerted than in twin studies where there is no control or knowledge of the life of the twins prior to diagnosis. However whether results from another species can be applied to humans is debateable. In contrast although twins are relatively rare they do share more with other humans than we do with e.g. rhesus monkeys
- In adoption studies and family studies there are large amounts of time when the individuals are not meeting with the researchers so it is difficult to know what other experiences they have had that may affect their vulnerability to schizophrenia
- Whereas a case study is very detailed about the one person a family study will use a large number of people within the same family and probably a large number of families, This means the family study researchers will know very little about their participants, relying on large numbers to swamp anomalies, whereas the case study researcher will know a great deal about their participant and what affects them.

Look for other relevant material

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 method at a basic/brief level for both description and evaluation or • Description of two research methods BUT no evaluation/ comparison or • One or two studies required but no RM or evaluation or comparison <p>Little attempt at the analytical/evaluation demands of the question. Lack of relevant evidence. Skills needed to produce effective writing unlikely to be present. May have some coherence, will be generally comprehensible, but lack both clarity and organisation. High incidence of syntactical and/or spelling errors.</p>
Level 2	4-6	<p>Candidates unlikely to maintain balance between the elements of the essay. Either</p> <ul style="list-style-type: none"> • Only one method: described & evaluated well. A second may be present <p>or</p> <ul style="list-style-type: none"> • Both methods described or evaluated well: the other skill present but minimal <p>or</p> <ul style="list-style-type: none"> • All four elements present and balanced but all at a basic level <p>With - in all cases</p> <ul style="list-style-type: none"> • Some reference to one or more relevant studies and/or a basic comparison <p>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>Candidates will show some good knowledge with understanding of the focus of the question and include some analysis and evaluation. Note: symmetry in the level of detail within the answer is not necessary</p> <ul style="list-style-type: none"> • Both research methods described with breadth or depth • An attempt to evaluate both research methods with some breadth and/or depth shown for one method and use of a relevant study for at least one of the methods • There may be an attempt at a comparison between the methods <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>Responses are relevant, focused and address the main issues contained in it.</p> <ul style="list-style-type: none"> • Good description of two research methods with depth and/or breadth • Both research methods evaluated effectively with breadth and depth and at least one research study per method. • There will be at least one comparison made <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 & 7	Marking points are indicative, not comprehensive and other points should be credited . In all cases consider "or words to that effect". Each bullet point is a mark unless otherwise stated and each point made by the candidate must be clearly and effectively communicated.

Question Number	Question	
6 (a)	Choose one study you have learned about that has raised ethical concerns. You must not use a study from the Clinical Psychology topic. Describe the procedure of your chosen study.	
	Answer	Mark
	<p>No marks for aims, results, conclusion or for describing the ethical issues Suitable studies include Milgram, Meuus & Raaijmakers, Hofling, Zimbardo, there are many more. Note the study could be one on animals, this is acceptable. Accept Watson & Rayner's study on Little Albert (1920), Freud's study on Little Hans (1909) and Axline's study on Dibs (1964/1990) as these are learned about in approaches/ applications other than Clinical Psychology</p> <p>e.g. Milgram (1963)</p> <ul style="list-style-type: none"> • Participants were recruited via a newspaper advertisement/eq; • They believed they were taking part in a study into punishment and learning/eq; • They took part in a fixed draw which meant the real participant was always the teacher/eq; • They were told to administer an electric shock to the other 'participant' when they got an answer wrong/eq; • If they said they wished to stop verbal prods were used to encourage them to continue/eq; <p>e.g. Meuus & Raaijmakers (1986)</p> <ul style="list-style-type: none"> • Participants were told to make a series of 15 derogatory comments to a 'job applicant' during the process of answering a series of questions/eq; • The 'job applicant' would complain about the derogatory remarks but the participant was told to ignore this/eq; • The participant was told the job involved being able to handle stress, so giving the task face validity/eq; • A total of 39 participants were used, 15 were present at the interview but did not give stress remarks, 24 were told to give the stress remarks <p>e.g. Hofling (1966)</p> <ul style="list-style-type: none"> • A nurse on duty alone on a hospital ward received a telephone call/eq; • The caller identified themselves as a doctor ans asked the nurse to get a box of 'Astroten' from the medicines locker/eq; • The nurse was required to read out the dosage instructions over the phone 'to check it was the correct medication'/eq; • The doctor then instructed the nurse to administer double the maximum dose to a patient on the ward/eq; • If the nurse went to administer the drug a confederate who had been observing discretely intervened before the nurse could do so/eq; <p>e.g. Yuille & Cutshall (1986)</p>	(3 A01)

