



Mark Scheme (Results)

Summer 2016

Pearson Edexcel GCE
in Psychology (6PS04/01) Paper 1

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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 | Mark |
|-----------------|--|----------------|
| 1 (a) | Describe the social norm definition of abnormality | |
| | Answer | Mark |
| | <p>Max 1 for examples that are . Examples must be clinically related</p> <ul style="list-style-type: none"> • Deviation from social norms means behaviour is perceived as abnormal compared to acceptable ways of behaving in that society/eq; • The social norm definition of abnormality will vary between cultures as well as changing over time/eq; • e.g. In the nineteenth century women would have been considered to be abnormal if they wanted a career rather than a husband and family/eq; • Socially normal behaviour is likely to be context and role specific/eq; • e.g. A waiter/waitress in a nightclub may behave in a way that would be seen as abnormal in the supermarket by flirting/behaving in a risqué manner towards complete strangers/eq; <p>Look for other relevant marking points</p> | (4 AO1) |

| Question Number | Question | Mark |
|-----------------|--|----------------|
| 1 (b) | Evaluate the social norm definition of abnormality | |
| | Answer | Mark |
| | <p>Max 1 for comparison with an alternative definition No credit for description of social norms definition, there must be an evaluative component/commentary to gain credit</p> <ul style="list-style-type: none"> • A social norm definition of abnormality could be used to control those seen as not conforming to the social norm according to Szasz/eq; • Behaviour deemed as normal in one society may be seen as abnormal in another gaining someone a label unjustifiably, if they are not from that society/eq; • It allows the global nature of behaviour to be assessed rather than relying on a specific symptom/eq; • The diagnosis could be problematic if the culture of the patient and the clinician do not share common values/norms/eq; • Social norms can sometimes change very quickly making a social norms diagnosis rapidly outmoded and inappropriate/eq; • e.g. There are women in Britain today who were diagnosed as mentally ill in the 1950s because they had a child when not married and wanted to keep it/eq; • It is probably a more usable definition than statistical norms as it can be flexible and change with the changing attitudes in society/eq; <p>Look for other relevant marking points</p> | (4 AO2) |

| Question Number | Question | |
|-----------------|---|----------------|
| 1 (c) | Explain two symptoms of schizophrenia that could be seen as abnormal behaviour using the social norm definition of abnormality. | |
| | Answer | Mark |
| | <p>No marks for identification of symptoms. Description of a symptom only becomes creditworthy if it is explaining why, in the context of social norms, this can be deemed abnormal behaviour. Two marks for each explanation, if more than two symptoms explained mark all and credit the best. Use levels as indicated below.</p> <p>0 marks ...No reference to social norms definition at all 1 mark Good description of a symptom with a weak link to social norms (may allude to, rather than mention directly) Or Good link to SN with minimal description of symptom 2 marks Description of symptom and a good link to SN made</p> <p>e.g. Hallucinations</p> <ul style="list-style-type: none"> • Auditory hallucination are when people hear voices talking to them inside their head which is not usual behaviour (1 mark) • Auditory hallucination are when people hear voices talking to them inside their head which most would see as against what is seen as normal behaviour in British society (2 marks) <p>e.g. Disorganised speech</p> <ul style="list-style-type: none"> • Disorganised speech is different than what we see as normal speech and may lead to a diagnosis of schizophrenia (1 mark) • Disorganised speech is when someone produces incomprehensible/mixed up speech in is different than what we see as normal speech and may lead to a diagnosis of schizophrenia (2 marks) <p>e.g. Delusional thinking</p> <ul style="list-style-type: none"> • It is not seen as usual to believe you are being spied upon all the time by enemies(1 mark) • A believe that someone is spying on you all the time is seen as delusional thinking as it is not the way people expect those around them to behave so it violates social norms (2 marks) <p>e.g. Poverty of speech</p> <ul style="list-style-type: none"> • Though some people don't talk as much as others if the language used is stunted and inexpressive it is seen as unusual (1 mark) • Poverty of speech is when someone fails to communicate except at a minimal level to those around them This means their behaviour is at odds with social norms and is classed as abnormal behaviour(2 marks) <p>e.g. Inappropriate affect</p> <ul style="list-style-type: none"> • Being happy at the news of a death is not considered normal or appropriate (1 mark) • If a person often displays emotions that are very different to those around them this behaviour contravenes the social norm as others will judge it as inappropriate (2 marks) <p>Look for other relevant marking points</p> | (4 A02) |

| Question Number | Question | |
|-----------------|--|----------------|
| 2 | <p>Researchers in clinical psychology often use hospital records as part of their data collection. They may also collect data directly from their participants. Explain why different types of data are used and evaluate the use of these different types of data.</p> | |
| | Answer | Mark |
| | <p>Response must make reference to both primary and secondary data, (not necessarily by name), or max 4. No credit for comments on different ways/types of data being associated with specifically either primary or secondary (e.g. primary is qualitative) Max 2 if no reference to the data collection being related to clinical. Max 2 marks for explanations of why different types of data are used.</p> <ul style="list-style-type: none"> • Production of primary data can give information that is unique to the aim of the research whereas secondary data may not be as useful as it isn't specific to the study/eq; • Different data types are able to give different perspectives/ understanding so quantitative may be factual & objective whereas qualitative is more personal/eq; • Secondary data allows researchers to collect a wider variety of information more quickly as it already exist compared with if only primary data are collected/eq; • Secondary data is often considered more ethical as it already exists so there are no issues relating to participant confidentiality unlike primary data where ethical issues need to be included in the planning/eq; • Secondary data can be out of date or inappropriate for the aim of the study so reducing its usefulness to the researchers compared to primary data/eq; • Hospital records may not include all the information relevant to a patient as the data may not take into account recent events so making it less useful for the study/eq; • Researchers who use both primary and secondary data can cross check / triangulate findings thus making results more reliable/eq; • There may be material in existing records that helps to explain more recent evidence collected from the participant/eq; • Secondary data is likely to be cheaper to collect than primary data as it already exists and does not need to be collected from scratch/eq; • Primary data will be more relevant as it is collected for the current study, in contrast secondary data may be somewhat peripheral/eq; • As researchers collect their own primary data they will have greater confidence in its reliability/ validity/ relevance than secondary data/eq; • Primary data together with secondary evidence on the same participant will give a richer and more complete picture of the progression of the disorder/eq; <p>Look for other relevant marking points</p> | (6 A03) |

