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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

2006 examination – January 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

Candidates are required to:

- select and use a form and style of writing appropriate to purpose and to complex subject matter;
- organise relevant information clearly and coherently, using specialist vocabulary where appropriate;
- ensure 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 in A2 unit test questions. The following criteria should be applied in conjunction with the question mark scheme.

The bands for quality of written communication must be regarded as part of the mark scheme even though they are listed separately. If a candidate's quality of written communication fails to meet the achieved content band, then s/he will lose one mark.

Band 1: Excellent quality of written communication

The candidate expresses most ideas clearly and fluently, with consistently effective use of psychological terminology. Arguments are well structured, with appropriate use of sentences and paragraphs. There are few, if any, minor errors of grammar, punctuation and spelling. The overall quality of language is such that meaning is rarely, if ever, obscured.

Band 2: Good to average quality of written communication

The candidate expresses most ideas clearly and makes some appropriate use of psychological terminology. The answer is organised, using sentences and paragraphs. Errors of grammar, punctuation and spelling may be present but are mostly minor, such that they obscure meaning only occasionally.

Band 3: Average to poor quality of written communication

The candidate expresses basic ideas clearly but there may be some ambiguity. The candidate uses key psychological terminology inappropriately on some occasions. The answer may lack structure, although there is some evidence of use of sentences and paragraphs. There are occasional intrusive errors of grammar, punctuation and spelling which obscure meaning.

Band 4: Poor quality of written communication

The candidate shows deficiencies in expression of ideas resulting in frequent confusion and/or ambiguity. Answers lack structure, consisting of a series of unconnected ideas. Psychological terminology is used occasionally, although not always appropriately. Errors of grammar, punctuation and spelling are frequent, intrusive and often obscure meaning.

Note: The main body of the answer should be assessed for Quality of Written Communication. Neither a sketched plan at the start of an answer, nor a list of points at the end of an answer where a candidate has clearly run out of time, should be assessed for quality of written communication.

SECTION A: Child Development

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

(a) "Child-care experts agree that, over the years, Bowlby's theory of attachment has had a significant effect on the way in which we care for young children."

(i) Outline **two** features of Bowlby's theory about the importance of attachment between young child and care-giver. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1 Up to 2 marks for each feature outlined. 1 mark for naming a feature using correct terminology or for giving very brief/vague description. 2 marks for clear outline of feature using correct terminology.
Likely aspects: monotropy; innate desire to keep proximity; maternal deprivation/outcomes of, eg delinquency; critical period; maternal responsiveness -> security; first relationship provides an internal working model.

(ii) Briefly discuss how **one** of the features you have outlined in your answer to (a)(i) might have influenced the way in which young children are cared for. *(4 marks)*

[AO1 = 0, AO2 = 4]

AO2 Marks here are for application in the form of possible implications of one feature of Bowlby's theory referred to in part (a). Award up to 4 marks: 1/2 marks for a brief plausible suggestion, eg hospital context, 3/4 marks for thorough explanation with some link to a feature given in part (a). Expect a variety of answers, although the most likely content is expected to focus on monotropy/mother as sole carer issue, eg
Monotropy - more mothers might have stayed at home to ensure sole care; nursery care would have been avoided; children missed opportunities for peer interaction; a system of key workers to provide continuity of substitute care in children's homes/ hospitals.

(b) Describe and discuss research into children's friendships. *(12 marks)*

[AO1 = 6, AO2 = 6]

AO1 Award up to 6 marks for description of research into any aspect of children's friendship, eg change with age, sex differences, popularity/rejection. The focus of the answer should be on investigations rather than theory. Likely studies include: Damon 77 "Tell me about your best friend"; Selman 80 social dilemma; Bigelow & LaGaipa 75 essays about friends; Lever 76 sex differences; Coie and Dodge 83 popularity/rejection. Marks for description of procedure and/or findings of studies (max 3 marks for detail of any one study).

AO2 Award up to 6 marks for evaluation of the research described. Points may be specific to individual studies or more generally applied across a range of studies. Answers are likely to focus on; problems of defining 'friendship'; questionable validity in studies using hypothetical situations (eg dilemma research); reliability of interpretation of responses (eg in essay analysis); subjectivity of interviewers/interview method; language limitations affecting sophistication of responses. Answers where AO2 is limited to unsubstantiated or unexplained points, eg 'lacks ecological validity', 'small sample' should not gain AO2 credit. Credit also discussion of implications of findings.

Mark Bands

12 -10 marks **Excellent answers**
There is detailed description of friendship research showing sound and accurate 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 friendship research and there is an attempt to present an organised discussion. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. Descriptions are not as detailed and accurate as for the top band.

6 - 4 marks **Average to poor answers**
Answer shows some relevant knowledge and understanding but will probably lack detail. 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 may 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 Bruner meant by the term *modes of representation*. *(2 marks)*

[AO1 = 2, AO2 = 0]

AO1 Way in which information/knowledge/ideas/concepts/schemata (1)
Are stored/remembered/memorised/retained/mentally manipulated/encoded, etc (1)

(b) (i) Identify which of Bruner's modes of representation is most likely to be used by each of the following children:

- Kieran, who is eight years old;
- Mia, who is one year old;
- Serena, who is three years old.

In your answer book, write the name of **each** child and the mode of representation they would be most likely to use. *(3 marks)*

[AO1 = 3, AO2 =0]

AO1 Kieran - symbolic
Mia - enactive
Serena - iconic
Better candidates may realise that more than one mode is applicable in case of Serena (enactive and iconic) and Kieran (enactive, iconic and symbolic) so credit these multiple mode answers.

(ii) With reference to Bruner's modes of representation, explain how Kieran's thinking and Serena's thinking might differ. *(3 marks)*

[AO1 = 0, AO2 = 3]

AO2 Award one mark for each relevant point up to a maximum of 3 marks: eg Kieran can think more flexibly because he can store information in abstract form (1) and is therefore not constrained by the immediate appearance of a stimulus, as is Serena (1). Kieran can think about abstract concepts and not just concrete objects/ideas (1). Kieran uses language to think (1) language - symbols represent ideas (1). For third mark, must be some reference to Serena's lack of ability, or other distinction.