	<ul style="list-style-type: none"> • Participants were recruited from the real life witnesses to a fatal shooting/eq; • The researchers interviewed each witness and compared their recall with the witness statement given to the police/eq; • Two leading questions were asked, one about a broken headlight and one about the colour of a quarter panel on the car/eq; <p>e.g. Curtiss (Genie) (1977)</p> <ul style="list-style-type: none"> • Genie was initially admitted to a children’s hospital where she received intensive input and was tested to check her physical and psychological progress/eq; • After moving to a foster carer she continued to have one to one sessions to develop her language and other skills/eq; • Genie was taken on shopping trips and to other places by Curtiss to broaden her experiences/eq; <p>e.g. Blattler et al (2002)</p> <ul style="list-style-type: none"> • Participants were poly drug users attending clinics in various parts of Switzerland/eq; • They were included in the study if they were participating in a scheme which gave them free heroin in return for attending therapy sessions aimed to tackle the underlying drug use problem/eq; • Questionnaires were administered every six months by trained researchers/eq; • Randomly spaced urine samples were taken to check the veracity of self report on drug usage/eq; <p>e.g. Cottrell et al (1968)</p> <ul style="list-style-type: none"> • Participants learned word pairs and then had to recall the pair word when given the first one/eq; • There were two competitive groups, one of whom completed the task alone and the other in the presence of others/eq; • There were two non-competitive groups, one who completed the task when on their own and the other in the company of others/eq; • The audience in the first experiment was two attentive students/eq; • In experiment two sometimes the audience was two blindfolded students to create the ‘mere presence’ condition/eq; <p>Look for other relevant marking points</p>	
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Question Number	Question	
6 (b)	Evaluate the study you have described in (a) in terms of ethical issues and suggest one way in which the study could be made more ethical.	
	Answer	Mark
	<p>If the study evaluated in (b) is a different study than that described in (a) 0 marks. If (a) is blank but (b) evaluates a relevant study full marks may be gained. If (a) is an incorrect study (i.e. from Clinical) but correctly evaluated here then max 3 marks.</p> <p>If no mention of a way that the study could be improved then max 4. No credit for methodological evaluation points</p> <p>Improvements in ethics must be realistic in the context of the study, eg. Informed consent in Milgram's study would not work, so can't get credit</p> <p>Counterarguments are acceptable as elaboration points. (Eval of eval)</p> <p>e.g. Milgram (1963)</p> <ul style="list-style-type: none"> • Milgram deceived his participants as they believed they were administering electric shocks to Mr Wallace/eq; • However the deception was necessary if the study was to test obedience successfully/eq; • Milgram also deceived the participants into the true nature of the study as they believed it was about the effects of punishment on learning/eq; • To have known the true aim of the study would have made the results invalid/eq; • Participants were given the right to withdraw before the study started, however this was difficult to implement for the participants because of the verbal prods/eq; <ul style="list-style-type: none"> • Milgram could have chosen a less distressing task for his participants so that they did not get so upset/eq; • Milgram could have used a smaller sample size so that fewer participants experienced the distress/eq; <p>e.g. Meuus & Raaijmakers (1986)</p> <ul style="list-style-type: none"> • The administration of psychological rather than physical harm was deemed to be less stressful but this may not be true/eq; • Participants 'hid' their distress by behaving like an 'official', but that doesn't mean it is less distressing than Milgram's procedure/eq; • The participants were deceived as they believed the interviewee really wanted the job rather than being a stooge/eq; • Despite the assurance at the start of the study the use of prods meant that the right to withdraw was not really present/eq; <ul style="list-style-type: none"> • Fifteen derogatory remarks is a lot of potential distress, it would have been possible to show the obedience with considerably fewer comments <p>e.g. Hofling (1966)</p> <ul style="list-style-type: none"> • The nurses did not give consent to the study as they were unaware it was taking place/eq; • They were misled into breaking hospital regulations which was then discussed with them causing deep distress/eq; • Nurses were targeted when alone so had no colleague to discuss the issue with, which they may have done in a more realistic situation/eq; • Nurses were given the right to withdraw results after the study but by then the damage had been done to their feelings of competence/eq; • Undermining nurse's confidence in their ability to do the job well may have serious consequences for the nurse professionally as well as for the welfare of their patients 	(5 A02)

