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ASSESSMENT and QUALIFICATIONS ALLIANCE

General Certificate of Education

Psychology 5186/6186
Specification B

*PYB4 Child Development and Options: Psychology of Atypical Behaviour **or** Health Psychology **or** Contemporary Topics*

Mark Scheme

2005 examination – June series

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.

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.

General Approach

Apply the principles below *only* to questions which require a banded mark scheme according to 'Guidelines for Mark Schemes'.

If the QWC mark band does not match the mark band for psychology content, deduct one mark.

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) In your answer book, write down which one of these psychologists is most likely to be associated with each of the following beliefs:

(i) that young children often develop attachments with more than one person;

(ii) that maternal deprivation is responsible for behaviours such as delinquency;

(iii) that quality of attachment can be studied using "the strange situation" procedure;

(iv) that the reason for separation between child and parent is an important factor in determining whether or not the child becomes a delinquent. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1
(i) Schaffer
(ii) Bowlby
(iii) Ainsworth
(iv) Rutter

(b) Briefly explain **one** strength and **one** limitation of using animals to study attachment. *(4 marks)*

[AO1 = 0, AO2 = 4]

AO2 Up to 2 marks each for each aspect. One mark for stating, second mark for expansion.

Strengths: behavioural continuity across species (Darwin) (1) so makes sense to generalise (1); rapid maturation and quick developmental cycle (1) so can study several generations (1); easy to control extraneous variables and keep in controlled environment (1) thus enabling inference about cause and effect (1).

Limitations: ethical problems, eg restraint, stress, etc; not all species respond in the same way to the same stimulus; human beings are more cognitive, conscious, etc.

(c) Describe and discuss the possible consequences for a child of having a high level of self-esteem **and** for a child of having a low level of self-esteem. Refer to psychological research in your answer. *(12 marks)*

[AO1 = 6, AO2 = 6]

AO1 Up to 6 marks for description of possible consequences of either high or low self-esteem. Award one mark for each consequence outlined, or more than one mark for one in detail. Most usually they will be those identified by either Coopersmith or Bee, eg high self-esteem is associated with: high academic achievement; feelings of control over own life; popularity; positive relationships; self-knowledge; more psychologically healthy. Low self-esteem - opposite effects, but do not credit exact opposite of factors given for high - answer must expand. Credit description of studies, eg Coopersmith (1967) and Harter (1988). Up to 2 marks for study.

Maximum 3 AO1 marks if just a list of consequences without expansion.

AO2 Up to 6 marks for discussion and analysis. Credit use of evidence in discussion. Credit also comment about the quality of the evidence, eg the Coopersmith study used a variety of measures including TAT tests, interviews, teacher ratings etc which might be discussed in terms of reliability/validity; most evidence correlational so can't infer cause and effect. Discussion might also consider the existence of self-esteem as a single entity and Harter's proposition about 5 separate dimensions. Credit might also be given here for ethical issues in relation to measurement of self-esteem or for application, eg how to increase self-esteem.

Maximum 8 marks if no evidence presented
Maximum 7 marks if only high or low discussed

Mark Bands

12 – 10 marks **Excellent answers**

Consequences are fully described showing sound and accurate knowledge and understanding. There is appropriate reference to evidence. Discussion is balanced with appropriate analysis. Evaluative comment is presented in the context of the discussion as a whole. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

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

Answer shows knowledge and understanding of consequences of both high and low self-esteem and there is an attempt to present a balanced discussion. Some analysis is evident and the answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. References to research are relevant but not as detailed and accurate as for the top band. There must be some evidence for 9 marks.

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

Answer shows some relevant knowledge and understanding. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Any reference to research is usually lacking in detail. Answers constituting reasonable description with minimal focus on the question are likely to be in this band.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief 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) Distinguish between iconic and symbolic modes of representation. *(3 marks)*

[AO1 = 2, AO2 = 1]

AO1 One mark each for knowledge of iconic and symbolic.

Iconic mode: where information is represented in a form true to the stimulus, eg visual information in the form of images. Accept 'thinking in images'.

Symbolic mode: where information is represented in the form of a code or symbol, most usually as language. Accept 'thinking in words'. Credit descriptions within examples.

Only 1 mark if no indication these are about thinking, or similar.

AO2 1 mark for distinction, eg children in the iconic mode think literally rather than abstractly, symbolic acquired later. Candidates might present findings of the Bruner and Kenney cylinder task here for AO2. Can give more than one mark for multiple distinctions.

(b) Outline what is meant by *object permanence* and explain what the development of object permanence might indicate about a child's intellectual processes. *(5 marks)*

[AO1 = 2, AO2 = 3]

AO1 Two marks for knowledge of object permanence - the ability to understand that an object continues to exist (1) even when out of sight (1).

AO2 Up to three marks for analysis of what the acquisition of object permanence shows, eg shows developing thought processes/intellectual ability; shows cognitive maturation; child's increasing ability to memorise; has achieved a key ability in the sensori-motor stage; able to think about things not present; marks a decline in egocentrism; shows the ability to hold mental representations; involves understanding of continuity across time/space. Candidates may choose to focus on a single point in detail or may present several more briefly.

One mark may also be given for illustration via example.

(c) Describe and discuss Vygotsky's approach to cognitive development. Refer to **at least one** other theory of cognitive development in your answer. *(12 marks)*

[AO1 = 6, AO2 = 6]

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

Maximum 3 marks for a list of Vygotskian concepts.

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

Maximum 7 marks if no other approach presented

Mark Bands

12 – 10 marks **Excellent answers**

Vygotsky's approach to cognitive development is fully described showing sound knowledge and understanding of the theory. Discussion is balanced with appropriate analysis. Alternative approach/es are integrated into the discussion rather than simply described. Evaluative comment is presented in the context of the discussion as a whole. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

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

Answer shows knowledge and understanding of Vygotsky's approach to cognitive development and, for 8/9 marks, appropriate reference to an alternative approach. There is an attempt to present a balanced discussion. Some analysis is evident and the answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. Any references to research should be relevant but are perhaps not so clearly linked to the discussion as for the top band.

