

# Mark Scheme (Results)

## Summer 2010

GCE

GCE Psychology (6PS04/01)

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## General Marking Guidance

- All candidates must receive the same treatment. Examiners must mark the first candidate in exactly the same way as they mark the last.
- Mark schemes should be applied positively. Candidates must be rewarded for what they have shown they can do rather than penalised for omissions.
- Examiners should mark according to the mark scheme not according to their perception of where the grade boundaries may lie.
- There is no ceiling on achievement. All marks on the mark scheme should be used appropriately.
- All the marks on the mark scheme are designed to be awarded. Examiners should always award full marks if deserved, i.e. if the answer matches the mark scheme. Examiners should also be prepared to award zero marks if the candidate's response is not worthy of credit according to the mark scheme.
- Where some judgement is required, mark schemes will provide the principles by which marks will be awarded and exemplification may be limited.
- When examiners are in doubt regarding the application of the mark scheme to a candidate's response, the team leader must be consulted.
- Crossed out work should be marked UNLESS the candidate has replaced it with an alternative response.

## General Guidance on Marking

All candidates must receive the same treatment.

Examiners should look for qualities to reward rather than faults to penalise. This does NOT mean giving credit for incorrect or inadequate answers, but it does mean allowing candidates to be rewarded for answers showing correct application of principles and knowledge.

Examiners should therefore read carefully and consider every response: even if it is not what is expected it may be worthy of credit.

Candidates must make their meaning clear to the examiner to gain the mark. Make sure that the answer makes sense. Do not give credit for correct words/phrases which are put together in a meaningless manner. Answers must be in the correct context.

Crossed out work should be marked UNLESS the candidate has replaced it with an alternative response.

When examiners are in doubt regarding the application of the mark scheme to a candidate's response, the Team Leader must be consulted.

### Using the mark scheme

The mark scheme gives:

- an idea of the types of response expected
- how individual marks are to be awarded
- the total mark for each question
- examples of responses that should NOT receive credit.

- 1 / means that the responses are alternatives and either answer should receive full credit.
- 2 ( ) means that a phrase/word is not essential for the award of the mark, but helps the examiner to get the sense of the expected answer.
- 3 [ ] words inside square brackets are instructions or guidance for examiners.
- 4 Phrases/words in **bold** indicate that the meaning of the phrase or the actual word is **essential** to the answer.
- 5 ecf/TE/cq (error carried forward) means that a wrong answer given in an earlier part of a question is used correctly in answer to a later part of the same question.

### Quality of Written Communication

Questions which involve the writing of continuous prose will expect candidates to:

- show clarity of expression
- construct and present coherent arguments
- demonstrate an effective use of grammar, punctuation and spelling.

Full marks will be awarded if the candidate has demonstrated the above abilities.

Questions where QWC is likely to be particularly important are indicated "QWC" in the mark scheme BUT this does not preclude others.

## Unit 4: How Psychology Works

### Section A Clinical Psychology

Question numbers	General Instructions
Questions 1 - 3	Marking points are indicative, not comprehensive and other points should be credited. In all cases consider "or words to that effect". Each bullet point is a mark unless otherwise stated and each point made by the candidate must be clearly and effectively communicated.

Question Number	Question	
1(a)	Describe the symptoms of schizophrenia.	
	Answer	Mark
	<p><b>Maximum</b> of 2 for a comprehensive list, at least three symptoms listed for one mark and five for the two marks*.</p> <p><b>No credit</b> for features such as types, incidence or for stating there are positive and negative symptoms.</p> <ul style="list-style-type: none"> <li>• Delusions are common such as of persecution or grandeur/eq;</li> <li>• Person is likely to suffer from hallucinations, may be auditory or visual/eq;</li> <li>• Negative symptoms such as poverty of speech means cannot express selves effectively/eq;</li> <li>• May show either a lack of emotion or inappropriate emotions such as laughing at something distressing/eq;</li> <li>• Person may enter a catatonic stupor where they remain immobile for lengthy periods/eq;</li> <li>• Waxy posture means limbs placed in a posture by another person and will remain there for some considerable time/eq;</li> <li>• Difficulties in interactions leading to isolation/eq;</li> <li>• *Symptoms include hallucinations, delusions, poverty of speech (one mark), lack of emotion, personal hygiene (two marks)</li> </ul> <p><b>Look for other appropriate marking points.</b></p>	(4 AO1)

Question Number	Question	
1(b)(i)	Describe <b>one</b> explanation for schizophrenia.	
	Answer	Mark
	<p>Suitable explanations include the dopamine hypothesis, genetics, schizophrenogenic mothers, social causation, there are others.</p> <p>If more than one explanation mark all and credit the best.  ‘Biological’ or ‘social’ are not single explanations in themselves.</p> <p><b>Note:</b> Evaluation points are not creditworthy though evidence presented as evaluation may be creditworthy as description.</p> <p>Dopamine:</p> <ul style="list-style-type: none"> <li>• Excess dopamine in the brain possibly causes schizophrenia/eq;</li> <li>• There is an increase of activity at dopamine synapses/eq;</li> <li>• This is associated with increased feelings of paranoia/eq;</li> <li>• It also explains why hallucinations may occur as the brain is too active/eq;</li> <li>• Over stimulation of the mesolimbic pathway is thought to be linked to positive symptoms of schizophrenia/eq;</li> <li>• Problems with dopamine functioning in the pathway connecting the midbrain to the frontal lobes is associated with negative symptoms</li> </ul> <p>Genetics:</p> <ul style="list-style-type: none"> <li>• The genes for schizophrenia are inherited which could be the reason for some symptoms/eq;</li> <li>• It is thought that the presence of certain types of genetic mutations may be necessary for the disorder to be triggered/eq;</li> <li>• These genes can cause critical neural pathways in the brain to be disrupted or damaged/eq;</li> <li>• Lower level of interference may be adaptive providing creative ways of thinking so the mutations are selected for/eq;</li> <li>• This means behaviour controlled by these pathways will not be carried out/develop properly/eq;</li> <li>• It is also possible that it is genetics that cause excess production of/sensitivity to dopamine/eq;</li> </ul> <p>Social causation</p> <ul style="list-style-type: none"> <li>• This suggests that those from lower social classes are more at risk of developing schizophrenia/eq;</li> <li>• Being in a lower social class increases the stress factors for a person/eq;</li> <li>• This increased level of stress can trigger the disorder/eq;</li> <li>• So families of low social class will, according to this, have a higher incidence of schizophrenics/eq;</li> </ul> <p>Schizophrenogenic mothers:</p> <ul style="list-style-type: none"> <li>• The mother is overprotective towards the child/eq;</li> <li>• She will be very dominating and demanding towards the child/eq;</li> <li>• She rejects attempts by the child to respond to the demands/eq;</li> <li>• These mixed messages cause the child to become confused/eq;</li> </ul>	(4 AO1)