(c) Compare Vygotsky's and Piaget's approaches to children's learning. *(12 marks)*

[AO1 = 5, AO2 = 7]

AO1 Up to 5 marks for knowledge of differences/similarities between Piaget's and Vygotsky's theories/approaches to learning. Likely content: emphasis on stages/ages; emphasis on social factors - parents/peers; emphasis on language; ways of measuring attainment, eg ZPD v current ability; apprentice v scientist; universality v cultural relativity. Candidates may choose to focus on one or two differences/similarities or may present more in less detail. Maximum 2 marks if candidates just describe Piaget's and Vygotsky's theories.

AO2 Up to 7 marks for elaboration and discussion of similarities and differences. Given the wording of the question, it is likely that candidates will compare the application of the two approaches to children's learning/education. Evidence supporting points of comparison to be credited under AO2. Mere descriptions of Piaget's studies without any focus on the question are not to be credited.

Mark Bands

12 -10 marks **Excellent answers**
There is detailed comparison of the two approaches showing sound and accurate knowledge and understanding. Discussion is balanced with consideration of each approach, with elaboration and analysis. Any evidence 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 some valid comparison of the two approaches and there is an attempt to present a balanced discussion. Descriptions are not as detailed and accurate as for the top band. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding.

6 - 4 marks **Average to poor answers**
Answer shows some relevant knowledge and understanding but will probably lack detail and show minimal comparison. 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 comparison/analysis 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 may come into this band.

Total AO1 marks for Question 2:10
Total AO2 marks for Question 2:10
Total marks for Question 2: 20 marks

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

(a) Outline what is meant by *moral realism* and *moral relativism*. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1 Award up to two marks for each term defined: one mark for a brief, vague but relevant answer; two marks for an accurate and coherent answer using appropriate terminology.
Moral realism - judging right/wrong on the basis of consequence or objective outcome; ideas are externally determined (heteronomous); imminent justice; expiatory punishment.
Moral relativism - judging right/wrong on the basis of intent; ideas are internalised (autonomous).

(b) Briefly explain **two** limitations of using moral dilemmas as a way of studying moral development. *(4 marks)*

[AO1 =2, AO2 = 2]

AO1 Award one mark each for each limitation given. Likely limitations: subjective analysis affecting reliability; hypothetical not real-life therefore affecting validity; possible cultural/gender bias dependent on content of dilemma; difficulty remembering content (as in Piaget's moral comparison stories).

AO2 Award a further mark each for an explanation of why/how given limitations are problematic, eg hypothetical dilemmas often yield more sophisticated reasoning than real life situations thus, reasoning in a dilemma situation does not necessarily tell us how people would actually behave.

Do not credit 'male bias' if only refers to Kohlberg's use of male participants.

(c) Discuss the role of the superego in the development of morality. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for knowledge of the superego and psychoanalytic explanation for the development of morality. Candidates should refer to: internal parent/conscience affecting guilt at wrong-doing; ego ideal determining pride for good behaviour; acquisition through identification with same-sex parent; at the Phallic stage via Oedipus/Electra complexes around 5 years.

AO2 Up to 8 marks for discussion and evaluation of the psychoanalytic explanation for morality. Candidates may refer to issues such as lack of evidence; inconsistency between Freud's assertion of male moral superiority and research evidence; inability to explain guilt in pre-Phallic stage children; inability to explain acquisition of morality in children without a same-sex parent; inability to explain moral development after age 5/6. Full discussion is likely to include alternative explanations, eg Piaget - morality dependent on level of cognitive development; social learning theory - identification of a different sort; behaviourism - role of reward/punishment.

Mark Bands

12 -10 marks **Excellent answers**
There is detailed description showing sound, accurate knowledge and understanding of role of the superego. Discussion is thorough with consideration of a variety of issues. Alternative explanations, where given, 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 a reasonably sound awareness of the role of the superego. Descriptions are not as detailed and accurate as for the top band. Discussion is limited either in terms of depth or number of issues. 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 but will probably lack detail and show limited analysis. 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 may 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) Outline **two** ways in which giftedness can be identified in children. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1 Award up to 2 marks for each outline: one mark for a brief or vague outline; two marks for a detailed outline with appropriate use of terminology.
Likely answers:
IQ tests - anyone over a certain score (approx 140) deemed to be gifted -this is a general measure of giftedness (sometimes referred to as 'garden variety gifted').
Having an outstanding talent in a specific area, eg musical ability, mathematical ability. Coupled with a very high IQ these children are sometimes referred to as 'highly gifted'.

(b) Briefly explain how **two** features of Sternberg's work relate to information processing in gifted children. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Award one mark each for knowledge of any two features of Sternberg's work on information processing: componential intelligence (or any of the 5 sub-types) - what is normally measured in IQ tests; experiential intelligence - automaticity and ability to cope with novelty; contextual intelligence - ability to respond to demands of the situation. Answer must show an understanding of what the terms mean.

AO2 Award a further mark each for linking each feature given for AO1 with giftedness. For example, in relation to experiential intelligence, gifted children are better able to process automatically and therefore have more capacity to concentrate on novel aspects of a problem.

(c) Discuss giftedness as a special need in education. Refer to empirical evidence in your answer. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for knowledge/understanding of implications of giftedness for education (and for the child within the education system). Candidates will probably focus on some of the following: definition of special need in education; problems of gifted children whose needs are not recognised; identification - role of teachers; special provision - acceleration and enrichment programmes. Credit descriptions of evidence as AO1 (eg Miraca Gross 1993; Freeman 1979; Stanley & Benbow 1983).

AO2 Up to 8 marks for discussion/analysis of the points presented as AO1 and for use of evidence to support discussion points. Here candidates might offer the following: advantages/problems of special provision for the education system/the gifted individual; role of teachers/school v parents in identifying and providing for giftedness; the advantages and problems for both the education system and the individual of not making any special provision. Alternatives to special educational provision, for example, extra-curricular provision and a 'whole child approach' (Lewis 1995), might also be considered.

Maximum 8 marks if no empirical evidence is presented

Mark Bands

12 -10 marks **Excellent answers**
There is detailed knowledge and understanding of the implications for education/the individual within the education system. Discussion is balanced and supported by evidence. Evaluative comment/analysis/evidence 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 some understanding of the implications for education/the individual within the education system. There is an attempt to present a balanced discussion. Descriptions are not as detailed and accurate as for the top band. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. Some evidence must be presented for 9 marks.