| Question Number | Question | |
|-----------------|---|----------------|
| 3 | <p>Choose one of the following disorders that you have studied in your course:</p> <ul style="list-style-type: none"> • unipolar depression • bipolar depression • phobias • obsessive compulsive disorder • anorexia nervosa • bulimia nervosa. <p>Using research evidence, evaluate one explanation for your chosen disorder. You must also evaluate this explanation by making one comparison with a different explanation.</p> | |
| | Answer | Mark |
| | <p>No credit for description of the explanation Max 2 marks if no research evidence. Max 5 if no comparison. Only credit one comparison, if more than one comparison mark all and credit the best. Up to 2 marks for a good comparison</p> <p>Unipolar depression: neurotransmitter imbalance</p> <ul style="list-style-type: none"> • The success of SSRIs in helping to relieve symptoms of depression suggests there is some basis for this explanation (Coppen 1967)/eq; • However many sufferers do not respond to drug treatment, or only to an extent suggesting other factors may be implicated/eq; • Kirsch et al's (2005) meta-analysis showed placebos are often as effective as SSRIs, questioning serotonin's role in depression/eq; • Most evidence for abnormal levels of chemicals in the brain as a cause of depression is correlational so cause-effect cannot be established/eq; • The number of different chemicals potentially related to depression is so wide that almost any endocrine imbalance or neurotransmitter deficit is seen as a potential cause (e.g. Monteleone 2001)/eq; • Strickland et al (2002) suggest cortisol produced when under stress inhibits production of serotonin leading to the onset of depression/eq; • Success of CBT as a treatment for depression is counter to the idea of chemical imbalances causing depression as CBT cannot in itself change this balance (1 mark) this would suggest cognitions are the root cause and chemical imbalance a symptom rather than a cause (2nd mark)/eq; <p>Cognitive explanation/faulty thinking</p> <ul style="list-style-type: none"> • The success of CBT /REBT in treating depression is evidence that faulty thought processes are linked to depression/eq; • Seligman (1975) suggests cognitive aspects of depression in humans is analogous to learned helplessness in laboratory animals where the perception of a lack of control leads to inaction to change things/eq; • It is possible that cognitive aspects are a consequence rather than a cause of depression/eq; • Peterson & Seligman (1984) used both longitudinal and cross sectional evidence to show a link between faulty attributions and depression when helplessness was present/eq; • Cognitive vulnerability has been shown to be a valid measure in predicting adolescent depression (Hankin & Abramson 2002)/eq; • Bandura et al (1999) suggest that low self-efficacy in children related to academic achievement leads to depressed thinking/eq; • While there is evidence for faulty thinking being linked to depression there is no proven causal link and it could be that negative thoughts | (6 A02) |

generated by low levels of e.g. serotonin instigate negative emotions that are rationalised by the brain into negative thought patterns/eq;

Phobias: learning

- The successfulness of systematic desensitisation in the removal of phobias supports the view that they are a result of faulty learning/eq;
- Cook & Mineka (1989) showed that a phobic response can be acquired through observational learning in monkeys/eq;
- The learning explanation does not explain why the acquisition of phobias varies a great deal in individuals experiencing similar situations, some other factors must influence susceptibility/eq;
- The gradual deterioration in agoraphobics supports the view that avoiding the phobic situation is reinforcing in itself/eq;
- Chambless et al (1984) showed that agoraphobics and social phobics actively seek to avoid phobic situations compared to non phobics supporting the view of reinforcement of the condition/eq;
- However the lack of success for general as opposed to specific phobias /for the incidence of certain phobias to develop more readily than others means other explanations are also needed, such as a genetic predisposition, particularly as not everyone experiencing the same situations will develop a phobic response/eq;

OCD

- Abromowitz et al (2009) found evidence for a major genetic component in children diagnosed with OCD/eq;
- Abnormalities in the serotonin transport system found in different families prone to OCD supports its role in OCD (Ozaki et al 2003)/eq;
- Rasmussen & Tsuang (1986) reported concordance rates of between 53%-87% for MZ twins compared to 22%-47% for DZ twins/eq;
- However as concordance rates are below 100% other factors must be playing a role, such as stress factors/eq;
- Mice genetically engineered with an abnormality in the striatum similar to that found in OCD sufferers show excessive grooming behaviour according to Welch et al (2007)/eq;
- Rachman (1998) suggests it is faulty perceptions and interpretations of potentially threatening situations that leads to OCD particularly as OCD can be controlled by re-teaching cognitions using CBT/eq;

Anorexia nervosa

Media -SLT

- There is a significant increase in anorexia when western media are introduced to a previously naive country e.g. Fiji (Becker 2002)/eq;
- The increase in anorexia within Western cultures coincides with the increased perceived desirability of slimness as presented in media images in these countries/eq;
- Anorexia as a disorder is recognisable in historical documents at a time when there would have been little or any models to learn such behaviour from so it is not clear that this is an adequate explanation/eq;
- Everyone is exposed to size 0 models yet only a minority of individuals develop anorexia so other factors must be involved as well/eq;
- The success of token economy in treating anorexia is seen as evidence in support of it being a learned disorder rather than an organic problem, as the latter would be less likely to respond to TE/eq;
- Polivy & Herman (2002) suggest an interaction between socio-cultural, family and personality factors is probably necessary as one factor alone is unlikely to cause anorexia to develop/eq;

- Research in mice suggests lesioning of the ventromedial nucleus causes a cessation of eating and possibly similar brain abnormalities could be associated with anorexia in humans/eq;

Psychodynamic explanation

- Explanations invoking a denial of sexual maturity do not explain the development of anorexia in males/older females/eq;
- There is evidence that the concept of mothers of anorexic girls being over controlling is untrue (Bonenburger et al 1988)
- The incidence of anorexia is highest in adolescent girls who are high achievers and from a middle class background suggesting these individuals have experiences that predispose them to the disorder/eq;
- Weinreich et al (1985) found personality profiles supported the view of a conflict between self and parental views of identity in anorexics/eq;
- Bruch (1975) claimed many anorexics had mothers who admitted over anticipating hunger in their young child and over feeding them/eq;
- There is evidence for anorexia being linked to digestive disorders in childhood not sexual abuse in childhood (Marchi & Cohen 1990)/eq;
- Evidence from studies using comparisons between MZ & DZ twins supports the view that there is a genetic component as the concordance rate is much higher in MZ than DZ twins though they will have shared the same type of environment during childhood/eq;