	<ul style="list-style-type: none"> <li>The confusion and inability to understand how to behave in certain situations stem from these early experiences/eq;</li> </ul> <p><b>Look for other appropriate marking points.</b></p>	
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Question Number	Question	
<b>1(b)(ii)</b>	Evaluate the explanation for schizophrenia you have given in (b)(i).	
	<b>Answer</b>	<b>Mark</b>
	<p>Explanation evaluated must be the same as that described in b(i) or no marks. If answer evaluates an approach (e.g. 'biological') full marks are available. If (i) is blank but (ii) correctly evaluates an appropriate explanation then full marks are available. Methodological evaluation points are creditable provided they are fully made.  <b>Max 1 mark for alternative explanations</b></p> <p><b>Dopamine:</b></p> <ul style="list-style-type: none"> <li>As excess dopamine is only measured after onset it could be effect not cause/eq;</li> <li>However paranoia in drug users where dopamine levels are kept too high does support the role of dopamine/eq;</li> <li>Also effectiveness of drugs that reduce availability of dopamine supports its role as implicated in the disorder/eq;</li> <li>Though antipsychotic drugs reduce dopamine availability in a very short time the effect on symptoms takes several weeks to appear, suggesting other factors are involved/eq;</li> <li>PET scans in those who have had the disorder for many years show blocking of dopamine receptors by antipsychotic drugs does not match a reduction in symptoms/eq;</li> <li>The positive correlation between schizophrenia and dopamine is consistent and according to Seeman (2006) without exception/eq;</li> </ul> <p><b>Genetics:</b></p> <ul style="list-style-type: none"> <li>Family and twin studies evidence (such as Gottesman) give support for a genetic component as concordance rates go up in direct relationship to the degree of relatedness/eq;</li> <li>When one MZ twin has schizophrenia the incidence of the disorder occurring in the second twin is 50% compared to only 15% in DZ twins (Gottesman 1991)/eq;</li> <li>However because concordance rates are not 100% for MZ twins it suggests other factors play a role too/eq;</li> <li>Also MZ twins usually share their environment as well, so both genes and environment are similar/eq;</li> <li>Heston's study controlled for environmental effects and still found a higher incidence of schizophrenia in those with a family history/eq;</li> <li>The large number of genes linked to schizophrenia are unlikely to all be associated with the disorder and it has been suggested that it may be a type of genetic mutation rather than a specific locus/eq;</li> </ul>	<b>(5 AO2)</b>

Social causation

- Research by e.g. Dohrenwend et al (1992) showed the incidence of schizophrenia in lower classes is significantly greater than in higher classes/eq;
- However subsequent research has questioned a causal link, though an association does occur/eq;
- One possibility is that lower class families are exposed to more risk factors such as infection levels and stress/eq;
- Evidence of the level of schizophrenia in immigrant groups provides evidence as such people are invariably in a lower class situation in the host country, compared to the same groups in their home countries where schizophrenia is lower/eq;
- However there is still uncertainty whether such features are diagnostic as non-schizophrenics are not screened/eq;
- The higher level of schizophrenics in poorer areas could be a result of social drift as they are drawn into such areas/eq;

Schizophrenogenic mothers:

- The credibility of this explanation has been dented by the strong evidence for a biological element found by using adoption studies/eq;
- It is likely if parenting has a role to play that fathers are equally likely to be an influence on the development of the disorder/eq;
- It is more likely that a child who is showing difficult behaviour that will lead to schizophrenia is the cause of parental behaviour rather than the other way round/eq;
- This is supported by Beels (1974) who found parents of schizophrenic children showed better reasoning skills when interviewed without their children present/eq;
- Now a widely discredited theory but has caused much damage to families and is still occasionally perpetuated today/eq;

Look for other appropriate marking points.



Question Number	Question	
1(c)	Describe <b>one</b> research method used to study schizophrenia.	
	Answer	Mark
	<p>Suitable research methods include twin studies, family studies, adoption studies, animal experiments, case studies, interviewing</p> <p>Accept description of a study insofar as it illustrates an acceptable method</p> <p><b>Max 2</b> if no mention of 'schizophrenia'/patients/related issues</p> <p><b>No credit</b> for evaluation of the selected method</p> <p><b>No ID</b></p> <p>Twin studies</p> <ul style="list-style-type: none"> <li>• When an identical twin is diagnosed with schizophrenia the other twin is studied to measure the frequency with which both of them get schizophrenia/eq;</li> <li>• This is compared with the incidence of both of a pair of non-identical twins getting schizophrenia/eq;</li> <li>• This is because while twins reared together will share the same environment only identical twins share the same genes/eq;</li> <li>• Twins are genetically tested to ensure they are identical/eq;</li> <li>• Researchers will use hospital records to identify the first individual of the pair to be diagnosed/eq;</li> </ul> <p>Family studies</p> <ul style="list-style-type: none"> <li>• Researchers compare the frequency of schizophrenia occurring in blood relatives/eq;</li> <li>• For example how commonly the children of a schizophrenic are also diagnosed with the disorder/eq;</li> <li>• The frequency will be compared with that for those with a different degree of relationship/eq;</li> <li>• The degree of heritability is compared to the degree of relatedness/eq;</li> <li>• They may also compare levels of incidence with the population baseline level/eq;</li> </ul> <p>Adoption studies</p> <ul style="list-style-type: none"> <li>• Researchers look at the frequency of schizophrenia occurring in children living with a parent who has schizophrenia/eq;</li> <li>• They also look at rates for children of schizophrenics who have been adopted into families with no schizophrenia/eq;</li> <li>• They will look at the difference in frequency between these groups/eq;</li> <li>• They may also compare these levels with the baseline level in the population/eq;</li> <li>• They may also look for frequency of schizophrenia in children from non-schizophrenic backgrounds who are adopted into a family where schizophrenia occurs/eq;</li> </ul> <p><b>Look for other reasonable marking points</b></p>	(4 A03)