	<ul style="list-style-type: none"> • The regulations nurses were made to break could have been ones that were potentially less damaging to patients causing less distress/eq; <p>e.g. Yuille & Cutshall (1986)</p> <ul style="list-style-type: none"> • All potential participants were invited to 'opt in' to the study so protection of participants was well considered/eq; • Nonetheless participants were required to relive their experience of witnessing a fatal shooting which may have been distressing/eq; • No participants were identified in the study, however as there had been a court case they may have been traceable/eq; • If participants were misled by the leading questions it may have caused anxiety about whether they'd given accurate EWT in the court case/eq; <ul style="list-style-type: none"> • The researchers could have used real eyewitnesses, but to an event that was potentially less traumatic than a shooting/eq; <p>e.g. Curtiss (Genie) (1977)</p> <ul style="list-style-type: none"> • The researchers did safeguard anonymity by using a pseudonym for the girl in the case 'Genie'/eq; • There was a lack of duty of care in the opinion of a court who removed 'Genie' from the care of the researchers citing exploitation/eq; • There was evidence that Genie was tested to check progress more than was necessary as the researchers wanted to achieve good data/eq; • The enrichment programme undertaken by people such as Curtiss was more intensive, time consuming and demanding than is normally the case suggesting they were genuinely concerned for Genie's welfare/eq; <ul style="list-style-type: none"> • A more stable and caring home would have been better and may have had a more positive outcome, as it did with the Kulochova twins/eq; <p>e.g. Blattler et al (2002)</p> <ul style="list-style-type: none"> • The research was approved by the Swiss ethical committee before being conducted so should be to a good standard/eq; • To become involved addicts had to agree to attend a programme of counselling, so there was an attempt to help the addicts/eq; • Regular monitoring of urine sample and questionnaires did help to keep addicts 'cleaner' than they had been previously/eq; • Participants' results and details were confidential, to ensure privacy/eq; <ul style="list-style-type: none"> • It may have been possible to keep more of the initial sample in the scheme if there had been additional incentives to keep in the study/eq; <p>e.g. Cottrell et al (1968)</p> <ul style="list-style-type: none"> • Participants did not give informed consent as they had no idea of the true purpose of the study • Participants were subdivided into fast, medium or slow learners, if they discovered this it could have a negative effect on them/eq; • It is possible that the competitive condition could have distressed some people who were not of the right personality type/eq; • Confidentiality was observed as there is no way of tracing who the participants in the study were/eq; <ul style="list-style-type: none"> • It should be possible to conduct such a study using a degree of informed consent as the effect of an audience still happens/eq; <p>Look for other relevant marking points.</p>	
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Question Number	Question	
7 (a)	<p>Social control can be exerted by those who have psychological knowledge. This may be beneficial or harmful to the person being controlled.</p> <p>Describe two different ways in which psychological knowledge could be used to exert social control over others. In your description include how these ways may be used to control people's behaviour in real life.</p>	
	Answer	Mark
	<p>If only one way max 3. If no example max 3. Different ways must employ different psychological techniques, not the same technique in different context.</p> <p>Suitable methods of social control include drug therapy, token economy, classical conditioning, the role of the practitioner in treatments/therapies. Other mechanisms of social control are acceptable as long as they are psychological. Response must focus on what is done rather than theory.</p> <p>Drug therapy</p> <ul style="list-style-type: none"> • Psychoactive drugs are given to treat mental disorders such as depression/eq; • The idea is to enable the individual to function more effectively in society and lead a normal life/eq; • The drugs are obtained on prescription from a doctor/psychiatrist who will monitor the patient to see how they progress/eq; • This means the patient has to comply with what the clinician wants, such as additional therapy, in order to keep the drug supply/eq; <p>Token economy</p> <ul style="list-style-type: none"> • Staff in prisons may impose a TEP to improve the behaviour of the prisoners during social sessions/eq; • They would give tokens for desirable behaviour, in their view, such as being polite to each other/eq; • The prisoners will exchange the tokens for desired items such as phone calls or cigarettes/eq; • This means the staff can manipulate the behaviour to suit the regime they wish to create/eq; <p>Classical conditioning</p> <ul style="list-style-type: none"> • By associating a behaviour with a particular situation an individual's behaviour is influenced, even if they do not wish it to be linked/eq; • Someone wishing to cure a fear of flying may pay to be classically conditioned to overcome their fear/eq; • Practitioners will conduct an intensive course that lasts at most a few days and will train the individual to feel relaxed when in an aircraft/eq; • No follow up to check on the long term effects of the treatment/eq; <p>Role of the practitioner</p> <ul style="list-style-type: none"> • During a talking therapy the practitioner will determine the style and content of the therapy sessions/eq; • Clients will, depending on the therapy be told what underpins their thoughts or what their thoughts mean/eq; • Their assumptions about themselves will be challenged and they will be expected to change their thinking in a way determined by the practitioner/eq; <p>Look for other relevant marking points</p>	(5 A01)

