GCE 2004
June Series

ASSESSMENT and QUALIFICATIONS ALLIANCE

Mark Scheme

Psychology B
(Subject Code PYB4)

Mark schemes are prepared by the Principal Examiner and considered, together with the relevant questions, by a panel of subject teachers. This mark scheme includes any amendments made at the standardisation meeting attended by all examiners and is the scheme which was used by them in this examination. The standardisation meeting ensures that the mark scheme covers the candidates' responses to questions and that every examiner understands and applies it in the same correct way. As preparation for the standardisation meeting each examiner analyses a number of candidates' scripts: alternative answers not already covered by the mark scheme are discussed at the meeting and legislated for. If, after this meeting, examiners encounter unusual answers which have not been discussed at the meeting they are required to refer these to the Principal Examiner.

It must be stressed that a mark scheme is a working document, in many cases further developed and expanded on the basis of candidates' reactions to a particular paper. Assumptions about future mark schemes on the basis of one year's document should be avoided; whilst the guiding principles of assessment remain constant, details will change, depending on the content of a particular examination paper.

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PYB4

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 12 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) Using an example, explain how a child might show an awareness of his or her categorical self.
(3 marks)

[AO1 = 1, AO2 = 2]

AO1 For knowledge of term, ie ability to place oneself in a category/categories/group.

AO2 One mark for further explanation of how self-categorisation would be demonstrated, eg candidates might offer a range of categories children would use. One mark for specific example, eg gender, age, size categorisation.

(b) Describe one **study in which attachment was measured. Indicate why the study was conducted, the method used, results obtained and conclusion drawn.** ***(5 mar***

[AO1 = 5, AO2 = 0]

AO1 Although most candidates are likely to use Ainsworth's strange situation, any study which attachment was measured is acceptable. Other possibilities would include Schaffer & Emerson, Main & Solomon, Antonucci & Levitt. Note that measurement of attachment would usually involve some form of classification/quantification of attachment behaviours so that should be evident in the method/results (eg using as a secure base, separation anxiety etc).

1 mark – why study was conducted (must go beyond the stem)
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 (not evaluative point unless extra description of study).

(c) With reference to attachment, discuss the possible consequences of privation and **deprivation. Refer to evidence in your answer.** ***(12 ma***

[AO1 = 4, AO2 = 8]

AO1 One mark for definition of one/both terms. Up to 4 marks for knowledge of consequences. Consequences may be either long or short term and might include any of the following: separation syndrome (anger, despair, detachment); separation anxiety; affectionless psychopathy; delinquency; failure to thrive; low IQ, etc. Marks may be gained for a number of different consequences or for an expanded description of fewer consequences.

AO2 Up to 8 marks may be gained in a variety of ways. Candidates are likely to offer some analysis of the differences between privation (never having an attachment) and deprivation (having had and then lost an attachment). Evaluation might involve discussion of the severity of effects of privation in relation to deprivation. Evidence to support argument should be credited under AO2 (eg Harlow, Bowlby, Rutter, Skeels & Dye, Koluchova, etc). Discussion should consist of a critical account of theory and/or evidence related to consequences.

Maximum of 6 marks if no evidence presented.

Mark Bands

12 – 10 marks **Excellent answers**

Possible consequences of privation and deprivation 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. Evidence is detailed and used appropriately as part of the discussion. The answer is well focused and mostly relevant with little misunderstanding. Possible to access top band if a good argument against no distinction is offered.

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

Answer shows knowledge and understanding of consequences with some sound 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. Evidence must be presented. Good candidates referring only to consequences of either privation or deprivation may be credited to the top of this band.

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

Answer shows some knowledge and understanding of consequences. 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. 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) Outline what is meant by *enactive* and *iconic* representation. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1 Award up to 2 marks for outline of each term. One mark for very brief or vague outline. Two marks for full outline.

Enactive – where knowledge is represented in the form of motor movement, action or muscle memory.

Iconic – where knowledge is represented visually (although accept other senses, sensory form, the form in which the information is received by the senses or veridically).

Credit can also be given where outline description is inherent in an example.

(b) State what Piaget meant by *accommodation* and *assimilation*, and give an example of **each** from the description of Lee's behaviour. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 One mark each for brief definition as follows:

Assimilation – adding to existing knowledge/schema or using an existing schema in a new situation or with a new object.

Accommodation – where an existing schema has to change, or a new schema is developed, to take account of new situation/conflicting evidence.

AO2 One mark each for identifying relevant content from the text:

Using same action with new push-along toy = assimilation.
Changing the action to take account of new pull-along toy = accommodation.

(c)	Evaluate Piaget's theory of cognitive development.	*(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for knowledge of Piaget's theory. Accept here information about stages and/or concepts. Due to the volume of descriptive information available, candidates should be able to gain the full 4 marks without reference to every named stage and every Piagetian concept. Indeed, better accounts are likely to give a broader, holistic overview and deserve due credit even though they may appear to lack detail.

Note: AO1 marks may be implicit/embedded in evaluation.

AO2 Up to 8 marks for evaluation of Piaget's theory. Evidence to support argument should be credited under AO2. A variety of issues are acceptable: evidence/research especially the lack of 'human sense', eg in the Mountains task; alternative findings, eg Hughes, McGarrigle, Bower and Wishart; restricted focus solely on cognitive development; application to education – effects on teaching styles and achievement; contrast with other theories of cognitive development, eg Vygotsky.

Mark Bands

12 – 10 marks **Excellent answers**

Answer shows sound knowledge and understanding of Piaget's theory. Evaluation is full and well balanced with substantial and appropriate analysis. Detailed comment is presented in the context of the answer as a whole. Any evidence given is accurate and used appropriately as part of the evaluation. 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 theory with an attempt to present a balanced evaluation. Some analysis is evident and the answer is mostly focused on the question, although there may be minor irrelevance and/or misunderstanding. Any evidence presented should be linked to the evaluation.