Bulimia nervosa

- Mond et al (2004) found that women believed the primary cause of bulimia was low self esteem with other risk factors being media pressure and problems in childhood/eq;
- Silverstone (1992) suggests chronic low self esteem is the single most consistent factor linked with the development of eating disorders/eq;
- The difference in self esteem levels between adolescent males and females could explain the difference in incidence of eating disorders according to Kling et al (1999)/eq;
- Pritchard (2009) found a 3 way interaction between levels of self esteem, preoccupation with weight and gender in predicting vulnerability to bulimia/eq;
- Cowen et al (1996) suggest rather than low self esteem, moderate dieting can alter the effect of prolactin on serotonin in some people leading to the development of bulimia/eq;

Look for other relevant marking points

| Question Number | Question | |
|-----------------|---|----------------|
| 4 (a) | Describe the procedure of one study in Clinical Psychology. Do not use Rosenhan (1973) for this study. | Clip with 4b |
| | Answer | Mark |
| | <p>No credit for aims, results or conclusions. Max 1 mark for sample details Any Clinical study is acceptable except Rosenhan. (Rosenhan or a non clinical study 0 marks) Suitable studies include Goldstein (1988 /1999) Lewine et al , Randrup & Munkvad, Castner et al, Mumford & Whitehouse, Brown et al, Cook & Mineka, Gottesman & Shields, there are many more. If you do not know the study please try and find it, if that fails contact your TL. Do not mark as right or wrong without checking out the veracity of the response.</p> <p>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 in conjunction with local GPs/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>e.g. Goldstein (1988)</p> <ul style="list-style-type: none"> • The original sample consisted of 199 schizophrenics, both male & female/eq; • All were re-diagnosed 10 years later with the newer version of DSM to see if they were still classed as having schizophrenia/eq; • Everyday functioning was assessed using a variety of measures including marital status/ occupational status/ peer relationships/ isolation/ interests/eq; • The number and duration of hospitalisations over the ten year period was measured/eq; <p>e.g. Mumford & Whitehouse (1988)</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; • Initial questionnaires were given out and supervised by teachers in the schools/eq; • Girls who scored above 20 on the eating attitudes and above 140 on the body shape questionnaires were invited for a clinical interview/eq; • Interviews were conducted by one or other of the two male researchers/eq; <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; | (4 AO1) |

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| | <ul style="list-style-type: none"> • MRI imaging focusing on the corpus callosum was used/eq; • A questionnaire to determine handedness was administered/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 and 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>Randrup & Munkvad (1966)(note a second study used several species)</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>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>Gottesman (1991)</p> <ul style="list-style-type: none"> • 120 case histories used in the Gottesman and Shields (1987) study were used/eq; • Diagnosis using DSM, ICD & 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; • The data sources were weighted so that when amalgamated they would reflect the size of the samples involved/eq; <p>Look for other relevant marking points</p> | |
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| Question Number | Question | |
|-----------------|--|----------------|
| 4 (b) | Evaluate the main research method that was used in the clinical study you used in part (a). Do not evaluate the study itself, only the research method | Clip with 4a |
| | Answer | Mark |
| | <p>No credit for evaluation of study, only for the research method. No credit for description of the research method. Research method described here must match with the study in part (a) or no marks. Non clinical studies 0 marks. Note many studies can be evaluated under various different research methods however the evaluation must be consistent with the study and focused on one research method. The evaluation does not need to reference the study directly to gain marks. TE: if part (a) is Rosenhan but the RM is correctly evaluated Max 3 marks</p> <p>e.g. Interview</p> <ul style="list-style-type: none"> • Interviews can create bias as participants may respond to demand characteristics so producing faulty data/eq; • To improve this some researchers choose to use a double blind technique so the interviewer is unaware of the aim of the study/eq; • Interviewers may inadvertently be asking questions that point the interviewee in a particular direction/eq; • Material that the interviewee does not think important may be omitted which may distort findings/eq; • Interviews are capable of gaining rich, detailed qualitative data that can be an excellent source of evidence/eq; • Qualitative data may be difficult to analyse as e.g. discourse analysis relies on the appropriate categorisations/ divisions being made/eq; • Closed questions do not allow the interviewee to use the range of expression that may be needed to understand their views/eq; <p>e.g. Brain scans</p> <ul style="list-style-type: none"> • MRI machines can be very noisy and intimidating so may affect the behaviour and thoughts of participants/eq; • Artificiality of the situation may mean the scans are unlike normal brain activity expected so reducing validity of the data/eq; • Someone who is mentally ill may find the use of scanning procedures very frightening/eq; • Modern brain scans may identify the root of a mental disorder far more quickly than earlier methods as live images of a brain can be seen/eq; • Though a brain scan may show abnormal activity patterns in the brain of someone suffering from e.g. schizophrenia it does not explain whether this is a cause or a result of the disorder/eq; • To establish a causal relationship between patterns of brain activity and mental disorders a large number of scans of healthy people would need to be undertaken, cost for this would be prohibitive/eq; <p>e.g. Questionnaires</p> <ul style="list-style-type: none"> • Questionnaires may be prone to demand characteristics as the aim of the questionnaire is likely to be evident/eq; • Participants may lie, wishing to portray themselves in a particular way, if a researcher is not present this cannot be checked/eq; • Questionnaires are likely to have a low return rate in many cases, thus creating bias in the sample and reducing the applicability of results/eq; | (5 A03) |