6 - 4 marks **Average to poor answers**
Answer shows some relevant knowledge but will probably lack detail and show limited understanding of the implications. 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 analysis/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 may come into this band.

Total AO1 marks for Question 4:10
Total AO2 marks for Question 4:10
Total marks for Question 4: 20 marks

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

(a) (i) Name and briefly outline **two** systems of classification used in the diagnosis of abnormal behaviour. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1 One mark each for naming two systems of classification, eg DSM and ICD. One further mark each for a brief outline: DSM has a 5-axis system and 16 categories; ICD has 10 major categories of mental disorder and groups childhood disorders. Credit any relevant point.

(ii) Briefly discuss **one** advantage of having systems of classification for the diagnosis of abnormal behaviour. *(4 marks)*

[AO1 = 1, AO2 = 3]

AO1 Award one mark for citing an advantage. Likely answers: provides a framework for professionals enabling more reliable/valid diagnosis; disorders are given a label which enables decision about most appropriate treatment; having more than one system provides for greater validity/reliability.

AO2 Award up to 3 marks for discussion of the advantage cited. For example, candidates might explain the issue of reliability, commenting on whether or not classification systems do indeed offer increased reliability. Credit an example used to illustrate the advantage. Credit research to illustrate advantage.

(b) Describe and discuss **at least two** interpersonal issues in consultation and/or assessment of atypical behaviour. *(12 marks)*

[AO1 = 5, AO2 = 7]

AO1 Award up to 5 marks for interpersonal issues described (not just named/listed) according to detail. Interpersonal issues addressed might include the following: labelling; stereotyping; racism; sexism; sick v expert role; demand characteristics.

AO2 Up to 7 marks for analysis of the importance of the issues for consultation and/or assessment and thus will mainly be awarded for application (ie how the issue affects consultation and/or assessment). Marks may also be awarded if evidence is given to support assertions. For example, labelling theory may refer to Scheff 1966/Szasz 1974, and evidence such as the 1973 Rosenhan study. Evaluation may include methodological points and ethical considerations. The interpersonal issues addressed should be linked to the consultation/assessment process, as the question requires. Maximum 2 marks for everyday scenarios.

Maximum 7 marks if only one issue presented

Mark Bands

12 - 10 marks **Excellent answers**

At least two appropriate interpersonal issues will be clearly outlined and fully discussed with accurate detail. The interpersonal issues will be overtly linked to the consultation/assessment process. At the top of the band a sound understanding of the issues should be evident, and answers should be coherent, well balanced and analytical. Most of the answer is relevant with little misunderstanding. Although not specifically required, empirical evidence will probably be discussed.

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

At the top of the band two appropriate interpersonal issues will be outlined and discussed although this will not be as thorough as top band. The interpersonal issues will be linked to the consultation/assessment process, but perhaps less clearly than for the top band. At the top of the band there should be some useful evaluative comment. At the bottom of this band answers may be mainly descriptive although some attempt at evaluation should be evident. Most of the answer is focused but there may be some irrelevance and/or misunderstanding. Otherwise top band answers dealing with only one issue may exceptionally come into this band.

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

Answer shows some relevant knowledge but will probably lack detail and show limited understanding of any link between interpersonal issues and the consultation/assessment process. 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 may come into this band.

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

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

(a) Briefly explain **two** reasons why a person who is mildly afraid of something cannot be said to be suffering from a phobia. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 One mark for each reason given. Possible answers: unlike a mild fear, a phobia involves avoidance; fear is extremely intense; phobia affects how person lives their everyday life; phobia interferes with normal activities; phobias are irrational fears.

AO2 One further mark each for expansion/explanation of each reason. Although not specifically requested, the expansion may come in the form of an example.

(b) Briefly explain **two** ways in which anorexia nervosa and bulimia nervosa differ. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Award one mark each for each difference given. Possible answers: whether or not sufferers maintain normal body weight; different age of onset; whether or not problem is acknowledged; frequency of occurrence; differences in signs/symptoms.

AO2 Award one mark each for elaboration of the differences given. This will usually be achieved by explaining the status of each disorder in relation to the difference given. For example, if candidates offer age of onset as a difference, then they should cite the typical age of onset for each disorder for the AO2 mark.

(c) It is sometimes observed that eating disorders 'run in families', so that children who have one or more parent with an eating disorder are more likely to develop an eating disorder themselves.

Describe and discuss **two** explanations for the claim that eating disorders 'run in families'. *(12 marks)*

[AO1 = 6, AO2 = 6]

AO1 Award up to 3 marks for each description of two relevant explanations. The 'run in families' phrase is most likely to cue candidates in to a description of the genetic and learning theory explanations of eating disorders. Other explanations, eg psychodynamic and cognitive are less likely to be relevant, but if they are made so, credit should be awarded. Full credit may be given for two explanations deriving from the same perspective, eg learning theory and SLT. The family pressure explanation (Minuchin 75) might be made relevant if candidates recognise that enmeshment of a family may affect more than one child within a family, hence siblings might suffer from eating disorders. For the genetic explanation credit factors such as concordance rates in MZ v DZ twins, genes affecting body chemistry/levels of serotonin. For learning theory explanations credit factors such as reinforcement of thinness, modelling of eating behaviour and obsessions.

AO2 Award up to 3 marks each for discussion of the explanations offered in AO1. Relevant points include: failure to find 100% concordance in MZs; neurochemistry being influenced by environmental factors; why does dieting continue when reinforcement ceases; concern as reinforcement; presence of alternative models not just family; alternative explanations. Credit any use of evidence as AO2.

Maximum 7 marks if only one explanation presented

Mark Bands

12 - 10 marks **Excellent answers**
Two appropriate explanations will be clearly outlined and fully discussed with accurate detail. At the top of the band a sound understanding of the issues should be evident, and answers should be coherent, well balanced and analytical. Alternative explanations/evidence, where provided, will be set in the context of the discussion as a whole. Most of the answer is relevant with little misunderstanding.

9 - 7 marks **Good to average answers**
At the top of the band two appropriate explanations will be outlined and discussed although this will not be as thorough as for the top band. There is an attempt to present a balanced discussion. At the bottom of this band answers may be mainly descriptive although some attempt at evaluation should be evident. Most of the answer is focused but there may be some irrelevance and/or misunderstanding. An exceptional answer based on one explanation may gain 7 marks.

