AQA

ASSESSMENT and QUALIFICATIONS ALLIANCE

Mark scheme January 2003

GCE

Psychology B

Unit PYB4

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Unit 4: Child Development and Options

Quality of Written Communication

Band 1	Excellent Quality of Communication	The candidate will express complex psychology ideas extremely clearly and fluently. Sentences and paragraphs will follow on from one another smoothly and logically with appropriate use of psychological terminology. Presentation of psychological concepts and arguments will be consistently relevant and well structured. There will be few, if any errors of grammar, punctuation and spelling.
Band 2	Average Quality of Communication	The candidate will express moderately complex psychological ideas clearly and reasonably fluently, through well-linked sentences and paragraphs. Some, but not consistent, use of psychological terminology. Presentation of psychological concepts and arguments will be generally relevant and well structured. There may be occasional errors of grammar, punctuation and spelling.
Band 3	Below average Quality of Communication	The candidate will express straightforward psychological ideas clearly, if not always fluently. Sentences and paragraphs may not always be well connected. Use of psychological terminology may be limited. Presentation of psychological concepts and arguments may sometimes stray from the point or be weak. There may be some errors of grammar, punctuation and spelling, but not such as to suggest a weakness in these areas or to obscure the psychological meaning.
Band 4	Poor Quality of Communication	The candidate will express simple psychological ideas clearly, but may be imprecise and awkward in dealing with complex or subtle concepts. Use of mainly non-specialist language with little, if any, reference to psychological terminology. Presentation of psychological concepts and arguments may be of doubtful relevance or obscure. Errors in grammar, punctuation and spelling may be noticeable and intrusive, suggesting weaknesses in these areas and obscuring the psychological meaning.

Section A: Child Development

1 **Total for this question: *20 marks***

(a) (i) Outline the procedure used by Ainsworth and the developmental psychologist to measure attachment between the babies and their mothers. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1 Up to 4 marks for a description of the Ainsworth Strange Situation method/procedure. Marks to be awarded for relevant points, for example, reference to 'strange situation', controlled observation, mother leaves, stranger enters, mother returns, recording of demonstrated attachment behaviours. Four marks for full description including major aspects of the procedure. Credit other relevant Ainsworth procedures.

For full marks must include reference to child's reaction at mother's return.

(ii) According to psychologists, a child's early relationships have important consequences. Identify and briefly discuss **one** function of attachment for individuals. *(4 marks)*

[AO1 = 1, AO2 = 3]

AO1 For identifying a function of attachment. Answers may focus on either short-term functions (eg maintaining proximity, feeling of security, survival value, communication) or on a long-term function (eg model for future relationships, good mental health).

AO2 Up to 3 marks for analysis/discussion of the given function. For example, candidates may analyse the importance of a secure attachment via elaboration on significance for the individual. Marks to be awarded for any relevant analytical comment. Credit also where candidates discuss the negative effects of not having a secure attachment. Although not explicitly required, a mark may be given for explanation implicit within an example.

(b) Describe and discuss the influence of **at least two** factors on the development of a child's self-esteem. Refer to evidence in your answer. *(12 marks)*

[AO1 = 5, AO2 = 7]

AO1 Normally award one mark for each factor identified, plus a further mark for description/elaboration of a each/either factor, or credit extra factors identified if more than two are offered. AO1 marks may also be given for reference to evidence related to self-esteem. Any relevant factors should be credited but most answers will include Argyle's factors – reaction of others, identification with others, roles, and comparison with others. Other factors might include high parental self-esteem (Coopersmith), child-rearing style or reference to the looking glass theory (Cooley).

Credit also references to Rogers' view – unconditional positive regard, etc.

AO2 Up to 7 marks for discussion of the role of the factors in the development of self-esteem. Ideally candidates will explore the significance of their chosen factors, supporting their answers with reference to evidence and alternative explanations. Marks may also be awarded for analysis of the quality of evidence cited, for example, a broad theoretical point might be the difficulty in objective measurement of self-esteem. Analytical marks may also be gained through a consideration of long-term implications for an individual of high or low levels of self-esteem.

Maximum of 6 marks if no evidence is presented
Maximum of 7 marks if only one reason given

Mark bands

12 – 10 marks **Excellent answers**

At least two factors are clearly identified and thoroughly described showing sound knowledge and understanding of developmental theory/research into the self-esteem. Discussion is full and well balanced with substantial and appropriate analysis. References to research are present and accurate. Evaluative comment is not simply stated but is presented in the context of the discussion as a whole. The answer is well focused and most of the answer is relevant with little misunderstanding.

9 – 7 marks **Good to average answers**

For 8/9 marks at least two factors are identified and described, showing knowledge and understanding of work into the development of self-esteem. There is an attempt to present a balanced discussion although there may be greater emphasis on one factor than the other. Some analysis must be evident and the answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. References to research should be present but are perhaps not so clearly linked to the discussion as for the top band. Otherwise excellent answers referring to only one factor are limited to the bottom of this band.

6 – 4 marks **Average to poor answers**

Factor/s should be identified and described showing some knowledge and understanding of the development of self. Answers may refer to only one factor done well. At this level factor/s may be largely implied rather than clearly articulated. Answers in this band are likely to be mostly descriptive and there is likely to be irrelevance or inaccuracy. Any references to research may be only vaguely linked to the question. Answers constituting reasonable description of developmental theory with limited focus on the question are likely to be in this band. Purely descriptive answers limited to 5 marks.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief, perhaps unfinished answer will come into this band.

Total AO1 marks for Question 1: 10
Total AO2 marks for Question 1: 10

2 **Total for this question: *20 marks***

(a) Using an example, explain what is meant by the term *scaffolding* in relation to cognitive development. *(3 marks)*

[AO1 = 1, AO2 = 2]

AO1 Award 1 mark for basic definition of term, eg parental/carer support mechanism for child's learning.

AO2 Award 1 mark for elaborated explanation of above point, plus one mark for application by way of example (must be cognitive).

(b) Describe **one** study in which modes of representation were investigated. Indicate why the study was conducted, the method used, results obtained and conclusion drawn. *(5 marks)*

[AO1 = 5, AO2 = 0]

AO1 Any study in which modes of representation were investigated is acceptable, although the most likely work to be cited is Bruner and Kenney – cylinders and grid study of replication and transposition. Credit any study involving modes of representation.

1 mark for aim
1 mark for method
1 mark for results
1 mark for conclusion
1 mark for additional detail (for example, expanded description of method or results, details of which are easily available)

(c) Discuss Vygotsky's approach to cognitive development. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to four marks for Vygotsky's approach described. Likely content would include: emphasis on social factors particularly parental input; internalisation of adult world; importance/role of language; Vygotsky's consideration of ZPD; child as apprentice and importance of peer tutoring; role of the expert; stages of concept formation.

AO2 Up to eight marks for discussion where candidates may choose to focus on a limited number of issues and explore them thoroughly, or more briefly consider several points. Candidates are expected to offer evaluation and analysis of Vygotsky's approach, either per se, or in comparison to alternative approaches, specifically those of Piaget and/or Bruner. Marks may be awarded for evidence, although the evidence should be presented in the context of the discussion as a whole.