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

Answer shows some knowledge and understanding of Vygotsky. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Any reference to research is usually lacking in detail. Answers constituting reasonable description with minimal focus on the question are likely to be in this band.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief 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) Outline the characteristics of the pre-conventional level of morality proposed by Kohlberg. Briefly explain why Lee might be considered to be at this level. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Morality is judged according to reward/benefit to actor (1) or punishment (1).

AO2 Up to two marks for relating the pre-conventional level to Lee. One mark for each link

- reward orientation = only cares about what he wants/what he can get
- punishment orientation = get into trouble or not.

(b) Outline **two** other levels of moral development proposed by Kohlberg. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1 Up to 2 marks each for outline of the conventional and post-conventional levels. One mark for minimal relevant information, eg name of level/cursory relevant point. Two marks for brief outline, eg brief description of the stages within each level. If answer only refers to stages rather than levels, credit each stage up to full marks as long as they are from two different levels.

(c) Discuss Piaget's theory of moral development. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for a description of Piaget's theory of moral development. Candidates may refer to moral realism versus moral relativism, heteronomous versus autonomous reasoning, judgement according to consequences versus intentional judgement, age of transition (approx. 9 years), origin of rules (as in marbles). Credit description of evidence.

AO2 Up to 8 marks for discussion and analysis. Comment may be about the theory and/or the research upon which the theory was based. Marks may also be gained here through comparison with other explanations of morality or through links with broader aspects of cognitive understanding. For example, candidates might legitimately set Piaget's theory of moral development in the context of his broader theory, eg how shift to reasoning by consequence depends on lessening egocentrism and autonomous reasoning depends on shift from unilateral to mutual respect. However, straightforward descriptions of Piaget's cognitive developmental theory without links to the question should not be credited. Credit evidence used to support argument.

Mark Bands

12 – 10 marks **Excellent answers**

Piaget's theory of moral development is fully described showing sound knowledge and understanding. Discussion is balanced with appropriate analysis. Any references to research are accurate and used in the context of the discussion. Evaluative comment is presented in the context of the discussion as a whole. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

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

Answer shows knowledge and understanding of Piaget's theory of moral development. There is an attempt to present a balanced discussion. Some analysis is evident and the answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding.

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

Answer shows some knowledge and understanding of the topic area. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Any reference to research is usually lacking in detail. Answers constituting reasonable description with minimal focus on the question are likely to be in this band. At least some discussion should be present 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 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) "Gifted children can easily be identified by their exceptionally high scores on intelligence tests."

Briefly discuss **one** problem of using intelligence test scores to define giftedness. *(3 marks)*

[AO1 = 1, AO2 = 2]

AO1 One mark for giving a problem. Examples: the various aspects of intelligent behaviour cannot be captured in an IQ score/ intelligence is not a unitary phenomenon/ cut-off point is arbitrary/might be culturally biased.

AO2 Up to two marks for expansion and comment on the problem. Example: many researchers have identified different aspects of intelligence, eg Gardner's multiple intelligences - linguistic, musical, spatial etc; a person might be extremely capable in one domain and not in another.

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

[AO1 = 5, AO2 = 0]

AO1 Any study in which giftedness was investigated is acceptable. Examples include Terman (1959), Hollingworth (1942), Gross (1993), Freeman (1979)

1 mark for aim (must go beyond the stem)
1 mark for method
1 mark for results
1 mark for conclusion
1 mark for additional detail (accept evaluative comment if it adds to description)

(c) Identify **one** learning difficulty other than autism. Discuss **at least one** cause of this learning difficulty. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 One mark for identifying a learning difficulty (not autism) either by name or through description. Up to 3 marks for description of possible cause/s. Most answers are likely to focus on dyslexia although other forms of learning difficulty/cognitive impairment are acceptable. Answers based on dyslexia are likely to focus on one or more of the following explanations: genetics, neurological and information processing deficits. Credit should also be awarded for answers based on the specific nature of the cognitive deficit, eg phonological and visual/perceptual deficits in the case of dyslexia. Candidates may choose to focus on one explanation in depth or refer to more than one in less detail.

AO2 Up to 8 marks for evaluation and analysis of cause/s presented. Credit should also be given for application where candidates consider the implications of accepting certain explanations. Analysis might legitimately include the difficulty in distinguishing dyslexia from other reading/learning problems since errors in diagnosis would impact on any attempts to determine cause. Credit evidence to support or refute explanation/s. Suitable studies include: Vogler 85, Plomin 94, Blakesee 94 (genetics); Enns 95, Tallal 95, Stein and Talcott 99, Galaburda 94 (processing/cognitive/neurological deficit).

Mark Bands

12 – 10 marks **Excellent answers**

Valid cause/s is/are fully described showing sound knowledge and understanding. Discussion is balanced with appropriate analysis. Any references to research are accurate and used in the context of the discussion. Evaluative comment is presented in the context of the discussion as a whole. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

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

Answer shows knowledge and understanding of cause/s of a named learning difficulty. There is an attempt to present a balanced discussion. Some analysis is evident and the answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding.

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

Answer shows some knowledge and understanding of cause/s. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band. At least some discussion should be present 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 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) Explain what is meant by *maladaptiveness*, in relation to abnormal behaviour. Illustrate your answer with an example. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Up to two marks for description of what is meant by maladaptiveness, ie extent to which a person's thoughts, feelings, behaviour interfere (1) with aspects of their life or general well-being (1). One mark for vague answer.

AO2 Two marks for linking knowledge of term to example of abnormal behaviour and saying how it would interfere with everyday living.

Award one mark for the example of abnormal behaviour (1) and one mark for saying how it would interfere/have a negative life outcome (1).

For example, if someone has a phobia they might cease to go to work because of their irrational fear and might consequently lose their job.

(b) Using an example, explain how cultural differences affect people's understanding of abnormality. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Up to two marks for role of cultural differences in defining abnormality, eg different cultures have different beliefs/values, etc (1) so what is normal in one culture might be seen as abnormal in another culture (1); the type of behaviour that is un/acceptable or un/desirable (1) depends on the ways, beliefs, norms and values of a community or society (1).

AO2 Up to two marks for explanation via example of a behaviour acceptable in some cultures but not in others. Award one mark for the behaviour and one mark for identification of the culture. For example, hearing voices seen as normal in some cultures (Hopi, Chinese); appearing naked seen as normal in some African societies.