Question Number	Question	
7 (b)	<p>The social control that can be exerted using psychological knowledge has both benefits and costs.</p> <p>Using one of the ways of exerting social control you have described in (a), assess the practical implications of this type of social control.</p>	
	Answer	Mark
	<p>If more than one type of social control mark all and credit the best. No credit for ethical evaluation.</p> <p>If the social control assessed here is not one of the types described in (a) then 0 marks. If (a) is blank but (b) correctly evaluated a psychological means of exerting social control then full marks can be gained. If (a) is a non-psychological mechanism for exerting social control but is correctly assessed here then a max of 2 marks may be given.</p> <p>A maximum of 2 marks may be awarded for evaluations that are generic in nature, but go with the intention of the candidate as some generic comments can be made specific by the addition of a minor point.</p> <p>Suitable methods of social control include drug therapy, token economy, classical conditioning, the role of the practitioner in treatments/therapies, there are others</p> <p>Drug therapy</p> <ul style="list-style-type: none"> • Although drug therapy may be effective in controlling a mental disorder it can often produce unpleasant side effects that the patient may not want to experience/eq; • However often it is the only practical way for those with more serious disorders to function out of an institution/eq; • This may mean that drug treatment is also more affordable for a society/eq; • If a patient does not take their medication while pretending they are doing they could endanger themselves or others because there is an assumption they are safe to leave unsupervised/eq; • Drug treatments are often referred to as chemical coshes, this is because they can produce sufficiently strong side effects that the recipient is unable to function normally/eq; • Compared to the financial costs of alternative strategies drug treatments are often very cost effective as a means of dealing with mental disorders/eq; <p>Token economy</p> <ul style="list-style-type: none"> • The use of a token economy in a prison may have the advantage of making the prison run more smoothly as the prisoners are happy to comply with staff wishes in return for rewards/eq; • TEPs can be operated with a minimum of training for the staff so that administration can be rolled out in an institution fairly easily/eq; • TEPs tend only to work well within institutions as it is necessary to be able to observe and respond to all examples of the desired behaviour in the individuals otherwise it will not work/eq; • There is no guarantee that behaviour learned in an institution with a TEP will generalise to the outside world where there is no TEP in operation so any long term benefits may be forfeit/eq; • If reinforcement is erratic/inconsistent it may reduce its effectiveness as a means of control/eq; • TEPs can be effective at controlling an individual's behaviour provided the rewards on offer are ones the individual desires/eq; 	(4 AO2)

	<p>Classical conditioning</p> <ul style="list-style-type: none">• Systematic desensitisation can be considered a very positive method of helping people overcome an irrational fear/eq;• By allowing people to control the speed of their progression through the therapy the therapist's level of control is minimised and that of the client increased making clients feel better about their therapy/eq;• Systematic desensitisation has been shown to be effective in terms of cost and time with courses to cure a fear of flying run by airline companies costing less than £200, lasting one day and with a money back guarantee(2 marks)/eq;• As the therapy can use in vitro methods it is not essential to always have the phobic object around, making it easier to undertake/eq;• Although classical conditioning techniques such as SD are useful in treating phobias they are of very limited value for other disorders so if a therapist attempted to treat a patient with anorexia it would not be effective/eq; <p>Generic points</p> <ul style="list-style-type: none">• Social control infringes the right of people to self determination so infringes national/international law/eq;• Even if asked to enter an agreement to undergo treatment/therapy that involves social control a person may not understand the implications of what they are agreeing to before it is too late/eq;• If someone has committed an offence or is seriously ill, either physically or mentally it may be argued by some people that they forgo the right to opt out of a treatment that involves social control/eq; <p>Look for other relevant marking points</p>	
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Question Number	Question	
8 QWC	<p>A research team is interested in conducting a study into stress. They decide to use people who have experienced stress caused by a natural disaster. Examples of natural disasters include earthquakes, volcanic eruptions, avalanches or extreme weather.</p> <p>Explain how the researchers may design and undertake a study into stress caused by a natural disaster.</p> <p>You may wish to include the following information in your answer:</p> <ul style="list-style-type: none"> • finding a suitable sample • deciding on an appropriate research method or methods • ways of collecting data • practical issues • ethical considerations • length of time the study will last. 	
	Answer	Mark
	<p>Read through the whole of the answer before going to the levels.</p> <p>Suitable research methods include surveys, observations, case studies and experiments. More than one research method may be incorporated into the design (as in real research) so long as choices are appropriate. Answers using a mix of methods are acceptable.</p> <p>The answer can use any natural disaster, the examples are for guidance</p> <p>Indicative content e.g.</p> <ul style="list-style-type: none"> • Visit the area as soon as it is clear that flooding/disaster is likely to happen/ has happened • Use a semi-structured interview as this is likely to be more productive than a questionnaire. • This would have been designed in advance as if people are feeling stressed they will not want to bother with a paper questionnaire • To get a good response rate go to a centre that people have been evacuated to because of the state of their homes • People may have time on their hands as they wait for flood water to subside but will be stressed thinking about the state of their homes • People relocated to a tent camp because on an earthquake may have time on their hands because there will be no jobs to go to • Interviewers need to be trained to ensure they do not cause additional stress with their questions • Potential participants should give consent before starting the interview and know they can stop at any time if the questioning distresses them • The researchers could join one of the emergency teams and operate as participant observers to see how people are coping with the situation • Participants should be asked if they would be willing to be observed when they go back to their home to assess damage • This may be difficult to manage if everyone is returning at the same time so it may be necessary to ask some participants if they would complete a questionnaire about how they feel • This will give qualitative data which may prove interesting, however it may be good to get some objective, quantitative data as well • If they found a suitable family they may be able to recruit them to 	(10 A03)

