AQA

ASSESSMENT and QUALIFICATIONS ALLIANCE

Mark scheme
January 2004

GCE

Psychology B

Unit PYB4

The Assessment and Qualifications Alliance (AQA) is a company limited by guarantee registered in England and Wales 3644723 and a registered charity number 1073334.
Registered address AQA, Devas Street, Manchester M15 6EX. *Dr Michael Cresswell Director General*

Quality of Written Communication

Where candidates are required to produce extended written material in English, the scheme of assessment must make explicit reference to the assessment of the quality of written communication. Candidates must be required to:

- select and use a form and style of writing appropriate to purpose and complex subject matter;
- organise relevant information clearly and coherently, using specialist vocabulary when appropriate;

  and
- ensure text is legible, and spelling, grammar and punctuation are accurate, so that meaning is clear.

The assessment criteria for quality of written communication apply only to questions with 12 marks. The following criteria should be applied in conjunction with the mark scheme.

The awards of marks within a particular mark band can be achieved only if the criteria for the mark scheme and quality of written communication bands have been met.

The quality of written communication bands must be regarded as part of the appropriate mark scheme band even though they are listed separately in the mark scheme. If a candidate satisfies only part of the criteria, for either the mark scheme or the quality of written communication, then s/he cannot be awarded marks in that band. The next lower band must then be considered.

General Approach

Apply the principles below *only* to questions which require a banded mark scheme according to 'Guidelines for Mark Schemes'. This means questions worth then marks or more.

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) There may be several reasons why children like Rebecca are rejected by their peers. Outline **two** possible causes of rejection that have been identified by psychologists. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1 Award 1 mark for each reason identified, plus 1 mark each for the outline. Likely answers: poor social skills leading to unsuccessful social encounters; lack of/poor attachment leading to inability to form relationships – internal working model of attachment; being physically unattractive; being unusual or 'deviant' in some way – could be linked to the similarity hypothesis; low self-esteem.

(ii) Briefly discuss **one** possible consequence for Rebecca of being rejected by other children. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Award up to 2 marks for outline of consequence. Likely answers: possible psychiatric disturbances in childhood/adulthood (Cowen 73, Duck 91); negative life outcomes – trouble with police, truancy, suspension from school (Kupersmidt & Coie 90); accentuation of pre-existing lack of social skill leading to increased isolation; lowered self-esteem.

AO2 Up to 2 marks for application/analysis/evaluation. Credit further analysis and comment as to **how** rejection would affect a child and/or reference to the inability to establish a cause and effect relationship in research. Any relevant points are acceptable.

Reference to immediate response (eg sad/lonely/upset) maximum 1 mark.

(b) Discuss the role of caregiver-infant interactions in the development of attachment. Refer to evidence in your answer. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for knowledge and understanding of psychological theory and evidence in relation to caregiver-infant interaction. A wide variety of acceptable answers should be anticipated. Candidates may focus on just one type of behaviour or area of research and expand on it, or may refer to several areas in less detail. Likely content: Ainsworth sensitive responsiveness hypothesis; research into early bonding (Klaus and Kennell 76); turn-taking (Schaffer 84) interactional synchrony (Condon & Sander 74, Brazleton 82); animal studies (Harlow's privation research 59). Other issues are acceptable where linked to attachment, for example, language research – motherese (Snow & Ferguson 77); imitation (Melzoff and Moore 77).

AO2 Up to 8 marks for discussion of the role of interactions in the development of attachment. Evidence should be used here to support arguments. Examples of specific evaluative points: validity of Ainsworth's work as a basis for sensitive responsiveness hypothesis; arguments against intentionality, eg Kaye's theory about imputed meaning; evidence for intentionality (Trevarthen); contradictory evidence, eg Klaus and Kennel's hypothesis. Credit also more general theoretical issues such as the way in which attachments can still be formed even in cases of severe deprivation where there has been no satisfactory infant-caregiver interaction. Credit also reference to implications of successful/unsuccessful infant-caregiver interactions and research issues, eg establishing cause and effect relationship or validity of measures.

Maximum of 6 marks if no evidence is presented

Mark Bands

12 – 10 marks **Excellent answers**

Psychological findings/theory in relation to caregiver-infant interaction are thoroughly described showing sound knowledge and understanding. Discussion is full and well balanced with substantial and appropriate analysis. There are accurate and detailed references to research. Evaluative comment 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 appropriate findings/theory. 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 minor irrelevance and/or misunderstanding. Reference to relevant research is present but is 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. There must be some analysis/discussion for 5/6 marks. Answers in this band are likely to be mostly descriptive and there is likely to be some irrelevance or inaccuracy. Any references to research are probably lacking in detail or poorly integrated into the discussion. Answers constituting reasonable relevant 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 1: 10
Total AO2 marks for Question 1: 10
Total marks for Question 1: 20 marks

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

(a) **In your answer book**, write the name of the child alongside the relevant term. *(3 marks)*

[AO1 = 0, AO2 = 3]

AO2 One mark for each concept correctly identified.
James – failure to conserve
Jeanne – object permanence
Stephen – egocentrism

(b) Outline the way in which Bruner explains children's increasing capacity to deal with abstraction. *(5 marks)*

[AO1 = 5, AO2 = 0]

AO1 Answers should focus on Bruner's modes of representation and particularly the increased sophistication in thinking afforded by the symbolic mode. Award marks for any of the following: reference to the 3 modes; modes of representation as ways of storing knowledge/thinking; symbolic mode as key to abstraction; symbolic mode allows thinking to move away from the bounds of the concrete – things as they actually are; symbolic mode as thinking in language; symbolic mode enables child to imagine/hypothesise/manipulate ideas. Credit also references to findings that demonstrate increased abstraction with symbolic thought, eg Bruner and Kenney.

Pure description of Bruner & Kenney experiment – 1 mark
Listing or describing modes without reference to abstract thought – 1 mark

(c) Describe and discuss Piaget's empirical research into cognitive development. *(12 marks)*

[AO1 = 5, AO2 = 7]

AO1 Up to 5 marks for description of Piaget's research, eg object permanence studies, egocentrism studies, classification/class inclusion experiments, conservation, studies of reasoning. Marks to be awarded for knowledge of empirical work carried out by Piaget or for more general information about the method, eg clinical interview. Any relevant studies are acceptable but description of Piaget's theory without links to empirical work should gain a maximum of 2 marks.

AO2 Up to 7 marks for evaluation of Piaget's empirical research. The discussion may focus on one or two issues in detail or consist of several, less detailed evaluative points. Likely content: problems of the clinical interview; lack of replication using more realistic tasks; lack of 'human sense'; alternative findings, eg Hughes 75 and McGarrigle & Donaldson 74; validity of the measure, ie assuming that non-performance of an ability equals absence of an ability. Credit also positive analytical points, eg how precise research has been replicated and has generated many ideas; Piaget's research as foundation for theory is acceptable but do not allow further credit here for straightforward description of stages.