Question Number	Question	
2(a)	You have learned about Rosenhan's study (1973) 'On being sane in insane places'.  Outline what the pseudo-patients did in the study.	
	Answer	Mark
	<p>No credit for evaluation or general descriptions of the study            Figures and terms where used should be reasonably accurate</p> <ul style="list-style-type: none"> <li>• They told the psychiatrists they could hear voices saying words like "hollow", "thud" &amp; "empty"/eq;</li> <li>• They gave false names and occupations to the hospitals when they phoned up for an appointment/eq;</li> <li>• Once admitted they behaved normally and reported no further symptoms/eq;</li> <li>• They kept notes on their experiences at first covertly but later openly/eq;</li> <li>• Four of the pseudo-patients carried out an observation on the way the staff treated inpatients/eq;</li> </ul> <p>Look for other reasonable marking points.</p>	(2 AO1)

Question Number	Question	
2(b)	Rosenhan (1973) used primary data.  What is meant by primary data?	
	Answer	Mark
	<ul style="list-style-type: none"> <li>• Information collected at first hand by the researchers/eq;</li> <li>• The material from an interview or questionnaire you conduct yourself is primary data/eq;</li> </ul> <p>Look for other reasonable marking points.</p>	(1 AO2)

Question Number	Question	
2(c)	<p>Many psychologists use primary data to investigate issues in clinical psychology.</p> <p>Evaluate the use of primary data.</p>	
	Answer	Mark
	<p>Points regarding secondary data may only gain credit if used as a comparison with primary data</p> <p>Examples can gain credit insofar as they evaluate the use of primary data</p> <ul style="list-style-type: none"> <li>• The data are being used for the purpose intended so are likely to be relevant to the study compared to secondary data/eq;</li> <li>• Primary data can be qualitative and quantitative allowing researchers to analyse results in various ways/eq;</li> <li>• Collecting primary data means that researcher(s) are in contact with their participants and can be sensitive to any issues that arise, such as distress of a participant (<b>two marks</b>)/eq;</li> <li>• Primary data sets are often quite small so may be harder to draw conclusions compared to meta analysis of secondary sources/eq;</li> <li>• There may be a danger of personal bias on the part of the researcher which could affect the data collection/eq;</li> <li>• Primary data collection is more likely to exploit potential participants than secondary data/eq;</li> <li>• The nature of the participants can be taken into account whereas secondary data may have systematic bias of which researcher is unaware/eq;</li> </ul> <p>Look for other reasonable marking points.</p>	(5 AO2)

Question Number	Question	
3(a)	<p>You have learned about a <b>study</b> that investigates one other disorder <b>other than</b> schizophrenia.</p> <p>Outline the findings (results and/or conclusions) of this study.</p>	
	Answer	Mark
	<p>If answer describes a study on schizophrenia then 0 marks.  <b>No credit</b> for aim or procedure.            If a study is not identified, or identified incorrectly but it is clear which study's results &amp; conclusions are being reported then full credit may be gained.            Statistics cited must be reasonably accurate, but remember they may be from a subsection of the results</p> <p>E.g. Phobias: Cook &amp; Mineka</p> <ul style="list-style-type: none"> <li>• Rhesus monkeys who had previously shown no fear of snakes showed fear once exposed to a conspecific model/eq;</li> <li>• The monkeys used a fear face and made alarm calls/eq;</li> <li>• It was concluded that a fear of snakes can be conditioned into</li> </ul>	(3 AO1)

	<p>monkeys through observing other monkeys/eq;</p> <p>*Anorexia OR Bulimia: Mumford &amp; Whitehouse</p> <ul style="list-style-type: none"> <li>• The mean scores on the eating attitudes test were 10.6 for Asian girls and 7.7 for white girls (1 mark). This was statistically significant at <math>p &lt; 0.001</math> (2<sup>nd</sup> mark)/eq;</li> <li>• There was no significant difference on the results of the body shape questionnaire between the two groups/eq;</li> </ul> <p>EITHER</p> <ul style="list-style-type: none"> <li>• Anorexia nervosa was diagnosed in one Asian girl and no white girls/eq;</li> <li>• Eating disorders are probably a new phenomenon in these families/eq;</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Seven Asian girls and two white girls were diagnosed with bulimia</li> <li>• The higher incidence of bulimia in the Asian girls was unexpected reflecting changing attitudes caused by residence in the UK/eq;</li> </ul> <p>Bulimia: Marsh et al 2008</p> <ul style="list-style-type: none"> <li>• Bulimics make more unforced errors when completing a task than non-bulimics/eq;</li> <li>• The errors showed less control of impulsive behaviour/eq;</li> <li>• Brain scans during these tasks showed differences compared to non-bulimics/eq;</li> <li>• Self regulatory processes are impaired in those with bulimia/eq;</li> <li>• Those with the most severe symptom show the greatest impairment/eq;</li> </ul> <p>OCD: Menzies et al 2008</p> <ul style="list-style-type: none"> <li>• Sufferers from OCD take longer to control repetitive behaviour in a reaction time task than do normal controls/eq;</li> <li>• This was also the case for their first degree relatives who were not themselves suffering from OCD/eq;</li> <li>• Both OCD sufferers and their relatives had a lower density of grey matter in the areas of the brain thought to inhibit behaviour/eq;</li> </ul> <p>There are several studies co-authored with Brown, using the same data set, different dates, and taking different aspects of the large study. All are acceptable mark to the advantage of the candidate if in doubt.</p> <p>e.g. Depression: Brown &amp; Harris</p> <ul style="list-style-type: none"> <li>• Women who have several children below school age are more at risk/eq;</li> <li>• This will be exacerbated if there are also financial difficulties/eq;</li> <li>• They found that a social support network can counter the worst effects of the stressors/eq;</li> <li>• They concluded that social stressors have a cumulative effect on the likelihood of depression/eq;</li> </ul> <p>Look for other reasonable marking points.</p>	
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Question Number	Question	
3(b)	Evaluate the study that you have outlined in (a)   .	
	Answer	Mark
	<p>If (a) is blank but (b) evaluates an appropriate study full marks can be achieved. If (a) is correct but (b) evaluates a different study then 0 marks for (b). If (a) is incorrect but (b) evaluates an appropriate study max 2.</p> <p>e.g. Brown &amp; Harris</p> <ul style="list-style-type: none"> <li>• The study only looks at depression in women, so cannot explain male depression/eq;</li> <li>• However the sample size was large so findings should be robust/eq;</li> <li>• Demonstration of the link between “wrong in our lives” rather than “wrong in our personality” /eq;</li> <li>• Findings affected the way depression was viewed by the psychiatric profession as it sees external factors as very important/eq;</li> <li>• Recognition of the role of social factors meant the introduction of support structures as a strategy for treatment or prevention came to the fore/eq;</li> <li>• Some participants who suffered a traumatic life event did not develop depression showing the link involves other factors/eq;</li> </ul> <p>Cook &amp; Mineka</p> <ul style="list-style-type: none"> <li>• Carried out on rhesus monkeys so generalisation to humans questionable/eq;</li> <li>• Controls with non-threatening objects showed a preparedness for a snake fear to develop compared to neutral objects/eq;</li> <li>• Persistence of a snake fear once acquired also supports view that it may have an evolutionary basis/eq;</li> <li>• Evidence from McNally (1987) suggests that humans are not so readily affected</li> <li>• Suggestion of a special status for snake phobia not supported in humans where it is as readily treated as other specific phobias/eq;</li> <li>• In humans knowledge may be more powerful than any evolutionary predisposition/eq;</li> </ul> <p>Mumford &amp; Whitehouse</p> <ul style="list-style-type: none"> <li>• The original sample (over 200 Asian girls and over 350 white girls all attending school in a large metropolitan area) so results should be generalisable within the UK/eq;</li> <li>• Participants were girls aged 14-16 so generalisation beyond this cohort may be limited as views on eating and body image change over time/eq;</li> <li>• The subset interviewed in detail were selected on the basis of responses to a questionnaire, however they may not have been entirely truthful in these responses/eq;</li> <li>• Eight Asian and 10 white girls identified for interview on questionnaire results did not attend interview/Only 75% of those invited for interview attended meaning results may be biased/eq;</li> <li>• Both researchers were male which may have created difficulties when interviewing adolescent girls about body image/eq;</li> </ul>	(5 AO2)