	<p>undertake a case study so they can collect data, not just in the immediate aftermath of the disaster but to see how they cope over the next year and the impact on the internal dynamics of the family</p> <ul style="list-style-type: none">• A follow up interview in which the participants reflect on their experiences would be conducted about 6 months after the event• As there may be quite a high drop-out rate the sample should be quite large to start off with• It is quite possible that those who are most stressed will be the first to drop out which may be a problem as data will be biased• Some people may mistake a questionnaire about how they are feeling for one about insurance for their homes so may exaggerate their state, giving problems on the accuracy of the data collected <p>Look for other relevant material</p>	
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Level	Mark	Descriptor
Level 0	0	No rewardable material
Level 1	1-3	<ul style="list-style-type: none"> • There is an attempt to design a study. Given the aim of the study indicated by the question, it is possible that suggestions are either unrealistic or inappropriate. • There will be a lack of detail about the sample and/or data • Either practical and/or ethical issues not addressed • There is insufficient detail to allow a study to be attempted based on the information provided <p>Skills needed to produce effective writing unlikely to be present. May have some coherence, will be generally comprehensible, but lack both clarity and organisation. High incidence of syntactical and/or spelling errors.</p>
Level 2	4-6	<ul style="list-style-type: none"> • Description shows some understanding of the issues involved in designing a study, the suggestions made should be at least partly appropriate. • The answer will address some elements relating to the sample and how might be recruited, data collection and type of data obtained. • Practical and ethical issues considered briefly or only practical or ethical done, but with breadth and depth. • Sufficient detail given so it would be possible to see how a study might be done though details too sparse to allow the study to be attempted <p>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	7-8	<ul style="list-style-type: none"> • Shows good understanding of issues involved in designing a suitable study. • Type of sample and how might be recruited, how data may be collected and what type of data would be obtained likely to be addressed • Practical and ethical issues addressed well, with either breadth or depth • May have flaws /gaps that mean it is not entirely practicable, however the response should be sufficiently detailed that at least partial carrying out of the suggestions could be undertaken <p>Points made may not be fully developed though there may be some evidence of judgement where relevant. The candidate will demonstrate most of the skills needed to produce effective extended writing but there will be lapses in organisation. Some syntactical and/or spelling errors are likely to be present.</p>
Level 4	9-10	<ul style="list-style-type: none"> • Description shows excellent understanding of the issues involved in designing an appropriate study. • Most of the key issues such as sample type and recruitment, data collection, type of data etc tackled • A range of practical and ethical issues appropriately addressed • Flaws /gaps will be minor though may mean it is not entirely practicable, however the response should be sufficiently detailed that replication could be attempted with reasonable hope of success. <p>There will be evidence of judgement regarding choices in the design Good use of methodological understanding. The skills needed to produce convincing extended writing in place. Good organisation and clarity. Very few syntactical and/or spelling errors may be found. Excellent organisation and planning</p>