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

Answer shows some knowledge and understanding of Piaget's theory. There must be some analysis/ evaluation for 5/6 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) Explain the role of the super-ego in relation to moral development. Refer to the behaviour of Luke and Sally in your answer. *(5 marks)*

[AO1 = 2, AO2 = 3]

AO1 Award up to 2 marks for knowledge of the super-ego, eg part of Freud's tripartite personality; internal parent/conscience; ego ideal. One mark for very brief or vague answer.

AO2 Award up to 3 marks for application to stem. Candidates should explain how the development of the super-ego via Oedipus/Electra complex at approximately 5 years leads to shift from externally to internally moderated morality and how Sally appears to have developed a super-ego, whereas Luke has not.

(b) Identify and briefly explain **one** difference between the psychoanalytic explanation of moral development and Piaget's explanation of moral development. *(3 marks)*

[AO1 = 2, AO2 = 1]

AO1 One mark for briefly identifying a difference, two marks for more detailed answer, eg Piaget focuses on child's understanding of morality or moral reasoning, whereas psychoanalytic approach focuses on emotional aspect.

AO2 One mark for analytical point which may depend on the difference chosen, eg neither account on its own is sufficient, or for application by way of example.

(c) Describe and discuss Kohlberg's theory of moral development. *(12 marks)*

[AO1 = 6, AO2 = 6]

AO1 Up to 6 marks for description of Kohlberg's theory. There should be fairly detailed reference to stages/levels and evidence of knowledge of the type of reasoning shown in each stage. For example, at the conventional level there should be an understanding that stage 3 reasoning is based on empathy and being perceived to be doing the right thing (good-boy, good-girl), and that stage 4 reasoning is based on rights/laws, etc.

AO2 Up to 6 marks for evaluation and analysis. A number of issues would be relevant here, eg validity of theory based on the moral dilemma technique; reliability of coding; cultural specificity; focus on hypothetical reasoning which may not reflect real-life reasoning over moral issues. Marks may be gained here for references to evidence although not specifically required by the question. Credit also where candidates offer alternative theories as part of the evaluation, although do not re-credit descriptive accounts of psychoanalytic theory already credited under parts (a) or (b).

Mark Bands

12 – 10 marks **Excellent answers**

Kohlberg's theory is accurately 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. Any evidence given is accurate and used appropriately as part of the discussion. The answer is well focused and mostly relevant with little misunderstanding.

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

Answer shows knowledge and understanding of Kohlberg's theory 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. Any evidence presented should be linked to the discussion.

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

Answer shows some knowledge and understanding of Kohlberg's theory. 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**

Answers 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) Describe what is meant by *autism*. *(3 marks)*

[AO1 = 3, AO2 = 0]

AO1 Award up to 3 marks for knowledge of autism as follows: a pervasive development disorder which affects many aspects of functioning (1), poor communication (1), deficits in social interaction (1), repetitive/stereotypical behaviours (1).

(ii) Identify one other **learning difficulty. Briefly discuss** one **possible cause of this learning difficulty.** ***(5 mar***

[AO1 = 2, AO2 = 3]

AO1 One mark for identifying a learning difficulty – most likely answers are dyslexia or dyscalculia. Second mark for giving a cause of dyslexia or similar learning difficulty. Possible answers include: biological cause – dyslexia has a genetic component; cognitive deficits – problems with phonological decoding and articulation.

AO2 Up to 3 marks for brief discussion of cause. Candidates may comment on the evidence or possible alternative causes. For example, discussion of the genetic cause might include reference to evidence based on twin studies, problems with concordance studies, genetic cause as a predispostion rather than a cause per se.

(b) Describe and discuss the genetic explanation for autism. Refer to evidence in your answer. ***(12 ma***

[AO1 = 5, AO2 = 7]

AO1 Up to 5 marks for description of the genetic explanation for autism. Expect references to concordance and there may be reference to links with other genetic conditions such as Fragile X syndrome and Tourette's syndrome and other supporting biological evidence, eg neurochemical or neuroanatomical differences between sufferers and non-sufferers, eg link with endorphin levels. Credit description of evidence under AO1, eg Folstein and Piven 1991 2/3% concordance for siblings, Rivto et al 1985 found 96% concordance for MZ and 23% for DZ.

AO2 Up to 7 marks available for discussion of the genetic hypothesis. Candidates are likely to consider alternative explanations, in particular the theory of mind hypothesis and the refrigerator mother hypothesis. Discussion of the genetic evidence might include reference to problems of twin studies and the impossibility of determining cause and effect. Effectiveness or otherwise of drug therapy might also form the basis for discussion of the biological (although not necessarily genetic) explanation. Use of evidence should be credited under AO2.

Maximum of 6 marks if no evidence presented.

Mark Bands

12 – 10 marks **Excellent answers**

The genetic explanation of autism 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. Accurate evidence is used appropriately as part of the discussion. The answer is well focused and mostly relevant with little misunderstanding.

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

Answer shows knowledge and understanding of the genetic explanation 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. Evidence is presented and should be linked to the discussion.

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

Answer shows some knowledge and understanding of the genetic explanation. 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. For 6 marks there must be some discussion.

3 – 1 marks **Poor answers**

Answers 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) Definitions of abnormality include:

- maladaptiveness;
- distress;
- deviation from social norms;
- deviation from statistical norms.

Write in your answer book which **one** of these definitions matches **each** of the descriptions below:

(i) behaviour that is unacceptable to other people;
(ii) behaviour that is harmful to the individual who displays it;
(iii) behaviour that occurs so rarely that it is considered to be highly unusual. *(3 marks)*

[AO1 = 0, AO2 = 3]

AO2 (i) Deviation from social norms
(ii) Maladaptiveness
(iii) Deviation from statistical norms

(b) Describe one **study in which the clinical assessment or diagnosis of abnormal behaviour was investigated. Indicate why the study was conducted, the method used, results obtained and conclusion drawn.** ***(5 mar***

[AO1 = 5, AO2 = 0]

AO1 Any study in which diagnosis of abnormal behaviour has been investigated would be appropriate. Likely studies include Rosenhan 1973, Termelin 1970, Beck 1962, Cooper 1972 or any dealing with factors such as influence of racial or gender factors, eg Brown and Harris.