Note: Although question asks for cultural differences, answers based on sub-cultural differences (eg age, sex, race etc) are also acceptable. For example, behaviours that might be acceptable in a young child would not be acceptable in an adult. If answer is about culture changing over time content must focus on cultural change rather than purely historical.

(c) Describe and discuss how **at least two** historical ideas of abnormality differ from current views of abnormal behaviour. *(12 marks)*

[AO1 = 6, AO2 = 6]

AO1 Up to six marks for description of at least two historical ideas and current views about abnormality (max 3 if only refers to current views). Candidates may choose to refer to any period in history including more recent approaches such as the medical model, anti-psychiatry and the psychoanalytic school. Likely answers: demonology/satanic possession/supernatural; Hippocrates - the four humours; the rise of the scientific approach - astral influences - the moon (lunatic); Humanitarianism (Pinel, Tuke, Rush's Moral Management, Dix's mental Hygiene Movement); the Medical Model - psychiatry as a branch of medicine, Victorian mental institutions, advent of psychotropic drugs; anti-psychiatry (Szasz, Laing) labelling theory; psychoanalysis - Freud and the neo Freudians - role of the unconscious.

Credit any contemporary view as current, eg medical model, psychoanalysis, behaviourism, humanistic, cognitive.

AO2 Up to six marks for discussion and analysis of how the historical ideas presented **differ** from current views. Answers may focus on explanations, treatments or both. Content will vary widely depending on the historical ideas given under AO1. Examples: the theory of the 4 humours laid the foundation for modern medicine including biological explanations and treatments; early asylums (Bedlam) offered 'treatment' as opposed to persecution; early humanitarian treatments marked a decline in punitive treatments of purging and vomiting; use of psychotropic drugs led to a decrease in restraint and need for in-patient care; implications of the anti-psychiatry movement.

Maximum 7 marks if only one idea presented

Mark Bands

12 – 10 marks **Excellent answers**

At least two ideas are fully described showing sound knowledge and understanding. Discussion/analysis of how these historical ideas differ from current views is balanced. Comment is presented in the context of the discussion as a whole. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

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

Usually at least two ideas are presented. Answer shows knowledge and understanding. There is an attempt to present a balanced discussion/analysis. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. For one idea exceptionally well done, award a maximum of 7 marks.

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

Answer shows some knowledge and understanding of historical idea/s. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief 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) Give a cognitive explanation for eating disorders. Illustrate your answer with an example. *(3 marks)*

[AO1 = 1, AO2 = 2]

AO1 One mark for identifying unrealistic belief/ distorted thought as key factor.

AO2 One mark for example of a cognition/belief, eg people think I am fat.
One mark for expansion or elaboration.

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

[AO1 = 5, AO2 = 0]

AO1 Any study in which treatment of eating disorders was investigated is acceptable. Examples include: Hsu (1990) operant conditioning; Fairburn (1985) cognitive therapy; weight restoration Fairburn/Hawton (1989); family therapy Rosman et al (1976)

1 mark for aim (must go beyond stem)
1 mark for method
1 mark for results
1 mark for conclusion
1 mark for additional detail (accept evaluative comment if it adds to description)

(c) Discuss behavioural therapy as a treatment of anxiety disorders. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for knowledge of behavioural therapy. Accept either behaviour therapy or behaviour modification. Examples: systematic desensitisation, exposure, flooding. Award marks for relevant detail: classical conditioning; hierarchy; gradual exposure; temporal association; UCS/UCR CS/CR; operant conditioning; association between response and consequence; positive/negative reinforcement. Also credit references to modelling - phobias, and aversion therapy - compulsive behaviours. Not all of the above is expected for four marks. Candidates may give a general description of a range of behavioural therapies or may focus on one in depth. Maximum 2 marks for list of 2 or more therapies.

AO2 Up to 8 marks for application/discussion. Candidates may offer analysis of the link between theoretical aspects and treatments for anxiety disorders, eg how classical conditioning is involved in systematic desensitisation, exposure/response prevention, or how operant conditioning might be used to reinforce substitute behaviours. Possible discussion points: treats behaviour not cause; may develop alternative inappropriate behaviours; ethical issues, eg control/manipulation; generalisation outside the therapeutic context; relative effectiveness in relation to other forms of treatment, eg anti-anxiety drugs. Credit references to evidence, eg Jones 1924, Steketea and Foa 1984, Emmelkemp 1994, Wolpe et al 1994.

Mark Bands

12 – 10 marks **Excellent answers**

Behavioural therapy is fully described showing sound knowledge and understanding. Discussion/analysis of use of therapy in treatment of anxiety disorders is balanced. Points are presented in the context of the discussion as a whole. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

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

Answer shows knowledge and understanding of behavioural therapy. There is an attempt to present a balanced discussion/analysis of use of therapy in treatment of anxiety disorders. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding.

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

Answer shows some knowledge and understanding of behavioural therapy. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal 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 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) Archie spends hours in the same position, apparently unaware of what is going on around him. Occasionally, he will become extremely agitated and have brief periods of excitable and exaggerated movement before returning to his immobile state.

Viv is convinced that there are people under the floorboards in her house and that they are listening to everything she says and does. Sometimes she can hear them talking about her and how they will hurt her when she is asleep at night.

With reference to the two cases above, outline what is meant by *classification of schizophrenia*. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Up to 2 marks for an outline. There are several valid approaches to this question. Most candidates are likely to refer to sub-categories and symptomatic distinctions between the sub-types, eg schizophrenia is not a unitary phenomenon; there is more than one type of schizophrenia; knowledge of the different sub-types. Candidates taking an historical approach might gain up to two marks for knowledge of the development of schizophrenia as a category of mental disorder distinct from other disorders - Bleuler, Kraepelin, etc. Alternatively candidates might gain up to one mark for general understanding of classification systems.

AO2 One mark each for linking the content of AO1 to the descriptions in the stem. For example, Archie might be identified as a case of catatonic schizophrenia and Viv as a case of paranoid schizophrenia. If AO1 content is rather more general, then AO2 marks could come from recognition that both are suffering from the same disorder but with very different symptoms, and therefore likely to be separate sub-types.