| | | |
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| | <ul style="list-style-type: none"> • They permit lots of data to be collected very quickly so a broad overview is possible to enable researchers to identify a sample/eq; • This is exemplified in Mumford & Whitehouse as getting data from over 500 participants by any other method would have been unrealistic/eq; • There are many standardised questionnaires that can be used to screen people for a variety of issues such as self-esteem/eq; <p>e.g. Animal research</p> <ul style="list-style-type: none"> • Animal studies allow procedures that cannot be done on humans for ethical reasons to be undertaken and results gained/eq; • E.g. Castner irradiated in utero rhesus monkeys to try and induce schizophrenia like symptoms/eq; • As animals used in studies are not the same as humans it is doubtful whether results can be applied to humans/eq; • Even primates cannot communicate their experiences to us so we cannot be sure what their experiences are/eq; • Inducing symptoms of schizophrenia by giving dopamine is not the same as schizophrenia in humans, therefore conclusions are of doubtful value on the reduction of symptoms through use of drugs/eq; • We use far more learned behaviour than other species do, so it is unclear how comparable research using animals can be to humans/eq; <p>e.g. Experiment</p> <ul style="list-style-type: none"> • The tight controls in experiments ensures that a cause –effect relationship can be established/eq; • The artificial situations in lab experiments means that it is unclear whether the results can be generalised to real life/eq; • The manipulation of the IV is calibrated carefully so that its impact on the DV is clear-cut/eq; • eg Randrup and Munkvad calibrated the dosage rate of amphetamines carefully, according to the bodyweight of the animal being used/eq; • If findings from a lab experiment support findings from field work then researchers can be confident they have measured a real effect/eq; • It can be difficult to run tightly controlled experiments on humans with relation to mental illness as the top priority is to treat the disorder/eq; <p>e.g. Twin studies</p> <ul style="list-style-type: none"> • Studies can find it difficult to find appropriate twin pairs as twin births are only a small percentage of the population/eq; • There has been a moderate rise in multiple births in recent decades because of fertility treatments so there are more available now/eq; • Evidence shows siblings, including twins, choose to be different, so measures of heritability will be affected by conscious differentiation/eq; • Historically it was difficult to be sure that twins were always MZ/DZ as superficial characteristics were used to make the decision/eq; • Often twin studies rely on twin pairs who attend twin conventions, these twins may not be typical of other twins so a biased sample/eq; • It is the only effective way of testing the nature- nurture issue as MZ twins share 100% DNA while DZ twins share 50% with experiences and age being as near as possible identical for both MZ & DZ pairs/eq; <p>Look for other relevant marking points/research methods</p> | |
|--|--|--|

| Question Number | Question | |
|-------------------|--|------------------------|
| *5 QWC | <p>You have studied one therapy from the Learning Approach, either Token Economy or Systematic Desensitisation.</p> <p>Describe and evaluate one of these therapies. Your answer must use research evidence and contain one comparison with a therapy from the Psychodynamic approach.</p> | (6A01 6A02) |
| | Answer | Mark |
| | <p>Read through the entire answer before going to the levels. Material relevant to other uses of the therapies (e.g. prison behaviour) is not creditworthy.</p> <p>Systematic desensitisation</p> <ul style="list-style-type: none"> • Client & clinician create hierarchy of fears starting with least fearful • Client is taught relaxation techniques such as deep breathing • Work through the hierarchy starting with least threatening level • At each stage the client learns to be able to relax in the presence of the feared object, progressively tackling the phobia • Once fear is being coped with the client moves up to the next level • The treatment can involve real objects or imagining them <ul style="list-style-type: none"> • Client is in control of their progression so very empowering • Evidence from e.g. Hain(1964), Coldwell et al(2007) show effectiveness of the therapy • Now a well-established means of helping people overcome anxiety disorders, especially phobias, but not effective for other disorders • Agras et al (1971) showed that the relaxation component is not necessary for the programme to work in most cases • Solyom et al (1971) showed SD & implosion were equally effective at treating phobias • SD is considerably less distressing for most clients than implosion • Treatment is relatively quick and cost effective, e.g. a full one day course, including a flight for about £200 is enough to treat most people with a phobia of flying <ul style="list-style-type: none"> • It can be argued that SD is more cost effective than psychodynamic therapies as it tends to be a short course with a set budget compared to the open ended commitment demanded in psychodynamic therapies • Psychodynamic therapies claim to uncover and deal with the underlying causes of a problem whereas SD is designed just to remove the symptoms <p>Token economy</p> <ul style="list-style-type: none"> • Desired behaviour(s) are reinforced by ward staff giving tokens which are exchanged for privileges or treats • Tokens are a secondary reinforcer while the privileges/treats may be primary reinforcers • As behaviour improves the standard required to achieve a token may become higher • TEP is used to improve personal hygiene of schizophrenia patients • TEPs aim to increase desired behaviour in those with disorders <ul style="list-style-type: none"> • Token economies can be open to abuse because they rely on the staff being fair and consistent • Patients can become mercenary and change their behaviour to achieve the tokens though there is no underlying shift in behaviour • Only tends to work effectively within institutions as behaviour needs to be constantly monitored • Behaviour may not generalise to real life once leave institution | |

- Paul & Lentz found token economy worked more effectively than other programmes to manage in-patient behaviour
- Allyn & Azrin showed effectiveness of token economies in producing socially desirable behaviours in long term psychiatric unit patients
- There is a danger that rights will have to be earned through tokens so can infringe rights of patients

- Both TEPs and psychodynamic therapies have a strong imbalance in the patient-therapist power balance as the client is subject to the control of the therapist
- TEPs aim to remove undesired behaviour through the process of rewards whereas psychodynamic therapies explore why the behaviour is present

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"> • Description or evaluation only <p>or</p> <ul style="list-style-type: none"> • Description and evaluation but not made relevant to Clinical, likely to be focused on e.g.criminological uses of TEP <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. Must refer to Clinical somewhere in the essay.</p> <p>Has a reasonable attempt at two of the three elements though third element may be very weak</p> <p>Eg</p> <ul style="list-style-type: none"> • Description has some accurate detail • Evaluation general, no relevant research but attempts a comparison <p>or</p> <ul style="list-style-type: none"> • Description is general • Evaluation has some use of relevant evidence or compares with a psychodynamic therapy <p>or</p> <ul style="list-style-type: none"> • Both description and evaluation are basic but very well contextualised, unlikely to include a 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>Response is mostly focused, relevant and addresses demands of the question well.</p> <ul style="list-style-type: none"> • Description relevant with two from breadth, depth,well contextualised • Evaluation gives some detail and refers to relevant research evidence at least once • Includes an attempt at a comparison with a psychodynamic therapy <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>Response is relevant, focused and addresses the demands of the question thoroughly and very well.</p> <ul style="list-style-type: none"> • Relevant and detailed description of the chosen therapy. • Will be well contextualised with reference to a disorder. • Evaluation will be relevant, detailed and make good use of evidence • Includes a good, relevant comparison with psychodynamic therapy <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> |