	<p>Marsh et al</p> <ul style="list-style-type: none"> <li>• Higher level of unforced errors could be a consequence rather than a cause of bulimia/eq;</li> <li>• Nutritional effects of bulimic behaviour could be affecting performance/eq;</li> <li>• The direct relationship between the level of bulimia and the level of regulatory impairment suggest the two are related/eq;</li> <li>• Evidence from brain scans suggests there is a more complex relationship between areas of the brain showing high levels of activity and functioning/eq;</li> <li>• If self regulation is such a powerful predictor training sufferers to improve self regulation should reduce symptoms/eq;</li> </ul> <p>Menzies et al</p> <ul style="list-style-type: none"> <li>• Brain differences were found in relatives who did not have OCD suggesting though it may be linked to OCD it is not an inevitable causal link/eq;</li> <li>• Poorer ability to control repetitive behaviour was found in relatives who did not have OCD suggesting though it may be linked to OCD it is not an inevitable causal link/eq;</li> <li>• This means there must be other factor(s) involved in causing the disorder to develop/eq;</li> <li>• Research by e.g. Fyer et al (2005) supports the strong familial link for OCD</li> <li>• The study used a sample all sharing a similar obsession - compulsion which gave very stable results across the sample, however this means that it is unclear whether the findings can be applied to other types of OCD/eq; (2 marks)</li> </ul> <p>Look for other reasonable marking points.</p>	
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Question Number	Question
*4	Describe and evaluate <b>either</b> a token economy programme <b>or</b> systematic desensitisation as it is used to treat mental disorders. Identify the therapy in your answer.
	Indicative content
QWC i,ii,iii	<p>Refer to levels at the end of the indicative content.</p> <p>Answer must focus on treatment of mental disorders at least once to access marks</p> <p>If both therapies are attempted mark both and credit the best</p> <p>Token economy:</p> <p>Description</p> <ul style="list-style-type: none"> <li>• Desired behaviour(s) are reinforced by giving tokens</li> <li>• Tokens are a secondary reinforcer while the privileges/treats may be primary reinforcers</li> <li>• These can be exchanged for privileges or treats</li> <li>• As behaviour improves the standard required to achieve a token may become higher/eq;</li> <li>• Tokens are awarded by staff on the wards</li> <li>• TEPs are designed to increase desirable behaviour in those with disorders</li> </ul> <p>Evaluation</p> <ul style="list-style-type: none"> <li>• Token economies can be open to abuse because they rely on the staff being fair and consistent</li> <li>• Patients can become mercenary and change their behaviour to achieve the tokens though there is no underlying shift in behaviour</li> <li>• Only tends to work effectively within institutions as behaviour needs to be constantly monitored</li> <li>• Behaviour may not generalise to real life once leave institution</li> <li>• Paul &amp; Lentz found token economy worked more effectively than other programmes to manage in-patient behaviour</li> <li>• Allyn &amp; Azrin showed effectiveness of token economies in producing socially desirable behaviours in long term psychiatric unit patients</li> <li>• There is a danger that rights will have to be earned through tokens so can infringe rights of patients</li> </ul> <p>Systematic desensitisation:</p> <p>Description</p> <ul style="list-style-type: none"> <li>• Client &amp; clinician create a hierarchy of fears</li> <li>• Client is taught relaxation techniques</li> <li>• Work through the hierarchy starting with the least threatening level</li> <li>• At each stage the client learns to be able to relax in the presence of the feared object</li> <li>• Once fear is being coped with the client moves up to the next level</li> <li>• The treatment can involve real objects or imagining them</li> </ul> <p>Evaluation</p> <ul style="list-style-type: none"> <li>• Client is in control of their progression so very empowering</li> <li>• Evidence from a variety of studies e.g. Hain (1964), Coldwell et al 2007) to</li> </ul>

show it is effective

- Now a well established means of helping people overcome anxiety disorders, especially phobias
- However not effective for other disorders
- Agras et al (1971) showed that the relaxation component is not necessary for the programme to work in most cases
- Solyom et al (1971) showed SD & implosion were equally effective at treating phobias
- However SD is considerably less distressing for most clients than implosion
- Treatment is relatively quick and cost effective, e.g. a full one day course for about £200 is enough to treat most people with a phobia of flying

Look for other reasonable material.