(b) Briefly discuss the family dysfunction explanation of schizophrenia. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Up to 2 marks for knowledge of a family dysfunction explanation, eg communication problems (Mintz 1988); the schizophrenogenic mother; Bateson (1956) the double bind; high expressed emotion (Brown 1966). Vague or very brief description one mark, expanded description two marks. Alternatively candidates may get full marks for a briefer mention of two explanations.

AO2 Up to 2 marks for discussion of the explanation/s given. Valid comment would include 'blaming' the parents, de-medicalisation, neglecting biological evidence, possibility of change, etc.

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

[AO1 = 6, AO2 = 6]

AO1 Up to 6 marks for knowledge of the biological explanation/s of schizophrenia. Candidates may focus just on one biological explanation or may refer to more than one in less depth. Likely content: heredity and genetics - concordance in twins and adoption studies; biochemical - the dopamine hypothesis; neurophysiological differences - decrease in frontal lobe activity; enlarged ventricles etc; the viral hypothesis - links with flu virus in second trimester. Credit description of studies. Maximum three marks for list of explanations without expansion.

AO2 Up to 6 marks for discussion of the explanation/s and for evidence to support argument. Candidates might offer the Gottesman (1972) concordance evidence with evaluation/ problems of twin studies, eg reliability of zygosity in early studies, sample size, etc. Heston (1966) adoption evidence indicates some genetic component but modified by environment - diathesis/stress model. Dopamine evidence - port-mortems (Iversen 1979) animal studies, L-Dopa mirror (Davidson 1987), chlorpromazine (Creese 1976) but is high dopamine cause or effect? Neurophysiological studies - Gershon & Rieder (1992) CT scans and MRI scans but cause or effect? Viral hypothesis - schizo-virus (Torrey 1991), pre-natal exposure (Cannon 1991). In addition to specific criticisms, candidates may well offer alternative explanations as part of their discussion.

Maximum 8 marks if no evidence given

Mark Bands

12 – 10 marks **Excellent answers**

The biological explanation is fully described showing sound knowledge and understanding. Discussion/analysis of the explanation is balanced. Evidence is clear and accurate. Points are presented in the context of the discussion as a whole. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

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

Answer shows knowledge and understanding of the biological explanation. There is an attempt to present a balanced discussion/analysis of the explanation. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. Must include some evidence for 9 marks.

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

Answer shows some knowledge and understanding of the biological explanation/s. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief 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) Outline **two** ethical issues that might be faced by professionals treating atypical behaviour. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1 Up to 2 marks each for outline of two ethical issues. In each case award one mark for brief reference, two marks for expanded outline.

Likely answers: issue of informed consent, ie to what extent can it be informed? If informed consent not possible then role of parents/approved social worker etc; compulsory treatment and the conditions under which this is appropriate/desirable; power relationship between patient and therapist - roles and expectations; problems of behaviour modification programmes - manipulation, 'bribery', dehumanisation, confidentiality, ethical problems involved in particular treatments, etc.

(b) Give **one** assumption of the psychodynamic approach to atypical behaviour. Indicate how this assumption has influenced psychodynamic treatment of atypical behaviour. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 One mark for a valid assumption and one mark for expansion.

Possible answers: unconscious motivates all behaviour including atypical behaviour/mental disorder; childhood experience influences adult behaviours/emotions/problems; psychosexual stages/ages/fixations.

AO2 Up to 2 marks for outline of how the given assumption might influence treatment. One mark for vague or tenuous link. Two marks if the link to treatment is clear and appropriate.

Possible answer: one aspect of psychodynamic treatment is free association (1), which enables access to the unconscious (1).

(c) Outline and evaluate the humanistic approach to the treatment of atypical behaviour. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for knowledge and understanding of humanistic approach to therapy. Relevant content includes: person-centred focus; emphasis on self and reduction of difference between perceived and ideal self; holistic approach; empathy; genuineness; unconditional positive regard; use of instruments such as the Q-sort.

AO2 Up to 8 marks for evaluation/analysis of the humanistic approach to therapy which might include: lack of scientific underpinning; ethical issues, eg false hope; methodological problems - usefulness of one-to-one and group sessions; theoretical issues, eg validity of Maslow's theory of self-actualisation, etc; limited range of disorders that can be effectively treated using humanistic therapy. Comparison with other therapies to be credited where it forms part of the discussion as a whole.

Mark Bands

12 – 10 marks **Excellent answers**

The humanistic approach to treatment is clearly outlined showing sound knowledge and understanding. Discussion/analysis of the approach is balanced. Points are presented in the context of the discussion as a whole. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

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

Answer shows knowledge and understanding of the humanistic approach to treatment. There is an attempt to present a balanced discussion/analysis of the approach. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding.

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

Answer shows some knowledge and understanding of the humanistic approach to treatment. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal 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 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

Health Psychology

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

(a) Outline **two** complementary approaches to health. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1 Up to 2 marks for each complementary approach outlined. Candidates are likely to refer to aromatherapy, visualisation or meditation. Award one mark if outline is vague or very brief. Two marks for an expanded outline.

Aromatherapy - application of fragrant essential oils to promote harmony between mind and body/treat disorders.

Visualisation - use of mental imagery to achieve positive health outcomes.

Meditation - focus of mind on internal images, sounds or thoughts - may include posture or mantra - promotes tranquillity.

(b) Using an example, explain what health psychologists mean by the illness-wellness continuum. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Up to two marks for knowledge of the illness-wellness continuum. A linear way of defining health (or similar) (1) which proposes that people can be located at a point somewhere between the extremes of wellness and illness (1). Normal health in the middle of the continuum (1). Full credit may be given for a diagrammatic representation.

AO2 Up to two marks for linking the AO1 content to an example. For example, a person with a cold might locate themselves on the illness side of the continuum, although they are essentially healthy. A person with a severe, chronic illness like asthma might nevertheless locate themselves on the wellness side of the continuum because they are happy or because they see there are other people whose health is worse than theirs. Credit references to subjectivity.

(c) Discuss the biopsychosocial model of health. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for a description of the biopsychosocial model: stress-diathesis approach emphasising interaction between environment and individual-vulnerability; a model based on general systems theory; takes into account 3 major aspects of well-being; mental (psychological, eg cognition and emotion), social (environmental, familial, interpersonal factors) and biological (organs, tissues, cells, chemicals); a more holistic approach; at its broadest encompasses ecology and physical systems. Any aspects of Engel 77, Downie 96 should be credited.