| Question Number | Question | |
|-----------------|---|----------------|
| 6 (a) | In Unit 3 you studied two applications. Describe one contribution to society for one of the applications you studied. | |
| | Answer | Mark |
| | <p>If more than one contribution mark all and credit the best. Contribution must be linked to one application from Unit 3, or no credit Has to be a contribution, not a key issue. 1 mark per point/elaboration</p> <p>Criminological</p> <ul style="list-style-type: none"> • Understanding EWT may not be a reliable source of information in a law court (1st mark). It means that a jury are unlikely to be persuaded by EWT that has not got any other support. (2nd mark)/eq; • Being able to identify mechanisms that may lead to people becoming criminals such as SFP (1st mark) means that teachers/social workers can work with young people and parents to counteract this (2nd mark)/eq; <p>Child</p> <ul style="list-style-type: none"> • Work on childcare provision has shown what is needed to ensure time away from mother does not damage the child (1st mark) by recognising the importance of good staffing ratios and stability (2nd mark)/eq; • Recognition of the importance of the primary attachment bond with the mother for infant welfare (1st mark) has led to changes in provision of parental facilities when children have to be hospitalised (2nd mark)/eq; <p>Health</p> <ul style="list-style-type: none"> • Understanding that addiction has two components physiological and psychological has helped treat addiction more effectively (1st mark) by separating out the components and treating both components in different ways (2nd mark)/eq; • Better understanding of the processes by which addiction may start means health promotion programmes can be more effectively targeted (1 mark)/eq; <p>Sport</p> <ul style="list-style-type: none"> • Work on achievement motivation techniques has helped sportspeople to better control their feelings under competition stress (1st mark) meaning they are less likely to suffer from a disastrous loss of form during competition (2nd mark)/eq; <p>Look for other relevant marking points</p> | (2 A01) |

| Question Number | Question | |
|-----------------|--|----------------|
| 6 (b) | Assess the usefulness of the contribution from the unit 3 application you have described in part (a). You must use psychological research in your answer. | Clip with 6a |
| | Answer | Mark |
| | <p>Assessment must be of the contribution in part (a) or 0 marks. Max 2 if no appropriate research evidence. No credit for description of the contribution</p> <p>Criminological EWT:</p> <ul style="list-style-type: none"> • Loftus (e.g. 1975) has shown the ease with which memory can be distorted depending on the way questions are asked/eq; • This has led to advice to juries warning them of the problems associated with EWT/eq; • It is still the case that naive jurors may be misled by a confident eyewitness, so the knowledge is not always used effectively/eq; • Research has also shown how police interviewing witnesses can cause distortion by the way they ask questions/eq; • Increased use of the cognitive interview is aimed at ensuring eye witnesses recall more, and more accurately because of the method/eq; • It is hoped that the greater awareness of these issues means witness statements are collected more carefully and witness testimony is only relied upon if there is some corroboration/eq; <p>SFP:</p> <ul style="list-style-type: none"> • Labelled children in a particular way because of their backgrounds is now recognised as being potentially damaging/eq; • Evidence in recent years of the damage done by negative labels attached to children in care homes is now considerable(1st mark) however police officers are still unwilling to take the warning signs of e.g. abuse seriously and break the SFP spiral(2nd mark)/eq; • Scott & Pretorius (2002) showed that sexual abuse in childhood was a major predictor of prostitution and juvenile crime and suggest this is because of the SFP that such abuse generates/eq; • Zebrowitz et al (1998) showed some people go against the SFP for criminality as lower class baby-faced boys can be more likely to commit serious crimes compared to more mature looking individuals/eq; • Therefore while awareness of the potential danger of SFP is helpful it is not always useful as there are many examples that contradict this/eq; <p>Child: Childcare provision</p> <ul style="list-style-type: none"> • Belsky & Rovine (1988) showed negative effects of early care on children's attachments and behaviour, warning against too much early years care/eq; • By contrast other researchers such as Andersson (1992) have shown very positive effects from such early care/eq; • It seems a major factor is the amount of time, the quality of the care and the staffing ratios, if these are good outcomes are positive/eq; • Positive effects of early years care are greater for those from poorer backgrounds so these findings need to take SES into account/eq; • Parental contentment/family stability can be affected by whether the child being in daycare allows parents to work and increases income/eq; | (4 AO2) |

Hospitalisation practices:

- **Bowlby's work on attachment and the damaging effects of separation** caused medical authorities to reassess child hospitalisation policies/eq;
- Evidence from the data collected by the Robertsons showed how a standard hospital stay disrupted the attachment bond/eq;
- Modern practices of allowing parents to stay with young children and assist in their care avoids the development of separation anxiety/eq;
- This is also likely to improve recovery rates as the cortisol produced when under stress damages the ability to fight infections/eq;
- **Harlow's work on contact comfort showed the** importance of physical contact for wellbeing and supports the idea of stroking and touching premature babies in their incubators/eq;

Health

Addiction

- Understanding addiction has physical and psychological components has led to more effective treatments to break addictions/eq;
- Tackling the social component of nicotine addiction while allowing addicts to access nicotine through e.g. patches is more successful/eq;
- Blattler et al (2002) showed how removing the need to interact with the drug scene to get heroin reduced the use of other drugs in addicts/eq;
- Such measures are only useful if the message is clear and the process of dealing with addiction is methodical/consistent/progressive/eq;
- Many methadone treatment programmes replace heroin with methadone but do not create an effective reduction programme so addicts remain on drugs for many years/eq;

Health promotion campaigns

- To be successful campaigns need to know who to target and what message to send/eq;
- Campaigns that reduce the glamour of drug taking are believed to be successful as they exploit psychological reasons for experimentation/eq
- Evidence from e.g. Mechanic et al (2005) suggests health campaigns are effective in reducing e.g. smoking/eq;
- Such campaigns are generally cost effective when comparing the cost of a campaign with the NHS bill that drug misuse engenders/eq;
- Health campaigns use sound psychological principles such as persuasion **theory to sway people's views and thus behaviour in the longer term/eq;**