Level	Mark	Descriptor
Level 0	0	No rewardable material OR focused on a different application of the therapy/treatment
Level 1	1-3	<p>Candidates will produce <b>brief</b> answers, making simple statements showing some relevance to the question.</p> <ul style="list-style-type: none"> <li>• Only description or evaluation present</li> <li>• May mix up therapies</li> <li>• May be generic description of the therapy not related to the clinical setting (treating and/or managing mental disorders)</li> </ul> <p>Little attempt at the analytical/evaluation demands of the question. Lack of relevant evidence. The skills needed to produce effective writing will not normally be present. The writing may have some coherence and will be generally comprehensible, but lack both clarity and organisation. High incidence of syntactical and/or spelling errors.</p>
Level 2	4-6	<p>Description OR evaluation only OR limited attempt at each OR one is in less detail than the other.</p> <ul style="list-style-type: none"> <li>• Description of therapy may be correct though not always focused on clinical psychology</li> <li>• Evaluation has appropriate strengths and/or weaknesses</li> <li>• Some relevance to the clinical setting in relation to treating and/or managing mental disorders</li> </ul> <p><b>Limited evidence</b> may be presented. Range of skills needed to produce effective writing is likely to be limited. There are likely to be passages which lack clarity and proper organisation. Frequent syntactical and/or spelling errors are likely to be present.</p>
Level 3	7-9	<p>Candidate has attempted and answered <b>both injunctions well</b>.</p> <ul style="list-style-type: none"> <li>• Description of therapy accurate, fairly full and specific to clinical</li> <li>• Evaluation should have appropriate strengths and/or weaknesses. Will relate to a range of issues e.g. effectiveness, practicality, ethics</li> <li>• Should consider therapy in relation to treating and/or managing mental disorders</li> </ul> <p>Points made may not be fully treated critically though there may be some evidence of judgement and of reaching conclusions where this is relevant. <b>Use of a range of evidence</b>. The candidate will demonstrate most of the skills needed to produce effective extended writing but there will be lapses in organisation. Some syntactical and/or spelling errors are likely to be present.</p>
Level 4	10-12	<p>Candidate has attempted and answered <b>both injunctions very well</b>.</p> <ul style="list-style-type: none"> <li>• Description of therapy will be thorough &amp; accurate - may be concise</li> <li>• Evaluation will consider in detail (breadth and/or depth) a range of issues such as effectiveness, practicality and ethics</li> <li>• Must consider in relationship to treating and/or managing mental disorders</li> </ul> <p>There will be evidence of reasoned argument and of judgement when</p>

		relevant to the question. <b>Good use of evidence.</b> The analysis will be supported by accurate factual material, which is relevant to the question. The skills needed to produce convincing extended writing in place. Good organisation and clarity. Very few syntactical and/or spelling errors may be found. Excellent organisation and planning. Given time constraints full marks should be given when the answer is reasonably detailed even if all the information is not present.
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## Section B: Issues and Debates

Question numbers	General Instructions
Questions 5 & 6	Marking points are indicative, not comprehensive and other points should be credited. In all cases consider "or words to that effect". Each bullet point is a mark unless otherwise stated and each point made by the candidate must be clearly and effectively communicated.

Question Number	Question	
5	<p>During your course you will have studied two applications of Psychology from the following: Criminological, Child, Health, Sport.</p> <p>Choose <b>one</b> of the applications from the list above and explain how it has contributed to society.</p>	
	Answer	Mark
	<p>Must relate to an issue from Criminological, Child, Health or Sport</p> <p>Suitable contributions</p> <p>Criminological:</p> <ul style="list-style-type: none"> <li>• Understanding EWT flaws has changed attitudes towards the use of witnesses in the courtroom so jurors may be told to be cautious/eq;</li> <li>• Researchers such as Loftus have demonstrated the ease with which leading questions can contaminate evidence and this has changed the way evidence is collected by the use of cognitive interview (<b>two marks</b>)/eq;</li> <li>• The use of cognitive interview techniques have improved the objectivity of interviewing techniques/eq;</li> <li>• Police training now includes emphasis on memory fallibility and demonstrations on how to remain neutral/eq;</li> <li>• Offender Profiling has helped identify criminals in some difficult cases where conventional police work had drawn a blank (<b>one mark</b>) e.g. Canter used geographical profiling, which helped to catch criminals such as The Railway Rapist (<b>second mark</b>)/eq;</li> <li>• Psychological research has shown society can influence criminality and therefore issues such as violence can be addressed/eq;</li> <li>• Better understanding of criminality has seen a shift in the way offenders are dealt with such as anger management training/eq;</li> </ul> <p>Child:</p> <ul style="list-style-type: none"> <li>• Has changed hospital practices so that attachments are not damaged by prolonged separations/eq;</li> <li>• Has increased awareness in social services of the importance of the consistency and quality of care at home and elsewhere/eq;</li> <li>• Has provided evidence to enable politicians to insist on higher quality of care within the day care/nursery sector/eq;</li> <li>• Has increased public awareness of childhood conditions and acceptable ways of treating them such as ADHD/eq;</li> <li>• Differences between the medical profession and psychology has highlighted issues regarding the treatment of e.g. ADHD/eq;</li> <li>• Evidence from research has led to improvements in the provision of</li> </ul>	(5 AO2)

	<p>maternity/paternity leave during the early months/eq;</p> <ul style="list-style-type: none"> <li>• E.g. Belsky suggests that more than 20 hours daycare per week can damage children under the age of one year old/eq;</li> <li>• Has highlighted that the quality of the time carers have with their children is more important than the amount/eq;</li> </ul> <p>Health</p> <ul style="list-style-type: none"> <li>• Has given added authority to anti-drugs campaigns because of the harmful effects shown by research/eq;</li> <li>• Some health psychologists may advocate decriminalising the use of recreational drugs because this would then open up treatment as stigma would be reduced/eq;</li> <li>• People are now more aware of the dangers of addiction and the likelihood of addiction being carried into a second generation in a family/eq;</li> <li>• Research has increased awareness of peer pressure/parental roles in the development and maintenance of drug habits/eq;</li> <li>• Learning approach therapies are often workable on a self-help basis to help people cope with giving up/reducing drug use/eq;</li> <li>• Understanding the difference between physiological and psychological addiction means people are better able to deal with withdrawal by separating out the 2 factors/eq;</li> <li>• Understanding the psychological aspects of addiction has helped create more effective tools to assist in breaking habits such as distraction strategies/eq;</li> </ul> <p>Sport</p> <ul style="list-style-type: none"> <li>• Has increased awareness of the importance of appropriate role models if sports participation is to be increased/eq;</li> <li>• Shown how factors other than ability need to be harnessed if athletes are to achieve success/eq;</li> <li>• Can be utilised by athletes at all levels to help prepare themselves for competition/eq;</li> <li>• Provides information for coaches to target encouragement and training programmes more effectively/eq;</li> <li>• Explains why the uptake and maintenance of sports behaviour is so varied, means that there is greater awareness of how to tackle these issues/eq;</li> <li>• Can be utilised by anyone to improve their attitudes towards effort and success/eq;</li> <li>• Has enabled coaches to understand the needs of their players so they can enable them to maintain motivation even when in a losing streak/eq;</li> </ul> <p>Look for other appropriate marking points.</p>	
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Question Number	Question	
6(a)(i)	<p>Within the Psychodynamic Approach you learned about the study by Freud (1909) into the case of Little Hans who had a phobia of horses. In this study, Hans's father wrote to Freud to tell him the content of Hans's dreams and his interviews with his child. Freud then analysed this information.</p> <p>Evaluate this study in terms of validity issues.</p>	
	Answer	Mark
	<p>Marking points must be relevant to the case study of Little Hans. No credit for generic points about validity/case studies.</p> <ul style="list-style-type: none"> <li>• Interpretation of Hans's dreams is dependent on the beliefs of Freud re symbolism so is subjective/eq;</li> <li>• Many others consider there is a much more straightforward explanation of his fears and his dreams/eq;</li> <li>• As Freud did not do any of the analysis first hand, but relied on Hans's father's reports it is possible these reports were already an interpretation of what Hans' father deemed important/eq;</li> <li>• However Hans's phobia was a real case in a real setting and the dreams and fears were genuine so it has ecological validity/eq;</li> <li>• Freud's view that the resolution of the Oedipal complex was the reason for the disappearance of the horse phobia has no evidence, it is purely theoretical/eq;</li> </ul> <p>Look for other appropriate points.</p>	(2 A02)