Mark bands

12 – 10 marks **Excellent answers**

Vygotsky's approach to cognitive development is thoroughly described showing sound knowledge and understanding of the theory. Discussion is full and well balanced with substantial and appropriate analysis. Any references to research are accurate. Alternative approaches, where offered, are integrated into the discussion rather than simply described. Evaluative comment is not simply stated but is presented in the context of the discussion as a whole. The answer is well focused and mostly relevant with little misunderstanding.

9 – 7 marks **Good to average answers**

Answer shows knowledge and understanding of Vygotsky's approach to cognitive development. There is an attempt to present a balanced discussion. Some analysis is evident and the answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. Any references to research should be relevant but are perhaps not so clearly linked to the discussion as for the top band.

6 – 4 marks **Average to poor answers**

Answer shows some knowledge and understanding of Vygotsky's approach to cognitive development. At this level points will be largely implied rather than clearly articulated. There must be some analysis/discussion to get above the bottom of the band. Answers in this band are likely to be mostly descriptive and there is likely to be irrelevance or inaccuracy. Any references to research or alternative approaches are likely to be only vaguely linked to the question. Answers constituting reasonable description of developmental theory with minimal focus on the question are likely to be in this band.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief, perhaps unfinished answer will come into this band.

Total AO1 marks for Question 2: 10
Total AO2 for Question 2: 10

3 **Total for this question: *20 marks***

(a) Describe **one** method used by psychologists to investigate moral reasoning of children at different ages. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1 Candidates are expected to describe either a version of the moral dilemma technique, or Piaget's investigation into the rules of marbles. References to moral dilemma may refer to either the negative or pro-social dilemmas, or to Damon's real-life dilemmas. One mark to be awarded for identification of the method, plus a further three marks to be given for description. Relevant descriptive points would include: telling of a story about something wrong; questioning child; recording/categorising answers. One mark only if answer focuses on content of dilemma story. Do not credit references to Gilligan's abortion dilemma as it is not relevant to child research.

(b) (i) With reference to Hannah's and Marcus's reasoning in the text above, explain what is meant by moral realism and moral relativism. *(4 marks)*

[AO1 = 0, AO2 = 4]

AO2 One mark each for explanation of moral realism – judging by consequence and moral relativism – judging by intention. In view of the stem these are the most likely descriptive points to be offered, however, may also accept answers referring heteronomous (realism) and autonomous (relativism). Plus one mark each to be awarded for application to the stem ie Hannah is showing moral realism (judging by consequence), whereas Marcus is showing moral relativism (judging by intention).

(b) (ii) According to some psychologists, Hannah and Marcus would show differences in their moral reasoning even if they were the same age, because one of them is a girl and the other is a boy.

Describe and discuss psychological research into gender differences in moral reasoning. *(12 marks)*

AO1 = 6, AO2 = 6]

AO1 Up to six marks for knowledge and understanding of research/theory into male/female differences in moral reasoning. Candidates are most likely to describe Gilligan's ethic of care (women) versus rights and justice (men). Marks to be awarded for reference to Gilligan's theory and/or research. Credit also reference to the difference in male/female reasoning proposed by Kohlberg who identified the Good Boy, Good Girl stage - stage 3 as most common in women, and the Law and Order stage - stage 4 most frequently observed in men. References to Freud should be credited.

AO2 Up to six marks for discussion and analysis. Discussion may include analysis of the validity of the theories and or measures used by Gilligan and Kohlberg. For example, candidates might focus on Kohlberg's use of exclusively hypothetical dilemmas versus Gilligan's use of real-life moral problems. Further analytical points might include reference to implications of the theories, for example, better informed candidates might consider how any male-female differences in moral reasoning might not any case reflect moral behaviour.

Mark bands

12 – 10 marks **Excellent answers**

Proposed differences in male/female moral reasoning are thoroughly described, showing sound knowledge and understanding of the theory/research in this area. Discussion is full and well balanced with substantial and appropriate analysis. References to research are accurate. Evaluative comment is not simply stated but is presented in the context of the discussion as a whole. The answer is well focused and most of the answer is relevant with little misunderstanding.

9 – 7 marks **Good to average answers**

Answer shows knowledge and understanding of theory/research into proposed male/female differences in moral reasoning. There is an attempt to present a balanced discussion. Some analysis must be evident and the answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. References to research are present but are perhaps not so clearly linked to the discussion as for the top band.

6 – 4 marks **Average to poor answers**

Answer shows some knowledge and understanding of theory/research into male/female differences in moral reasoning. At this level points will be largely implied rather than clearly explained. Answers in this band are likely to be mostly descriptive and there is likely to be irrelevance or inaccuracy. References to research or alternative approaches are likely to be only vaguely linked to the question. Answers constituting reasonable description of developmental theory with limited focus on the question are likely to be in this band.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief, perhaps unfinished answer will come into this band.

Total AO1 marks for Question 3: 10
Total AO2 marks for Question 3: 10

4 **Total for this question: *20 marks***

(a) (i) Explain what is meant by the term *autism.* Give **one** example of autistic behaviour that Lou might display. *(3 marks)*

[AO1 = 1, AO2 = 2]

AO1 One mark for knowing an autistic behaviour Lou might have been displaying. Likely behaviours: avoidance of social interaction, impaired language/communication, stereotyped behaviour, ritual performance, play difficulties.

AO2 Up to 2 marks for explanation of term, eg severe developmental disorder characterised by social isolation. May refer to how DSM IV requires combination of 6 symptoms from 3 groups Candidates might also explain how the behaviour would be demonstrated or displayed in child's behaviour.

(a) (ii) Describe **one** study in which autism was investigated. Indicate why the study was conducted, the method used, results obtained and conclusion drawn. *(5 marks)*

[AO1 = 5, AO2 = 0]

AO1 Any study in which autism was investigated is acceptable. Answers may focus on symptoms, (Sigman et al 1985) causes, (Kanner 1943, Cox et al 1975, Folstein and Rutter 1978) or treatments (Lovaas 1978) and case study answers (eg Volkmar and Cohen, 1985) should also be anticipated.

1 mark for aim
1 mark for method
1 mark for results
1 mark for conclusion
1 mark for additional detail (for example, critical comment about generalisation might be pertinent in relation to a case study)

Where a case study is appropriate, the aim may be expressed as a general rationale, the method may be less structured, and the results/conclusion expressed rather as a general outcome.

(b) Discuss **at least one** possible cause of a named learning difficulty other than autism (for example, dyslexia or dyscalculia). Refer to evidence in your answer. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for description of possible cause/s and associated evidence. Most answers are likely to focus on dyslexia although answers based on other forms of learning difficulty/cognitive impairment are acceptable (but not autism as it is precluded by the question). Answers based on dyslexia are likely to focus on one or more of the following explanations: genetics, neurological and information processing deficits. Credit should also be awarded for answers based on the specific nature of the cognitive deficit, eg phonological and visual/perceptual deficits in the case of dyslexia. Candidates may choose to focus on one explanation in depth or refer to more than one in less detail. Suitable studies may include: Vogler 85, Plomin 94, Blakesee 94 (genetics); Enns 95, Tallal 95, Stein and Talcott, Galaburda 94 (processing/cognitive/neurological deficit).