Mark Bands

12 – 10 marks **Excellent answers**

Piaget's research is thoroughly described showing sound knowledge and understanding. Discussion is full and well balanced with substantial and appropriate analysis. Detailed evaluative comment 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 Piaget's research with an attempt to present a balanced discussion. Some evaluation and analysis is evident and the answer is mostly focused on the question, although there may be minor irrelevance and/or misunderstanding.

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

Answer shows some knowledge and understanding of Piaget's research. There must be some analysis/discussion for 6 marks. Answers in this band are likely to be mostly descriptive and there is likely to be some irrelevance or inaccuracy. Answers constituting reasonable relevant 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 2: 10
Total AO2 for Question 2: 10
Total marks for Question 2: 20 marks

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

(a) Describe what Kohlberg meant by the *conventional level* of moral reasoning. *(3 marks)*

[AO1 = 3, AO2 = 0]

AO1 Up to 3 marks for knowledge of Kohlberg's conventional level. Credit reference to 'good boy, good girl' and 'law and order' stages or equivalent, plus further credit for expanded description of the reasoning demonstrated by children/people in these stages. If candidates refer solely to conventional level as the level demonstrated by 'most people' or 'the average adult' award one mark maximum.

(b) Distinguish between *hedonistic* and *approval-orientated* levels of pro-social reasoning identified by Eisenberg. Give an example of **each** type to illustrate your answer. *(5 marks)*

[AO1 = 2, AO2 = 3]

AO1 One mark each for definition of each term:
Hedonistic – decisions are self-focused, self-gratifying (or similar).
Approval-oriented – decisions based on need to impress others, need to be thought highly of by others (or similar).

AO2 One mark for clarifying distinction between the two. Any comment which further differentiates will suffice, eg a hedonistic reasoner takes no account of the views of others whereas that is the primary focus for the approval-oriented.
Plus a mark for each example clearly linked to the type of reasoning. The situation may be the same for each example but for two marks there should be an illustration of each type. Accept either research examples (usually Eisenberg's) or real life examples.

(c) Describe and discuss **at least one** method used to investigate moral development. *(12 marks)*

[AO1 = 5, AO2 = 7]

AO1 Award up to 5 marks for knowledge of at least one technique. 1 mark for identifying a technique. Any method is acceptable but most answers will refer to some form of dilemma technique, most usually either Piaget or Kohlberg. Also accept reference to Eisenberg's pro-social dilemma method, Damon's research using hypothetical and real dilemmas, Weston and Turiel's research into ability to distinguish between social and moral transgressions, Gilligan's research. Also accept answers based on behavioural studies of morality, eg Solomon 68. Award marks for relevant descriptive information for either one method in detail or more than one in less detail.

AO2 Award up to 7 marks for discussion of specific evaluative points in relation to the chosen method and for broader analytical points, eg qualitative v quantitative approaches to research or the limited focus on moral understanding in the cognitive developmental approach. References to alternative methods employed to study morality can be credited here where used as analysis. Likely evaluative issues: ethnocentrism; content and predictive validity; reliability; subjectivity/possible bias in interpretation of the interview content.

Mark Bands

12 – 10 marks **Excellent answers**

At least one method is thoroughly and accurately described showing sound knowledge and understanding. Discussion is full and well balanced with substantial and appropriate analysis. Sophisticated evaluative comment 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 at least one method used in moral development research, with an attempt to present a balanced discussion. Some evaluation and analysis is evident and the answer is mostly focused on the question, although there may be minor irrelevance and/or misunderstanding.

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

Answer shows some knowledge and understanding of at least one method used to research moral development. There must be some analysis/discussion for 6 marks. Answers in this band are likely to be mostly descriptive and there is likely to be some irrelevance or inaccuracy. Answers constituting reasonable relevant 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 3: 10
Total AO2 marks for Question 3: 10
Total marks for Question 3: 20 marks

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

(a) (i) Explain what is meant by "a gifted child". *(3 marks)*

[AO1 = 2, AO2 = 1]

AO1 Up to 2 marks for knowledge of the term in relation to child development.
Candidates might offer definitions of giftedness in specific domains - musical, mathematical etc; the IQ definition – garden variety gifted v highly gifted; reference to multiple intelligences. Two marks for detailed informative answers, one mark for a basic answer, eg having a very high IQ.

AO2 Credit any explanatory/analytical point, eg recognition of different possible interpretations of 'giftedness' or the narrowness/ambiguity of the IQ definition.

(ii) Outline and briefly discuss **one** problem that might occur when a gifted child is educated alongside non-gifted children of the same age. *(5 marks)*

[AO1 = 2, AO2 = 3]

AO1 One mark for identifying a problem, plus a further mark for outline description. Likely disadvantages: lack of intellectual stimulation; social adjustment problems – social isolation; being labelled by both peers and teachers; appearing to be a 'difficult' child.

AO2 Up to 3 marks for discussion of the given problem. Candidates might analyse the consequences – short-term or long-term for the child, for the family, perhaps for the education system. Analysis might also focus on the implications of alternatives, ie special provision/education for gifted children. AO2 marks may also be credited for reference to relevant evidence or case examples although this is not specifically required by the question.

(b) Describe and discuss **at least one** treatment for autism. *(12 marks)*

[AO1 = 6, AO2 = 6]

AO1 Up to 6 marks for knowledge of at least one treatment or therapy for autism. Candidates may offer a detailed description of one or give less detailed information about more than one. Examples of acceptable answers: techniques based on Behaviourist principles, eg the Lovaas method or ABA (Applied Behaviour Analysis); drug therapies, eg haloperidol or secretin; family therapy (Rutter 85); cognitive therapy; psychoanalytic techniques (most sensibly as an historic approach to treatment of autism). Award marks according to detail of treatment procedure. Maximum 3 marks if candidates offer only straightforward theoretical basis of the treatment.

AO2 Up to 6 marks for analysis and application. Candidates might focus on the following: effectiveness of the specific treatment/s described; ethics; broad evaluation of the underpinning approach. Evidence should be credited as AO2, eg Sandler et al 99 and Chez et al 2000 (drug therapy), Lovaas 74, 87 (behavioural therapy). Likely evaluative points: problems of generalisation away from treatment; long-term prognosis – poor success rate in long-term; importance of parental involvement.

Mark Bands

12 – 10 marks **Excellent answers**

At least one method of treating autism is thoroughly and accurately described showing sound knowledge and understanding. Discussion is full and well balanced with substantial and appropriate analysis. Sophisticated evaluative comment 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 at least one method used in treatment of autism, with an attempt to present a balanced discussion. Some evaluation and analysis is evident and the answer is mostly focused on the question, although there may be some minor irrelevance and/or misunderstanding.