1 mark – why study was conducted (must go beyond the stem)
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 (not evaluative point unless extra description of study).

(c) Describe and discuss the medical model of abnormality. Refer to at least one **other model in your answer.** ***(12 ma***

[AO1 = 5 AO2 = 7]

AO1 Up to 5 marks for description of the medical model. Medical model points might include: abnormal behaviour as an illness with an underlying physical cause; need for medical diagnosis/treatment/hospitalisation; adoption of sick role; removal of responsibility and blame; stigmatisation; genetic/organic/chemical disorders cause mental illness – these give rise to behavioural and psychological symptoms; symptoms can be classified (DSM/ICD) and treated in psychiatric hospitals in order to cure the patient. Credit should be given to notion of 'sickness'; and/or reference to medical terminology such as psychopathology, symptoms,

diagnosis, therapy, cure etc. Credit reference to medical treatments.

AO2 Up to 7 marks for discussion/analysis and reference to chosen alternative model. Marks to be awarded for evaluative comment and discussion of the medical model. Strengths probably taken from: more humane to regard as 'mad' than 'bad'; individual not responsible for their predicament and thus are in need of care and treatment; the classification may lead to better understanding, treatments and cure. Weaknesses may include: ethical consequences – loss of rights, labelling, prejudice; practical implications – institutionalisation may lead to dependence, etc. Answers may refer to Heather, Szasz, Rosenhan's study, etc.

Mark Bands

12 – 10 marks **Excellent answers**

The medical model of abnormality will be outlined and fully discussed with accurate detail and in relation to an alternative model. At the top of the band a sophisticated grasp of the issue 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 some aspects of the medical model will be outlined and discussed, although this will not be as detailed as the top band. An alternative model of abnormality will be offered. 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. The answer is mostly focused on the question, although there may be minor irrelevance and/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. 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. Must be some discussion 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 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) Distinguish between obsession and compulsion in obsessive-compulsive disorders. ***(3 mar***

[AO1 = 2, AO2 = 1]

AO1 One mark for outlining obsessions (intrusive and recurring thoughts, impulses and images, uncontrollable to the individual) and one mark for compulsions (repetitive behaviour or mental action). Credit an example that clearly shows knowledge of each of the two components.

AO2 One mark for overtly distinguishing between them – the difference between the two is that the person feels **compelled** to act in order to reduce the distress caused by the **obsessive** thought.

(b) Outline and briefly discuss one **explanation for obsessive-compulsive disorders.** ***(5 mar***

[AO1 = 2, AO2 = 3]

AO1 Up to 2 marks for description of an explanation, eg
Psychoanalytic: OCD results from instinctual forces, sexual or aggressive, that are not under control because of overly harsh toilet training. Person fixated at the anal stage, etc.
Behavioural: learned behaviour reinforced by fear reduction …
Cognitive: memory deficit; intrusive thoughts increase under stress …
Biological: Brain regions/neurochemical/genetic.

One mark for a brief answer, 2 marks for full answer.

AO2 Up to 3 marks can be awarded for evaluative/analytical points, eg methodological issues, ability to explain OCD phenomena, limitations of the chosen explanation may include reference to alternatives.

(c) Describe and discuss non-biological explanations of eating disorders. ***(12 ma***

[AO1 = 6, AO2 = 6]

AO1 Award up to 6 marks for knowledge of at least two explanations, usually 3 marks for each. Acceptable explanations are social/cultural, behavioural, psychoanalytic and cognitive. For example, the socio-cultural idea of thinness is shared by most Western industrialised nations and there is a wide variation in the prevalence of eating disorders across cultures. Family systems theory (Minuchin et al 1975) and/or other psychodynamic views may be referred to.

AO2 Up to 6 marks to be awarded for evaluative comment, analysis, comparison and/or evidence. With the cultural explanation, for example, there will be reference to cultural differences in incidence of eating disorders, sex differences, etc. Counter-arguments may include reference to evidence suggesting a biological component. Credit evidence as AO2.

Maximum 7 marks if only one explanation given.

Mark Bands

12 – 10 marks **Excellent answers**

At least two appropriate explanations will be clearly outlined and fully discussed with accurate detail. 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**

Explanations 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. The answer is mostly focused on the question, although there may be minor irrelevance and/or misunderstanding. An excellent answer referring to only one explanation may score up to 7 marks.

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. 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, 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
Total marks for Question 6: 20 marks

7 Total for this question: *20 marks*

(a) Explain what is meant by *bipolar depression*. ***(3 mar***

[AO1 = 2, AO2 = 1]

AO1 One mark each for knowledge of each aspect of the disorder, ie knowing what depression involves and knowing what mania involves. One mark for just naming the two.

AO2 One mark for explanatory detail or analytical comment, eg alternating bouts, ratio of 3:1, more prevalent in males.

(b) Outline and briefly discuss one **explanation for schizophrenia.** ***(5 mar***

[AO1 = 2, AO2 = 3]

AO1 Up to 2 marks for description of explanation, could be biological, eg genetic or biochemical, **or** psychosocial, eg labeling, social class, the family, or diathesis-stress model.

AO2 Up the 3 marks for evaluative comment linked to the explanation offered. For genetic explanation concordance studies suggest genetic link particularly for negative systems. But not theoretical 100%; also schizophrenia defined by behaviour therefore it is a phenotype and thus reflects influence of both genes and behaviour – may refer to diathesis-stress model.