AO2 Up to 8 marks for evaluation and analysis of explanation/s presented. Evidence can be credited as AO2 where it is presented in support of or against a given explanation. Credit should also be given for application where candidates consider the implications of accepting certain explanations. Analysis might legitimately include the difficulty in distinguishing dyslexia from other reading/learning problems since errors in diagnosis would impact on any attempts to determine cause.

Maximum of 6 marks if no evidence presented

Mark bands

12 – 10 marks **Excellent answers**

Possible explanation/s are thoroughly described, showing sound knowledge and understanding of the area. Discussion is full and well balanced with substantial and appropriate analysis. Reference to research is present and accurate. Evaluative comment is not simply stated but is presented in the context of the discussion as a whole. The answer is well focused and most of the answer is relevant with little misunderstanding.

9 – 7 marks **Good to average answers**

Answer shows reasonably accurate knowledge and understanding of the area. There must be an attempt to present a discussion but this will not be as well balanced as for the top band. Some analysis is evident and the answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. Reference to research is present but perhaps not so clearly linked to the discussion as for the top band.

6 – 4 marks **Average to poor answers**

Answer shows some knowledge and understanding of the area. For 5/6 marks there must be some discussion but answers in this band are likely to be mostly descriptive, and there is likely to be irrelevance or inaccuracy. References to research, if present, are likely to be only vaguely linked to the question. Answers constituting reasonable description with limited focus on the question (eg difficulty not clearly identified) are likely to be in this band.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief, perhaps unfinished answer will come into this band.

Total AO1 marks for Question 4: 10
Total AO2 for Question 4: 10

Section B: Atypical Psychology

5 **Total for this question: *20 marks***

(a) Identify and briefly outline **two** criteria used to define abnormality. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1 2 x 2 marks. 1 mark for naming each criterion; probably taken from maladaptiveness; social norms; statistical norms; personal distress. Award 2nd mark each for outline. For example: deviation from social norms (1 mark) defines abnormality as a breaking of society's standards (1 mark)..

(b) Outline what is meant by *labelling*, and explain how it might affect clinical assessment. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Up to 2 marks for outline of labelling – where a person is designated in some way – leading to expectations and pre-judgements about them and their behaviour.

AO2 Up to 2 marks for explanation of how labelling would apply in clinical assessment, eg practitioner might see patient's notes or speak to another doctor before a consultation (1) this would affect perception of patient's symptoms and behaviours (1).

(c) Discuss **two** differences between the medical and psychological models of abnormality. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks available for description but maximum 3 marks if only one model described. Marks for outlining the medical and psychological models OR from describing the 2 differences to be discussed. Example content: medical model assumes cause is organic (disease, infection), or from internal malfunction/damage; psychological models offer non-organic explanations, eg the psychoanalytic model assumes cause is unresolved conflict between instinctual desires and societal demands; the cognitive model assumes cause if faulty thinking and negative set. Differences in treatment are also acceptable.

AO2 Discussion should be of each of the differences identified. For example, the differing assumptions of each model might be compared and evaluated. There may be reference to implications for treatment and wider social implications. Look for a balanced view with consideration of limitations and advantages of each approach. Credit references to research when linked to the discussion as a whole.

Maximum of 7 marks if only one difference discussed.

Mark bands

12 – 10 marks **Excellent answers**

Both description and evaluation clearly addressed with accurate detail. Discussion should be a balance of the two differences clearly identified between the medical and psychological models. At the top of the band a sophisticated grasp of the main issues should be evident, and answers should be comprehensive and analytical. The answer is well focused and most of the answer is relevant with little misunderstanding.

9 – 7 marks **Good to average answers**

Although both description and evaluation should be present the emphasis may be more on one than the other. Discussion will probably not be as balanced between the two differences identified as in Band 1. At the bottom of this band answers may be mainly descriptive although some critical analysis of differences should be evident. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. Maximum 7 marks if only one difference discussed.

6 – 4 marks **Average to poor answers**

Answers in this band may be mostly descriptive and will probably be brief, or have limited relevant content. At the bottom of the band answers may lack coherence but a number of relevant points must be evident. An attempt to address at least one difference should be evident. Answers constituting reasonable description with limited focus on the question are likely to be in this band. Purely descriptive answers are limited to the bottom of this band.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief, perhaps unfinished answer will come into this band.

Total AO1 for Question 5: 10
Total AO2 for Question 5: 10

6 **Total for this question: *20 marks***

(a) Distinguish between agoraphobia and a specific phobia. *(3 marks)*

[AO1 = 2, AO2 = 1]

AO1 One mark each for outlining each phobia. Agoraphobia is a wide-ranging disorder, now classified separately on DSM. Symptoms include fear of open spaces, crowded places or of going outdoors but other symptoms are often apparent. A specific phobia is a fear of a specific object or situation, for example, an animal phobia, with other symptoms less likely.

AO2 One mark for emphasising the difference between them. This mark might easily be gained through reference to the different types of avoidance behaviours shown by sufferers.
Reference to range of stimuli, ease of explanation / identification of cause, ease of treatment.

(b) Sarah started to have anxious and persistent thoughts that she had not locked the door properly. She began to check the door several times each morning before she set off for college. When she got to class, Sarah had recurring thoughts about the house being unlocked and unsafe, which made her very upset. She was diagnosed as suffering from obsessive-compulsive disorder.

Outline and briefly discuss **one** possible explanation of obsessive-compulsive disorders such as Sarah's. *(5 marks)*

[AO1 = 2, AO2 = 3]

AO1 One mark for giving a brief psychological explanation. Likely answers would include: psychoanalytic, behavioural, cognitive or biological explanations. One further mark for expansion/description of the given explanation. Eg if the given explanation is biological, a valid expansion might include the role of heritability and/or genetics, or that there are links with Tourettes syndrome seen in a correlation between the two disorders.

AO2 Up to three marks for analysis/evaluation of the given explanation. AO2 marks may be given for advantages, limitations, evidence, methodological comment or alternative. 1 mark can be awarded for application to the stem.

(c) Describe and discuss one biological explanation of anorexia nervosa. Refer to empirical evidence in your answer. *(12 marks)*

[AO1 = 6, AO2 = 6]

AO1 Up to six marks to be awarded for description of one biological explanation for anorexia. Eg genetics – relatives of people with anorexia are up to 5 times more likely than other people to suffer from an eating disorder (Strober and Humphrey 1987). Both family and twin studies indicate genetic link via concordance studies. Holland et al (1988) found 56% concordance for MZ compared to 5% for DZ. For the genetic explanation expect reference to these or similar concordance studies. Less likely, but acceptable, are answers focused on abnormal functioning of the hypothalamus (Gold 1986).