6 - 4 marks **Average to poor answers**
Answer shows some relevant knowledge but will probably lack detail and show limited understanding. Answers in this band are likely to be mostly descriptive with some irrelevance/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 may 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) Tom has noticed that he always feels acutely depressed as winter approaches. He tells his sister that he thinks that his mood may be linked to the season. She says, "Cheer up! There is nothing the matter with you at all. Everyone feels a bit down when winter sets in. It's normal."

Although Tom's sister thinks there is nothing wrong, other people might suggest that Tom is suffering from a mood disorder.

(i) Identify the mood disorder from which Tom might be suffering. *(1 mark)*

[AO1 = 1, AO2 = 0]

AO1 Seasonal Affective Disorder (SAD)

(ii) Give **two** symptoms, other than depression, that might help in diagnosing the disorder you have identified in your answer to (a)(i). *(2 marks)*

[AO1 = 2, AO2 = 0]

AO1 Award one mark each for a relevant symptom, eg increase in appetite, weight gain, lethargy/increased need for sleep (in winter). Candidates might also offer symptoms of summer depression, eg loss of appetite, less need for sleep, weight loss.

(iii) Briefly discuss **one** explanation for the disorder you have identified in your answer to (a)(i). *(5 marks)*

[AO1 = 2, AO2 = 3]

AO1 Award up to 2 marks for knowledge of a relevant explanation. Since the stem refers to winter do not credit change in seasons. Likely content: role of pineal gland; melatonin regulation via light entering eyes; melatonin affecting levels of serotonin; geomagnetic theory of summer depression.

AO2 Award up to 3 marks for analysis of the explanation. Possible content: explanation of the role of serotonin in mood disorders; other possible influences on levels of serotonin; supporting evidence, eg phototherapy; use of evidence.

(b) Patients suffering from schizophrenia are usually treated with anti-psychotic drugs. Describe and discuss **at least two other** ways in which schizophrenia might be treated. Refer to empirical evidence in your answer. *(12 marks)*

[AO1 = 5, AO2 = 7]

AO1 Up to 5 marks for knowledge of at least two other ways of treating schizophrenia. These will usually be treatments used in conjunction with anti-psychotics and need not be substitutes. Expect description of alternatives mentioned on the specification: behaviour therapy; psychotherapy; institutional and community care. Accept other ways not mentioned on the specification such as social skills training. Award up to a maximum of 3 marks for each way described, up to 5 marks in total. Maximum of 2 marks if two other ways are simply identified.

AO2 Up to 7 marks for analysis and evaluation of the ways described. Likely points: behaviour therapy, eg token economy (Paul & Lentz 77) might modify overt behaviour but does not affect patients' experiencing of symptoms; Freudian psychotherapy has minimal success due to lack of insight; costs/benefits of institutional care - institutionalisation, continuity, supervision etc; shift to community care; variable quality of community care; role of the familty. Credit references to anti-psychotic treatment only if presented in the context of the discussion of the alternatives. Supporting/contradictory evidence to be credited under AO2.

Maximum 7 marks if only one other way presented
Maximum 8 marks if no empirical evidence presented

Mark Bands

12 -10 marks **Excellent answers**
There is detailed description showing sound, accurate knowledge and understanding of at least two other ways of treating schizophrenia. Evidence is accurately presented. Discussion is thorough with consideration of a variety of issues. Alternative explanations, where given, 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 a reasonably sound awareness of at least two other ways of treating schizophrenia. Descriptions are not as detailed and accurate as for the top band. Discussion is limited either in terms of depth or number of issues. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. An exceptional answer referring to only one other way may be awarded 7 marks. Must be some evidence for 9 marks.

6 - 4 marks **Average to poor answers**
Answer shows some relevant knowledge and understanding but will probably lack detail and show limited analysis. 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 may come into this band.

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

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

(a) Explain how societal or cultural influences might affect the treatment of atypical behaviour. Illustrate your answer with an example. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Up to 2 marks for an understanding of society/culture comprising a set of beliefs/ laws/customs/mores of a group of people (1) determining what is acceptable or expected within that group (1).

AO2 Up to 2 marks for linking the knowledge in AO1 to treatments for atypical behaviour, eg drug therapy to treat the symptoms of schizophrenia would be acceptable and expected in Western culture, but may not be seen as necessary or desirable in cultures where hallucinatory experiences are seen as religious. Accept diverse examples of culture including sub-cultures.

(b) Listed below are four assumptions about atypical behaviour.

A Atypical behaviours occur because people have goals they cannot achieve.
B Atypical behaviour is motivated by desires or fears of which we are unaware.
C Atypical behaviours occur because people think in an inappropriate way.
D Atypical behaviour is learned just like any other behaviour.

Identify the approach in psychology most likely to be associated with **each** of these assumptions. In your answer book, write down **A, B, C** and **D** followed by the name of the approach. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1 1 mark for approach correctly named
A - humanistic
B - psychodynamic
C - cognitive
D – behaviourist

(c) Discuss the cognitive approach to the treatment of atypical behaviour. Refer to evidence in your answer. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Award up to 4 marks for knowledge of any one cognitive treatment or the generic cognitive approach. Likely points: Beck's cognitive behaviour therapy - patient as scientist, evidence gathering, hypothesis testing etc; Ellis's RET - rational confrontation; Meichenbaum's self-instructional training & positive self-statements, reinforcement of positive thinking.

AO2 Up to 8 marks for discussion and use of evidence. Likely studies: Evans 92 cognitive therapy preventing relapse in depressives; Elkin 95 medication more effective than CBT. Possible discussion points: more suited to certain types of disorder, eg depression and anxiety disorders; most useful for the more articulate patient; best effects when used in combination with medication; ethical problems of the confrontational approach in RET; tackles the source of the disorder rather than just symptoms; some aspects of the therapy are based on sound behaviourist principles.

Maximum 8 marks if no evidence presented

Mark Bands

12 -10 marks **Excellent answers**
There is detailed description showing sound, accurate knowledge and understanding of the cognitive approach to therapy. Evidence is accurately presented. Discussion is thorough with consideration of a variety of issues. Alternative explanations, where given, 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 a reasonably sound awareness of the cognitive approach. Descriptions are not as detailed and accurate as for the top band. Must be some evidence for 9 marks. Discussion is limited either in terms of depth or number of issues. 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 but will probably lack detail and show limited analysis. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. For 5/6 marks there must be some analysis.