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

Answer shows some knowledge and understanding of at least one method used to treat autism. Answers in this band are likely to be mostly descriptive and there is likely to be some irrelevance or inaccuracy. Answers constituting reasonable relevant 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 4: 10
Total AO2 for Question 4: 10
Total marks for Question 4: 20 marks

SECTION B: Psychology of Atypical Behaviour

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

(a) Name and outline **one** classification system for atypical behaviour. *(3 marks)*

[AO1 = 3, AO2 = 0]

AO1 Award 1 mark for naming (eg DSM IV/ICD) and up to 2 further marks for expansion, eg DSM IV is a widely used diagnostic and statistical manual which rates each individual on 5 separate dimensions known as axes. These separate axes include Axes I and Axes II which comprise the classification of abnormal behaviour. Maximum 1 mark if candidate simply names valid categories of disorder.

(b) Outline and briefly discuss **one** alternative to the medical model of abnormality. *(5 marks)*

[AO1 = 3, AO2 = 2]

AO1 Any psychological approach is acceptable, eg psychoanalytic, behavioural, cognitive, humanistic (do not credit biological/medical). One mark for naming and 2 marks for outlining an appropriate approach. Credit features and/or assumptions, eg the psychoanalytic approach (1 mark) assumes the cause of abnormal behaviour is due to unresolved unconscious conflicts (1 mark) between the demands made by instinctual desires and those made by society (1 mark).

AO2 Up to 2 marks for appropriate evaluative comment and/or analysis. For example, reference to criticisms of the psychoanalytic approach, eg deterministic, unscientific, etc. Award 1 mark for reference to a relevant criticism, second mark for expansion of same point, or second evaluative comment. Credit reference to other approaches and/or eclecticism where appropriate.

(c) Discuss how stereotyping might affect diagnosis of abnormal behaviour and the consultation process. Refer to empirical evidence in your answer. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Award up to 4 marks for knowledge of stereotyping linked to diagnosis/consultation. Note: this is a general interpersonal issue and answers might include: cultural/racial/sex-role factors, labelling etc. For example, answers may include reference to diagnosis/consultations involving minority group individuals who may react differently to assessment techniques developed on the basis of research with white populations. Clinicians can have biases when evaluating minority patients which can lead to minimising or over-diagnosing a patient's psychopathology (eg Malgady et al 1989). Alternatively, or additionally, answers may draw from the wealth of information on gender differences (Cooper et al 1988, Cochrane 1983, Gove, 1972 etc) and/or labelling theory (Scheff 1966, Rosenhan 1973).

AO2 Marks to be awarded for evaluative comment, analysis or application to diagnosis/consultation process. Evaluation may include methodological points and ethical considerations. The interpersonal issues addressed should be linked to the question. Evidence to be credited as AO2.

Maximum 6 marks if no evidence presented

Mark Bands

12 – 10 marks **Excellent answers**

Stereotyping/interpersonal issues will be outlined and fully discussed with accurate detail. The material will be overtly linked to the diagnosis/consultation process. At the top of the band a sophisticated grasp of the issues should be evident, and answers should be comprehensive, coherent and analytical. The answer is well focused and mostly relevant with little misunderstanding.

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

At the top of the band appropriate issues related to stereotyping will be outlined and discussed although this will not be as detailed as top band. The interpersonal issues will be linked to diagnosis/consultation process. At the top of the band answers should be coherent and evaluative comment should be evident. At the bottom of this band answers may be mainly descriptive although some evaluation should be evident and some empirical evidence should be presented. There may be some minor irrelevance or misunderstanding.

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

Answers in this band may be overly descriptive and will probably be brief, or have limited relevant content, however for 5/6 marks there should be some discussion and/or an attempt to link the interpersonal issues to diagnosis/consultation process. At the bottom of the band answers may lack accuracy and coherence but a number of relevant points should be evident. There is unlikely to be much relevant empirical evidence. Answers constituting reasonable relevant 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 but there are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief, perhaps unfinished, answer will come into this band. Answers are likely to be descriptive only.

Total AO1 for Question 5: 10
Total AO2 for Question 5: 10
Total marks for Question 5: 20 marks

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

(a) Briefly outline and comment on **one** biological explanation for eating disorders. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 A clear and succinct outline of a biological explanation is required for the full 2 marks (eg genetic, biochemical, neurophysiology). For example: Genetics - relatives of people with an eating disorder are up to 5 times more likely than other members of society to suffer from one. Both family and twin studies have indicated a genetic link via concordance studies.

AO2 Marks may be accrued any evaluative/analytical comment or for evidence supporting the theory, eg studies of concordance. Likely critical points: not 100% concordance; diathesis-stress model; alternative explanations etc. Award one mark for brief point and 2nd mark for expansion or additional point(s).

(b) (i) Name and outline **two** types of phobia, other than social phobia. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1 One mark for each type named plus one further mark for each outline, eg
agoraphobia - a type of anxiety that makes people fearful of public places;
specific phobia - a fear of a specific object, animal or situation, eg an irrational fear of snakes or spiders.
Alternatively, award mark for naming a specific phobia, eg arachnophobia.

(b) (ii) Compare **two** psychological explanations for phobias. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Award up to 4 marks for identification and knowledge of two explanations. Most likely explanations are conditioning/imitation/psychoanalytic. With the behaviourist approach answers may refer to classical conditioning (Watson & Rayner 1920) and/or operant conditioning with, for example, the avoidance being reinforcing. Candidates may use two explanations from within one approach, for example, classical and operant conditioning, although this would give limited opportunity for comparison marks. Do not credit description of biological explanations.

AO2 Marks to be awarded for comparison/analysis. Evidence may also be credited under AO2. Comparison points will depend on the explanations chosen but may include: ethics, implications for treatment; emphasis on past rather than present; emphasis on outcome rather than cause; available evidence. Material on biological explanations may be credited under AO2 if used to evaluate/analyse the given explanations.

Mark Bands

12 – 10 marks **Excellent answers**

Two explanations will be clearly outlined and fully compared with accurate detail. The material will be overtly linked to phobias. At the top of the band a sophisticated grasp of the issues should be evident, and answers should be comprehensive, coherent and analytical. The answer is well focused and mostly relevant with little misunderstanding.

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

Two explanations are clearly outlined and compared although this will not be as detailed as for the top band. At the top of the band answers should be coherent but comparison may be implicit. At the bottom of this band answers may be mainly descriptive although some attempt to compare should be evident. There may be some minor irrelevance or misunderstanding.

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

Answers in this band may be overly descriptive and will probably be brief, or have limited relevant content, however for 5/6 marks there should be some analysis although this may not be in the form of direct comparison. At the bottom of the band answers may lack accuracy and coherence but a number of relevant points should be evident. Answers constituting reasonable relevant 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 but there are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief, perhaps unfinished, answer will come into this band. Answers are likely to be descriptive only.

Total AO1 marks for Question 6: 10
Total AO2 marks for Question 6: 10
Total marks for Question 6: 20 marks

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

(a) Name and outline **two** types of mood disorder. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1 Award 1 mark each for naming, eg Unipolar, Bipolar, SAD, and a further mark each for accurate descriptive point. Accept named disorders, eg depression/mania/manic depression/ reactive depression/endogenous depression.