AO2 Up to six marks for evaluation and analysis. For example, heritability studies provide strong evidence but concordance rate is not 100% for MZ so other factors must be important. Candidates may make reference to the diathesis-stress model as an alternative. Genetic explanation does not account for recent increase in number of sufferers. Evaluation may also be in the form of comparison with other explanations as long as points are linked to the discussion.

Maximum 6 marks if no evidence presented

Mark bands

12 – 10 marks **Excellent answers**

A biological explanation is thoroughly described, showing sound knowledge and understanding of the area. Discussion is full and well balanced with substantial and appropriate analysis. Reference to research is present and accurate. Evaluative comment is not simply stated but is presented in the context of the discussion as a whole. The answer is well focused and most of the answer is relevant with little misunderstanding.

9 – 7 marks **Good to average answers**

Answer shows reasonably accurate knowledge and understanding of a biological explanation. There is an attempt to present a balanced discussion. Some analysis is evident and the answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. Reference to research is present but perhaps not so clearly linked to the discussion as for the top band.

6 – 4 marks **Average to poor answers**

Answer shows some knowledge and understanding of a biological explanation. Answers in this band are likely to be mostly descriptive, and there is likely to be irrelevance or inaccuracy. References to research, if present, are likely to be only vaguely linked to the question. Answers constituting reasonable description with limited focus on the question are likely to be in this band. Some evidence must be included for 6 marks.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief, perhaps unfinished answer will come into this band.

Total AO1 marks for Question 6: 10
Total AO2 marks for Question 6: 10

7 **Total for this question: *20 marks***

(a) Identify **three** symptoms used in the diagnosis of schizophrenia. *(3 marks)*

[AO1 = 3, AO2 = 0]

AO1 Award one mark for each of 3 symptoms required for diagnosis, eg delusion, hallucinations, disorganised speech, grossly disorganised or catatonic behaviour, affective flattening, alogia, erratic movement or avolition. Any symptoms from DSM are acceptable.

(b) Outline and briefly discuss **one** socio-cultural explanation for schizophrenia. *(5 marks)*

[AO1 = 2, AO2 = 3]

AO1 One mark to be given for any social or cultural explanation given; may include family dysfunction, schizophrenogenic parents, destructive parental interactions, faulty communication, socio-economic status, labelling, downward drift etc. Award 2nd mark for description/expansion of given explanation.

AO2 Up to three marks for analysis / evaluation. AO2 marks for advantages, limitations, evidence, methodological comment.

(c) Describe and discuss the use of drug therapy for mood disorders. *(12 marks)*

[AO1 = 5, AO2 = 7]

AO1 Up to five marks available for knowledge of drug therapy for depression or manic depression or SAD. These might include one or more of: MAOI, tricylics, SSRI, lithium etc. Credit also references to mode of action.

AO2 Up to seven marks available for evaluation/discussion and comment on the drug therapy/therapies described. Discussion is likely to include knowledge of outcome studies and evaluation of the use of chemotherapy, ie limitations and advantages of the drug therapy approach. There will probably be reference to efficacy (Morris and Beck 74, Butcher and Carson 90) and side effects, limited understanding of mode of action, social factors etc. More general points, eg how to define recovery, placebo effect etc. should also be credited. Better answers will probably refer to the needs for an eclectic approach.

Mark bands

12 – 10 marks **Excellent answers**

Drug therapy is clearly addressed with accurate detail. Discussion will be fully developed with balanced evaluative comment. At the top of the band a sophisticated grasp of the main issues should be evident, and answers should be comprehensive, coherent and analytical. Points will be integrated into the discussion as a whole. The answer is well focused and mostly relevant with little misunderstanding.

9 – 7 marks **Good to average answers**

Drug therapy is addressed in some detail but answers in this band will not be quite as detailed, well balanced and/or coherent as Band 1. In the discussion, description and evaluation should be present but the emphasis may be more on one than the other. At the bottom of this band answers may be mainly descriptive although some critical analysis should be evident. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding.

6 – 4 marks **Average to poor answers**

Answer shows some knowledge and understanding of drug therapy. Answers in this band are likely to be mostly descriptive and there is likely to be irrelevance or inaccuracy. Points are likely to be only vaguely linked to the question. Answers constituting reasonable description with limited focus on the question are likely to be in this band. Purely descriptive answers are limited to 5 marks.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief, perhaps unfinished answer will come into this band.

Total AO1 marks for Question 7: 10
Total AO2 marks for Question 7: 10

8 **Total for this question: *20 marks***

(a) (i) Outline **two** assumptions underlying the psychodynamic approach to the treatment of atypical behaviour. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1 Any relevant assumption acceptable, eg early childhood events important; client unaware of what motivates their actions and power of the unconscious; the mediation role of the ego; to understand root of problem is to start a cure etc. One mark for each assumption given plus one mark each for expansion.

(a) (ii) Explain how each of the assumptions outlined in your answer to (a) (i) has influenced psychodynamic therapy. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Candidates are expected to link their knowledge of components of psychodynamic therapy to the 2 assumptions they have given in part a).

Two marks for knowledge of psychodynamic treatment. Credit may be given for knowledge of specific aspects, eg free association, interpretation of dreams/slips of the tongue, analysis of resistance, analysis of transference or for general aspects of the therapy, eg need to access the unconscious. Candidates may give two components or focus on one with some expansion.

AO2 Two marks for linking aspects of the treatment to the assumptions given in part (a).

For example, if one assumption given in part a) is that problems stem from early childhood, then a suitable answer to part b) would be that elements of therapy such as free association are directed at accessing repressed childhood memories. If the assumption in (a) is that the ego's defence mechanism suppresses conscious thought (which can lead to neurotic anxiety) then this influences the choice of treatment because it leads to need to bring the unconscious material into consciousness

(b) Discuss the ethical dilemmas faced by professionals treating atypical behaviour. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to four marks for description of ethical issues. For example, the Association of Clinical Psychologists has issued guidelines to be followed in treatment. These may be outlined in the answer; rights of patients re informed consent; sectioning under the Mental Health Act 1983 and compulsory admission; compliance to 'expert'; lack of motivation and insight. Issues related to biological treatments and the nature of distress of some psychological treatments, eg flooding, abreaction etc. The ethics of applying token economy systems.

AO2 Up to eight marks available for discussion of the issues presented. Analytical comment might include advantages and limitations of compulsory treatment, the extent to which patients should be responsible for own decision making and the circumstances under which this might not be possible. The role of other professionals might also be part of the analysis, eg Approved Social Worker, as might the needs of other parties, eg relatives and the responsibilities of professionals to patients and the wider society. Discussion may be general or applied to particular treatments.

Mark bands

12 – 10 marks **Excellent answers**

Ethical dilemmas are thoroughly described, showing sound knowledge and understanding of the area. Discussion is full and well balanced with substantial and appropriate analysis. Evaluative comment is not simply stated but is presented in the context of the discussion as a whole. The answer is well focused and mostly relevant with little misunderstanding.

9 – 7 marks **Good to average answers**

Answer shows reasonably accurate knowledge and understanding of ethical dilemmas. There is an attempt to present a balanced discussion. Some analysis is evident and the answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding.