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 may come into this band.

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

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

(a) Outline **one** historical view of health and illness. *(2 marks)*

[AO1 = 2, AO2 = 0]

AO1 Up to two marks for knowledge of one historical view of illness, eg influence of mystical/spiritual forces; religious ideas - demonic possession/divine intervention; Hippocrates' humoral theory; Galen's localisation of illness; Herophilus' theory of pulse. Accept also more recent historical ideas, eg Freud' explanation of hysterical neurosis. One mark for a brief or vague answer. Two marks for a full outline using correct terminology.

(b) Patients at the Fairgood Health Centre can see either Dr Smith or Dr Jones. Dr Smith spends time getting to know his patients and finding out about different aspects of their lives. He can often treat his patients effectively without giving them any medication. Dr Jones spends very little time talking to his patients and prescribes medication much more often than Dr Smith.

Outline **two** differences between the biopsychosocial and the biomedical models of health. Refer to the behaviour of Dr Smith and Dr Jones in your answer. *(6 marks)*

[AO1 = 4, AO2 = 2]

AO1 Up to two marks each for knowledge of two differences between the biomedical and biopsychosocial models of health. For the two marks for each difference candidates should clearly state both points of view. Likely differences:

Biomedical	**Biopsychosocial**
Focus is solely on biology and physical health	Does not deny the role of biology in health but also considers social/ cultural/ psychological factors
Health = absence of disease	Health is not simply absence of disease but also depends of social circumstances/ mental state.
Reductionist - health is explained at the chemical/ cellular level.	Health can be explained at many different levels - see above. Holistic
Doctor is the expert - giver of expert diagnosis who determines treatment	Doctor and patient (and others) collaborate to treat
Positivism, ie if illness cannot be measured objectively then it does not exist	Health is a subjective condition not verifiable through objective tests, etc.

AO2 2 marks for linking the biomedical and biopsychosocial models to the examples in the text. One mark for each approach. Possible answers:
Biomedical - Dr Jones - emphasis on medication, plays expert role.
Biopsychosocial - Dr Smith - talks to patients, finds out about social and psychological factors, less emphasis on medication. Takes a more holistic approach.

(c) Discuss the humanistic approach to health. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for describing the humanistic approach to health. Candidates are expected to relate aspects of the humanistic approach to health/illness. Likely content: uniqueness - each patient is treated as an individual even though they may have a label; emphasis on growth and change -

pursuit of health lifestyle and optimum functioning; free will - patients can take control and direct their own behaviour/care; holism - the whole patient should be considered and not just their biology/illness.
Note that answers giving aspects of the humanistic approach without relating them to health/illness should receive a maximum of 2 marks.

AO2 Up to 8 marks for discussion, analysis and application of points raised under AO1. Candidates might refer to benefits of taking a humanistic point of view, eg patient's circumstances are considered; patient has greater control; psychological benefits of feeling in control; more positive forward-looking approach; health as an issue not for individuals but for family/society. Candidates might also gain marks by exploring the use of complementary approaches within the humanistic approach e.g. visualisation as part of a holistic programme. Alternatively candidates might contrast the humanistic approach with other approaches, such as traditional medicine which has a more structured framework and allows for more objective measurement of treatment effectiveness. Although not required, evidence should be credited as AO2.

Mark Bands

12 -10 marks **Excellent answers**
There is detailed description showing sound, accurate knowledge and understanding of the humanistic approach to health. Discussion is thorough with consideration of a variety of issues. Alternative explanations, where given, 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 a reasonably sound awareness of the humanistic approach and its application to health. Descriptions are not as detailed and accurate as for the top band. Discussion is limited either in terms of depth or number of issues. There may be greater focus on one aspect than the other. 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 but will probably lack detail and show limited analysis. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. For 5/6 marks there must be some analysis and at least some application to health.

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 may come into this band.

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

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

(a) Identify **one** behavioural measure of pain and explain **one** limitation of this measure. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Award one mark for identification of a method, eg observation of behavioural responses (macro - global behaviours, eg touching affected area; micro, eg non-verbal communication). Second mark is for giving a limitation, eg validity is questionable; behaviours may be due to other factors; difficulty observing fleeting nvc.

AO2 Up to two marks for further explanation and analysis of the limitation. Credit analysis via example.

(b) Identify and outline **two** physiological measures of pain. *(4 marks)*

[AO1 = 4, AO2 = 0]

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

(c) Discuss **either** the biomedical **or** the cognitive approach to managing pain. Refer to evidence in your answer. *(12 marks)*

[AO1 = 4, AO2 = 8]

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

AO2 Up to 8 marks for evaluation/analysis of the chosen approach. Candidates may choose to consider advantages and limitations for the patient and/or practitioner. Relevant issues might include: the effectiveness with different client groups and for different conditions; placebo findings. Credit should also be given for wider issues such as ease of application, availability, consideration of resources, comparison with alternatives; durability, etc. Evidence to support points may include: Citron 86 - analgesia in cancer patients; McCaul et al 92 - distraction technique; O'Leary et al 88 - cognitive approaches with arthritis sufferers.

Maximum 8 marks if no evidence presented

Mark Bands

12 – 10 marks **Excellent answers**
The approach to pain management is thoroughly described showing sound knowledge and understanding. Discussion is full and well balanced with substantial and appropriate analysis. There is sound reference to evidence. Evaluative comment is not simply stated but is presented in the context of the discussion as a whole. The answer is well focused and most of the answer is relevant with little misunderstanding.

9 – 7 marks **Good to average answers**
Answer includes knowledge and understanding of a pain management approach, although the information is less detailed than for the top band. There is an attempt at discussion although it may not be as well balanced as for the top band. Some analysis is evident and the answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. Must be some evidence for 9 marks.

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

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

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

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

(a) Using an example, explain how exercise might have a negative effect on health. *(3 marks)*

[AO1 = 1, AO2 = 2]

AO1 One mark for giving a possible negative effect on health. Possible answers: addiction to exercise; physical injury; over-training leading to negative moods and fatigue.

AO2 One mark for explanation via application of knowledge. Candidates should explain how the negative effect noted for AO1 might result from exercise, normally noted as having beneficial effects. One mark for example.