(b) Briefly discuss **one** problem involved in the diagnosis of mood disorders. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Award up to 2 marks for outlining a problem, from either the patient's or the clinician's perspective. For patient: eg labelling; social isolation, medication/treatment as a consequence. For clinician: eg ambiguity of symptoms; cultural bias; communication difficulties; problems of self-report. Credit valid social problems. One for brief point, 2 marks for detailed outline.

AO2 Marks to be awarded for analysis and discussion. Award 1 mark for a brief, valid, analytical or evaluative point, and two marks for full answer.

(c) Discuss **one** biological treatment for schizophrenia, such as drug therapy. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for description of a biological treatment - likely to be biochemical. Weaker answers might simply identify drug therapies (maximum 2 marks) whereas better answers should outline the neurochemical mechanisms, eg chlorpromazine reduced dopamine activity at the synapse by blocking receptor sites on the receiving neuron. Although most answers will focus on drug therapies other biological treatments, eg psychosurgey and ECT, are also acceptable.

AO2 Up to 8 marks for discussion of biological treatment. Credit also reference to evidence, eg Kane et al 88 (clozapine), Cole 64, May 81, Hogarty 88 (chlorpromazine). Likely discussion points: effectiveness; ethics of biomedical intervention; long-term effects/outcomes including side effects; alternative approaches, eg social skills training and use of behaviour therapy; reduced need for hospitalization; the anti-psychiatry movement etc.

Mark Bands

12 – 10 marks **Excellent answers**

One appropriate treatment will be clearly outlined and fully discussed with accurate detail. Any relevant empirical evidence will be accurate and detailed. At the top of the band a sophisticated grasp of the issues should be evident, and answers should be comprehensive, coherent and analytical. The answer is well focused and mostly relevant with little misunderstanding.

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

One treatment is clearly outlined and discussed although this will not be as detailed as top band. At the top of the band answers should be coherent and evaluative comment should be evident. At the bottom of this band answers may be mainly descriptive although some evaluation should be evident. There may be some minor irrelevance or misunderstanding.

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

Answers in this band may be overly descriptive and will probably be brief, or have limited relevant content, however for 5/6 marks there should be some discussion. At the bottom of the band answers may lack coherence but a number of relevant points must be evident. Answers constituting reasonable relevant 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 but there are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief, perhaps unfinished, answer will come into this band. Answers are likely to be descriptive only.

Total AO1 for Question 7: 10
Total AO2 for Question 7: 10
Total marks for Question 7: 20 marks

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

(a) Identify and explain **one** assumption of a cognitive approach to therapy. *(3 marks)*

[AO1 = 1, AO2 = 2]

AO1 Award 1 mark for a relevant assumption. Most likely assumption is that disordered/faulty/illogical thinking leads to atypical behaviour/mental disorder.

AO2 Up to 2 marks for explanation of the assumption or for analytical points, eg illogical thoughts are a product of learning; irrational beliefs lead to feelings of worthlessness; examples of irrational beliefs (Ellis); cognitive approach derived from the behaviourist approach. AO2 marks may also be gained through explanations via example.

(b) Describe **one** behaviourist technique that a psychologist might use in therapy. *(5 marks)*

[AO1 = 5, AO2 = 0]

AO1 A behavioural technique should be identified (eg systematic desensitisation, flooding, aversion therapy etc) for 1 mark, with up to 4 further marks for clear and full description. Credit should be given for each relevant detail of therapeutic technique (eg hierarchy, graded exposure, response prevention etc) and also may be given for underpinning behavioural principles, eg reference to UCS, UCR etc.

(c) Discuss strengths **and** limitations of behaviour therapy in treating abnormality. Refer to **at least one** other therapy in your answer. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Note that the question asks for strengths and limitations, NOT description of techniques. The AO1 marks, therefore, are for outlining the strengths and limitations to be discussed. These might include: assessment of efficacy (eg Marks 1981 etc); strengths of different techniques employed by learning theorists; extrapolation; ethics; emphasis on behaviour change rather than origin etc. Award 2 marks for strength(s) and 2 marks for limitation(s).

AO2 Marks awarded for expansion of the points raised. Credit should be given to evidence where appropriate. Evaluation may be regarding the practical and/or theoretical issues. The reference to an alternative therapy should be linked to evaluation of behaviour therapy, eg in not addressing underlying cause. The alternative therapy should be linked to the answer and not simply 'tagged on'.

Maximum 6 marks if no alternative therapy presented
Maximum 7 marks if only strength(s) or limitation(s) presented

Mark Bands

12 – 10 marks **Excellent answers**

Relevant points will be outlined and fully discussed with some balance of strength(s) and limitation(s). Must refer to at least one alternative therapy in the context of the evaluation. At the top of the band a sophisticated grasp of the issues should be evident, and answers should be comprehensive, coherent and analytical. The answer is well focused and mostly relevant with little misunderstanding.

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

Relevant points will be outlined and discussed although the answer will not be as detailed or as well balanced as for the top band. At the top of the band answers should be coherent and evaluative comment should be clear. At the bottom of the band answers may be mainly descriptive, although some evaluation should be evident. At least one alternative therapy is presented as part of the evaluation. There may be some minor irrelevance or misunderstanding. Maximum 7 marks if only one aspect presented.

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

Answers in this band may focus primarily on one aspect and may be overly descriptive. There may be brief or limited relevant content; however, for 5/6 marks there should be some analysis/evaluation. At the bottom of the band answers may lack coherence but a number of relevant points must be evident. Any alternative therapy is likely to be only vaguely linked to the evaluation. Answers constituting reasonable relevant 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 but there are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief, perhaps unfinished, answer will come into this band. Answers are likely to be descriptive only.

Total AO1 for Question 8: 10
Total AO2 for Question 8: 10
Total marks for Question 8: 20 marks

Health Psychology

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

(a) Using an example, outline how illness was viewed differently in the past than it is today. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Up to 2 marks for knowledge of one or more historical views of illness, eg influence of mystical/spiritual forces and impact of religious ideas (eg demon possession/divine intervention); Hippocrates' humoral theory; Galen's views on the localisation of illness; Herophilus' theory of pulse; Erasistratus' plethora theory; Vesalius' and Morgagni's ideas on anatomical pathology; Bichat's theory of tissue pathology; Virchow's theory of cellular pathology; or the germ theories of Jenner, Pasteur and Lister.

AO2 Up to 2 marks for analysis of difference between historic and contemporary view.

(b) Outline and briefly discuss **one** feature of a humanistic approach to health. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 One mark for identifying an appropriate feature of a humanistic approach to health plus a further mark for outlining the given feature. Aspects of humanistic psychology most pertinent to its application to health would include: an holistic emphasis; rejection of methods and approaches based on the application of scientific method; role of free will and individual choice; focus on wellness, human potential and personal growth; centrality of 'self', subjective conscious experience, human uniqueness and individuality; and a tendency towards optimism, open-mindedness, creativity and exploration of personal goals, meaning and values.