(c) Describe and discuss one **explanation of mood disorders. Refer to empirical evidence in your answer.** ***(12 ma***

[AO1 = 6, AO2 = 6]

AO1 Up to 6 marks for description of an explanation. Possible explanations: psychoanalytic – probably refer to Freud; cognitive, eg Beck or attributional theories; psychosocial causal factors; behavioural explanations; biological genetic – reference to family/twin/adoption methods; neurochemistry – two transmitters have been implicated: norepenephrine (explanation for bipolar, low level of norepeniphrine leads to depression and high level to mania) and serotonin – low levels lead to depression.

AO2 Up to 6 marks are likely to be accrued through general discussion or discussion of the evidence for the explanation offered. For example, genetic evidence comes from concordance studies, findings include: Bipolar 10-25% of concordance with 1st degree relatives (James & Chapman '75) MZ twins concordance bipolar 72%, DZ 14% (Allen '76). In unipolar depression genetic factors not as influential. Egeland et al '87 study of Old Order Amish found evidence for dominant gene on 11th chromosome. **But** problems separating environment and genetic factors, also diagnostic criteria change over time, etc. Evidence for Beck's theory might point to the considerable research, testable theory and the support for negative thinking patterns among depressives (Beck '67; Segal '95). **But** do negative beliefs **cause** depression or follow it?

Maximum 6 marks if no evidence presented.

Mark Bands

12 – 10 marks **Excellent answers**

One appropriate explanation will be clearly described and fully discussed with accurate detail. The answer will contain relevant empirical evidence. 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**

On explanation is clearly described and discussed, although this will not be as detailed as the 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 and some empirical evidence should be presented. The answer is mostly focused on the question, although there may be minor irrelevance and/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. 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, 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 7: 10
Total AO2 for Question 7: 10
Total marks for Question 7: 20 marks

8 Total for this question: *20 marks*

(a) With reference to James, outline and explain one **ethical dilemma faced by professionals when making a decision about treatment of abnormal behaviour.** ***(4 mar***

[AO1 = 2, AO2 = 2]

AO1 Up to 2 marks for outline of ethical issue. Issues might be 'informed consent', 'confidentiality and privileged communication', 'rights to treatment and to refuse treatment', 'dangerousness', 'sectioning under the Mental Health Act', etc.

For brief reference award 1 mark, for a full outline award 2 marks.

AO2 Up to 2 marks for application of the above. One mark for very brief content, 2 marks for full application, ie reference to James.

(b) Outline two **assumptions of a biological approach to the treatment of atypical behaviour.** ***(4 mar***

[AO1 = 4, AO2 = 0]

AO1 One mark for each assumption given and a further mark each for additional knowledge regarding that assumption. Example answers:

- Assumes biological cause, eg neurological disease, neurochemical imbalance.
- Biological cause can be remedied through biological treatments, eg drugs, ECT, surgery, etc.
- Assumes treatment for atypical behaviour is the province of the medical profession and that psychological treatments alone are ineffective.
- Assumes atypical behaviour occurs as a result of a biological vulnerability to a disorder interacting with environmental stressor significant to the individual.

Answers may be embedded in specific examples.

(c) Discuss one **biological treatment for atypical behaviour. Consider the effectiveness of this treatment in your answer.** ***(12 ma***

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for description of biological treatment, eg chemotherapy (drug therapy), ECT, surgery, etc. If several points or details are given marks may be awarded for each point. Alternatively, marks should be given for a limited number of expanded points.

AO2 Up to 8 marks for evaluation of the treatment described. Credit may also be given to evidence where appropriate. Evaluation may be regarding the practical and/or theoretical issues. Reference to an alternative therapy may be credited if used in a comparative/ evaluative way. Reference to effectiveness of treatment is AO2.

Mark Bands

12 – 10 marks **Excellent answers**

Full, detailed and accurate description of a biological treatment. Pertinent evaluative points will be outlined and fully discussed with accurate detail. The answer may contain relevant empirical evidence where applicable and must refer to effectiveness of the treatment. 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**

Sound description of biological treatment. Pertinent evaluative points will be outlined and discussed, although this will not be as detailed as the top band. At the top of the band answers should be coherent and evaluative comment should be clear. At the bottom of this band answers may be mainly descriptive, although some evaluation should be evident and there is some focus on effectiveness. There may be minor irrelevance and/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. At the bottom of the band answers may lack coherence but a number of relevant points must be evident. Answers constituting reasonable description with limited focus on the question are likely to be in this band. Must be some discussion for 5/6 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 for Question 8: 10
Total AO2 for Question 8: 10
Total marks for Question 8: 20 marks

SECTION C: Health Psychology

9 Total for this question: *20 marks*

(a) Outline two **features of the biomedical model of health and illness.** ***(4 mar***

[AO1 = 4, AO2 = 0]

AO1 Up to 2 marks for each of the two features outlined: one mark for identifying or giving a superficial outline; two marks for an appropriate and fully outlined response. The biomedical model emphasises the physical nature of health and illness and the use of physical treatments such as drugs and surgery.

Reference may be made to Cartesian dualism (separation between mind and body), the mechanistic nature of the biomedical model (body as a machine), and the neglect of psychosocial factors in the biomedical model. Candidates may also mention the reductionist nature of the biomedical model, treating the patient as an object, its focus on single-cause explanations, its grounding in the empirical methods of the natural sciences based on objective and measurable evidence, and its systematic approach to specifying syndromes, causes and treatments.

(b) Outline and explain one **reason for the emergence of health psychology.** ***(4 mar***

[AO1 = 2, AO2 = 2]

AO1 Up to 2 marks for knowledge of one reason for the emergence of health psychology: one mark for citing possible reason; two marks for clearly outlining an appropriate reason. Possible reasons include: influence of psychosomatic/behavioural medicine; recognition of link between mind and body; changing patterns of morbidity/mortality; growing interest in lifestyle factors/health promotion; increased focus in chronic/stress related illness; influence of holistic/humanistic/alternative approaches; realisation that many behavioural factors underlie health conditions.

AO2 Up to 2 marks for explaining how the reason cited influenced the emergence of health psychology: one mark for a brief, largely implicit or superficial explanation; two marks for a more detailed or elaborated explanation, showing a clear understanding.