Sport

Achievement motivation

- The ability to tackle failure of performance in major competition is important given the monetary value of modern sport/eq;
- Ability to generate and focus achievement motivation in top sports people can lead to significantly more top performances /eq;
- Duda & Nicholls (1992) showed a link between achievement motivation and achievement so boosting motivation should improve performance (**1 mark**) so managing motivation should boost overall performance in athletes both in training and competition (**1 mark**)/eq;
- Not everyone is competitive, which seems to be an important part of successfully using achievement motivation successfully/eq;

Look for other relevant marking points

| Question Number | Question | |
|-----------------|--|----------------|
| 7 (a) | Outline two features that could be used to show that psychology is scientific | |
| | Answer | Mark |
| | <p>Max 2 for any one feature. If more than two features mark all and credit the best two. Appropriate examples may gain credit as elaboration. "Relies on scientific concepts/methods" not creditworthy unless explained. Be aware/wary of unsupported assertions of scientific status.</p> <ul style="list-style-type: none"> • It collects objective, empirical data (1st mark) that can be tested using statistical tests (2nd mark)/eq; • E.g. most experiments collect data such as number of words recalled/eq; • Hypotheses are developed that are testable (1st mark). Then data are collected enabling an hypothesis to be supported or refuted(2nd mark)/eq; • E.g. Godden & Baddeley collected data showing context did affect level of recall/eq; • It has theories/ concepts that can be tested (1st mark) and are therefore refutable (2nd mark)/eq; • Uses the concept of falsifiability to test ideas (1st mark)/eq; • Uses experimental methods that allow for strong controls (1st mark) meaning studies can be replicated to test for reliability (2nd mark)/eq; <p>Look for other relevant marking points</p> | (3 A01) |

| Question Number | Question | |
|-----------------|---|----------------|
| 7 (b) | Explain whether the biological approach is more scientific than the social approach in psychology. Use evidence to support your case. | |
| | Answer | Mark |
| | <p>Max 2 if no evidence. Credit can be gained for arguments both for and against the suggestion in the question A method in itself is not scientific (though may influence probability). Some qualification as to why/how needs to be present for credit. Treat overgeneralisations with great caution Max 1 mark for an assertion of scientific/not scientific based on a method</p> <ul style="list-style-type: none"> • Biological approach uses laboratory experiments that use tight controls meaning studies can be replicated more easily/eq; • Though the social approach does use some experiments these are rarer, though again they can be replicated/eq; • The biological approach is based on understanding the way genes and hormones determine behaviour, these are quantifiable and objective (1st mark) e.g, Bergman et al (2010) demonstrated that hormone levels in amniotic fluid during foetal development were a predictor of personality after birth(2nd mark)/eq; • In comparison social psychology topics are less quantifiable, less certain and more qualitative so explanations may not have the definite evidence that is found in the biological approach/eq; • For example, Milgram's agency theory uses the concept of agentic v autonomous state but cannot predict who or why some individuals will slip into an agentic state while others remain autonomous/eq; • The biological explanation for schizophrenia argues for excess dopamine being the root cause whereas the social approach sees the social milieu as being the trigger for the disorder/eq; <p>Look for other relevant marking points</p> | (5 A02) |

| Question Number | Question | |
|-----------------|---|----------------|
| 7 (c) | You have learned about many different psychological studies in your course. Choose two studies that use different research methods and explain how these studies can support the view that psychology is scientific. | |
| | Answer | Mark |
| | <p>If more than two studies used mark all and credit the best. Two different methods must be used though accept lab/field /animal as different methods Max 2 for any one study. (1 element well developed or 2 in less detail) No credit for non-scientific studies or research methods on their own.</p> <p>Laboratory experiment e.g. Loftus & Palmer (1974)</p> <ul style="list-style-type: none"> • Used strict controls with the IV being the only difference between the different conditions so reliable, replicable and thus scientific/eq; • The film clips were randomised so different participants got different clips for different questions so there was no systematic bias, which makes it objective and thus scientific/eq; <p>Field experiment e.g. Godden & Baddeley (1975)</p> <ul style="list-style-type: none"> • Divers were all given the same amount of time to learn words whether they were on land or under the water which means the study was well controlled, making it more scientific/eq; • The order in which participants undertook the four conditions whether learning on land or under water and recalling in the same or the other environment was randomised, meaning there was no bias and making it more scientific/eq; <p>Animal experiment e.g. Randrup & Munkvad (1966)</p> <ul style="list-style-type: none"> • The rats were given a dose of amphetamine calibrated for their weight so the dilution of the drug in their bodies was the same for all animals, making it well controlled and thus scientific/eq; • All rats were closely observed for a set amount of time both before and after the injection to enable comparisons to be made so it was reliable, replicable and thus scientific/eq; <p>Brain scanning e.g. Goldstein et al (1999)</p> <ul style="list-style-type: none"> • Schizophrenic patients were paired with healthy individuals who were matched on age, ethnicity, gender, handedness to produce a valid control group, making it scientific/eq • The results of the MRI scans were adjusted for age and sex related head size before comparing results, such good controls mean results are reliable and thus replicable and scientific/eq; <p>Twin studies e.g. Gottesman & Shields (1966)</p> <ul style="list-style-type: none"> • A variety of measures were used to ensure that twins were genuinely MZ or DZ before looking at their data e.g. fingerprints, improving the reliability of the study and making it more scientific/eq; • Hospital records were used as a source of evidence unaffected by the researchers' hypotheses and so lacking bias, making it objective and thus scientific/eq; <p>Look for other relevant marking points</p> | (4 A03) |