(b) Describe **one** study in which the role of diet in an ill-health condition was investigated. Indicate why the study was conducted, the method used, results obtained and conclusion drawn. *(5 marks)*

[AO1 = 5, AO2 = 0]

AO1 Any study in which the role of diet in an ill-health condition was investigated is acceptable. Examples include: Blankenhorn 87 - arteriosclerosis; LeGrady 87 - heart disease; Law 91 - sodium/blood pressure; Stampfer et al 93 - CHD; Shekelle et al 91 - lung cancer.

1 mark - why study was conducted (must go beyond the stem by identifying a specific ill-health condition)
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 (accept evaluative points here only if they add to the description of the study in some way)

(c) Discuss how **at least one** theory of lifestyle change might be applied to alter health-related behaviour and attitudes. Illustrate your answer with reference to health-related examples. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for knowledge of at least one theory of lifestyle change. Accept descriptions of one or more of the following: self-efficacy theory (Bandura) involves confidence in one's ability to perform behaviours to achieve certain goal; health belief model (Becker) involving perceptions of risk and susceptibility, perceived benefit of action; theory of planned behaviour (Ajzen) or theory of reasoned action (Ajzen & Fishbein) involves perception of possible consequence of a behaviour plus subjective norms/attitudes of others.

AO2 Up to 8 marks for discussion/analysis and application via the use of illustrative examples. Likely discussion points will depend on chosen theory/theories but might include: key concepts such as self-efficacy; role of cognition and probablistic reasoning; empirical underpinnings; strengths and weaknesses in comparison to other explanations. Up to 4 application marks to be gained for linking theoretical aspects to health-related behaviour examples.

Maximum 8 marks if no health-related examples presented

Mark Bands

12 – 10 marks **Excellent answers**
At least one theory of lifestyle change is thoroughly described showing sound knowledge and understanding. Discussion is full and well balanced with substantial and appropriate analysis. There is appropriate application via examples of health-related behaviour. Evaluative comment is not simply stated but is presented in the context of the discussion as a whole. The answer is well focused and most of the answer is relevant with little misunderstanding.

9 – 7 marks **Good to average answers**
Answer includes knowledge and understanding of at least one theory of lifestyle change, although the information is less detailed than for the top band. There is an attempt at discussion although it may not be as well balanced as for the top band. For 9 marks there must be some appropriate reference to example/s of health related behaviour. 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 at least one theory of lifestyle change. For 5/6 marks there must be some discussion. There may be some irrelevance or inaccuracy. Answers constituting reasonable description with limited focus on the question are likely to be in this band.

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

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

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

(a) Explain **one** way in which the autonomic nervous system (ANS) contributes to a person's response to stress. *(3 marks)*

[AO1 = 2, AO2 = 1]

AO1 Award up to 2 marks for knowledge of the ANS relevant to stress. Likely content: sympathetic division- activating fight or flight response; parasympathetic division - restoration normal state; adrenal hormones - adrenalin, cortisol, noradrenalin; GAS general adaptation syndrome - alarm, resistance, exhaustion; links to the immune system.

AO2 One mark for explaining how the content given in AO1 might affect our response to stress. For example, stating a possible effect of sympathetic activity, eg increased heart rate, pupil dilation, etc.

(b) Briefly discuss the role of **one** personal variable in mediating responses to stress. *(5 marks)*

[AO1 = 2, AO2 = 3]

AO1 Up to 2 marks for knowledge of a personal variable which might be implicated in the response to stress. Possible answers include: personality type A or B, hardiness, locus of control. One mark for a brief or vague answer. Two marks for a full answer using appropriate terminology.

AO2 Up 3 marks for discussion of how and to what extent the variable named for AO1 might affect an individual's response to stress. Possible issues: Type A copes less well because they have such high expectations of self; people with external locus of control feel ineffectual, cease to try to master difficult situations; hardy people see challenge as beneficial. Credit references to evidence and comparative points.

(c) Describe and discuss the behavioural approach to managing stress. *(12 marks)*

[AO1 = 6, AO2 = 6]

AO1 Up to 6 marks for knowledge and understanding of the behavioural approach to stress management. Answers will probably be focused on systematic desensitisation and biofeedback since these are given in the specification. Marks should be awarded for reference to elements of the given therapy, eg for systematic desensitisation candidates should refer to establishing a hierarchy, step-by-step exposure, relaxation and appropriate references to classical conditioning. Answers based solely on the cognitive behavioural approach rather than the behavioural can be credited for knowledge of the behavioural elements of the approach.

AO2 Up to 6 marks for discussion of the use of the behavioural approach. Credit should be given for reference to strengths (measurable success, clear goal, clearly structured approach, underpinned by Behaviourist theory and research) and limitations (treats behaviour not cause, time consuming, doesn't always generalise to real life). Marks for analytical comment also to be awarded where candidates compare the approach with an alternative, eg cognitive-behaviour therapy. Analytical marks may also be gained through broader analysis, eg merits of a problem-focused versus an emotion-focused approach.

Mark bands

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

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

6 – 4 marks **Average to poor answers**
Answer shows some knowledge and understanding of the behavioural approach to stress management. At this level points may not be clearly articulated. There may be some irrelevance or inaccuracy. Answers constituting reasonable description with limited focus on the question are likely to be in this band.

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

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

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

(a) Identify and outline **two** factors affecting interpersonal attraction. *(4 marks)*

[AO1 = 4, AO2 =0]

AO1 One mark for each factor identified, plus a further mark each for relevant description. Likely factors: proximity; physical attractiveness; similarity; reciprocal liking; biological drive.

(b) With reference to the nature-nurture debate, explain why people choose a partner of the opposite sex. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Up to two marks for knowledge of how nature and/or nurture might be responsible for sexual orientation: nature - sexual orientation might be genetic (LeVay), instinctive for survival of the species; nurture - sexual orientation might be learnt through reinforcement (operant conditioning) and/or modelling (social learning theory).

AO2 Up to two marks for explanation/elaboration. Likely points: sexual orientation is inherited from parents; choice of heterosexual partner might have been reinforced by parents/society; heterosexual models (eg parents/other adults/celebrities) may have observed and imitated.

(c) Tim and Samantha have been going out together for some time and have recently moved into a flat together. Tim is paid much better than Samantha and works longer hours, so she tends to do more of the housework. Because Tim earns more, he contributes more money to the household budget than Samantha.