Question Number	Question	
6(a)(ii)	Suggest one way in which the Little Hans study might have been improved.	
	Answer	Mark
	<p>To gain credit suggestions must be feasible and specific to the study</p> <p>If more than one suggestion mark all and credit the best</p> <ul style="list-style-type: none"> <li>• Freud could have conducted more of the interviews himself rather than relying on letters to report the information/eq;</li> <li>• This would ensure that the data were more relevant as Hans's father may have been biased in his reporting/eq;</li> <li>• Freud could have looked at alternative explanations for Hans's phobia of horses/eq;</li> <li>• He ignored the fact that Hans had witnessed a horse collapsing in the street close to him/eq;</li> <li>• To improve validity of the dream analysis another therapist should independently code them for meaning/eq;</li> <li>• Then the interpretations could be compared to see if they were similar/eq;</li> </ul> <p>Look for other appropriate points.</p>	(2 A02)

Question Number	Question	
6(b)	<p>Freud developed psychoanalysis, a therapy designed to treat patients with psychological issues. Today there are many other treatments/ therapies available to help people. Treatments/therapies can be seen as forms of social control.</p> <p>Assess both practical and ethical implications of the social control exerted by those who provide treatment/therapy.</p>	
	Answer	Mark
	<p>If only practical or ethical implications assessed max 3 marks  If no reference to treatment/therapy or therapists max 3 marks  Social control may be implicit in a response</p> <ul style="list-style-type: none"> <li>• Therapists will interpret symptoms/behaviour according to their own beliefs which may not be helpful to the client/eq;</li> <li>• By imposing their views on a client's problems they may be ignoring issues which are serious for that client/eq;</li> <li>• E.g. a Freudian may interpret depression as caused by relationships with parents and ignore other threats to the client's well being possibly leading to a risk of suicide going undetected/eq; (2 marks)</li> <li>• Clinicians often prescribe psychoactive drugs to treat a disorder without fully explaining or considering the negative side effects for the client/eq;</li> <li>• Drugs often mask symptoms rather than tackling causes so are used to control patients as it is viewed as easier/eq;</li> <li>• Clients may stop taking a drug once they start feeling better, as this returns control to themselves, with disastrous consequences/eq;</li> <li>• Often clients are offered drug treatment as a first resort and not offered less controlling therapies unless drugs fail to work/eq;</li> <li>• Many therapists tell the client what is wrong with them and why rather than inviting the client to understand their condition, meaning there is no attempt to develop insight/eq;</li> <li>• However therapists may argue that those suffering from mental disorders are not usually in a state where insight can be achieved so imposing an explanation is kinder/eq;</li> <li>• Forcing a client to undergo a treatment/therapy through threatening sectioning is unethical but may often be genuinely in the best interests of the client/eq;</li> </ul> <p>Look for other appropriate marking points.</p>	(6 AO2)

Question Number	Question
*7	<p>You have been asked to conduct an experiment to test the effectiveness of two different types of revision. One type is doing some each day over an extended period (spaced revision). The other type is where the learner does all the revision in a short period of time (cramming).</p> <p>Write a plan for an experiment to test which of these two ways of revising is better. You should use either a laboratory experiment, a field experiment or a natural experiment.</p> <p>You should consider the following issues (there are others):</p> <ul style="list-style-type: none"> <li>• design</li> <li>• variables</li> <li>• ethical issues</li> <li>• type of data and how it would be gathered.</li> </ul>
	Indicative content
	<p>Refer to levels at the end of indicative content.</p> <p>Suggested experiment should be feasible  <b>Ignore information on analysis of data</b></p> <ul style="list-style-type: none"> <li>• Identification of the IV and DV including information on how operationalised</li> <li>• Design - independent groups/repeated measures/matched pairs including reasons for choice and means of achieving</li> <li>• Sampling method appropriate choice, justification and means of achieving</li> <li>• Size and structure of sample</li> <li>• Ethical considerations</li> <li>• Choice of materials, explanation and justification</li> <li>• Information on procedure</li> <li>• Likely nature of data collected</li> </ul> <p>Look for other appropriate points.</p>

Level	Mark	Descriptor
Level 0	0	No rewardable material.
Level 1	1-3	<p>Candidates will produce <b>brief</b> answers, making simple statements, showing some relevance to the question.</p> <ul style="list-style-type: none"> <li>• Brief attempt to address practical or ethical issues</li> <li>• Critical decisions either missing or inappropriate</li> <li>• Replication would be impossible or not appropriate</li> </ul> <p>Little use of relevant material. Poor use of terminology. The writing may have some coherence and will be generally comprehensible, but lack both clarity and organisation. High incidence of syntactical and/or spelling errors.</p>
Level 2	4-6	<p>Candidates answers will indicate <b>basic knowledge</b> and some understanding of the focus of the question</p> <ul style="list-style-type: none"> <li>• Either ethical or practical issues not addressed or both addressed but only partially appropriately (basic)</li> <li>• Methodological issues to do with design and materials often addressed ineffectively</li> <li>• Insufficient detail would make it difficult to replicate the study</li> </ul> <p>Factual material may be poorly used. Terminology may have some errors. There are likely to be passages which lack clarity and proper organisation. Frequent syntactical and/or spelling errors are likely to be present.</p>
Level 3	7-9	<p>Candidates answers will show <b>some good knowledge</b> with understanding of the focus of the question.</p> <ul style="list-style-type: none"> <li>• Some ethical and practical considerations addressed appropriately.</li> <li>• Methodological issues to do with design and materials addressed though not always effectively</li> <li>• It should be possible to replicate the study though there may be gaps in the design so that full replication would be difficult.</li> </ul> <p>Factual material will be largely correct. Mainly accurate use of terminology. Good organisation and clarity. The standard of grammar and spelling should be reasonable to good</p>
Level 4	10-12	<p>Candidates will offer a response which is <b>relevant and focused</b> on the question.</p> <ul style="list-style-type: none"> <li>• Addresses both ethical and practical considerations effectively.</li> <li>• Includes material which indicates a thorough understanding of the methodological issues involved and suggests ways to address these</li> <li>• Provides sufficient detail to allow full replication despite minor omissions/lapses.</li> </ul> <p>There will be accurate factual material, which is relevant to the question. Accurate use of terminology. The skills needed to produce convincing extended writing in place. Good organisation and clarity. Very few syntactical and/or spelling errors may be found. Given time constraints full marks should be given when the answer is reasonably detailed even if all the information is not present.</p>