6 – 4 marks **Average to poor answers**

Answer shows some knowledge and understanding of ethical dilemmas. Answers in this band are likely to be mostly descriptive and there is likely to be irrelevance or inaccuracy. Some points are likely to be only vaguely linked to the question. Answers constituting reasonable description with limited focus on the question are likely to be in this band. Purely descriptive answers are limited to 4 marks.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief, perhaps unfinished answer will come into this band.

Total AO1 marks for Question 8: 10
Total AO2 marks for Question 8: 10

Health Psychology

9 **Total for this question: *20 marks***

(a) Outline **two** assumptions of the biopsychosocial model of health. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1 One mark for each assumption referred to briefly, plus one further mark each for outline. Likely assumptions include: holistic model; considers the interplay between biological, psychological and social aspects. Although an example is not explicitly required, the second mark for each assumption might be gained through reference to an example which elaborates on the assumption given.

(b) Identify and briefly discuss **one** complementary approach to health. *(4 marks)*

[AO1 = 1, AO2 = 3]

AO1 For identification of a complementary approach which will probably be one given on the Specification, eg aromatherapy, visualisation or meditation.

AO2 Up to 3 marks available for analysis of the approach. Discussion will probably focus on issues such as the demonstrable (or questionable) benefits for the patient, scientific evidence or lack of the emphasis on holism, the limitations in terms of general efficacy and relative usefulness in relation to different health problems. Broader issues such as availability, dependency on therapist and more controversial issues such as therapists' credentials may also be credited. Candidates may choose to cover a number of issues, in which case marks should be awarded for identifying these points, or may present a discussion of just one issue, in which case marks should be given for appropriate elaboration.

(c) Describe and discuss the biomedical model of health. *(12 marks)*

[AO1 = 5, AO2 = 7]

AO1 Up to 5 marks for knowledge and understanding of the biomedical model, eg focus on biological normality as a definition of health; absence of disease; illness as a result of injury, infection, biochemical imbalance etc.; emphasis on diagnosis; focus on cure using biomedical therapies – drugs, surgery, ECT etc.; reductionism. AO1 marks may also be given for references to evidence.

AO2 Up to 7 marks for discussion of the biomedical model. Likely analytical points would include the need for consideration of social and psychological factors as in a whole person approach, eg personality factors, lifestyle and environment. Limitations of strictly biomedical therapies might also be discussed, eg use of drugs alone to control conditions such as hypertension and the treatment of symptoms rather than cause. Positive evaluative points might include reference to the success of many biomedical treatments. Where evidence is used to support analysis and evaluation it may be credited as AO2.

Mark bands

12 – 10 marks **Excellent answers**

Aspects of the biomedical model are thoroughly described, showing sound knowledge and understanding of the area. Discussion is full and well balanced with substantial and appropriate analysis. Evaluative comment is not simply stated but is presented in the context of the discussion as a whole. The answer is well focused and mostly relevant with little misunderstanding.

9 – 7 marks **Good to average answers**

Answer shows reasonably accurate knowledge and understanding of the biomedical model. There is an attempt to present a balanced discussion. Some analysis is evident and the answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding

6 – 4 marks **Average to poor answers**

Answer shows some knowledge and understanding of the biomedical model. For 6 marks there must be some discussion but answers in this band are likely to be mostly descriptive and there is likely to be irrelevance or inaccuracy. Some points are likely to be only vaguely linked to the question. Answers constituting reasonable description with limited focus on the question are likely to be in this band.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief, perhaps unfinished answer will come into this band.

Total AO1 marks for Question 9: 10
Total AO2 marks for Question 9: 10

10 **Total for this question: *20 marks***

(a) Identify **one** self-report measure of pain and explain one limitation of this method. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Award one mark for identification of a method, eg questionnaire type method, reference to ratings, item type or specific example, eg McGill. Second mark is for giving a limitation, eg lack of clarity in terminology; appropriate to a restricted patient group, eg inappropriate for use with children; unscientific/not objective, questionable validity.

AO2 Up to two marks for explanation and analysis of the limitation.

(b) (i) Identify and outline **two** physiological measures of pain the doctor might use with Annie. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1 (2 x 2) One mark for each measure identified, eg EMG (electromyography), EEG (electroencephalograph) or measure of autonomic arousal such as pulse rate, skin conductivity or skin temperature. A further mark each for description of how the measure is used. For example, if the measure is an EMG, the candidates should describe how this would be used, ie attaching electrodes to Annie's skin to reveal abnormal patterns of muscle contractions which might or might not correlate with self reported pain.

(ii) Discuss **two** approaches to managing Annie's pain that the doctor might recommend. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks are available for description. Normally award 2 marks each for description of each approach. Candidates will normally refer to methods given in the specification although other methods are acceptable. Likely techniques include: TENs or other physical therapies such as physiotherapy, acupuncture or massage etc.; behavioural approaches such as operant conditioning or biofeedback; cognitive approaches, eg redefinition, distraction and imagery. Credit may be given for biomedical techniques based on medication, eg morphine and surgery.

AO2 Up to 8 marks for evaluation/analysis of the approaches. Normally award 4 marks for discussion of each method/approach. Candidates may choose to consider advantages and limitations for the patient and/or practitioner. Relevant issues might include the effectiveness with different client groups and for different conditions. In this respect candidates might accrue marks for application through linking their discussion to the stem. Credit should also be given for wider issues such as ease of application, availability, consideration of resources etc.

Maximum 7 marks if only one technique presented

Mark bands

12 – 10 marks **Excellent answers**

Two pain management techniques are thoroughly described showing sound knowledge and understanding. Discussion is full and well balanced with substantial and appropriate analysis. Evaluative comment is not simply stated but is presented in the context of the discussion as a whole. The answer is well focused and most of the answer is relevant with little misunderstanding.

9 – 7 marks **Good to average answers**

Answer would normally include knowledge and understanding of two pain management techniques, although an exceptional answer based on just one method could gain 7 marks in this band. There is an attempt at discussion although it may not be as well balanced as for the top band. Some analysis is evident and the answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding.

6 – 4 marks **Average to poor answers**

Answer shows some knowledge and understanding of pain management techniques. At this level points will be largely implied rather than clearly articulated. For 5/6 marks there must be some discussion. There may be some irrelevance or inaccuracy. Answers constituting reasonable description with limited focus on the question are likely to be in this band.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief, perhaps unfinished answer will come into this.

Total AO1 marks for Question 10: 10
Total AO2 marks for Question 10: 10

11 **Total for this question: *20 marks***

(a) Outline **one** benefit of a high fibre diet. *(2 marks)*

[AO1 = 2, AO2 = 0]

AO1 One mark to be awarded for giving a benefit, with a further mark for the expansion. Likely answers: necessary aid to digestion, prevention of diseases, eg cancer.

(b) (i) Describe what is meant by *aerobic* and *anaerobic* exercise. Give an example of each that the gym members might use as part of their gym routine. *(6 marks)*

[AO1 = 4, AO2 = 2]

AO1 One mark each for basic knowledge of what is meant by aerobic and anaerobic exercise.
Aerobic – exercise that increases oxygen uptake.
Anaerobic – exercise that does not require sustained high oxygen intake.
Plus one further mark each for expansion/description, eg aerobic exercise stimulates the cardiovascular system (heart and lungs); in anaerobic exercise physical demand is met from stored energy resources).