AO2 One mark for a relevant discussion point; two marks for a more detailed or elaborated discussion point. Discussion might include: basic analysis of a relevant concept; reference to possible advantage/disadvantage; reference to implication/application of humanistic approach; or basic evaluation.

(c) Describe and discuss **one** of the following complementary approaches to health:

- aromatherapy;
- visualisation;
- meditation.

Refer to empirical research in your answer. *(12 marks)*

[AO1 = 6, AO2 = 6]

AO1 Six marks available for describing the nature and use of one complementary approach to health. Candidates are restricted to one of the following three complementary approaches: aromatherapy, visualisation and meditation. Aromatherapy involves the application (through massage, inhalation, bathing, etc.) of fragrant essential oils (eg lavender, ylang-ylang) to promote harmony between mind and body and to treat a variety of (especially psychosomatic and stress-related) disorders. Visualisation involves constructing mental images (abstract or concrete, static or dynamic), often in conjunction with meditation, hypnosis or guided fantasies, to achieve various positive outcomes (eg improved mental state, increased energy, relaxation). Meditation involves focusing the mind on internal images, sounds or passing thoughts, sometimes whilst uttering a mantra or maintaining a

particular posture, in order to induce a state of relaxation/tranquillity, to promote a sense of wholeness, etc. Marks in bands 1 and 2 will include reference to empirical evidence, eg aromatherapy – Dunn (1995), Stevenson (1994); (visualisation) – Achterberg (1988), Horan et al (1976), Lyles et al (1982); meditation – Benson (1975), Shapiro (1985). Note that the three approaches are not necessarily exclusive and there may be overlap, eg meditation may involve visualisation.

AO2 Six marks available for discussion. Discussion could include reference to: advantages and disadvantages, safety issues, links with humanistic or biopsychosocial approaches to health and illness, positive and negative research findings, validity/reliability of research; methodological problems (eg lack of randomised controlled clinical trials); placebo effect; expectancy effects/demand characteristics; individual differences in response to therapies; difficulty of measuring therapeutic outcome.

Maximum 6 marks if no evidence presented.

Mark Bands

12 – 10 marks **Excellent answers**

The use of one complementary approach to health outlined and discussed fully, with explicit reference to empirical research. Knowledge, understanding and analysis will be accurate, detailed and well informed. Answers will be well structured and consistently relevant to the question.

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

The use of one complementary approach to health outlined and discussed, with reference to empirical research. Content will show an even balance between description and commentary. Answers will be reasonably accurate and detailed. There must be reference to evidence and some discussion in this band.

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

The use of one complementary approach to health outlined with some evidence of discussion, although this may be limited. Content may focus more on the nature, rather than the use, of the chosen approach. No, or limited, reference to research. Some lack of accuracy or detail may be evident.

3 – 1 marks **Poor answers**

One complementary approach to health may be outlined, but with little or no attempt at discussion. May contain substantial inaccuracies and irrelevancies. A valid but very brief, perhaps unfinished, answer will fall in this band.

Total AO1 for Question 9: 10
Total AO2 for Question 9: 10
Total marks for Question 9: 20 marks

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

(a) Explain **one** way in which practitioner style might affect the patient-practitioner relationship. *(3 marks)*

[AO1 = 1, AO2 = 2]

AO1 One mark for appropriate knowledge of a practitioner style (eg doctor-centred/patient-centred).

AO2 Up to 2 marks available for explaining the possible effect of practitioner style on the patient-practitioner relationship, eg Dr centred style - patients get less time and have more closed questions. Patient centred style – patient gets more time and more open questions. How style affects perception of doctor's understanding/empathy.
One mark for a brief but relevant point, two marks for an explicit explanation that shows understanding.

(b) Describe **one** study in which patient compliance with medical advice was investigated. Include in your answer why the study was conducted, the method used, results obtained and conclusion drawn. *(5 marks)*

[AO1 = 5, AO2 = 0]

AO1 Any study in which patient compliance with medical advice was investigated is acceptable. Examples of appropriate studies include: Ankrah 1989; Class and Epstein 1985; DiMatteo and DiNicola 1982; Doherty et al 1983; Finnerty et al 1973; Gatchel et al 1989; Haynes 1976; Hoelsher et al 1986; Ley 1976; Norris et al 1990; Stanton 1987; Taylor et al 1984; Wing et al 1986.

1 mark – why study was conducted
1 mark – information about the method
1 mark – indication of results
1 mark – indication of conclusion to be drawn
1 mark – additional or extra detail, dependent on the study chosen.

(c) Discuss the role of psychological factors in **either** diabetes **or** asthma. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Four marks available for identifying and outlining relevant psychological factors in relation to one of the named illnesses. Candidates may focus on psychological factors implicated in the **development** of the chosen condition or on those that might be relevant to **adjusting** to the condition. Relevant factors would include: lifestyle; risk-taking; personality; locus of control; hardiness; social support; rationality; flexibility; farsightedness; defence mechanisms; emotion/problem-focused coping strategies; approach/avoidance strategies; sick-role behaviour; and factors associated with adhering to medical advice.

AO2 Up to 8 marks for discussion of relevant psychological factors. Discussion may include reference to: biomedical versus biopsychosocial approaches to understanding asthma/diabetes; the mind/body debate; relevance of research studies and/or theories; epistemological issues; intervention strategies, etc. Argument is likely to focus on the significance of psychological factors in relation to biological/genetic predisposition. For example, candidates might identify biological factors and then present an argument for the influence of psychological factors perhaps supported by evidence.

Mark Bands

12 – 10 marks **Excellent answers**

Comprehensive knowledge and understanding of appropriate psychological factors. Explicit and consistent reference to either asthma or diabetes. Sound analysis and balanced evaluation, covering a range of issues. Answers will be accurate, detailed, coherent and consistently relevant to the question.

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

Generally accurate and detailed knowledge of relevant factors, with some evidence of both breadth and depth. Appropriate reference to either asthma or diabetes. Evaluation will be generally sound and will address more than one point.

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

Unbalanced focus on describing factors at the expense of evaluating them. Description will be largely accurate, but lacking in breadth and/or depth. Some reference to asthma/diabetes. Analysis will tend to be shallow and limited in scope. Must be some discussion for 5/6 marks in this band.

3 – 1 marks **Poor answers**

One or two relevant points may be cited, but description will tend to be brief, superficial and lacking in understanding/conceptual awareness. Evaluation will tend to be sparse or absent and may lack specific relevance to asthma/diabetes. Valid but very brief, perhaps unfinished, answers will fall in this band.

Total AO1 for Question 10: 10
Total AO2 for Question 10: 10
Total marks for Question 10: 20 marks

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

(a) Using an example, distinguish between safe **and** unsafe sexual practices. *(3 marks)*

[AO1 = 1, AO2 = 2]

AO1 One mark for showing knowledge of safe/unsafe sexual practices. Candidates are likely to focus on protected/unprotected sex.

AO2 One mark for analysis of the difference between the two, plus one mark for example. Difference may be inherent in the example, which might clarify the difference between safe and unsafe sexual practices, or may be awarded for an awareness of the relative nature of safety.