Question Number	Question
*8 (a)	<p>You have studied the Social, Cognitive, Psychodynamic, Biological and Learning Approaches during your course.</p> <p>Describe Psychodynamic explanations of human behaviour and evaluate these explanations using <b>at least two</b> other approaches.</p>
	Indicative content
QWC i,ii,iii	<p>Read through the whole answer before attempting to award any marks.</p> <p>Go to the content levels and award a mark appropriate to the content and quality of the answer. 'Quality' here does not include qwc.</p> <p>Qwc: Once the content mark has been awarded refer to the structure levels and award those marks separately</p> <p>Having awarded the two marks (out of 12 and out of 6) add them and this mark (out of 18) is what is recorded on open</p> <p>Description</p> <p>Behaviour can be interpreted broadly to include aspects of personality, functioning of the mind as well as observable behaviour.</p> <ul style="list-style-type: none"> <li>• Sees gender as being a result of the Oedipal/Electra complexes and their resolution</li> <li>• Psychodynamic approach sees the first five years of life as critical in the development of personality and behaviour</li> <li>• Children's behaviour and development is determined by unconscious sexual drives</li> <li>• Argues that mental health issues are a result of fixation in a stage of development, e.g. anal stage and OCD</li> <li>• Anorexia is seen as a strategy for denying the movement into adulthood as it is associated with amenorrhea</li> <li>• Schizophrenics are dominated by their id, leading to a regression to more infantile behaviour as the ego is unable to maintain control</li> <li>• Adult problems are seen as resulting from an unsatisfactory resolution of childhood conflicts</li> <li>• Parent-child relationships are seen to be fundamental to who we become as an adult, particularly the relationship with the same sex parent</li> <li>• Criminal behaviour can be seen as an over dominant id encouraging selfish behaviour</li> <li>• Drug addiction may be a strategy of coping with the guilt caused by an over dominant superego</li> <li>• Bowlby considered that mother child relations are important in later adult relationships</li> </ul> <p>Evaluation</p> <ul style="list-style-type: none"> <li>• The role of genes is ignored by the Psychodynamic Approach yet this clearly drives much of our sexuality as shown by studies such as Money where the enculturation as a girl did not work</li> <li>• Other approaches disagree on the notion of unconscious sexuality as a driving force in children</li> <li>• The behavioural approach (or other) would agree on the importance of early</li> </ul>

experience thought not on the details

- There is evidence that much gender appropriate behaviour is learned from models such as our parents, so in some societies males paint their faces and women are the primary decision makers
- Alternative explanations for mental health issues are often more convincing, e.g. there is evidence of a genetic basis for schizophrenia
- By placing so much emphasis on childhood experiences the Psychodynamic Approach fails to take into account that adult experiences can be the cause of problems, e.g. most depression is related to difficulties in the person's life/circumstances overwhelming them as an adult
- It is quite possible that predispositions to such illness are due to personality, not poor resolution of a psychosexual stage of development
- There is evidence from the learning approach and the social approach of the role of media images in the increase in anorexia in western cultures
- While parent-child relationships are considered important by most people the devastating impact of being reared in a single parent household is not borne out by the evidence
- The rapid increase in property crime during an economic downturn suggests that social factors are more important than those from the Psychodynamic Approach in explaining theft

Look for other appropriate points.

8a)

Level	Mark	Descriptor
Level 0	0	No rewardable material.
Level 1	1-3	<p>Candidates will produce brief answers, making simple statements, showing some relevance to the question.</p> <ul style="list-style-type: none"> <li>• At least one behaviour or explanation described/explained briefly or limited evaluation</li> <li>• Psychodynamic approach attempted without reference to behaviour</li> </ul> <p>Little attempt at the analytical/evaluation demands of the question. Lack of relevant evidence.</p>
Level 2	4-6	<p>Description OR evaluation only OR limited attempt at each OR one is in less detail than the other</p> <ul style="list-style-type: none"> <li>• One behaviour or explanation described/explained in reasonable detail OR two behaviours and/or explanations described/explained briefly with reference to the psychodynamic approach</li> <li>• Evaluation may include explanations from one approach but must be in some detail OR basic explanations from two or more approaches</li> <li>• Little understanding will be shown of the difference between psychodynamic explanations and the alternative approach(es)</li> </ul> <p>Limited evidence will be presented. Most evaluative points will be in the form of assertions. There may be general evaluation not linked to other approaches.</p>
Level 3	7-9	<p>Candidate has attempted and answered <i>both injunctions well</i>.</p> <ul style="list-style-type: none"> <li>• At least two behaviours and/or explanations are described/explained in reasonable detail</li> <li>• Evaluation will include relevant explanations from at least two other approaches</li> <li>• Evaluation points will show some understanding of the differences between psychodynamic explanations and the alternative approaches</li> </ul> <p>Points made may not be fully treated critically though there may be some evidence of judgement and of reaching conclusions where this is relevant. Use of a range of evidence.</p>
Level 4	10-12	<p>Candidate has attempted and answered <i>both injunctions very well</i>.</p> <ul style="list-style-type: none"> <li>• At least two behaviours and/or explanations described/explained in good detail</li> <li>• Evaluation will include relevant and detailed explanations from at least two other approaches</li> <li>• Evaluation points will show detailed understanding of the differences between psychodynamic explanations and the alternative approaches</li> </ul> <p>There will be evidence of reasoned argument and of judgement when relevant to the question. The analysis will be supported by accurate factual material, which is relevant to the question. Good use of evidence. Given time constraints full marks must be given when the answer is reasonably detailed even if all the information is not present.</p>

## Structure levels

Guidance - 6A02 marks rewarding structure and focus of description (psychodynamic) and evaluation using two approaches (qwc).