Discuss the social exchange theory of relationship development. Refer to the example of Tim and Samantha in your answer. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for knowledge of social exchange theory (Thibaut and Kelley 1959): relationships as implicit social contracts; an economic theory; assessment of the rewards/profits and costs of a relationship; role of reinforcement. Candidates might also refer to the stages within the model: sampling - exploring costs and rewards; bargaining - establishing what each should give and receive; commitment; institutionalisation.

AO2 Up to 8 marks for discussion and application to the stem. Likely discussion points: inability to explain imbalanced relationships; inability to explain altruism; role of perceived fairness or equity; references to equity theory as an alternative/extension of social exchange; comparison level and comparison level alternatives as extensions on the original theory; negative effects of conscious concern with rewards and costs; problems of quantifying rewards and costs; mercenary/capitalistic view; less applicable in some relationships than others, eg within families. Credit references to evidence supporting argument.

Reserve two marks for any two examples of application to the stem. Candidates should identify the rewards/costs for Tim and Samantha, eg Tim pays in more money/works longer hours but does less housework. Samantha pays in less money/ but does more housework.

Mark Bands

12 – 10 marks **Excellent answers**
Answer shows detailed knowledge and understanding of social exchange theory. Points are presented in the context of a full and well-balanced discussion. There is substantial, appropriate analysis and at the top of the band there is application to the stem. Evaluative comment is not simply stated but is presented in the context of the discussion as a whole. The answer is well focused and mostly relevant with little misunderstanding.

9 – 7 marks **Good to average answers**
Answer shows knowledge and understanding of social exchange theory although not all information may be well integrated into the discussion as a whole. There is some relevant discussion although it may not be as well balanced as for the top band. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding.

6 – 4 marks **Average to poor answers**
Answer shows some knowledge and understanding of social exchange theory. At this level points may not be clearly articulated. There may be some irrelevance or inaccuracy. Answers constituting reasonable description with limited focus on the question are likely to be in this band. Must have some discussion/application 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 may come into this band.

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

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

(a) Using a different example for each, outline what is meant by *micro* and *macro psychokinesis* (PK). *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Micro PK: mental or spontaneous movement of objects that is not visible to the naked eye; can only be assessed statistically.
Macro PK; mental or spontaneous movement of objects that is visible to the naked eye.

AO2 One mark each for a relevant example of each type. Likely answers:
Micro - controlling the number when a dice is rolled; affecting the number generated by a Random Number Generator
Macro - making objects appear/disappear/move from one place to another/penetrate through barriers/change shape/levitate. Accept spoon bending as changing shape. Maximum 3 marks if there is no reference to moving or movement.

(b) Outline what is meant by the term *field investigation* and briefly explain **one** limitation of field investigations. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Up to two marks for knowledge of term, eg a study that takes place in the environment where the target behaviour would naturally occur (1) and not in an artificially engineered environment like a laboratory (1). Alternatively, the second mark might be gained via example.

AO2 One mark for giving a limitation, with the second mark for relevant expansion. Most likely answer: lack of control over the environmental variables - therefore inability to infer cause and effect.

(c) Describe and discuss the use of **both** case studies **and** laboratory procedures in paranormal research. Refer to evidence in your answer. *(12 marks)*

[AO1 = 6, AO2 = 6]

AO1 Up to three marks each for knowledge and understanding of the use of case studies and laboratory procedures in paranormal research. Mostly this will be in the form of evidence but may award one mark each for knowledge of case study and laboratory method. Relevant evidence includes: Rosenheim, Stepanek (case studies); Ganzfeld studies (laboratory).

AO2 Up to 6 marks for analysis and evaluation. Credit up to 3 marks for discussion of each method. Likely points: control; reliability; replication; validity; experimenter effect; demand characteristics; generalisation; role of anecdote; sensory leakage; biased reporting - the file drawer problem. **Do not credit** list of points **without** sufficient explanation **and** a clear link to either the method (case studies/laboratory research) or a clear link to a specific piece of research.

Maximum 7 marks if only one method discussed
Maximum 8 marks if no evidence presented

Mark Bands

12 – 10 marks **Excellent answers**
Answer shows detailed knowledge and understanding of both case studies and laboratory procedures as used in study of the paranormal. Points are presented in the context of a full and well-balanced discussion. There is substantial and appropriate analysis. Evaluative comment is clearly linked to the relevant method and/or a specific study. The answer is organised, well focused and mostly relevant with little misunderstanding.

9 – 7 marks **Good to average answers**
Answer shows knowledge and understanding of case studies and laboratory procedures although not all information may be well integrated into the discussion as a whole. There is some relevant discussion although it may not be as well balanced as for the top band and may not always be clearly linked to method or a specific study. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. An exceptional answer addressing only one method may gain 7 marks. Must be some evidence for 9 marks.

6 – 4 marks **Average to poor answers**
Answer shows some knowledge and understanding of the method/s. At this level points may not be clearly articulated. There may be some irrelevance or inaccuracy. Answers constituting reasonable description with limited focus on the question are likely to be in this band.

3 - 1 marks **Poor answers**
Answer must have some relevant content. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief answer may come into this band.

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

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

(a) Some people think that smoking can be explained by social factors.

Outline **two** social factors which can be used to explain why someone starts to smoke cigarettes. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1 Up to two marks each for any relevant social psychological factors. One mark for a very brief answer, two marks for a more detailed answer. Likely answers:

- modelling - observing and imitating the behaviour of role models, eg older siblings, parents, cultural role models, eg actresses and fashion models. Credit references to social learning and vicarious reinforcement.
- conformity to group and social norms - going along with the behaviours expected/accepted within a certain group. Credit references to relevant types of conformity (eg normative) or relevant factors (eg identification or internalisation).
- social comparison - self-assessment based on the behaviour of others and need for similarity as a form of reinforcement.
- social identity theory - loss of individuality, taking on of the group identity along with the associated behaviour.

(b) Explain how an aversion technique might be used to treat someone who wants to give up smoking. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Up to two marks for knowledge of the theoretical aspects of aversion therapy. Credit any of the following: based on classical conditioning; involves conditioning a fear of the undesirable behaviour/substance; pairing the undesirable behaviour with an aversive stimulus, eg emetic/shock.

AO2 Up to two marks for application to the case of smoking. Credit any of the following: smoking is paired with an unpleasant stimulus (UCS), eg fear inducing photographs; photo (UCS) creates an unconditioned response of fear (UCR); repeated pairing of smoking (CS) with unpleasant stimulus leads to fear of smoking (CR) and to avoidance. Labels not necessary for full marks. Full credit for correct diagrammatic representation of the process.