AO2 Up to 8 marks for analysis/evaluation of the model. Strengths: challenge to the reductionism of the medical/biomedical model; acknowledges importance of treating the whole person; more humane approach; allows for a positive and negative view of health. Weaknesses: neglects widest influences, eg spiritual; more a statement of beliefs than rigorous theory; difficult to test empirically; takes focus from the medical; encourages alternative therapies. AO2 marks should also be given for examples as analysis of the benefits/limitations of the model.

Mark Bands

12 – 10 marks **Excellent answers**

Answer shows sound knowledge and understanding of the biopsychosocial model. Discussion is balanced with reference to both strengths and weaknesses. There is appropriate analysis. 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 the biopsychosocial model. There is an attempt to present a balanced discussion but perhaps greater emphasis on strengths or weaknesses. Some analysis is evident and the answer is mostly focused on the question, although there may be some irrelevance and/or misunderstanding.

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

Answer shows some knowledge and understanding of the area. Answers in this band may be entirely or mostly descriptive with some irrelevance or inaccuracy. Answers constituting reasonable description with minimal 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 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) Describe the influence of **one** psychological factor on acquired immune deficiency syndrome (AIDS). *(3 marks)*

[AO1 = 3, AO2 = 0]

AO1 Up to 3 marks for description of the influence of one psychological (including behavioural) factor on AIDS. Accept answers focussing on contracting HIV - a precursor to AIDS. Acceptable factors include

- lifestyle factors, eg use of drugs like nitrates and cannabis increase chance of contracting HIV after exposure to the virus (Van Griensven 1986). Lifestyle factors also increase chance of progression from HIV to AIDS because injecting stimulates immune system which increases chance of replication
- repeat risk behaviour leading to subsequent instances of exposure to HIV might lead to progression from HIV to AIDS
- stress, eg bereavement of partner, may lead to increase in replication and affect progression from HIV to AIDS.

Credit also answers focusing on coping with AIDS, eg perceived control.

(b) Briefly discuss the role of **at least one** psychological factor in diabetes. *(5 marks)*

[AO1 = 2, AO2 = 3]

AO1 Award one mark each for two separate factors or two marks for one factor outlined in more detail. Possible answers: **degree of personal control**, ie some patients take charge of illness and its management - Kelleher's (1988) 'true copers', others 'adaptive strategists' adapt by accommodating lifestyle considerably to cope, a third group, 'worriers', are characterised by continual anxiety and depression about their condition; **ability to self-manage** - unlike many conditions diabetes must be managed by the patient, ie diet and lifestyle changes are necessary. More general but equally acceptable answers might refer to **changes in identity/self perception, shock of diagnosis; denial or retreat; cognitive appraisal**.

Credit also answers based on psychological factors which might be implicated in the onset/progression of diabetes.

AO2 Up to 3 marks for brief discussion. Possible issues: relative importance of psychological factors given that diabetes has a physical cause - pancreas produces insufficient insulin leading to hyperglycaemia. Credit reference to the different psychological considerations in the two types of diabetes. Type 1 (insulin dependent, early onset) requires self-injections of insulin. Type II (non-insulin-dependent, late onset) is sometimes precipitated by lifestyle factors or occurs as a secondary condition. Type II is regulated by control of lifestyle, eg diet and use of medication.

(c) Describe and discuss **at least two** reasons why patients like Angela do not always comply with medical advice. Refer to psychological evidence in your answer. *(12 marks)*

[AO1 = 5, AO2 = 7]

AO1 Up to 5 marks for knowledge of reasons for non-compliance. Usually award 2/3 marks for each reason outlined depending on level of detail. Possible reasons include: Ley's (1988) factors -

- patient's lack of understanding - patients are often unaware of symptoms and causes associated with various conditions, of the location of organs in the body, or prognosis in conditions such as cancer and hypertension
- patient's poor memory for information during a consultation (eg for dosage, names of drugs, duration of treatment etc)
- patient's level of dissatisfaction with the doctor/treatment. Dissatisfaction can be due to factors such as perceived lack of support, inadequate explanation/lack of information, perceived incompetence, lack of sufficient time/attention.

Credit also more general psychological factors such as role of habits, reinforcement, defence mechanisms, self-efficacy and locus of control. Credit also references to health belief models linked to non-compliance.

AO2 Up to 7 marks for discussion including evidence. Relevant issues: conditions in which patients are more/less likely to comply; links with theoretical explanations; interpersonal issues affecting the consultation process, eg roles and patient/practitioner styles; individual differences in compliance/non-compliance; rational versus non-rational non-compliance. Credit also application to case in the text, eg Angela seems dissatisfied with GP, might not recall information GP has give her, perhaps did not understand what GP was saying. Relevant evidence includes: Ley 1988 review of 21 studies found 41% patients dissatisfied; Boyle (1970) patients' lack of understanding of medical conditions; Savage & Armstrong (1990) link between practitioner style and satisfaction; Bain (1977), Crichton (1978) poor recall from consultations.

Maximum 7 marks if only one reason presented
Maximum 8 marks if no evidence presented

Mark Bands

12 – 10 marks **Excellent answers**

Answer shows sound knowledge and understanding of at least two reasons for non-compliance. Discussion includes appropriate analysis. Evidence is detailed and accurate. 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 reason/s for non-compliance. There is some successful discussion/analysis. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. For 9 marks there must be reference to evidence.

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

Answer shows some relevant knowledge and understanding. There is likely to be some irrelevance or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band. There 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 answer will come into 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) Briefly describe the theory of planned behaviour/reasoned action proposed by Ajzen. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1 Award up to 4 marks for description of the theory of planned behaviour/reasoned action. Relevant points include: perceived control affects intention (eg have I the will power to diet?); subjective norms - beliefs about what is desirable in a social group or culture (eg being slim is desirable); attitudes to behaviour (eg do I care about being slim?); all these factors influence intention to act. Accept answers that are clear within an example.

(b) Outline and briefly explain the role of diet in cancer. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Up to 2 marks for knowledge of dietary factors implicated in cancer. Diet estimated to be a factor in one-third of cancer deaths. Cancer of the colon linked to red meat, fast food, low-fibre food, high sugar intake. Also associated with food high in bacteria, additives, salt and smoked food. High cholesterol diet has been related to lung cancer.