(b) Describe and briefly discuss ill-health conditions which might result from unsafe sexual practices. *(5 marks)*

[AO1 = 3, AO2 = 2]

AO1 Up to 3 marks for showing knowledge of the ill-health condition(s) associated with unsafe sexual practices. Candidates are likely to focus on AIDS or other sexually transmitted diseases. Award 1 mark for citing an appropriate consequence with up to 2 further marks for giving a clear and accurate outline of an appropriate health consequence. Where candidates simply name 2 or more conditions award up to 2 marks maximum.

AO2 Up to 2 marks available for explaining the causal relationship between the unsafe practice and the health consequence: 1 mark for a brief, largely implicit or superficial explanation; 2 marks for a more detailed or elaborated explanation, showing a clear understanding.

(c) Describe and discuss the use of the *harm reduction* approach in preventing ill-health conditions. *(12 marks)*

[AO1 = 6, AO2 = 6]

AO1 Up to 6 marks are available for describing the use of the harm reduction approach in relation to preventing ill-health conditions. Harm reduction is based on Rogerian person-centred therapy, and is, therefore, a humanistic approach. As such, it is non-directive. Individuals are accepted on their own terms and are enabled to set their own goals and move at their own pace. Harm reduction approaches are not abstinence-oriented; rather, they accept some risk taking behaviour as normative and seek to minimise any health risks associated with such activity by providing access to information and practical help.

AO2 Up to 6 marks are available for a discussion of harm reduction. This could focus on advantages and disadvantages of such an approach; comparisons and contrasts with other approaches; ethical/legal issues; research/methodological issues; links with theory formation; etc.

Mark Bands

12 – 10 marks **Excellent answers**

Comprehensive knowledge and understanding of the use of harm reduction in the prevention of ill-health conditions associated with risk-taking. Discussion will show analysis and/or evaluation of a range of pertinent issues. Material will be presented in a coherent and organised manner and will demonstrate a good grasp of issues raised by the question.

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

Generally accurate and detailed knowledge of harm reduction in relation to risk-taking behaviour. Some generally sound discussion will be evident and it is likely to address more than one point. May be some minor irrelevance or misunderstanding. Must be some analysis to get into this band.

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

Fairly accurate and appropriate, but largely descriptive account of harm reduction. Possible attempt at discussion but with limited analysis. Restricted focus on the question. The answer may contain several inaccuracies and some irrelevance.

3 – 1 marks **Poor answers**

One or two relevant points identified or outlined briefly, but lacking in substance and not explicitly informed by a harm reduction approach. Discussion will tend to be sparse or absent and may lack relevance to the question. Valid but very brief, or unfinished, answers will fall in this band.

Total AO1 for Question 11: 10
Total AO2 for Question 11: 10
Total marks for Question 11: 20 marks

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

(a) Using an example, outline **one** *defence mechanism*. *(3 marks)*

[AO1 = 2, AO2 = 1]

AO1 One mark for identifying one defence mechanism, eg repression or regression, plus one further mark for the outline, eg repression is keeping hurtful memories in the unconscious.

AO2 One mark for example, eg failure to recall a traumatic childhood event (repression) or sucking thumb when under stress (regression).

(b) Briefly discuss how defence mechanisms might help someone to cope with stress. *(5 marks)*

[AO1 = 2, AO2 = 3]

AO1 Up to 2 marks are available for showing accurate knowledge of the role of defence mechanisms: one mark for a relevant point and two marks for an accurate and more detailed outline. Defence mechanisms provide strategies for protecting the ego against real or imagined threats.

AO2 Up to 3 marks are available for application (ie linking to stress) and discussion of the above. Answers might focus on the advantage of defence mechanisms in enabling people to cope with the practicalities of daily life without being overwhelmed by anxiety, or the disadvantage that defence mechanisms distort one's perception of reality, and, therefore, are symptomatic of neurosis or, in extreme cases, psychosis. Give credit for explanations.

(c) Describe and discuss the use of hypnosis **and/or** autogenic training in the management of stress. *(12 marks)*

[AO1 = 6, AO2 = 6]

AO1 Up to 6 marks are available for showing knowledge of the use of hypnosis and/or autogenic training in the management of stress. Hypnosis is an altered state of consciousness in which one shows heightened suggestibility and concentration of attention. It is thought to assist the management of stress by inducing relaxation, providing a distraction from stressful experiences and suggesting alternative ways of thinking about or reacting to stress. Autogenic training is a form of self-hypnosis in which one is trained to have internal control over one's own relaxation and create one's own suggestions.

AO2 Up to 6 marks are available for discussing the use of hypnosis and/or autogenic training in the management of stress. Discussion might focus on: practical applications; advantages and disadvantages; empirical validation or refutation; ethical issues; theoretical support or critique; etc.

Mark Bands

12 – 10 marks **Excellent answers**

Comprehensive knowledge and understanding of hypnosis and/or autogenic training. Explicit reference to stress management. Sound analysis and balanced discussion, covering a range of issues. Answers will be well structured and consistently relevant to the question, with little misunderstanding.

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

Generally accurate and detailed knowledge of hypnosis and/or autogenic training, with some evidence of both breadth and depth. Appropriate reference will be made to stress management. There must be some discussion which will generally be sound and will address more than one point.

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

Unbalanced focus on description at the expense of discussion. Description will be largely accurate, but lacking in breadth and/or depth. Some reference will be made to stress management. Any analysis will tend to be shallow and limited in scope.

3 – 1 marks **Poor answers**

One or two relevant points may be cited, but description will tend to be brief, superficial and lacking in understanding/conceptual awareness. Discussion will tend to be sparse or absent and may lack specific relevance to stress management. Valid but very brief, perhaps unfinished, answers will fall within this band.

Total AO1 for Question 12: 10
Total AO2 for Question 12: 10
Total marks for Question 12: 20 marks

Contemporary topics in Psychology

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

(a) Outline **one** biological explanation for human relationships. *(3 marks)*

[AO1 = 1, AO2 = 2]

AO1 Award 1 mark for correctly identifying a relevant explanation such as sexual reproduction, continuation of species. Credit references to sociobiological aspects such as evolutionary development of humans as hunter-gatherers, development of friendships for protection. Also relevant is aspect of 'social animal' and that human beings are drawn to others to meet social needs, either same-sex or opposite-sex friendships, relationships. Survival value should be inherent in answer.

AO2 Award up to 2 marks for clarity of explanation or analysis beyond mere descriptive knowledge. Maximum of 1 mark here for sketchy explanation that lacks understanding. Credit also application via example.

(b) Describe **one** study in which the role of proximity in interpersonal attraction was investigated. Include in your answer why the study was conducted, the method used, results obtained and conclusion drawn. *(5 marks)*

[AO1 = 5, AO2 = 0]

AO1 Any study of proximity is acceptable. Likely studies include: Festinger et al (1950), Bossard (1931) and Clarke (1952).