Level	Mark	Descriptor
Level 0	0	No rewardable material e.g. no appropriate terminology
Level 1	1-2	Response lacks focus and structure. Points are disparately made with little cohesion and flow. Some appropriate use of terminology. High incidence of syntactical and/or spelling errors.
Level 2	3-4	Response is generally focused and cohesive but may have some points that are irrelevant to the overall structure. The response is presented in a legible style using appropriate terminology. Some syntactical and/or spelling errors are likely to be present.
Level 3	5-6	Response is coherent, well structured and focused. Very few syntactical and/or spelling errors may be found. Bear in mind time constraints.

Question Number	Question
8 (b)	<p>Several recent incidents of ships losing some of their cargo in stormy weather have revived behaviour thought to have disappeared from modern life, with people descending on the coastline to help themselves to the goods washed ashore. Law enforcement agencies have reminded people that such behaviour is theft. Others argue the activities are traditional, people are just continuing a behaviour commonly seen ever since humans started travelling by sea, and no-one is harmed by taking shipwrecked goods as the owners will not want to reclaim items spilling out of the containers into the sea.</p> <p>With reference to the article above, use your knowledge of psychological theories to describe and evaluate <b>one or more</b> explanations for why people behave in this way.</p>
Indicative content	
QWC i,ii,iii	<p>Read through the whole answer before attempting to award any marks.</p> <p>Go to the content levels and award a mark appropriate to the content and quality of the answer. 'Quality' here does not include qwc.</p> <p>Qwc: Once the content mark has been awarded refer to the structure levels and award those marks separately</p> <ul style="list-style-type: none"> <li>• Modelling may explain the snowball effect as the publicity given to early scavengers is copied by others</li> <li>• They will see the scavengers being rewarded by gaining material goods</li> <li>• The likelihood of being caught/punishment is probably seen as low against the rewards on offer</li> <li>• The obedience required by the law may be seen as too remote and therefore not relevant</li> <li>• In tough financial times people may see the gains to be made of greater value than the perceived risks of being caught</li> <li>• The psychodynamic approach would argue that the id has become dominant in order to be rewarded</li> <li>• Scavengers may weigh up the pros and cons and see the gains as being worth the risks</li> <li>• Scavengers may justify their behaviour to themselves by seeing it as not being theft as the goods would be wasted anyway so would not feel they were doing anything wrong and their behaviour could be cognitively justified</li> <li>• Identification with other scavengers as the 'in group' and perception of the police as an 'out-group' will increase scavenging</li> <li>• If a popular local figure got involved with the scavenging others may follow his lead</li> </ul> <ul style="list-style-type: none"> <li>• Modelling cannot explain the first scavengers as they would not be copying others</li> <li>• However the increased exposure of such activities because of television coverage probably does have some impact</li> <li>• However other widely publicised activities are not necessarily copied so some decision making is also taking place</li> <li>• It is likely that well publicised punishments will deter scavenging, however the punishment needs to be swift and effective</li> </ul>

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|  | <ul style="list-style-type: none"><li>• The acquisitiveness of modern life may be pandering to the demands of the id and making it more likely to be able to dominate behaviour</li><li>• Strategies that develop a sense of responsibility should reduce the level of scavenging</li><li>• Awareness of the social cost of the behaviour may deter some people who will take on a more socially responsible role</li><li>• Studies such as Tajfel &amp; Turner explain why people may ignore the police because they do not see themselves as belonging to an authority group</li><li>• Milgram explained how obedience to authority can be used to explain why people will do things against their normal judgement because of the decisions of those in power over them</li></ul> |
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8b)

Level	Mark	Descriptor
Level 0	0	No rewardable material.
Level 1	1-3	<p>Candidates will produce brief answers, making simple statements, showing some relevance to the question.</p> <ul style="list-style-type: none"> <li>• Only description of the explanation present</li> <li>• May only use commonsense psychology</li> <li>• Little attempt to evaluate the merits/demerits of the explanations</li> </ul> <p>Little or no attempt at the analytical/evaluation demands of the question. Lack of relevant evidence.</p>
Level 2	4-6	<p>Description OR evaluation only OR limited attempt at each OR one is in less detail than the other.</p> <ul style="list-style-type: none"> <li>• At least one explanation described well or more than one in less detail</li> <li>• Should be relevant to the scenario and suggest explanations from at least one psychological theory</li> <li>• Explanations will be evaluated though not necessarily in detail and the evaluations may be more in terms of assertions rather than the use of corroborating evidence</li> </ul> <p>Limited evidence will be presented. Most evaluative points will be in the form of assertions</p>
Level 3	7-9	<p>Candidate has attempted and answered <i>both injunctions well</i>. Reference to the scenario must be clear.</p> <ul style="list-style-type: none"> <li>• Description of explanations for behaviour will be relevant and focused</li> <li>• Evaluation should include a range of arguments / counter arguments, research evidence is likely to be alluded to</li> <li>• Explanations and evaluations are likely to come from at least two different psychological theories</li> </ul> <p>Points made may not be fully treated critically though there may be some evidence of judgement and of reaching conclusions where this is relevant. Use of a range of evidence.</p>
Level 4	10-12	<p>Candidate has attempted and answered <i>both injunctions very well</i>. Reference to the scenario must be clear.</p> <ul style="list-style-type: none"> <li>• Descriptions of explanations will be varied, detailed and show evidence of wider understanding</li> <li>• Evaluation will consider a range of issues including both merits and de-merits. There will be good use of psychological research to substantiate arguments made</li> <li>• Explanations and evaluations will come from at least two different psychological theories</li> </ul> <p>There will be evidence of reasoned argument and of judgement when relevant to the question. The analysis will be supported by accurate factual material, which is relevant to the question. Good use of evidence. Given time constraints full marks must be given when the answer is reasonably detailed even if all the information is not present.</p>

## Structure levels

Guidance - 6A02 marks rewarding structure and focus of description and evaluation of one or more explanations (qwc).

Level	Mark	Descriptor
Level 0	0	No rewardable material e.g. no appropriate terminology
Level 1	1-2	Response lacks focus and structure. Points are disparately made with little cohesion and flow. Some appropriate use of terminology. High incidence of syntactical and/or spelling errors.
Level 2	3-4	Response is generally focused and cohesive but may have some points that are irrelevant to the overall structure. The response is presented in a legible style using appropriate terminology.
Level 3	5-6	Response is coherent, well structured and focused. Very few syntactical and/or spelling errors may be found. Bear in mind time constraints.



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