AO2 One mark each for an example of each type. Possible examples:
Aerobic – eg running, cycling, swimming – any endurance based activity.
Anaerobic – eg weightlifting, short distance running or accept also minimal movement activity such as yoga.

(ii) The newspaper headline suggests that exercise is important for health. Discuss positive and negative effects of exercise on health. Refer to evidence in your answer. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to four marks for knowledge and understanding of the role of exercise in any aspect of health. Likely psychological benefits to be described are stress reduction, promotion of positive attitude, enhancement of self-concept. Likely physiological aspects would include: prevention of diseases, eg cardiovascular disorders, CHD and cancer; maintenance of general fitness. Negative effects of exercise include: injury to bones or muscles; cardiac arrest; and indirectly, consequences of use of anabolic steroids. Variety of studies acceptable, eg prevention of cardiovascular disorders - Lakka et al 1994, Cooper 1982; lowering stress – Roth and Holmes 1985; risk from exercise – Brannon and Feist 1997. Maximum 3 marks if only positive **or** negative given.

AO2 Up to eight marks for discussion of the benefits and negative effects on health. Evaluative points would include the extent of the influence of exercise on the various aspects of health and the discussion should include reference to research. Analytical points might include a comparison of the benefits and risks and AO2 marks might also be gained through application, either to the stem of through reference to examples.

Maximum 6 marks if no evidence presented
Maximum 7 marks if only negative or positive effects presented

Marks bands

12 – 10 marks **Excellent answers**

Answer shows sound knowledge and understanding of both positive and negative effects. Evidence is detailed and accurate. Discussion is full and well balanced with substantial and appropriate analysis. Evaluative comment is not simply stated but is presented in the context of the discussion as a whole. The answer is well focused and most of the answer is relevant with little misunderstanding.

9 – 7 marks **Good to average answers**

Answer shows knowledge and understanding of both positive and negative effects, although an exceptional answer focused on one aspect may gain up to 7 marks. At this level there must be some discussion although it may not be as well balanced as for the top band. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. Must be some evidence included for this band.

6 – 4 marks **Average to poor answers**

Answer shows some knowledge and understanding of the role of exercise in health but is perhaps focused just on positive or negative effects. At this level points will be largely implied rather than clearly articulated. For 5/6 marks must be some discussion but weaker answers in this band may be entirely descriptive and there may be some irrelevance or inaccuracy. Answers constituting reasonable description with limited focus on the question are likely to be in this band.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief, perhaps unfinished answer will come into this band.

Total AO1 marks for Question 11: 9
Total AO2 marks for Question 11: 11

12 **Total for this question: *20 marks***

(a) Explain what is meant by the term *locus of control* in relation to stress. *(3 marks)*

[AO1 = 1, AO2 = 2]

AO1 1 mark for basic knowledge of term – the tendency to attribute events to internal or external causes – or tendency to feel in control of what happens to you – or similar.

AO2 Up to 2 marks for application to stress. For example, if a person has an internal locus of control and tends to make internal attributions (ie that they are in control of events/own behaviour) they may suffer less stress, or the alternative possibility, that those who make external attributions may be affected by more stress. Award 1 mark for a basic link to stress and 2 marks for a comprehensive answer.

(b) Describe **one** study in which the role of personal variables in stress was investigated. Indicate why the study was conducted, the method used, results obtained and conclusion drawn. *(5 marks)*

[AO1 = 5, AO2 = 0]

AO1 Any study in which the link between personal variables and stress was investigated is acceptable. Most candidates are likely to describe the Friedman and Rosenman (1959) study of personality types A, B and C and stress-related CHD.

1 mark for aim
1 mark for method
1 mark for results
1 mark for conclusion
1 mark for additional detail

Most candidates will achieve the 5th mark through expanded description of either method or results, as there are detailed accounts in many texts. However, credit may also be given for analytical comment, eg on how confounding variables could have affected results, or consideration of implications of suggestion that type might be inherited.

(c) Discuss the behavioural approach to managing stress. Refer to **one** other approach in your answer. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to four marks for knowledge and understanding of the behavioural approach to stress management. Answers will probably be focused on systematic desensitisation and biofeedback since these are given in the Specification. Marks should be awarded for reference to elements of the given therapy, eg for systematic desensitisation candidates should refer to establishing a hierarchy, step-by-step exposure, relaxation and appropriate references to classical conditioning. AO1 marks may also be given for knowledge of another approach. Answers based solely on the cognitive behavioural approach rather than the behavioural can be credited for knowledge of the behavioural elements of the approach.

AO2 Up to eight marks for discussion of the use of the behavioural approach. Credit should be given for reference to strengths (measurable success, clear goal, clearly structured approach, underpinned by Behaviourist theory and research) and limitations (treats behaviour not cause, time consuming, doesn't always generalise to real life). Marks for analytical comment also to be awarded where candidates compare the approach with the alternative required in the question. Most likely alternative is cognitive-behaviour therapy but others are acceptable, eg biomedical therapy (drugs), hypnosis and autogenic training. Analytical marks may also be gained through broader analysis of the advantages and limitations of different types of strategy, ie problem focused versus emotion focused.

Mark bands

12 – 10 marks **Excellent answers**
Answer shows detailed knowledge and understanding of the behavioural approach to stress management. Another approach is presented in the context of a full and well-balanced discussion. There is substantial and appropriate analysis. Evaluative comment is not simply stated but is presented in the context of the discussion as a whole. The answer is well focused and most of the answer is relevant with little misunderstanding.

9 – 7 marks **Good to average answers**
Answer shows knowledge and understanding of the behavioural approach to stress management. For 8/9 marks another approach must be presented although it may not be very well integrated into the discussion as a whole. There is some discussion although it may not be as well balanced as for the top band. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding.

6 – 4 marks **Average to poor answers**
Answer shows some knowledge and understanding of the behavioural approach to stress management. At this level points will be largely implied rather than clearly articulated. For 5/6 marks there must be some discussion but weaker answers in this band may be entirely descriptive. There may be some irrelevance or inaccuracy. Answers constituting reasonable description with limited focus on the question are likely to be in this band.

3 – 1 marks **Poor answers**
Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief, perhaps unfinished answer will come into this band.

Total AO1 marks for Question 12: 10
Total AO2 marks for Question 12: 10

Contemporary Topics

13 **Total for this question: *20 marks***

(a) Identify and outline **two** features of the triangular theory of love. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1 Award 1 mark for each feature identified such as passion, intimacy or decision/commitment. Alternative answers may also refer to consummate love (all 3 present) or balanced/ unbalanced triangles as well as size of triangle reflecting intensity of love. Further one mark each for each feature outlined in some way, eg passionate love refers to motivational aspects & concerns romantic & sexual attraction.