1 mark – why study was conducted
1 mark – information about the method
1 mark – indication of results
1 mark – indication of conclusion to be drawn
1 mark – additional or extra detail, dependent on the study chosen.

(c) Identify and discuss **two** factors which might contribute to the breakdown of human relationships. Refer to psychological theory **and/or** studies in your answer. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Two marks are available for each of the two factors cited which includes 1 mark for naming a relevant psychological factor (such as jealousy, poor communication, sexual problems - Udry 1980 etc), and an additional mark for description of the factor. Factors may be embedded in more general theoretical approaches such as Baxter's (1986) expectations. Accept reference to theories of relationship formation as long as they are made relevant to breakdown, eg Social Exchange Theory – relationship may breakdown because one party gains more than the other.

AO2 Up to 8 marks for application and analysis. This may include reference to broader issues of research in this area such as generalizing findings, ethical aspects of intrusive nature of questioning, need for confidentiality etc. May include criticism/evaluation theory such as Duck's stages in relationship breakdown and Rusbult's strategies for dealing with dissatisfaction. Discussion might focus on the extent to which these may or may not apply to all relationships.

Maximum of 7 marks if only 1 factor presented
Maximum of 6 marks if no theory/evidence presented

Mark Bands

12 – 10 marks **Excellent answers**

Two relevant psychological factors will be named and thoroughly discussed, and in addition analysis, application and evaluation will be clearly demonstrated throughout the answer. The answer will contain a discussion of empirical evidence/theory and this will be critically considered. There will be well-balanced argument with sustained focus on the question. The information given will be mostly relevant with minimal if any misunderstanding.

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

At the top end of this band two factors will be presented and discussed. Empirical evidence/theory will be cited and discussed although this may be less thorough than the band above. Answers at the bottom end of the band will present a narrower coverage of the evidence/theory and in addition may be unbalanced, including any answers which are restricted to only one factor (max 7 marks). Most of the answer will be focused although there may be some irrelevancies or misunderstandings.

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

Answers in this band will be largely descriptive with very little attempt made to discuss the issues, but there must be some discussion for 5/6 marks. Knowledge and understanding will be present at the top of the band although this will be presented less clearly than the higher bands. Answers in this band will lack reference to evidence although some demonstration of appropriate psychological terms will be evident, even if somewhat limited in scope. May contain considerable irrelevancies and/or inaccuracies.

3 – 1 marks **Poor answers**

Some relevant points will be made although these may be very brief. A very short or unfinished answer will be found in this band. Relevant factors may be named with cursory and perhaps inaccurate description.

Total AO1 for Question 13: 10
Total AO2 for Question 13: 10
Total marks for Question 13: 20 marks

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

(a) Outline what is meant by **both** clairvoyance **and** precognition, and distinguish between them. *(5 marks)*

[AO1 = 4, AO2 = 1]

AO1 Up to 2 marks for each detailed definition given.
Clairvoyance - form of extra-sensory perception (ESP) in which person is able to perceive objects or events that are hidden (1) and could not be known using conventional senses (1)
Precognition - form of ESP in which person is able to perceive events (1) which have not yet happened (1).
'Fortune telling' or reference to 'seeing into the future' is not acceptable as description of clairvoyance.

AO2 One mark awarded for clearly stating a way in which the terms differ, such as reference to present/past/future. Credit here is for attempt to demonstrate knowing more than simply how the terms may be defined/described.

(b) Explain what is meant by the term *demand characteristics*, and outline how these might affect the outcome of paranormal research. *(3 marks)*

[AO1 = 1, AO2 = 2]

AO1 One mark for brief description/definition of term, eg participant's behaviour is result of being in experiment/participant tries to ascertain 'true' purpose of study and behaves accordingly.

AO2 Up to 2 marks for explanation of term in the context of role/contribution in paranormal research, eg creating potential problem to interpretation of findings/source of bias etc. For example, may report 'seeing' certain phenomena because they believe that is what is expected of them. Credit also specific examples of demand characteristics in paranormal research.

(c) Discuss the case for **and** against the existence of psychokinesis. Refer to evidence in your answer. *(12 marks)*

[AO1 = 5, AO2 = 7]

AO1 Up to 5 marks for knowledge and understanding of issues surrounding psychokinesis (PK). 1-2 marks only for definition of term, (eg mental exertion over objects), or to main types: micro & macro PK (ie movement only detected by statistical means and movement visible to naked eye). No marks for movement of microscopic versus large objects. Most of marks for AO1 will be awarded for descriptive coverage of relevant evidence, eg Uri Geller, Rhine, Schmidt, Cox etc. Not necessary to refer to information in stem.

AO2 Up to 7 marks for analysis and evaluation which may be discussion of general issues and problems with research in this area such as file-drawer problem, use of anecdotal findings etc, and/or may involve specific discussion and critical consideration of research findings cited. This may include reference to statistical significance as support for existence of PK. For high-end marks evaluation of both sides of argument will be demonstrated, together with criticism/evaluation of evidence cited.

Maximum 6 marks if no evidence presented

Mark Bands

12 – 10 marks **Excellent answers**

Both sides of the argument are clearly presented and fully discussed. Analysis and evaluation will be clearly demonstrated throughout the answer which will contain a thorough and knowledgeable discussion of relevant evidence both for and against the existence of PK. Evidence may be critically considered. Most of the answer is relevant with little misunderstanding.

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

Both sides of the argument are addressed although the answer may not be as well balanced as for the top band. Analysis and evaluation should be present in the answer although this may be less thorough than for Band 1. Bottom end of band answers are more restrictive in coverage of evidence, or only dealing well with one side of argument. There must be evidence of analysis and application, even though full appreciation of issues is not conveyed. Psychological terminology and appropriate concepts are used well throughout and most of the answer is focused although there may be occasional irrelevancies/misunderstandings.

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

Answers in this band will tend to be descriptive with minimal attempt to discuss the issues but there must be some discussion for 6 marks. Answers may lack evidence and rely purely on descriptive coverage. This may typically involve good knowledge of topic conveyed via definitions of relevant and descriptive understanding of appropriate means of studying PK (at top of band) with less clarity/knowledge at low end. Psychological terminology used although limited, and answer may show considerable irrelevance and misunderstanding.

3 – 1 marks **Poor answers**

Knowledge and understanding of topic is clearly minimal and the answer may be very brief, vague or containing inconsistencies and misunderstandings. Very little in the way of psychological terminology. Must contain some relevant content.

Total AO1 for Question 14: 10
Total AO2 for Question 14: 10
Total marks for Question 14: 20 marks

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

(a) Describe what is meant by *tolerance* to alcohol. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1 With sustained use (1) Quantity of alcohol consumed no longer produces 'desirable' state (1) Body has adapted (1) Need to increase the quantity of alcohol taken in order to derive its effects (1) Credit examples, eg two drinks may initially cause intoxication/may now need to consume five drinks. Answer must link alcohol with tolerance. Very good definition of tolerance without link 2 marks max. No marks for any alcohol-related symptoms such as poor motor co-ordination that simply list features of being intoxicated.