| Question Number | Question | |
|-----------------|---|----------------|
| *8 | <p>Two students have been asked to undertake a content analysis of gender issues in stories that have been written for children between the ages of two years and twelve years.</p> <p>Explain how they could design and undertake their study, including how they might analyse the data collected.</p> <p>You may wish to include some of the following in your answer:</p> <ul style="list-style-type: none"> • Sampling method • Sources of information • Categories • Inter-rater reliability • Data analysis | |
| | Answer | Mark |
| QWC | <p>Read through the whole answer then go to the levels. If the response does not reference content analysis no marks, however if part of the answer is about content analysis credit can be given</p> <p>Indicative content</p> <ul style="list-style-type: none"> • Students could ask to use the books available in two local primary schools as their source material • They might also sample stories presented on CBeebies & CBBC • They may try and sample all the books published in a particular year • They may aim to take a systematic sample of every nth item from a set of 10 different publishers • They need to consider representativeness as particular sources (authors, schools, publishers) may be biased in some way • They may choose to focus on popular books/stories as they are the most likely to be the ones influencing children • They could look at the bestseller lists for children's stories and use those • Draw up a list of issues to look for e.g. status, roles, responsibilities by gender and clearly define/code these issues • Run a pilot to make sure they are coding things in the same way and modify the criteria if necessary • They may need to check they are not missing more subtle aspects of gender issues so could have categories such as blatant sexism, subtle discrimination • They should use a correlation to test for inter-rater reliability and only proceed if they get a high positive correlation • They may be able to improve their reliability by looking at categories again and making them clearer • Once they have collected data they may wish to chart the frequency of gender issues in literature by counting the frequency of times males/females follow stereotypical gendered behaviour • They could undertake a Chi square test to compare the pattern of gendered and cross gendered behaviour portrayed in the stories • They may interview children/parents/teachers to see how much awareness of gender issues they have and compare this with choices of stories <p>Look for other appropriate material</p> | (9 A03) |

| 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. Knowledge will be basic.</p> <ul style="list-style-type: none"> • One element done well with good detail (depth) <p>OR</p> <ul style="list-style-type: none"> • Superficial comments on several elements (breadth) • Critical decisions either missing or inappropriate • Replication would be impossible or not appropriate <p>Little use of relevant material. Poor use of terminology. The writing may have some coherence and will be generally comprehensible, but lacking both clarity and organisation. High incidence of syntactical and/or spelling errors.</p> |
| Level 2 | 4-6 | <p>Candidates' answers will indicate some knowledge and understanding of the focus of the question. Suggestions may be poorly focused or ineffective</p> <ul style="list-style-type: none"> • Two elements done well with good detail (depth) <p>OR</p> <ul style="list-style-type: none"> • At least three elements with moderate detail (breadth) <p>AND</p> <ul style="list-style-type: none"> • Some mention of either reliability issues and/or data analysis though may be impractical or lack detail • Insufficient detail may make it difficult to replicate the study <p>Factual material may be poorly used. Terminology may have some errors. There may be passages which lack clarity and proper organisation. The standard of grammar and spelling should be reasonably good though there may be lapses.</p> |
| Level 3 | 7-9 | <p>Candidates' answers will show good knowledge with understanding of the focus of the question.</p> <ul style="list-style-type: none"> • A range of elements addressed showing both breadth and depth. • Appropriate methodological issues considered • Awareness of how data could be collected and analysed is present • It should be possible to replicate most aspects of the study given the time constraints of the paper. <p>Factual material will be largely correct. Mainly accurate use of terminology. Good organisation and clarity. Standard of grammar and spelling should be good</p> |

| Question Number | Question | |
|----------------------------|--|-------------------------------|
| 9 (a) QWC | Describe and evaluate how issues of ethnocentrism may influence psychological understanding. You must use research evidence from at least two different areas of psychology in your answer. | (6 AO1 12 AO2) |
| | Answer | |
| | <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> <ul style="list-style-type: none"> • Ethnocentrism is using one's own culture as the benchmark to judge other cultures so creating bias • It means psychologists ignore views, values, language or culture from elsewhere • The predominant view in psychology has been white, male, mainly from the USA so creating bias • For example views about the signs and symptoms of mental disorders in DSM are based on white male experiences so other experiences are ignored • Views about appropriate patterns of child rearing are based on the practices shared in white, English speaking cultures and other ways devalued • Accepted views of culturally appropriate behaviour can lead to normal behaviour in one culture being criminalised in a different society causing difficulties for immigrants/visitors • Issues of imposed etics can create biased interpretations • Researchers who take an approach based on emics are less likely to produce ethnocentric interpretations • Until recently there was little recognition of issues of ethnocentrism so much early research needs to be revisited • Suhail & Cochrane (2002) reported differences in delusions and hallucinations in those suffering from schizophrenia depending on whether they were Pakistanis living in Pakistan or British Pakistanis. There was a greater difference between these two groups than between white British and Pakistani British • Evidence suggests though some findings may be culture specific the underlying issues are the same, so schizophrenics in cultures where hearing voices is acceptable do have other bizarre behaviours that mark the individual out • Research such as Milgram's obedience study has been looked at cross culturally and found to produce similar conclusions globally • The strange situation is an example of research that shows differences according to the culture being studied, suggesting that comments on attachments are unlikely to be universal for example German infants show less type B and more type A than British children • It is thought the perception of type B (secure) as preferable is because the original work was done in the UK where this is the dominant attachment type • Though cognitive functioning is generally seen to be similar in all societies the ability to assess such functioning may still be culturally specific • Judgements on desirable attachment types in the strange situation are based on the norms from N America, leading to bias towards other cultural norms • Collectivist cultures value co-operation whereas individualistic cultures value competitiveness. This leads to different views on sportsmanship, achievement and the value of elite performance compared to co-operative endeavour • Borrowing items without permission is acceptable in many Pacific island cultures but in Europe such behaviour is regarded as theft <p>Look for other relevant 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> <p>Either</p> <ul style="list-style-type: none"> • Description of ethnocentrism and no evaluation at all <p>or</p> <ul style="list-style-type: none"> • An attempt to evaluate the impact of ethnocentrism with little or no description of the phenomenon <p>or</p> <ul style="list-style-type: none"> • Examples of ethnocentric research with no description or evaluation of the issue (may evaluate study) |
| Level 2 | 4-6 | <p>Both some description and some evaluation must be present.</p> <ul style="list-style-type: none"> • There is an attempt to explain the issue of ethnocentrism • Some research evidence is given though it may be general • One area of psychology is used, a second may be mentioned • Evaluation of ethnocentrism is very general and may not attempt to relate the comments to the impact on the conclusions drawn by psychologists |
| 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"> • There is an accurate description of the issue of ethnocentrism. • There is good use of research evidence for at least one area and examples covering at least two areas where ethnocentrism is or is not an issue • At least two different areas of psychology (approaches and/or applications) are discussed, though one may be in less detail than the other • Evaluation attempts to show how ethnocentrism can have an impact on the conclusions drawn by psychologists |
| 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"> • Description of the issue of ethnocentrism is detailed and relevant. • There is a good use of research evidence in at least two areas (or one excellent and one less good) • At least two different areas of psychology (approaches and/or applications) are discussed • Evaluation shows how ethnocentrism can have an impact on the conclusions drawn by psychologists |