Example answer:Realisation that behavioural factors underlie many ill-health conditions, therefore, health psyc

(c) Discuss the nature of health psychology. ***(12 marks)***

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for outlining aspects of the nature of health psychology. Relevant aspects include: defining health psychology; health promotion; aetiology of illness; prevention of illness; treatment of illness; determinants of health-related behaviour; improving systems of health care; and formulating health policy.

AO2 Up to 8 marks for discussion. Discussion is likely to include analysis of conceptual, philosophical, theoretical, empirical and/or historical issues, as well as some evaluation of traditional (eg biomedical) and contemporary (eg biopsychosocial) approaches.

Mark Bands

12 – 10 marks **Excellent answers**

The nature of health psychology is outlined and discussed fully, with clear evidence of analysis and evaluation. Knowledge, understanding and analysis will be accurate, detailed and well informed. Content will show a balanced view. Answers will be well structured and consistently relevant to the question. The answer is well focused and mostly relevant with little misunderstanding.

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

At the top of the band health psychology is clearly outlined and discussed, with reasonable evidence of analysis and/or evaluation. Answers will be reasonably accurate and detailed. Answer is mostly focused on the question, although there may be minor irrelevance and/or misunderstanding.

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

At least one aspect of health psychology is outlined with some evidence of discussion for 5/6 marks, although this may be limited. Answers constituting reasonable relevant description with limited focus on the question are likely to be in this band. May be some irrelevance or inaccuracy.

3 – 1 marks **Poor answers**

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

10 Total for this question: *20 marks*

(a) Outline two **techniques that the health psychologist could use to measure the severity of Kim's pain.** ***(4 marks)***

[AO1 = 4, AO2 = 0]

AO1 Up to 2 marks are available for each of the two techniques outlined: one mark for citing or superficially outlining a relevant technique; two marks for fully outlining an appropriate technique.

Techniques for measuring pain will be drawn from the following: self-report (interview, rating scale, questionnaire or diary); behavioural analysis (eg observation, use of pain behaviour scale to assess performance on standardised tasks); physiological tests (eg EMG, EEG, GSR, ECG). Candidates should not be penalised for choosing two techniques within the same category (eg two physiological measures).

(b) (i) Outline the cognitive approach to pain management. Suggest how the health psychologist might use this approach to help Kim manage the painful headaches. ***(4 mar***

[AO1 = 2, AO2 = 2]

AO1 Up to 2 marks are available for showing knowledge of a cognitive approach to pain: one mark for a vague or superficial, but relevant, outline; two marks for a clearly articulated response, showing understanding. Cognitive techniques for coping with pain utilise active coping strategies, usually based on distraction (focusing on a non-painful stimulus to divert attention away from discomfort), imagery (imaging a scene that is unrelated to or incompatible with pain) and/or redefinition (replacing thoughts about pain that are threatening with ones that are more positive or realistic).

AO2 Up to 2 marks are available for explaining how a cognitive approach might help Kim to manage pain: one mark for a brief, largely implicit or superficial explanation; two marks for a more detailed or elaborated explanation, showing a clear understanding. Candidates are likely to focus on the procedural or technical aspects of using cognitive techniques (ie explaining how a cognitive approach would be carried out in practice), although attempts to explain why a cognitive approach might be effective (eg increasing self-control/self-efficacy or modifying the psychological experience of pain) should also be credited.

(ii) Discuss one other **approach to pain management that the health psychologist could use with Kim.** ***(12 ma***

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for showing knowledge of an approach to pain management that could be used instead of a cognitive approach. These four marks will normally comprise one mark for identifying an appropriate approach, plus one mark for each key feature outlined. Answers are likely to focus on behavioural or biomedical approaches. Biomedical approaches include surgery, drugs, neuro-muscular stimulation (eg TEMS) and physical therapy (eg physiotherapy). Behavioural approaches include behaviour shaping, progressive muscle relaxation and biofeedback.

AO2 Up to 8 marks for analytical commentary on the chosen approach. Analysis might focus on: practical/ethical aspects; conditions under which the approach is likely to be more or less effective; comparison with other approaches (including cognitive approaches); applications to the context of headaches; empirical validation of refutation; and theoretical rationale.

Points of evaluation may be positive as well as negative.

Mark Bands

12 – 10 marks **Excellent answers**

Comprehensive knowledge and understanding of an appropriate alternative approach to pain management. Explicit reference to stimulus material (ie headaches). Sound analysis and balanced discussion of the chosen approach, 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 an appropriate approach, with some evidence of both breadth and depth. Discussion will be generally sound and will address more than one point. May be some minor irrelevance and/or misunderstanding.

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

Unbalanced focus on describing an appropriate approach at the expense of discussing it. Description will be largely accurate, but lacking in breadth and/or depth. Analysis will tend to be shallow and limited in scope. Must be some discussion for 5/6 marks.

3 – 1 marks **Poor answers**

Must have some relevant content, perhaps fair description related to the question. May contain substantial inaccuracies and irrelevancies. 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) Identify and outline two **approaches used by health psychologists wishing to reduce risk-taking behaviour, such as smoking.** ***(4 mar***

[AO1 = 4 AO2 = 0]

AO1 One mark each for identification of two approaches to reducing risk-taking.
Likely answers are media appeals and harm reduction.
One further mark each for a brief outline of what each approach involves.

(b) (i) Explain the influence of self-efficacy on health-related behaviour. ***(4 mar***

[AO1 = 2, AO2 = 2]

AO1 Up to 2 marks for showing knowledge of term: self efficacy refers to one's level of confidence in one's ability to perform a desired behaviour or to achieve a particular goal. Bandura referred to four aspects of self-efficacy: cognition, motivation, affect, selectivity. People with high self-efficacy are more likely to change behaviour as they will believe that they are capable of achieving the desired change, they will be more persistent when faced by setbacks, they will not experience fear of failure, and they will be more likely to select such a challenge. The reverse will be the case for people with low self-efficacy. Answers may focus on any of the above aspects.

