



**General Certificate of Education (A-level)
January 2012**

Psychology A

PSYA4

(Specification 2180)

**Unit 4: Psychopathology, Psychology in Action
and Research Methods**

Final

Mark Scheme

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Section A Psychopathology

Topic: Schizophrenia

Question 01

AO1 = 8 marks

AO1 credit is awarded for description of issues concerned with classification and diagnosis of schizophrenia, most of which are related in some way to reliability and validity. Some issues are specifically relevant to schizophrenia eg the range of symptoms / sub-types of schizophrenia and the difficulty of distinguishing between them. Other issues surrounding the classification and diagnosis of mental disorders in general can receive credit as long as they are made relevant to schizophrenia.

For AO1 credit candidates need to identify some of these issues. For example:

- The reliability of the major classification systems (ICD and DSM)
- The lack of homogeneity in schizophrenic symptoms
- Symptom overlap and the inclusion of mixed disorder categories (schizo - affective disorder) by classification systems
- The problem of co-morbidity with depression
- The availability of other diagnostic criteria for schizophrenia eg Schneider criteria
- Cultural differences in symptom presentation
- The lack of objective tests for schizophrenia
- The difficulty of being able to predict outcome or response to treatment
- The question of whether schizophrenia is a mental disorder at all or a form of political control (Szasz)

Examiners should be mindful of a depth/breadth trade-off – candidates can describe a few issues in detail or more issues in less detail. There is considerable overlap between the issues of classification and diagnosis so partial performance criteria do not apply.

Candidates who simply offer lists of signs and symptoms of schizophrenia or who describe classification systems are not addressing the issues surrounding diagnosis and classification. Such material is rudimentary.

AO1 Mark bands

<p>8 - 7 marks Sound Knowledge and understanding are accurate and well detailed. A good range of relevant material has been selected. There is substantial evidence of breadth and depth. Organisation and structure of the answer are coherent.</p>
<p>6 - 5 marks Reasonable Knowledge and understanding are generally accurate and reasonably detailed. A range of relevant material has been selected. There is evidence of breadth and/or depth. Organisation and structure of the answer are reasonably coherent.</p>
<p>4 - 3 marks Basic Knowledge and understanding are basic/relatively superficial. A restricted range of material has been presented. Organisation and structure of the answer are basic.</p>
<p>2 - 1 mark Rudimentary Knowledge and understanding are rudimentary and may be muddled and/or inaccurate. The material presented may be very brief or largely irrelevant. Lacks organisation and structure.</p>
<p>0 marks No creditworthy material.</p>

AO2/AO3 = 16 marks

Candidates achieve AO2/AO3 credit by evaluating and offering commentary on the issues they have identified for example considering the consequences arising from the issue. They may discuss advantages of using classification systems in relation to effective treatment programmes and support and / or problems associated with classification and diagnosis. For example, diagnosis might lead to labelling and stigmatisation (Scheff 1966) causing long-term problems of getting/keeping employment and leading to a self fulfilling prophecy.

AO2/AO3 Mark bands commentary

<p>16 - 13 marks Effective Commentary demonstrates sound analysis, understanding and interpretation. The answer is well focused and shows coherent elaboration and/or a clear line of argument. Ideas are well structured and expressed clearly and fluently. Consistently effective use of psychological terminology. Appropriate use of grammar, punctuation and spelling.</p>
<p>12 - 9 marks Reasonable Commentary demonstrates reasonable analysis, understanding. The answer is generally focused and shows reasonable elaboration. Most ideas are appropriately structured and expressed clearly. Appropriate use of psychological terminology. Minor errors of grammar, punctuation and spelling occasionally compromise meaning.</p>
<p>8 - 5 marks Basic Commentary demonstrates basic, superficial understanding. The answer is sometimes focused and shows some evidence of elaboration. Expression of ideas lacks clarity. Limited use of psychological terminology. Errors of grammar, punctuation and spelling are intrusive.</p>
<p>4 - 1 marks Rudimentary Commentary is rudimentary demonstrating a very limited understanding. The answer is weak, muddled and incomplete. Material is not used effectively and may be mainly irrelevant. Deficiency in expression of ideas results in confusion and ambiguity. The answer lacks structure often merely a series of unconnected assertions. Errors of grammar, punctuation and spelling are frequent and intrusive.</p>
<p>0 marks No creditworthy material is presented.</p>

Topic: Depression

Question 02

AO1 = 8 marks

AO1 credit is awarded for outlines of two psychological explanations of depression. These are likely to be drawn from different models but two explanations based on the same model (eg two cognitive explanations) would receive credit.