AO2 Up to 2 marks for explanation/analysis. Relevant issues: diet may affect lung cancer but other behavioural factors, eg smoking are much more significant. Cancers are also due to factors such as stress, especially from uncontrollable stressors, coping style - maladaptive styles lead to behaviours such as smoking, alcohol, etc, mental conditions such as depression, personality type (Type C - passive, appeasing, helpless, other-focused, unexpressive of emotion), hardiness (Kobasa 1982) - control, commitment, challenge. Evidence may be credited as AO2 but is not required.

(c) Discuss the biomedical approach to dieting and weight-loss. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for knowledge of biomedical approaches to dieting/weight loss. For example, use of drugs (amphetamines, fenfluramine) to alter metabolism and suppress appetite. Very low calorie diets (less than 800 cals). Use of dietary supplements to cause feelings of fullness leading to lowered food intake. Extreme biomedical treatments such as jaw-wiring, stomach stapling (gastric reduction) and liposuction. Candidates may refer briefly to a variety of methods or to a limited number in more detail.

AO2 Up to 8 marks for discussion of the biomedical approaches. Likely issues: short-term v long-term effectiveness; difficulty of permanently altering habits; need to alter cognitions and beliefs about causes of obesity and control; role of personality - difference between restrained and unrestrained eaters; side effects of drugs treatments; need to monitor patients on very low cal diets; liopsuction purely cosmetic; relapse rates and correlates; need for follow-up and importance of social/group support. Candidates might also present alternative approaches (eg behavioural) as part of the discussion.

Mark Bands

12 – 10 marks **Excellent answers**

Answer shows sound knowledge and understanding of the biomedical approach to weight loss/dieting. Discussion is balanced with appropriate analysis. Evaluative comment is presented in the context of the discussion as a whole. Any reference to alternative approaches is linked to 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 biomedical approach to weight loss/dieting. There is some successful discussion/analysis although arguments may be slightly unbalanced. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding.

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

Answer shows some relevant knowledge and understanding. There is likely to be some irrelevance or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band. There 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 answer will come into 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) Outline **one** defence mechanism, and briefly explain how it might be used by an individual trying to cope with stress. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Up to two marks for identifying and outlining one defence mechanism.

Possible examples: Denial - refusing to accept that an upsetting/stressful event is happening or has taken place; Displacement - taking out anger/frustration on a person/object who is not the source of stress.

Credit any valid defence mechanism.

AO2 Up to 2 marks for application - explanation of how the chosen defence mechanism might be used. Possible examples:

Denial - a person may refuse to believe that they are in debt or have a serious illness, may hide bank statement, refuse to talk about condition, refuse to go to doctors.
Displacement - a person may be angry with partner/friends, venting feelings, although partner is not responsible for source of stress (debt or illness).

(b) Using an example, explain how systematic desensitisation might be used to manage stress. *(4 marks)*

[AO1 = 2, AO4 = 2]

AO1 Up to 2 marks for knowledge of systematic desensitisation: based on classical conditioning theory; use of relaxation strategies; building of hierarchy of stressors/stressful situations; progression through the hierarchy using graded exposure over a number of sessions.

AO2 Up to 2 marks for application, ie how systematic desensitisation could be used to manage stress in a specific example. Award one mark for graded exposure plus one mark for any other relevant link between theory/process and the example.

(c) With reference to Jake and Karim, describe and discuss the role of **at least one** personal variable in mediating responses to stress. *(12 marks)*

[AO1 = 6, AO2 = 6]

AO1 Up to 6 marks for knowledge of the role of at least one personal variable which mediates response to stress. Candidates may focus on one in depth or more than one in less detail and should be credited accordingly.

- personality type. Type A (Friedman & Rosenman 1974) is more likely to experience negative outcomes in stressful situations. Type A personalities are competitive, have achievement orientation, are self-critical, show time urgency, show anger/hostility. Type A is linked with CHD
- locus of control (Rotter 1966) - difference between internal and external attributions. Cognitions/beliefs about how much we can control what happens to us can affect how much we suffer as a result of stress. Highly stressed individuals have little feeling of control over events in their lives. They make external attributions for negative or stressful events.
- hardiness (Kobasa 1979) - 3 features of hardy individuals that enable them to cope well with stress: high sense of personal control over their life and circumstances; relishes challenge - sees challenge/change as positive rather than threat (positive reappraisal); shows commitment - to life, work, relationships, etc.

AO2 Up to 6 marks for discussion/analysis and application. Candidates may present specific criticisms of their chosen variable (eg evaluation of method used to assess Type A; control as a source of stress in itself; poor correlation between elements of hardiness identified by Kobasa), or may analyse through comparison between the variables. Evidence should be credited as AO2 although is not specifically required. Relevant evidence: Friedman and Rosenman (1959); Frankenhaeuser (1975); Kobasa (1975). Credit reference to non-personal mediating variables where linked to the discussion, eg social support may be equally important and reference to overwhelming nature of some stressors. At least 2 marks must be for links to text, eg Jake may be Type A, less hardy or have an external locus of control whereas Karim is not Type A (might be Type B), is hardy and has an internal locus of control.

Mark Bands

12 – 10 marks **Excellent answers**

Answer shows sound knowledge and understanding of at least one personal variable. Discussion is balanced with appropriate analysis. Evaluative comment is presented in the context of the discussion as a whole. Any reference to alternative mediators/evidence is linked to the discussion. The answer is well focused and mostly relevant with little misunderstanding. Must be some application to text.

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

Answer shows knowledge and understanding of at least one personal variable. There is some successful discussion/analysis although arguments may be slightly unbalanced. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding.

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

Answer shows some relevant knowledge and understanding. There is likely to be some irrelevance or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief answer will come into 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) For each of the statements below, write down in your answer book whether it is most likely to be an example of a bisexual, heterosexual or homosexual relationship.

(i) James and his wife live together with their two children;

(ii) Maria and her female partner have a sexual relationship;

(iii) Andy has a sexual relationship with his male partner but also has a sexual relationship with his girlfriend. *(3 marks)*

[AO1 = 0, AO2 = 3]

AO2 (i) heterosexuality;
(ii) homosexuality;
(iii) bisexuality.