AO2 Up to 2 marks for analysis of how self-efficacy would lead to change in health-related behaviour: 1 mark for a brief, largely implicit or superficial explanation; two marks for a more detailed or elaborated explanation, showing a clear understanding. Answers could include reference to an appropriate example of a personal change in health-related behaviour and should, in any case, refer to the specific context of health (rather than explaining self-efficacy in general).

(ii) Compare Bandura's theory of self-efficacy with one other **psychological theory of lifestyle change.** ***(12 marks)***

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks are available for showing knowledge of a psychological theory of lifestyle change other than Bandura's theory of self-efficacy. These 4 marks will normally comprise 1 mark for identifying an appropriate theory, plus 1 mark for each key feature outlined. Answers are likely to focus on the health belief model (Becker), the theory of planned behaviour (Ajzen) or the theory of reasoned action (Ajzen and Fishbein). Candidates who do not refer to an alternative theory will receive no marks for AO1.

AO2 Up to 8 marks for discussing the chosen alternative in relation to Bandura's self-efficacy theory. It is expected that candidates will present a comparative analysis of the two theories, or that the chosen alternative will be evaluated in the light of Bandura's theory. Discussion points may focus on: key concepts and underpinning values; empirical validation and/or refutation; strengths and weaknesses; advantages and disadvantages; and relevance to understanding health behaviour. Candidates who discuss Bandura's theory of self-efficacy without relating it to an alternative theory should be limited to a maximum of 4 marks under AO2.

Mark Bands

12 – 10 marks **Excellent answers**

Comprehensive, detailed and accurate analysis of alternative theory in relation to self-efficacy. Answers will be clear and coherent, showing a sound understanding of relevant concepts and a balance between narrative and commentary. Explicit reference will be made to the context of lifestyle change. The answer is well focused and mostly relevant with little misunderstanding.

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

An alternative theory will be clearly described and generally accurate and detailed points of discussion/comparison will be presented. Reference will be made to the context of lifestyle change. Analysis will be generally sound and will address relevant points, but will not be as comprehensive, evaluative or well-balanced as for the top band. There may be minor irrelevance and/or misunderstanding.

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

An alternative theory will be outlined, but answers are likely to focus more on general aspects of this theory rather than discussing it in relation to self-efficacy. There may be a tendency to list points rather than engage in discussion. Answers will be mainly descriptive and may lack focus. Must be some discussion for 5/6 marks.

3 – 1 marks **Poor answers**

Must have some relevant content, perhaps fair description related to the question. May contain substantial inaccuracies and irrelevancies. Valid but very brief, perhaps 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) Explain one **difference between approach and avoidance strategies as ways of attempting to cope with stress.** ***(3 mar***

[AO1 = 1, AO2 = 2]

AO1 One mark for an appropriate difference between approach and avoidance strategies. An *approach strategy* is an active cognitive or behavioural strategy for addressing the stress directly (eg taking medication, thinking positively, seeking medication). An *avoidance strategy* is one in which an attempt is made to ignore or distance the stress (eg denial, wishful thinking, distracting attention).

AO2 Up to 2 marks for explaining the difference between the two strategies. This may be best achieved by citing a relevant example of each approach (as above) to elucidate the difference between them or by elaborating on what is meant by each term.

(b) Describe one **study in which the role of a personal variable in the experience of stress was investigated. Include in your answer why the study was conducted, the method used, results obtained and conclusion drawn.** ***(5 mar***

[AO1 = 5, AO2 = 0]

AO1 Any study in which the role of personal variable in relation to stress was investigated is acceptable. Appropriate examples of personal variable include: Type A, B and C behaviours (eg Friedman and Rosenman, 1974; Eysenck and Grossarth-Maticek 1991), locus of control (eg Strickland, 1978) and hardiness (eg Kobasa, 1979).

1 mark – why study was conducted (must go beyond stem)
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 (not evaluative point unless extra descripion point)

(c) Discuss the role played by the autonomic nervous systems in mediating and/or **responding to stress.** ***(12 ma***

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for showing knowledge of the role of the ANS in relation to stress, usually one mark for each relevant feature outlined or up to 2 marks for each relevant feature described. Relevant content would include: functions of the sympathetic and parasympathetic divisions of the ANS; pathways between the sympathetic nervous system and the immune system; links between the release of adrenal hormones (adrenalin, noradrenalin and cortisol) and excitation of the sympathetic nervous system; Selye's General Adaption Syndrome (GAS); Cannon's fight-or-flight response syndrome; and the sympathetic-adrenal medulla complex.

AO2 Up to 8 marks for discussion of the role of the ANS in relation to stress. Credit commentary and further explanation. Discussion points may relate to: theoretical rationale; empirical research; methodological issues; ethical issues; and interaction with other physiological systems (eg immune/endocrine systems).

Answers relating to both or just one aspect (mediating/responding) can gain full credit.

Mark Bands

12 – 10 marks **Excellent answers**

The role of the ANS outlined and discussed fully, with clear evidence of analysis and application to the context of stress. 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 role of the ANS in relation to stress will be outlined with reasonable evidence of analysis and/or application. Content will show an even balance between description and commentary. Answers will be reasonably accurate and detailed. Most of the answer will be focused, but there may be some irrelevance and/or misunderstanding.

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

The role of the ANS will be outlined with some evidence of discussion for 5/6 marks, although this may be limited. Content may focus more on general ANS functioning rather than on its role in stress. Lack of accuracy, detail or relevance may be evident.

3 – 1 marks **Poor answers**

Must have some relevant content, perhaps fair description related to the question. May contain substantial inaccuracies and irrelevancies. Valid but very brief, perhaps unfinished, answers will fall in this band.