(b) Outline and briefly discuss **one** way in which knowledge of HIV transmission might influence a person's sexual behaviour. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 For giving relevant aspect of HIV transmission & sexual behaviour, eg increased use of contraception (safer sex), monogamous relationships etc. One further mark for outline/elaboration of given aspect, eg elaboration on what constitutes safe sex – use of barrier method of contraception.

AO2 Up to 2 marks obtained for analysis of link between HIV transmission & its influence upon a person's sexual behaviour. This could include an example from particular parts of the community.

(c) Discuss **at least two** factors affecting interpersonal attraction. Illustrate your answer with reference to empirical evidence. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks to be awarded for description of two factors and/or studies. Relevant factors include: situational factors, eg proximity (Festinger 50), familiarity (Zajonc 71); personal factors, eg physical attractiveness (Dion 72, Walster 66), similarity – the matching hypothesis (Murstein), reciprocal liking – gain loss (Aronson and Linder 65). Theories of attraction are also acceptable, eg exchange theory, equity theory, conditioning theory (Byrne and Clore), cognitive theory (Heider 58) and sociobiological theory (Dawkins 89).

AO2 Up to 8 marks for analysis and evaluation of factors/theories and evidence. This might include both general comments and/or specific criticism of the research presented. Given that there is so much evidence, most discussions will consider the possible relevance of other factors in attraction. References to cultural differences.

Maximum of 6 marks if no evidence presented
Maximum of 7 marks if only one factor presented

Mark bands

12 – 10 marks **Excellent answers**

Analysis and evaluation will be clearly demonstrated throughout the answer, discussion of at least two factors will be presented to a high level of detail. Points are thoroughly discussed and the debate is well balanced. Detailed appreciation of issues will be presented in the context of a comprehensive and coherent discussion. The answer is well focused and mostly relevant with little misunderstanding.

9 – 7 marks **Good to average answers**

Top-end shows evidence of analysis and evaluation although answer may show less breadth than for top band. At least two factors will be discussed for 8/9 marks. There must be some evidence presented in this band. Bottom end of band will be answer that is more restricted in terms of analysis and evaluation. There is an attempt to present a balanced discussion and the answer is mostly focused on the question, although there may be some irrelevance and/or misunderstanding.

6 – 4 marks **Average to poor answers**

Answers in this band may lack evidence. For 5/6 marks some effort is made to discuss the issues, for example one or more factors presented, but skills of analysis and evaluation are clearly weak. Answers constituting reasonable description with limited focus on the question are likely to be in this band. Purely descriptive answers are limited to 4 marks.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief, perhaps unfinished answer will come into this band

Total AO1 marks for Question 13: 10
Total AO2 marks for Question 13: 10

14 **Total for this question: *20 marks***

(a) With reference to an example, describe what is meant by parapsychology. *(3 marks)*

[AO1 = 2, AO2 = 1]

AO1 Award up to 2 marks for good, clear description of term indicating scientific study of paranormal phenomena, scientific study of sensory experiences beyond the 5 senses. Award 1 mark for elaboration of term, which may include general reference to psi phenomena, or that parapsychology includes ESP & PK etc. Vague, sketchy definition 1 mark max.

AO2 Award 1 mark for relevant example which typically may be a type of phenomena such as clairvoyance, telepathy, precognition, PK.

(b) Distinguish between *experimenter effects* and *demand characteristics* in parapsychology, giving an example of each. *(5 marks)*

[AO1 = 2, AO2 = 3]

AO1 Award 1 mark each for clear description of **each term**, eg demand characteristics are where participant tries to determine 'true' purpose of study etc & experimenter effects : any effects on the study attributed to the researcher.

AO2 1 mark for elaboration of how the concepts differ. Plus one mark each for each example.

Example: One is due to the presence of the experimenter, other may arise from other aspects of the study, eg instructions, task, procedure, etc.

(c) Describe and discuss empirical evidence for the existence of extra-sensory perception (ESP). *(12 marks)*

[AO1 = 6, AO2 = 6]

AO1 Up to 6 marks for detailed knowledge, ESP, evidence. 1-2 marks only for definition of term (ESP) or for reference to main types: telepathy, clairvoyance & precognition. Most of marks for AO1 will be awarded for descriptive coverage of relevant evidence such as Ganzfeld studies. Where candidates focus on pre-cognition credit appropriate evidence, which may not necessarily be empirical. Do not credit reference to PK studies.

AO2 Up to 6 marks for analysis and evaluation which may be discussion of general issues & problems with research in this area such as file-drawer problem, use of anecdotal findings etc, &/or may involve specific discussion & critical consideration of research findings cited. This may include reference to statistical significance as support for existence of ESP. For high-end marks evaluation of both sides of argument will be demonstrated, together with criticism/evaluation of studies).

Mark bands

12 – 10 marks **Excellent answers**

Analysis and evaluation will be clearly demonstrated throughout the answer which will contain a thorough and knowledgeable discussion of relevant evidence both for the existence of ESP. Empirical evidence will be incorporated into the discussion, & this will be clearly described and critically considered. The answer is well focused and mostly relevant with little misunderstanding.

9 – 7 marks **Good to average answers**

Top-end of band will contain reference to evidence and analysis and evaluation should be present in the answer, although this may be less thorough than for the top band. Answers at the bottom end of band will be more restrictive in their coverage of evidence (perhaps 1 study only) Psychological terminology & appropriate concepts used well throughout. The answer is mostly focused on the question, although there may be some irrelevance and/or misunderstanding.

6 – 4 marks **Average to poor answers**

Answers in this band will tend to be descriptive with minimal attempt made to discuss the issues. References to evidence should still be apparent although lacking in detail Psychological terminology used although limited. Answers constituting reasonable description with limited focus on the question are likely to be in this band. Purely descriptive answers are limited to this band.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief, perhaps unfinished answer will come into this band.

Total AO1 marks for Question 14: 10
Total AO2 marks for Question 14: 10

15 **Total for this question: *20 marks***

(a) Using an example, explain what is meant by *psychological dependence* in relation to substance abuse. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Award up to 2 marks for good explanation of term such as form of addiction whereby individual believes, thinks or has learned that they need to take a drug/substance in order to function or cope with particular situations. Vague, sketchy definition 1 mark max. Must be clearly distinct from physical dependence.

AO2 Award 1 mark for analysis of term which may include link to withdrawal, or distinction from physical dependence etc. Award 1 additional mark for relevant example such as person feels the need to have a cigarette before an interview. Alternatively may provide example of relevant substance which produces psychological dependence such as cannabis or nicotine.

(b) Explain **two** possible psychological effects which stimulant abuse may have on the abuser. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Award 1 mark for each relevant effect presented such as increase in energy, arousal, alertness, responsiveness, paranoia etc. Alternatively answer may cite opposing effects found with amphetamine for example exhaustion & depression when effects wear off.

AO2 For analysis and elaboration of effects on abuser. For example, how a person who abuses stimulants by exceeding any prescribed dosage might experience increase tremors, unclear/rapid speech, loss of appetite, confusion and sleeplessness. How abuse of amphetamines has been implicated in acts of violence and suicides resulting from drug induced psychosis. Credit also behavioural effects, eg changes to daily behaviour, routines.