(b) Outline and explain the difference between physical and psychological dependence. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Award up to 2 marks for identifying and outlining the difference between the two terms, eg physical dependence is where substance abuse results in biological, chemical changes within the body (1) whereas psychological dependence involves 'belief' that consumption is necessary (1).

AO2 Up to 2 marks for analysis of the difference between the two terms. This could involve reference to largely biological addiction of physical dependence, whereas psychological dependence may be learned for example through association. Alternatively answer may refer to the treatment of each of these forms of dependence, or to the types of substances that are commonly associated with each form, eg physical dependence on heroin, psychological dependence on tobacco.

(c) Discuss **one** explanation for substance abuse. Refer to evidence in your answer. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for knowledge and understanding of a relevant explanation for substance abuse. This may involve biological explanations and hereditary factors, personality, social influences such as peer pressure, conformity etc. Mere descriptive use of psychological evidence may gain up to 2 marks in this component.

AO2 Up to 8 marks for application, analysis and critical consideration of the material. While the answer should focus upon one specific explanation for abuse, credit may be given for relevant awareness of alternative explanations so long as these are placed in context and not merely descriptively 'listed'. Thus credit may be awarded for presenting relevant debates within the area such as relative contribution of nature versus nurture. Alternatively evaluation might focus on specific criticisms of methodology such as concordance rates, sample sizes, ethical issues etc. Relevant evidence includes: Eysenck, Zuckerman (personality, sensation-seeking), Blum (gene for alcoholism) Goodwin (adoption and twin studies), Weil (social learning).

Maximum of 6 marks if no evidence given

Mark Bands

12 – 10 marks **Excellent answers**

One relevant explanation for substance abuse will be clearly outlined and thoroughly discussed with sound analysis. A number of critical issues are presented. Detailed evidence is cited and used in the context of the discussion. The answer is well balanced and mostly relevant with little misunderstanding.

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

At the top of the band one relevant explanation for substance abuse should be identified and clearly described. Analysis and application will be present in the answer although this may be less thorough than for Band 1. At the bottom end answers will be largely knowledge-based although some application/analysis should be demonstrated. Answer will contain relevant evidence although this will be less thorough than for the top band. Psychological terminology and concepts are used appropriately and most of the answer is focused although there may be occasional irrelevancies/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. At least some discussion must be present for 5/6 marks. Answers may lack reference to research evidence and rely purely on descriptive coverage of substance abuse issues. This may involve good knowledge of topic conveyed via definitions of relevant terms and descriptive understanding at top of band, with less clarity/knowledge at low end. Psychological terminology used although limited, and answer contains considerable irrelevance and misunderstanding.

3 – 1 marks **Poor answers**

Knowledge and understanding of topic is clearly minimal and the answer may be very brief, vague or containing inconsistencies and misunderstanding. Must be some relevant content.

Total AO1 for Question 15: 10
Total AO2 for Question 15: 10
Total marks for Question 15: 20 marks

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

(a) Identify and outline **two** methods which have been used to measure crime. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1 Award 1 mark for each relevant method that is clearly identified. Likely answers: self-report studies, victimization studies (surveys) and Official Statistics. Credit specific cases of the latter such as the BCS (British Crime Survey). One further mark each for clear outline of each method identified. Self-report studies ask people if they have carried out any particular crimes (from a list), whereas Victim surveys ask individuals (usually aged 16 or over, within a household) if they have been a victim of certain crimes (usually within the last year).

(b) Outline and briefly discuss **one** limitation of biological theories of crime. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Award 1 mark for merely identifying a relevant limitation associated with biological theories of crime. This could be a specific problem such as Lombroso's lack of a control group, or a general problem such as failure to recognise contribution of learning, implications for free-will etc. Additional mark for outline of the problem cited.

AO2 Up to 2 marks for analysis/discussion of problem, eg Lombroso's research lacking scientific credibility, flawed methodologically, analysis of relevance/necessity of a control group for purposes of comparison etc. For general problems some discussion/explanation should be offered, eg problems with separating genetic contribution from that of environment.

(c) Discuss **two** psychological strategies or therapies which might be used to treat violent offenders. Refer to research evidence in your answer. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Award 1 mark each for naming two relevant psychological techniques (such as behaviour therapy, social skills training, anger management), and one additional mark each for providing a description of the techniques.

AO2 Up to 8 marks for application and analysis. This may include reference to broader issues of research in this area such as generalizing techniques acquired to everyday situations, ethical aspects of behaviour modification, need for confidentiality etc. May include criticism/evaluation of specific evidence, eg Hobbs and Holt's study of token economies and extent to which effects continue over time (once program ends). Evidence counts as AO2.

Maximum 6 marks if no evidence presented
Maximum 7 marks if only one strategy presented

Mark Bands

12 – 10 marks **Excellent answers**

Two relevant psychological techniques will be thoroughly described and discussed. Evaluation will be clearly demonstrated throughout the answer. The answer will contain a discussion of empirical evidence and this will be critically considered. There is a well-focused and coherent argument and a good balance between the two techniques. Most of the answer is relevant with little misunderstanding.

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

At the top end of this band two psychological techniques will be presented and discussed. Empirical evidence will be cited and discussed although this may be less thorough than the band above. Answers at the bottom end of the band will present a narrower coverage of the evidence and in addition may be unbalanced, including any answers restricted to only one technique (max 7 marks). Most of the answer will present a focused discussion although there may be some irrelevancies or misunderstandings.

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

Answers in this band will be largely descriptive with very little attempt made to discuss the issues, although there must be some discussion for 5/6 marks. Information will be presented less clearly than for the higher bands. Answers may lack evidence although psychological terms should be apparent. Information may be less effectively applied to the question, perhaps a more general account of techniques rather than applied to criminal behaviour. May contain considerable irrelevancies and/or inaccuracies.

3 – 1 marks **Poor answers**

Knowledge and understanding of topic is clearly minimal and the answer may be very brief, vague or containing inconsistencies and misunderstandings**.** Must contain some relevant. A short or unfinished answer will be found in this band.

Total AO1 for Question 16: 10
Total AO2 for Question 16: 10
Total marks for Question 16: 20 marks

ASSESSMENT OBJECTIVE GRIDS

SECTION A: CHILD DEVELOPMENT

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

SECTION B: OPTIONS
PSYCHOLOGY OF ATYPICAL BEHAVIOUR

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

SECTION B: OPTIONS
HEALTH PSYCHOLOGY

Question	Marks AO1	Percentage	Marks AO2	Percentage	Total Marks
Q9 (a)	2		2		
(b)	2		2		
(c)	6	50	6	50	20
Q10 (a)	1		2		
(b)	5		0		
(c)	4	50	8	50	20
Q11 (a)	1		2		
(b)	3		2		
(c)	6	50	6	50	20
Q12 (a)	2		1		
(b)	2		3		
(c)	6	50	6	50	20

SECTION B: OPTIONS
CONTEMPORARY TOPICS IN PYSCHOLOGY

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