Question Number	Question	
9 (a) QWC	<p>Psychology has benefited society in many ways and all the approaches you have studied can be said to have contributed positively to a wide range of areas and applications.</p> <p>Describe and evaluate at least two contributions to society from the Psychodynamic Approach, and at least two contributions to society from the Social Approach. In your answer compare the usefulness of these contributions to society.</p>	
	Answer	Mark
	<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. 'Quality' here does not include qwc.</p> <p>QWC: 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 contributions: Note a negative contribution is as creditworthy as a positive contribution should one be described</p> <p>Psychodynamic:</p> <ul style="list-style-type: none"> • The introduction and development of psychoanalysis has opened the way for talking therapies as opposed to medical approaches • Many people have benefitted from the insights developed as a result of psychoanalysis • The explanations of gender development emphasises the importance of identification with the same sex parent • The importance of parental relationships in developing a healthy personality in young children originated with Freud • Freudian concepts about unconscious desires have been exploited by advertising agencies • The use of defence mechanisms to cope with unpleasant or threatening circumstances enables people to better deal with their anxieties • An overdominant id as a result of early experiences and over-indulgence may be linked to criminal activity according to psychodynamic therapists, this could lead to successful treatment of offenders <p>Social:</p> <ul style="list-style-type: none"> • Helped to explain why people behave in extreme ways/out of character when they enter the agentic state • Thus also allowing us to guard against the excesses that can result from blind obedience. • SIT explains why people behave in a prejudice manner and why in-group identity and out-group denigration can lead to aggression and negativity • Social approach has helped to develop constructive/positive ways to help those suffering from mental disorders to be reintegrated into society • SFP can explain how those from disadvantaged or violent backgrounds can become criminals because of the way they are treated • Relationships research has shown how the first attachment produces a model for life, so it is important that children get the right start in life • The social pressure experienced by drug users to maintain their habit so they fit in contributes to our understanding of how addiction starts and also how it can be maintained • Teenage girls often abandon sport as the norms in their social group see it as 'uncool' meaning that to improve participation the social acceptability 	(6 AO1 12 AO2)

of female sport needs to be increased

Evaluation of contributions

Psychodynamic:

- Talking therapies are viewed as ethical and positive as they are less invasive and have fewer negative side effects than other interventions
- Even people who are not suffering from a mental disorder have benefited from psychodynamic therapy as they find the explanations cathartic
- However some find the dwelling on childhood experiences and relationships with the mother both intrusive and distressing
- The tendency for psychodynamic therapists to invoke arguments of denial when a client disagrees with their analysis does not help credibility
- According to psychodynamic theory children brought up in a single parent home are likely to suffer from an inadequately developed superego
- The view that both divorce and gay families can cause psychological issues for children is too extreme a view for most people to accept
- There is only no objective evidence that advertising based on Freudian concepts works more effectively than other types of advertising, alternative explanations are often equally persuasive
- Cognitive psychologists would argue that defence mechanisms are indeed used, but consciously in the vast majority of circumstances
- There is evidence that rather than being repressed deeply distressing events are remembered in great detail by the victim
- Very few of the concepts within the psychodynamic approach have concrete evidence to support them

Social:

- Due to research by e.g. Milgram into the way someone in an agentic state may behave there is now emphasis in training e.g. the military to avoid such problems
- However such problems seem to still recur suggesting that despite the evidence it is still not seen as a major issue in many places
- Work by both clubs and authorities to address the rivalries caused by in – out group conflict seems to have reduced the level of aggression present in such situations
- It could be argued that improvements in football fan behaviour are not because better understanding has led to tackling the in-out group issue but for fear of being caught
- The SFP cannot explain how people become criminals even when there is no expectation that this is how they are likely to behave
- The social approach to mental disorders does little to address the symptoms that an individual may be experiencing though it is good in helping to re-integrate them back into their community
- Not everyone who starts using drugs is a member of a group that will apply social pressure to encourage this behaviour
- Although early social experiences of infants are important the resilience of humans means children can learn to overcome some of these problems

Comparisons between the (usefulness of the) contributions:

- Both psychoanalysis and care in the community are useful as they provide support for people while in the community
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- Both approaches agree that early relationships in the family are important, but the psychodynamic explanation sees the unconscious psychosexual relationships as being the building blocks of personality the social approach will see child rearing styles and the warmth of the parent –child relationships as crucial.
- Whereas the psychodynamic approach considers that personality development is complete by age 6 the social approach would argue we