(c) Tommy believes that his alcoholism is inherited.

Describe and discuss the role of hereditary factors in alcohol abuse. Refer to evidence in your answer. *(12 marks)*

[AO1 = 6, AO2 = 6]

AO1 Up to 6 marks to be awarded for knowledge and understanding of the role of hereditary factors (credit some description of studies about contribution of non-biological factors though as alternative interpretation of question) marks may also be given for reference to relevant studies - alcoholic gene, MAO enzyme, as well as evidence from twin studies etc.

AO2 Up to 6 marks for analysis and evaluation of concept of hereditary factors in alcohol abuse. This may include general comments such as relative contribution, as well as problems of separating such factors from environmental influences & range of other factors which explain abuse such as personality, boredom, escapism etc, although these should be directed at alcohol abuse. Answer may also include specific criticisms of research cited such as methodological issues etc. AO2 marks may also be given for application to the stem.

Maximum of 6 marks if no evidence presented

Mark bands

12 – 10 marks **Excellent answers**

Sound knowledge and understanding of the role of hereditary factors present throughout the answer, thorough and well balanced discussion with detailed reference to evidence. Answer is well focussed, most relevant, with little misunderstanding.

9 – 7 marks **Good to average answers**

Knowledge and understanding is evident and top-end shows evidence of analysis and evaluation, although answer may show less breadth than for top band. Bottom end of band will be more restricted in terms of balanced argument. Evidence must be presented. Answers should still demonstrate skills of analysis although full appreciation of issues is not conveyed. The answer is mostly focused on the question, although there may be some irrelevance and/or misunderstanding.

6 – 4 marks **Average to poor answers**

Answers in this band will lack clarity even though some effort may be made to discuss the issues. Sensible description should be present but any analysis and evaluation is clearly weak and the answer will probably be poorly organised. Answers constituting reasonable description with limited focus on the question are likely to be in this band.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief, perhaps unfinished answer will come into this band.

Total AO1 marks for Question 15: 10
Total AO2 marks for Question 15: 10

16 **Total for this question: *20 marks***

(a) Outline **two** definitions of crime. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1 Award up to 2 marks for each detailed definition of term. Candidates might use social, political or legal definitions. Example 'a wrong to society involving the breach of a legal rule' (Williams 91); behaviour committed which is against the law; illegal act; breaking of moral and legal code etc. Outline might include citing a particular crime to support the definition/description provided. May also include reference to criminalization/decriminalization of acts etc.Vague, sketchy definition 1 mark max.

(b) Briefly discuss **one** limitation of using official statistics to measure crime. *(4 marks)*

[AO1 = 1, AO2 = 3]

AO1 Award 1 mark for limitation given, eg only show offences reported to & recorded by police; differences in counting rules employed by different police forces; under-representation of certain crimes.

AO2 Award up to 3 further marks for discussion. or example, counting rule may produce an under or over-representation of crime in a county if police adopt different criteria, or reference to reasons why crime may not be reported to police, eg domestic violence etc.

(c) Describe and discuss biological theories of offending. Refer to evidence in your answer. *(12 marks)*

[AO1 = 5, AO2 = 7]

AO1 Up to 5 marks to be awarded for knowledge and understanding of the role of biological factors in explaining criminal behaviour (credit also knowledge of the contribution of non-biological factor as alternative interpretation of question) Marks may also come from description of relevant studies include notion of criminal gene (XYY syndrome), MAO deficiency, the work of Lombroso, Sheldon, research on twin studies, adoption, family studies, role of hormones, CNS etc.

AO2 Up to 7 marks for evidence of analysis and evaluation of concept of biological factors in criminal behaviour. This may include acknowledging contribution of environment, interactionist perspective &/or may include specific criticisms of research cited such as methodological issues in Lombroso's work (lack of control group etc), small sample sizes in twin studies, researcher bias in biochemical approaches etc.

Maximum of 6 marks if no evidence presented

Mark bands

12 – 10 marks **Excellent answers**

Sound knowledge and understanding is demonstrated through clear, detailed description. Analysis and evaluation will be clearly demonstrated throughout the answer. References to research are appropriate, detailed and integrated into the discussion as a whole. Detailed appreciation of issues will be present and the discussion is well balanced. The answer is well focused and mostly relevant with little misunderstanding.

9 – 7 marks **Good to average answers**

Knowledge and understanding are evident and at the top-end there is clear evidence of analysis and evaluation, although answer may show less breadth than for top band. Bottom end of band will be answer that is more restricted in terms of knowledge and understanding. Answers in this band though should still demonstrate a balanced view although full appreciation of issues is not conveyed. The answer is mostly focused on the question, although there may be some irrelevance and/or misunderstanding. Some evidence must be presented in this band.

6 – 4 marks **Average to poor answers**

Answers in this band may lack empirical evidence even though some effort is made to discuss the issues. Alternatively, evidence may be cited but skills of analysis and evaluation are clearly weak, and the answer is largely descriptive. Some attempt at discussion must be present though to be awarded a mark of 6.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief, perhaps unfinished answer will come into this band.

Total AO1 marks for Question 16: 10
Total AO2 marks for Question 16: 10

Assessment grids

Section A: Child Development

Question	Marks AO1	Percentage	Marks AO2	Percentage	Total
Q1 (a) (i)	4		0		
(ii)	1		3		
(b)	5	50	7	50	20
Q2 (a)	1		2		
(b)	5		0		
(c)	4	50	8	50	20
Q3 (a)	4		0		
(b) (i)	0		4		
(ii)	6	50	6	50	20
Q4 (a) (i)	1		2		
(ii)	5		0		
(b)	4	50	8	50	20

Section B: Psychology of Atypical Behaviour

Question	Marks AO1	Percentage	Marks AO2	Percentage	Total
Q5 (a)	4		0		
(b)	2		2		
(c)	4	50	8	50	20
Q6 (a)	2		1		
(b)	2		3		
(c)	6	50	6	50	20
Q7 (a)	3		0		
(b)	2		3		
(c)	5	50	7	50	20
Q8 (a) (i)	4		0		
(ii)	2		2		
(b)	4	50	8	50	20

Section B: Health Psychology

Question	Marks AO1	Percentage	Marks AO2	Percentage	Total
Q9 (a)	4		0		
(b)	1		3		
(c)	5	50	7	50	20
Q10 (a)	2		2		
(b)	4		0		
(c)	4	50	8	50	20
Q11 (a)	2		0		
(b) (i)	4		2		
(ii)	4	50	8	50	20
Q12 (a)	1		2		
(b)	5		0		
(c)	4	50	8	50	20

Section B: Contemporary Topics in Pyschology

Question		Marks AO1	Percentage	Marks AO2	Percentage	Total
Q13	(a)	4		0		
	(b)	2		2		
	(c)	4	50	8	50	20
Q14	(a)	2		1		
	(b)	2		3		
	(c)	6	50	6	50	20
Q15	(a)	2		2		
	(b)	2		2		
	(c)	6	50	6	50	20
Q16	(a)	4		0		
	(b)	1		3		
	(c)	5	50	7	50	20