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

13 Total for this question: *20 marks*

(a) Identify and describe two **features of a stage theory of relationship development.** ***(4 mar***

[AO1 = 4, AO2 = 0]

AO1 Award 1 mark for each feature that is correctly identified and second mark for description of each feature. These could include actual stages in relationship development which include: awareness, surface contact (first contact), mutuality (Levinger and Snoek 1972) and disclosure (or equivalent) and so answer may name and describe these aspects. Alternatively credit two features that are characteristics of stage theories, such as qualitative differences, principle of invariant sequencing etc, although these should be linked to relationship development for full credit via their description.

(b) Outline and explain the relationship between gender and self-disclosure. ***(4 mar***

[AO1 = 2, AO2 = 2]

AO1 Award up to 2 marks for knowledge of relationship between gender and self-disclosure, eg females disclose more than males; differences in content between male and female disclosures - female disclosures are more about relationships/personal aspects of life. Any reference to same-sex or different sex friendships is relevant. Weaker candidates may gain a maximum of 1 mark for knowing what is meant by self-disclosure.

AO2 Available for application/explanation eg reasons why females are generally more likely to disclose or conversely why males are less likely – stereotypical expectations of males and females, eg men are more practical, less emotional etc. AO2 marks may also be gained via an example.

(c) Discuss at least two **factors that have been shown to affect interpersonal attraction. Support your answer with reference to empirical evidence.** ***(12 ma***

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks are available for knowledge of factors. Examples of relevant psychological factors would be proximity, physical attractiveness, similarity, reciprocity, etc, but any factors supported by evidence should be accepted. Accept also answers based on theories of attraction, eg where rewards are identified as a factor within social exchange theory. Up to 2 marks may be given for identification, with the remaining marks for expanded description.

AO2 Up to 8 marks are available for answers that demonstrate evidence of application and analysis. This may include reference to broader issues of research in this area such as generalising findings, ethical aspects in such research (manipulation of self-esteem in studies of attractiveness etc). May include specific points such as much research in this area uses student (volunteers). Relevant evidence to support argument would include: Festinger 1950; Mita 1977; Newcomb 1961; Dion et al 1972; Walster 1966.

Maximum of 6 marks if no evidence presented

Mark Bands

12 – 10 marks **Excellent answers**

At least 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 and this will be critically considered. There should be little, if any, irrelevance or inaccuracy. Answer is well balanced and focused on the question.

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

At the top end of this band at least two relevant factors will be identified 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 which are restricted to only one factor (max 7 marks). Most of the answer will present a focused argument 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. 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 may 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. Must be at least some discussion for 5/6 marks.

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) Using an example, explain what is meant by *telepathy*. ***(3 mar***

[AO1 = 1, AO2 = 2]

AO1 Award 1 mark for clear definition/description of telepathy such as phenomenon where one person is able to mentally communicate with another (sender and receiver references are acceptable). Also accept reference to 'mind to mind' communication.

AO2 Award 1 mark for comment that goes beyond mere descriptive knowledge, eg without the use of conventional senses. This could include reference to paranormal phenomena or to telepathy being a form of extrasensory perception. Second mark for example.

(b) Describe one **study in which** either **clairvoyance** or **precognition has been investigated. Include in your answer why the study was conducted, the method used, results obtained and conclusion drawn.** ***(5 mar***

[AO1 = 5, AO2 = 0]

AO1 Award marks for studies of clairvoyance or precognition. Precognition refers to knowledge of an event in the future and clairvoyance involves awareness of 'hidden' information not available through conventional senses. Relevant research includes studies of remote viewing for clairvoyance, eg Targ & Puthoff 1974 and Kappers (1964) or the Aberfan case studies for precognition.

1 mark – why study was conducted (must go beyond stem)
1 mark – information about the method
1 mark – indication of results
1 mark – indication of conclusion to be drawn
1 mark – additional information (such as detail provided in method or implications in conclusion). Not evaluative point unless extra description of 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.

(c) Dan claims to have psychokinetic powers. Discuss how a psychologist should test this claim. Give details of the method, procedure and any controls that would need to be used. ***(12 ma***

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for knowledge and understanding of psychokinesis (PK) and identification of relevant method/procedure/controls. Marks for definition of term ie such as mental exertion over objects or for main types: micro and macro PK ie movement only detected by statistical means and movement visible to naked eye. No marks for movement of microscopic versus large objects. Up to 2 marks for AO1 will be awarded for descriptive coverage of term. Candidates are likely to use a version of the dice rolling experiment but any relevant scenario is acceptable.

AO2 Up to 8 marks for elaboration of method/procedure/controls identified in AO1 ie application of concepts and for analysis/evaluation. Look for application in the manner of a workable study which permits replication, and which shows thorough appreciation of methods, procedures and necessary controls. It is likely, although not essential, that candidates will make reference to previous research as justification for choices. This should be credited under AO2.

Mark Bands

12 – 10 marks **Excellent answers**

Application and analysis/evaluation will be clearly demonstrated throughout the answer which will contain a thorough and knowledgeable discussion of relevant issues. In addition to conveying clear understanding of PK the answer will permit replication due to detail of method and procedure. All relevant variables and controls will be fully earmarked. Most of the answer is relevant with little misunderstanding. There is clear focus on the question.

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

Application and analysis/evaluation should be present in the answer although this may be less thorough than for Band 1. Bottom end of band for answers may be more restrictive in their coverage of controls and level of detail, with a plan that would require some minor modification to allow replication. Answers in this band though will show evidence of analysis, 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 made to apply methodological concepts. This may typically involve knowledge of topic conveyed via definitions of relevant terms and descriptive understanding. Some appropriate means of carrying out a feasible plan is presented although there are substantial gaps in detail. Full replication is likely to be impossible. Psychological terminology used although limited, and answer contains considerable irrelevance and misunderstandings. Some analysis/application necessary for 5/6 marks.