	<p>continue to grow and develop for as long as we interact with other people.</p> <ul style="list-style-type: none">• Whereas the psychodynamic approach sees an over-dominant id as being responsible for criminal behaviour the social approach would argue that SFP is more important. <p>Look for other relevant material</p>	
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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"> • Description may be of approaches in general rather than contributions <p>or</p> <ul style="list-style-type: none"> • Contributions are described but there is no explanation of why they contribute something useful to society nor any general evaluation <p>or</p> <ul style="list-style-type: none"> • Contribution(s) described very briefly and evaluation if present is general and poorly developed
Level 2	4-6	<p>Both some description and some evaluation must be present.</p> <p>Description</p> <p>Either</p> <ul style="list-style-type: none"> • One or more contributions to society from each approach listed but only two described with any detail (either from the same or different approaches). May develop the rationale of why it is a contribution <p>or</p> <ul style="list-style-type: none"> • Brief descriptions of at least two contributions from each approach <p>or</p> <ul style="list-style-type: none"> • Contributions from one approach done well, with both breadth and depth. Other approach may not be mentioned <p>Evaluation</p> <ul style="list-style-type: none"> • Evaluation either done well, with both breadth and depth for one approach or attempted for both approaches • Evaluation may be more general than specific
Level 3	7-9	<p>Candidates' answers will show some good knowledge with understanding of the focus of the question and will include analysis and evaluation.</p> <ul style="list-style-type: none"> • Two or more contributions to society given for each approach, at least one must be explicitly developed. At least one contribution from each approach needs to be well detailed or explain why it is a contribution to society. • Evaluation considers how useful contributions are, likely to provide evidence and some points may be general to the approach rather than specific to the contribution • Comparison between the contributions may be present but is only essential if the evaluation is otherwise at level 2.
Level 4	10-12	<p>Candidates will offer a response which is relevant and focused on the question and addresses the main issues contained in it.</p> <ul style="list-style-type: none"> • At least two contributions to society well explained for each of the approaches. For each approach one contribution must show detail and explain why it is a contribution to society while the other contribution(s) must show some detail. • Evaluation of the contributions will be relevant and is likely to cite evidence though this may not be in the form of specific studies • There will be at least one comparison made between the usefulness of the contributions

Structure levels

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

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

Question Number	Question	
9 (b) QWC	<div style="border: 1px solid black; padding: 5px;"> <p>Conrad is performing in a play. He and his friend, Ahmed, have worked together on learning Conrad's lines. Conrad has just found out that Ahmed will not be able to attend the performance tonight.</p> <p>Conrad is very proud of the important role he has been given in the play, but part of him is very nervous and wishes he could just leave. Then, as Conrad was waiting to go on stage, he suddenly realises he has a problem; his mind had gone blank. It is as if he has forgotten all the lines of the play and even the stage directions.</p> </div> <p>Psychology has many areas including approaches, application, concepts and topics.</p> <p>Using at least two areas of psychology, describe and evaluate two or more explanations of Conrad's mind going blank. In your answer make at least one suggestion as to how psychology could help Conrad perform successfully in the play.</p>	
	Answer	Mark
	<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. 'Quality' here does not include QWC.</p> <p>QWC: Once the content mark has been awarded refer to the structure levels and award those marks separately</p> <p>Indicative content Cognitive approach:</p> <ul style="list-style-type: none"> • Conrad may be suffering from cue dependent forgetting as he learned his lines at home rather than on the stage • He needs to reinstate the context in which he learned the material such as thinking himself back into his room • Conrad was probably quite calm and relaxed when he learned his lines whereas now he is quite taut in preparation for going on stage so his state is making him forget • He needs to produce a calmer feeling by using some sort of relaxation technique to help reinstate the learning • Tulving's theory of cue dependency suggests that both state and context cues may play a part • Evidence from studies such as Godden & Baddeley support the theory and could explain Conrad's forgetting as divers remembered better in the same environment as the one they learned in <ul style="list-style-type: none"> • Conrad may have started learning the lines for his next production and this is causing interference for him • This would produce retroactive interference and may mean that the lines for his current play are no longer accessible • Research by Loftus has shown how new material can either overwrite or interfere with material already present in the mind • To avoid this happening Conrad should avoid learning new lines until the lines for the current play are rehearsed sufficient to ensure the memory trace cannot be over written so easily 	(6 AO1 12 AO2)