(c) Discuss the role of **either** hereditary factors **or** personality in alcohol abuse. Refer to empirical evidence in your answer. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to four marks for knowledge of either hereditary factors or personality in alcohol abuse. Likely content:
Hereditary - alcoholism as a disease; role of genetics; twin studies; adoption studies; MAO enzyme; male child 4 times more likely to be alcoholic if parent is (Ogden 2000).
Personality - linked traits eg high anxiety, novelty-seeking (Davison and Neale 2001), extraversion (Flory 2002), low levels of conscientiousness (McAdams 2000), links with CHD and Type A, anti-social personality disorder.

AO2 Up to 8 marks for analysis and discussion of the chosen factor. Possible points: relative role of genetics/personality and environment; diathesis-stress - the vulnerability hypothesis; role of social, economic and cultural factors; limitations of evidence, eg concordance studies; inability to disentangle biological/personality and social factors; disease model implies a single type - Cloninger (1987) proposes types 1 and 2. Credit use of evidence to support argument. Although this is an either/or question it is likely that there will be overlap here in that candidates discussing the role of heredity may use personality as part of the discussion and vice versa.

Maximum 8 marks if no empirical evidence presented

Mark Bands

12 – 10 marks **Excellent answers**
Answer shows detailed knowledge and understanding of either hereditary factors or personality in alcoholism. Points are presented in the context of a full and well-balanced discussion. There is substantial and appropriate analysis. Evidence is accurately presented. The answer is organised, well focused and mostly relevant with little misunderstanding.

9 – 7 marks **Good to average answers**
Answer shows knowledge and understanding of either hereditary factors or personality in alcoholism although not all information may be well integrated into the discussion as a whole. There is some relevant discussion although it may not be as well balanced as for the top band. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. Must be some evidence for 9 marks.

6 – 4 marks **Average to poor answers**
Answer shows some knowledge and understanding of either hereditary factors or personality in alcoholism. At this level points may not be clearly articulated. There may be some irrelevance or inaccuracy. Answers constituting reasonable description with limited focus on the question are likely to be in this band.

3 - 1 marks **Poor answers**
Answer must have some relevant content. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief answer may come into this band.

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

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

(a) Explain **one** problem in defining crime. *(3 marks)*

[AO1 = 1, AO2 = 2]

AO1 One mark for citing a problem, eg cultural relativity, time-bound, linked to legal system/political regime.

AO2 Up to two marks for explanation of the given problem. Possible answer: what is a crime in one culture is not always a crime in another (1) because any given society decides what is and is not acceptable/tolerable/punishable behaviour (1). The second mark here may also be gained through reference to a relevant example, eg homosexuality used to be a crime but now is not.

(b) Describe **one** study in which recidivism 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 recidivism was investigated is acceptable. Expect results of statistical surveys and/or reference to studies of recidivism rates following various types of punishment/sentencing or various types of treatments. Examples: Oldfield 1996 prison v probation; Roshier 1995 prison v probation; Schneider 1986 reparation v other punishments; Spence and Marziller 1981 SST and recidivism; Sarason 1978 SST and recidivism; Cohen and Filipcjak TES and recidivism.

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 (accept evaluative points here only if they add to the description of the study in some way)

Candidates using a survey type study should be able to access the full 5 marks although the usual mark scheme may not be entirely applicable. In such cases marks may be awarded as follows: The aim may be expressed as a general rationale, the method may be less structured and the results/conclusions expressed rather as a general outcome.

(c) Discuss offender profiling. Refer to evidence in your answer. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to four marks for knowledge of offender profiling. Likely content: the US method is top-down; typologies; based on interviews with 36 serial criminals; organised v disorganised categories; pre-existing templates to which crime detail is fitted. British method (Canter) is bottom up; moves from detail to individual profile; based on psychological principles; analysis of interpersonal coherence; geographical pattern - environmental mapping; review of forensic information from police records of other crimes to find matches.

AO2 Up to 8 marks for analysis and discussion. Evidence to support argument should be credited as AO2. Relevant studies: Pinizotto & Finkel 1990; Holmes 1989; Britton & Copson 1995. Credit also case study evidence, eg Railway Rapist - Canter1994; Adrian Babb - Canter 1988. Likely points: US typologies based on small sample; relevant for a limited range of crimes; few high profile successes - many failures; Holmes 89 only 17% profiles lead to arrest; good for narrowing down field of potential suspects; helps predict which interview techniques will be useful; not all offenders fit into the two types - organised/disorganised.

Maximum 8 marks if no evidence presented

Mark Bands

12 – 10 marks **Excellent answers**
Answer shows detailed knowledge and understanding of offender profiling and how it is used. Evidence is clear and detailed. Points are presented in the context of a full and well-balanced discussion. There is substantial and appropriate analysis. The answer is organised, well focused and mostly relevant with little misunderstanding.

9 – 7 marks **Good to average answers**
Answer shows knowledge and understanding of offender profiling and its use although not all information may be well integrated into the discussion as a whole. For 9 marks some evidence must be present. There is some relevant discussion although it may not be as well balanced as for the top band. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding.

6 – 4 marks **Average to poor answers**
Answer shows some knowledge and understanding of offender profiling. At this level points may not be clearly articulated. There may be some irrelevance or inaccuracy or confusion. Answers constituting reasonable description with limited focus on the question are likely to be in this band.

3 - 1 marks **Poor answers**
Answer must have some relevant content. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief answer may come into this band.

Total AO1 marks for Question 16: 10
Total AO2 marks 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) (i)	4		0		
(ii)	0		4		
(b)	6	50	6	50	20
Q2 (a)	2		0		
(b) (i)	3		0		
(ii)	0		3		
(c)	5	50	7	50	20
Q3 (a)	4		0		
(b)	2		2		
(c)	4	50	8	50	20
Q4 (a)	4		0		
(b)	2		2		
(c)	4	50	8	50	20

SECTION B: OPTIONS
PSYCHOLOGY OF ATYPICAL BEHAVIOUR

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

SECTION B: OPTIONS
HEALTH PSYCHOLOGY

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

SECTION B: OPTIONS
CONTEMPORARY TOPICS IN PYSCHOLOGY

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