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 and/or methodological terminology is presented. Some PK concepts or ideas regarding procedure may be listed or presented in a sketchy, muddled fashion eg definitions given. 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) With reference to substance abuse, distinguish between stimulants and depressants. ***(3 mar***

[AO1 = 2, AO2 = 1]

AO1 One mark for definition of each term:

Stimulants produce arousing, energising effects, feeling of increased alertness etc.
Depressants lower mood, relax muscles, ease tension, etc.

AO2 One mark awarded for clearly stating a way in which the terms differ, possibly using specific examples of substances. Credit here is for attempt to demonstrate knowing more than simply how the terms may be defined/described.

(b) There are several techniques for treating and preventing substance abuse.

(i) Describe and briefly discuss one **psychological technique used in the** treatment **of substance abuse**. ***(5 mar***

[AO1 = 3, AO2 = 2]

AO1 Award up to 3 marks for clear definition/description of relevant psychological method of treatment such as aversion therapy or self-management techniques. No marks for reference to prevention strategies. No marks for reference to methadone (a 'substitute therapy' rather than purely psychological one). Marks to be given according to knowledge and understanding of term conveyed. Award 1 mark for name only of appropriate technique.

AO2 Up to 2 marks for analysis/comment beyond mere descriptive knowledge. This could involve evaluation of and/or explanation of how the technique works, or reference to psychological principle upon which it is based. The mark available here could also be awarded for providing an example as a means of illustrating the term.

(ii) Describe and discuss two **techniques that are used to** prevent **people from abusing substances. Refer to evidence in your answer.** ***(12 ma***

[AO1 = 5, AO2 = 7]

AO1 Up to 5 marks are available for the two techniques cited - includes 1 mark for naming of relevant psychological techniques (such as fear-arousing appeals, education, social inoculation etc), and additional marks for providing a description. No marks for answers dealing with treatment of abuse since prevention refers to stopping people before they begin use/abuse.

AO2 Up to 7 marks are available for answers that demonstrate evidence of application and analysis/evaluation. This may include reference to broader issues of research in this area such as generalising findings, ethical aspects in such research (especially use of fear appeals with children etc). Could also entail criticisms/evaluation of specific studies (samples used etc), and reference to wider issues/implications of preventing abuse. Credit also comparisons between techniques. Credit evidence as AO2.

Maximum of 6 marks if no evidence presented

Mark Bands

12 – 10 marks **Excellent answers**

Two relevant psychological techniques 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 and this will be critically considered. There should be minimal, if any, irrelevance, inaccuracy or misunderstanding. The answer will be well balanced and clearly focused on the question.

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

At the top end of this band two relevant techniques are described 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 which are restricted to only one technique (max 7 marks). Most of the answer will present a focused argument 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. 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 may 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. Must be some discussion for 6 marks.

3 – 1 marks **Poor answers**

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

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) Outline and explain one **feature of offender profiling.** ***(4 mar***

[AO1 = 2, AO2 = 2]

AO1 Award up to 2 marks for identifying and describing a relevant feature of offender profiling (definition including features is acceptable), such as idea of 'biographical sketch' allowing information about perpetrator of crime to be extrapolated; usually deduced from information gathered at scene of crime; personal information on the victim and their habits etc. Credit other factors identified by Canter, eg interview analysis of speech patterns, interests, obsessions etc.

AO2 Up to 2 marks available for application/explanation of the concept or feature outlined. This could include reference to the way in which the information is used by the police to reduce list of potential suspects etc. Credit also reference to differences between US and UK models. May also use relevant example of the way that profiling has been used effectively, such as 'railway rapist'.

(b) Outline two **characteristics of the criminal personality as described by Eysenck.** ***(4 mar***

[AO1 = 4, AO2 = 0]

AO1 Up to 2 marks for outline of each characteristic. Ideally this will refer to the main personality traits associated with the criminal 'type': psychoticism and neuroticism although could refer to attraction towards risk, danger, some evidence for link with extraversion etc. Could also outline lack of conditionability, ie that such people do not 'condition' effectively to society's rules.

(c) Home Office figures show that there are currently more than 70 000 people in prison in England and Wales.

Discuss two **psychological effects of imprisonment on the individual. Support your answer with reference to empirical evidence.** ***(12 marks)***

[AO1 = 4, AO2 = 8]

AO1 Up to 2 marks available for each of the two effects cited which includes 1 mark for naming a relevant psychological effect (such as depression, conformity to roles, 'prisonisation' etc), and a further mark for providing a description of the effect. Marks awarded here may be for descriptive coverage of evidence.

AO2 Up to 8 marks are available for evidence of application, analysis and evaluation. This may include reference to broader issues of research in this area such as effects being dependent upon length of sentence, individual differences regarding prison experience. Could refer to specific research via criticisms/evaluation, eg of Zimbardo's prison study (ethical issues), Wheelton's criticism of Clemmer's prisonisation concept (as being non-linear) etc.

Maximum 6 marks if no evidence presented

Mark Bands

12 – 10 marks **Excellent answers**

Two relevant psychological effects 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 and this will be critically considered. There should be minimal irrelevance, inaccuracy or misunderstanding. The answer will be clearly focused on the question.

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

At the top end of this band two psychological effects 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 which are restricted to only one effect (max 7 marks). Most of the answer will present a focused discussion although there may be some minor irrelevance or misunderstanding.

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

Answers in this band will be largely descriptive with very little attempt made to discuss the issues. 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 may lack reference to evidence although some demonstration of appropriate psychological terms will be evident, even if somewhat limited in scope. Information used may be less effectively applied to the question. 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 effects may be named with cursory and perhaps inaccurate description.

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

ASSESSMENT OBJECTIVE GRIDS - UNIT 4: CHILD DEVELOPMENT AND OPTIONS

SECTION A: CHILD DEVELOPMENT

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

SECTION B: OPTIONS
PSYCHOLOGY OF ATYPICAL BEHAVIOUR

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

SECTION B: OPTIONS
HEALTH PSYCHOLOGY

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

SECTION B: OPTIONS
CONTEMPORARY TOPICS IN PYSCHOLOGY

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