	<p>Learning approach</p> <ul style="list-style-type: none"> • When Conrad learned his lines he probably got positive reinforcement from Ahmed telling him well done, now that he has no one to say well done the learning has been extinguished • It is possible there will be spontaneous recovery and the information will return but Conrad could improve the chances of remembering what he learned by thinking of Ahmed saying well done • Operant conditioning could explain how information can be lost provided it is not being used regularly • Conrad could decide to give himself a reward if he remembers his lines correctly to improve the chances of accurate recall <p>Psychodynamic approach</p> <ul style="list-style-type: none"> • Conrad may be repressing information because he is in a very emotional state waiting to go on stage • The use of a defence mechanism to protect the ego from the excessive demands of the superego wishing to produce the perfect perform may lead to the loss of the information • It could even be that unconsciously if the lines are forgotten it provides an 'excuse' for not giving a perfect performance • Conrad would need to learn to accept his best effort as good enough and be content that perfection may not always be possible <p>Biological</p> <ul style="list-style-type: none"> • Conrad may be suffering from choking in the same way that athletes sometimes do when an important performance is needed • His stress levels have risen sufficiently high that his performance has crashed • According to catastrophe theory there is a sudden drop in performance standard due to excessive levels of stress hormones • Learning to control his stress will help Conrad, as will over-learning his lines so they become well rehearsed responses and therefore more resistant to the effects of stress <p>Social</p> <ul style="list-style-type: none"> • Conrad is aware of stories about stage fright and how people forget their parts because of this • This has influenced him so that when he stands in the wings and feels nervous he interprets it as stage fright • He therefore forgets all his lines because he believes that this is what it happening to him • Self fulfilling prophecy can have powerful effects on people as they fulfil what they believe to be the case. The stage manager may have said she expected that he was nervous • Self fulfilling prophecies do not always work and Conrad may be able to escape the effect through wanting to show he is not a victim of its power <p>Look for other suitable material</p>	
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NB: As this is an applied question and response the level of research required for any particular level is not as rigorous as in a standard question		
Level	Mark	Descriptor
Level 0	0	No rewardable material.
Level 1	1-3	<p>Candidates will produce brief answers, making simple statements, showing some relevance to the question.</p> <ul style="list-style-type: none"> • Only one explanation described possibly with a mention of theory <p>or</p> <ul style="list-style-type: none"> • Two explanations identified with very basic explanations possibly with an identification of the underpinning theory <p>or</p> <ul style="list-style-type: none"> • Theory/research given without making it relevant to an explanation <p>or</p> <ul style="list-style-type: none"> • Suggestions to overcome the 'blinking' without reference to explanations and/or theories
Level 2	4-6	<p>Candidates will produce statements with some development in the form of analysis/evaluation, with limited success.</p> <p>Either</p> <ul style="list-style-type: none"> • Two different explanations from two different areas, though one may be in more detail than the other <p>or</p> <ul style="list-style-type: none"> • Two explanations from the same area done well <p>or</p> <ul style="list-style-type: none"> • More than one explanation described or evaluated well <ul style="list-style-type: none"> • Some underpinning theory and/or research will be present either done well for one explanation or in less detail if both attempted. • A suggestion to deal with Conrad's 'blinking' may be made.
Level 3	7-9	<p>Candidates' answers will show some good knowledge with understanding of the focus of the question and will include analysis and evaluation.</p> <ul style="list-style-type: none"> • At least two different explanation from two different areas will be described • Underpinning theory / research will be used for at least one explanation, showing some breadth and/or depth • The response will be contextualised • An appropriate strategy to deal with Conrad's 'blinking' will be given
Level 4	10-12	<p>Candidates will offer a response which is relevant and focused on the question, and addresses the main issues contained in it.</p> <ul style="list-style-type: none"> • At least two different explanation from two different areas will be described in detail • Underpinning theory and research will be used appropriately though not necessarily in great depth, nor for every explanation if more than two explanations are given • The response will be clearly contextualised • There will be an attempt to suggest an appropriate strategy to overcome Conrad's 'blinking' related to one (or more) of the explanations

Structure levels

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Level 1	1-2	Response <i>lacks</i> focus and structure. Points are disparately made with little cohesion and flow. There will be some appropriate use of terminology. High incidence of syntactical and/or spelling errors.
Level 2	3-4	Response is <i>generally</i> focused and cohesive. There may be some points that are irrelevant to the overall structure. Likely to cite research evidence but this is not essential if the writing implies reasonable knowledge of a range of arguments. The response is presented in a legible style using appropriate terminology. Some syntactical and/or spelling errors are likely to be present.
Level 3	5-6	Response is coherent, well structured and focused. The injunctions in the question will be addressed appropriately and there will be only minor digressions from the substantive content of the essay. There will be use of research evidence to support arguments. Most research used will be appropriate and accurate. Very few syntactical and/or spelling errors may be found. Bear in mind time constraints in terms of both the range and detail given in the answer