(b) Describe **one** theory of how relationships develop. Give an example to illustrate your answer. *(5 marks)*

[AO1 = 4, AO2 = 1]

AO1 Up to 4 marks for knowledge of chosen theory. Possible answers:

Social exchange theory - reward and cost theory/economic model of relationships. Costs become increasing important as a relationship progresses through its early stages. Costs = investment, eg time, resources, etc.
Heider's balance theory - as relationship develops people seek balance/consistency between attitudes to each other and third parties/objects/ideas
Stage theory - awareness, surface contact, disclosure (or Murstein's stimulus, value, role theory).

Credit answers based on factors affecting the development of relationships (eg proximity) as long as they are linked to development.

Do not credit answers based on theories of love.

AO2 Award 1 mark for an example illustrating the given theory.

(c) Describe and discuss the triangular theory of love. *(12 marks)*

[AO1 = 6, AO2 = 6]

AO1 Up to 6 marks for description of the triangular theory (Sternberg). Multidimensional model where type of love depends on interaction between 3 components - passion, intimacy and commitment. Presence/absence of these components determines type of love: consummate, infatuation, liking, empty, romantic, companionate, fatuous. Maximum credit for labelled diagram or list-based answer - 3 marks.

AO2 Up to 6 marks for analysis and evaluation of Sternberg's theory. Relevant points include: flexible model with multiple possibilities; components are not all-or-none but should be assessed on a continuum; love is subjective, meaning different things to different people, even within a relationship; cultural specificity and relevance to other cultures, eg with arranged marriages. Credit comparison with other models, eg Rubin's theory of love as a single, underlying dimension analysed in terms of strength; Heidrick's love styles; Byrne's five factor theory. Credit application via examples.

Mark Bands

12 – 10 marks **Excellent answers**

Triangular theory is fully described showing sound knowledge and understanding. Discussion is balanced with appropriate analysis. Evaluative comment is presented in the context of the discussion as a whole. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

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

Answer shows knowledge and understanding of triangular 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 some irrelevance and/or misunderstanding.

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

Answer shows some knowledge and understanding of theory. Answers in this band are likely to be mostly descriptive with possible irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band.

3 – 1 marks **Poor answers**

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

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 *demand characteristics* in 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 Two marks for linking term to paranormal research, eg participant might think researcher wants to find existence of paranormal phenomenon (1) so will be more inclined to report 'seeing' certain phenomena (1). AO2 marks here may be embedded in a specific example of paranormal research.

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

[AO1 = 5, AO2 = 0]

AO1 Any study in which PK was investigated is acceptable. Examples include: Grad, Cadoret & Paul (1961) the Estabany case - healing wounded mice; Radin & Ferrari (1990) a meta-analysis of 148 dice throwing studies; Schmidt and Pantas (1972) lighting lamps on the Schmidt machine.

1 mark for aim (must go beyond stem)
1 mark for method
1 mark for results
1 mark for conclusion
1 mark for additional detail (accept evaluative point if it adds to description)

(c) Discuss the use of the experimental method in extra-sensory perception (ESP) research. Refer to evidence in your answer. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for detailed knowledge and understanding of experimental method in extra-sensory perception (ESP) research. Credit knowledge of components of the experimental method, eg manipulation of IV, control, etc applied to ESP studies and for relevant evidence, eg Targ & Puthoff 1977 remote viewing; Honorton 1989 Ganzfeld studies; Anderson & McConnell 1961 card guessing clairvoyance. Do not credit repeat of description of demand characteristics where candidate has already been credited for this in part (a). **Do not credit reference to PK studies or non-experimental studies.**

AO2 Up to 8 marks for analysis and evaluation. Focus will probably be on the advantages/ disadvantages compared to other methods. Relevant points: importance of control in this contentious and controversial research area; limited application of the experimental method in ESP; importance of statistical significance as support for existence of ESP; sensory leakage; role of anecdotal reports; specific discussion & critical consideration of research findings cited. For high-end marks evaluation of both sides of argument will be demonstrated, together with criticism/evaluation of studies. Non-experimental studies may be credited here as contrast to experimental.

Maximum 8 marks if no evidence presented

Mark Bands

12 – 10 marks **Excellent answers**

Use of the experimental method in ESP research is fully described showing sound knowledge and understanding. Evidence is appropriate and thorough. Discussion is balanced with appropriate analysis. Evaluative comment is presented in the context of the discussion as a whole. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

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

Answer shows knowledge and understanding of the use of the experimental method in ESP research. There is an attempt to present a balanced discussion. Some analysis is evident and the answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. Must be some evidence for 9 marks.

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

Answer shows some knowledge and understanding of the area. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal 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 answer will come into this band.

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) Outline what is meant by *addiction*. *(2 marks)*

[AO1 = 2, AO2 = 0]

AO1 Up to 2 marks for an outline or definition of the term. One mark for vague understanding, two marks for a clear definition using appropriate terminology.

Behaviour over which an individual has impaired control (1) which has harmful consequences (1) seeking to stimulate the body's reward/pleasure system (dopamine) (1) resulting in psychological/physical dependency (1).

(b) Professionals wishing to prevent substance abuse often try to identify and target people who are most likely to be at risk of abusing substances.

Identify **two** "risk" groups, and explain why each of these two groups might be more likely to develop a substance abuse problem than other groups of people. *(6 marks)*

[AO1 = 4, AO2 = 2]

AO1 One mark for each 'risk' group identified plus one mark each for expanded information about the risk factor. Acceptable answers include: unemployment; lack of social support; homelessness (psychosocial risk factors); race, eg Aboriginals more at risk of alcoholism (cultural risk factor); being the child of a substance abuser (biological risk factor); having an addictive personality.

AO2 One mark each for comparison, eg how/why the 'risk' individuals are **more likely** to develop a substance abuse problem than 'non-risk' individuals, eg a person whose parents are alcoholics may carry a gene for alcoholism which affects neurochemistry leading to addictive behaviour whereas other people don't carry the gene.