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 | <p>The armed forces of any country consist of mainly young men and women. They are deployed at home and abroad and expected to do a wide variety of jobs. Officer training in Ranzea involves a ten month training course, after which the new officer will take charge of a group of about 30 soldiers. Teaching new officers about psychological concepts can help them to be better at their job.</p> <p>Describe and evaluate at least two different psychological concepts that could be included in the training programme for new army officers to make them better at their job.</p> | (6 AO1 12 AO2) |
| | 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 process is acceptable as description but needs to be contextualised Note: do not credit points on the basis of your value judgements. Remain neutral</p> <p>Obedience to authority</p> <ul style="list-style-type: none"> • Blind obedience is when a soldier would obey an order without question, even if that order is seen as unreasonable • This would happen because the soldier is behaving in an agentic state and abrogates responsibility for their own actions • Soldiers trained to obey may be more likely to enter this state than the general population <ul style="list-style-type: none"> • Officers need to understand the difference between agentic and autonomous states in order to be more responsible leaders • By understanding how these states are encouraged they can themselves maintain autonomy as well as safeguarding it in their platoon members • Milgram's research showed how easily someone can slip into the agentic state and follow orders blindly, even when they do not agree • The incident at Abu Ghraib during the Iraq war show that despite efforts to change things there is still a strong culture of blind obedience in armies today • Maybe recruits could experience a controlled experiment using destructive obedience so they are aware of the damaging consequences and more likely to guard against it • Research by Milgram showed that having disobedient stooges increased the likelihood of participants resisting orders to blindly obey • Bandura (1990) argued that people with a strong moral code were more able to resist destructive/malevolent orders so encouraging a strong moral code needs to be encouraged <p>Prejudice/SIT</p> <ul style="list-style-type: none"> • Those holding prejudices against others in society are liable to discriminate against them by treating them differently on the basis of their membership of a group • This could lead to bias in the way that individuals are treated/see individuals of a group as of lesser value • The platoon could be an in group, others would be the out groups leading to e.g. in group favouritism <ul style="list-style-type: none"> • Understanding the nature of prejudice and how it comes about will help the trainees to learn how to discourage prejudice when posted abroad • They will understand that prejudice is about lack of understanding and being too strongly identified as them and us. | |

- **Tajfel's research showed that just being labelled as a member of a group was sufficient to create a feeling of identity and bias in behaviour**
- They will be able to apply ideas such as working together to encourage people getting on (superordinate goals) and breaking down barriers
- Though there is likely to be a need to create a strong sense of identity as part of the forces the officers need to understand how to avoid categorisation that can lead to acts of prejudice/discrimination
- **Sherif's work showed how behaviour prejudicial to another group could develop as a result of realistic conflict but that co-operation towards superordinate goals could reduce such negativity towards another group.**

Operant conditioning/TEP/SLT (can be treated together or separately, go with intention of the candidate)

- Uses a system of rewards (and punishments) to create a desired behaviour such as obedience to the officer.
- The rewards need to be appropriate and desired and awarded consistently to shape behaviour.
- In TEP leave could be contingent on tokens being received for consistently completing drills well.
- SLT shows an appropriate role model could influence the trainees as well as the impact the new officers could have on the squad members.
- A role model receiving a medal for exemplary behaviour would act as vicarious reinforcement.
- By learning the principles of operant conditioning a new officer would be in a better position to know how to encourage their platoon to behave in the appropriate way.
- Using positive reinforcement to shape appropriate behaviour and develop a sense of responsibility to others in the group will assist authority.
- Evidence from e.g. Aylon & Azrin showed that desired behaviour could be increased by the application of a TEP within an institution
- Knowing how effective positive reinforcement is at influencing behaviour compared to punishment would make the officer far more effective in influencing behaviour.
- Skinner showed positive reinforcement was the most effective means of changing behaviour with negative reinforcement less effective and punishment least effective.
- **However a lack of the use of punishment may be seen as 'soft' so a more subtle understanding may be needed.**
- It may be difficult to individualise the programme for each soldier, a principle seen as desirable by researchers such as Reitman et al (2004).

Power theory (French & Raven)

- Social power is exerted by someone in a position of authority to ensure a follower is likely to obey orders, even if deemed unreasonable
- Social power can be a result of coercion (fear) though this only works if the authority figure is present. Obedience based on respect tends to be more robust and enduring
- Awareness of the way different types of power operate would give a new officer more tools to ensure command of the platoon was secure
- The officer would be able to avoid relying on coercive power as a strategy
- It would be more likely that s/he would recognise alternative power in the ranks
- Information about power theory would not in itself be sufficient for an effective use of the theory as e.g. referent power will only work if the individual has the knowledge
- Research into incidents such as Abu Ghraib does suggest that one reason for obedience is the power positions of the individuals concerned
- Hamilton & Biggart (1985) argue it is the structures that create the power relationship rather than the people occupying the roles

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> <p>Either</p> <ul style="list-style-type: none"> • Description only (even if for more than one concept) no context <p>or</p> <ul style="list-style-type: none"> • A description or evaluation of one concept/theory which is properly contextualised <p>or</p> <ul style="list-style-type: none"> • Description and evaluation of one concept with no attempt to contextualise |
| Level 2 | 4-6 | <p>Both some description and some evaluation must be present.</p> <ul style="list-style-type: none"> • Description of two different psychological concepts/theories though one may be more detailed than the other • There will be a clear attempt to contextualise the response for at least one concept/theory <p>And either</p> <ul style="list-style-type: none"> • The evaluation is a good general evaluation but no link to the scenario (e.g. a good evaluation of Milgram's work) <p>or</p> <ul style="list-style-type: none"> • Evaluation is weak but is appropriately contextualised at least once |
| 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"> • A good description with either depth or breadth for at least two different psychological concepts/theories at least one of which is relevant to the scenario • The evaluation will consider the strengths and/or weaknesses of at least two concepts/theories with at least one appropriate link |
| 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"> • A detailed description of at least two different psychological concepts/theories that are relevant to the scenario • Both concepts/theories are contextualised and relevant to the scenario, may include the relationship between an officer and ordinary troops • The evaluation will show excellent understanding. Considers strengths and/or weaknesses of the concepts/theories with at least two appropriate links |

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 |