(c) Discuss fear-arousing appeals as a method of preventing substance abuse. Refer to psychological theory **and/or** empirical evidence in your answer. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for knowledge of characteristics of a fear-arousing appeal. Further AO1 marks will be gained from examples/evidence/theory. Flay (1985) smoking prevention; Evans (1984) school-based anti-smoking campaign; Leventhal et al (1989) smoking; Janis & Terwillinger (1962) mild v strong fear messages; Stroebe (2000) HIV.

AO2 Up to 8 marks for evaluation and analysis. Relevant points: research shows that high fear messages are less effective than low fear messages; difference between attending, comprehending, yielding and acting upon the message (McGuire 1969); inverted U relationship between level of fear and attitude change (McGuire 1968); need for specificity, ie aspect of behaviour that needs to be changed should be specific (Stroebe 2000); role of vulnerability; extent of knowledge the person already has; some evidence campaigns exacerbate drug use (Pape & Walfish 1980); negative effect of over-dramatising and negative images. Credit general information about attitude change/theories of attitude change/psychological theories, eg behaviourism if related to the topic. Candidates may also evaluate the use of fear-arousal by comparing it with other methods such as peer prevention, social inoculation, health promotion/education.

Maximum 8 marks if no theory/evidence presented

Mark Bands

12 – 10 marks **Excellent answers**

Knowledge of fear arousing appeals is clear and shows sound understanding. Evidence/theory is appropriate and detailed. Discussion is balanced with appropriate analysis. Evaluative comment is presented in the context of the discussion as a whole. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

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

Answer shows knowledge and understanding of fear arousing appeals. Appropriate evidence/theory is included. There is an attempt to present a balanced discussion. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. For 9 marks there must be evidence/theory.

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

Answer shows some knowledge and understanding of the area. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal 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 answer will come into this band.

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) "One function of the legal system and the courts is to punish offenders. Punishment should be appropriate and should take account of the crime and the circumstances in which the crime was committed. In some cases, a custodial sentence is most appropriate; in others, a non-custodial sentence may be preferred."

(i) Outline **two** reasons for the use of punishment in the treatment of offenders. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1 Up to 2 marks for each reason given. Award one mark for vague answer and two marks for clear answer including appropriate terminology. Acceptable answers:

Incapacitation - the offender is out of action thus preventing further re-offending

Reform/rehabilitation - the offender will hopefully be changed for the better by the experience of punishment

Deterrence - unpleasantness of the experience puts the offender off re-offending

Retribution - society is enacting revenge for the crime by punishing the offender.

(ii) Identify and briefly discuss **one** limitation of custodial sentences as a treatment of offenders. *(4 marks)*

[AO1 = 1, AO2 = 3]

AO1 One mark for identifying a limitation of custodial sentencing.
Likely answers: recidivism; cost; negative psychological effects, eg depression etc; loss of home/social contact; prison as a school for crime - opportunities for modelling; limited therapeutic opportunities. Negative outcomes may be short-term or long-term.

AO2 Up to 3 marks for brief discussion of given limitation. Candidates are expected to offer expansion/explanation as to why it is a limitation and what negative outcomes are for the offender/family/society. Credit references to statistics (eg suicide rates, recidivism rates etc) and other forms of evidence. It is also acceptable for candidates to consider preferable alternatives/options to custodial sentencing.

(b) Describe and discuss **at least one** biological theory of offending. Refer to evidence in your answer. *(12 marks)*

[AO1 = 5, AO2 = 7]

AO1 Up to 5 marks for knowledge/description of at least one biological theory. Likely theories: Sheldon's somatotypes - a constitutional theory of the mesomorphic type as a typical criminal; Lombroso's atavistic form - criminal as a sub-species, genetic throwback identifiable through physical anomalies (large jaw, narrow brow etc); genetic theory - twin studies, concordance rates higher in MZs; the XYY theory - supermale, Y confers extra levels of testosterone - aggression; neurological theory - psychopaths have depressed cortical activity, less sensitive to noxious stimuli; Eysenck's criminal personality – psychoticism.

Maximum 3 marks for a list of biological explanations.

AO2 Up to 7 marks for evaluation/analysis of chosen theory/theories. Credit evidence to support or contradict a theory as AO2, eg Cortes and Gatti (1972) link between body type and delinquency: Bartol (1999) MZ and DZ twins 55% and 17% concordant respectively. Likely points: limited evidence for some earlier theories; poor sampling in early studies, eg Lombroso's sample included people with learning difficulties; issue of cause and effect - mesomorphs look intimidating so perhaps are treated more aggressively by others - prison regime may affect build. Credit also more general points such as reductionism, determinism and alternative theories, eg social learning and psychoanalytic theory where linked to discussion.

Maximum 8 marks if no evidence presented

Mark Bands

12 – 10 marks **Excellent answers**

Knowledge at least one biological theory is clear and shows sound understanding. Evidence is appropriate and detailed. Discussion is balanced with appropriate analysis. Evaluative comment is presented in the context of the discussion as a whole. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

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

Answer shows knowledge and understanding of at least one biological 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 some irrelevance and/or misunderstanding. For 9 marks there must be some evidence.

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

Answer shows some knowledge and understanding of the area. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal 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 answer will come into this band.

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)	4		0		
(b)	0		4		
(c)	6	50	6	50	20
Q2 (a)	2		1		
(b)	2		3		
(c)	6	50	6	50	20
Q3 (a)	2		2		
(b)	4		0		
(c)	4	50	8	50	20
Q4 (a)	1		2		
(b)	5		0		
(c)	4	50	8	50	20

SECTION B: OPTIONS
PSYCHOLOGY OF ATYPICAL BEHAVIOUR

Question	Marks AO1	Percentage	Marks AO2	Percentage	Total Marks
Q5 (a)	2		2		
(b)	2		2		
(c)	6	50	6	50	20
Q6 (a)	1		2		
(b)	5		0		
(c)	4	50	8	50	20
Q7 (a)	2		2		
(b)	2		2		
(c)	6	50	6	50	20
Q8 (a)	4		0		
(b)	2		2		
(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)	3		0		
(b)	2		3		
(c)	5	50	7	50	20
Q11 (a)	4		0		
(b)	2		2		
(c)	4	50	8	50	20
Q12 (a)	2		2		
(b)	2		2		
(c)	6	50	6	50	20

SECTION B: OPTIONS
CONTEMPORARY TOPICS IN PYSCHOLOGY

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