The main psychological explanations of depression are:

- Cognitive – Beck (1967) cognitive distortions, the cognitive triad, overgeneralization and magnification of significance of events
- Cognitive - behavioural - Abramson (1978) maladaptive attribution style, self blaming and hopelessness as a result of failure
- Behavioural – Lewinsohn (1974) lack of positive reinforcement leading to social withdrawal, self perpetuating cycle
- Socio-cultural – Brown and Harris (1989) stressful life events as a trigger
- Psychodynamic – importance of unconscious forces and early experience in oral stage. Loss leading to anger which is turned inwards and the introjections of hostility, loss and dependency

Learned helplessness (Seligman 1975) may be presented as a behavioural or cognitive explanation or as part of a combined cognitive-behavioural explanation. These approaches are creditworthy.

The two explanations need not be exactly equally weighted for top band marks but there should be a reasonable balance if candidates are to access the top band.

If candidates only offer one explanation then partial performance criteria apply. Where more than two explanations are presented, the best two should be credited. A number of explanations explicitly presented as an approach can be credited as one explanation.

AO1 Mark bands

<p>8 - 7 marks Sound Knowledge and understanding are accurate and well detailed. A good range of relevant material has been selected. There is substantial evidence of breadth and depth. Organisation and structure of the answer are coherent.</p>
<p>6 - 5 marks Reasonable Knowledge and understanding are generally accurate and reasonably detailed. A range of relevant material has been selected. There is evidence of breadth and/or depth. Organisation and structure of the answer are reasonably coherent. <i>Partial performance is sound, accurate and well detailed. Maximum 6 marks.</i></p>
<p>4 - 3 marks Basic Knowledge and understanding are basic/relatively superficial. A restricted range of material has been presented. Organisation and structure of the answer are basic. <i>Partial performance is reasonable and generally accurate.</i></p>
<p>2 - 1 mark Rudimentary Knowledge and understanding are rudimentary and may be muddled and/or inaccurate. The material presented may be very brief or largely irrelevant. Lacks organisation and structure. <i>Partial performance is basic.</i></p>
<p>0 marks No creditworthy material.</p>

Question 03

AO2/AO3 = 16 marks

Candidates achieve AO2/AO3 credit by evaluating psychological explanations of depression. This is likely to focus on the explanations given in 02 but could focus on psychological explanations in general.

Potential material includes:

- Consideration of research evidence that supports or challenges an explanation
- Issues specific to each explanation eg the cognitive explanation is better at explaining the maintenance of the disorder rather than the initial cause; limited evidence for the psychodynamic concepts such as introjection of hostility; legitimacy of Seligman's evidence in relation to human depression
- Debate about the relative importance of different causal factors
- The usefulness of a combined approach to explaining depression
- Relevant debates such as nature/ nurture, reductionism and determinism

Although the question is concerned with explanations, the effectiveness of therapies could be used as a means of evaluation. Consideration of biological explanations of depression can receive credit when used as sustained critical commentary on psychological explanations.

Because evaluation can be generic to explanations, partial performance criteria do not apply.

AO2/AO3 Mark bands evaluation

16 - 13 marks Effective

Evaluation demonstrates sound analysis, understanding and interpretation. The answer is well focused and shows coherent elaboration and/or a clear line or argument. Ideas are well structured and expressed clearly and fluently. Consistently effective use of psychological terminology. Appropriate use of grammar, punctuation and spelling.

12 - 9 marks Reasonable

Evaluation demonstrates reasonable analysis, understanding. The answer is generally focused and shows reasonable elaboration. Most ideas are appropriately structured and expressed clearly. Appropriate use of psychological terminology. Minor errors of grammar, punctuation and spelling occasionally compromise meaning.

8 - 5 marks Basic

Evaluation demonstrates basic, superficial understanding. The answer is sometimes focused and shows some evidence of elaboration. Expression of ideas lacks clarity. Limited use of psychological terminology. Errors of grammar, punctuation and spelling are intrusive.

4 - 1 marks Rudimentary

Evaluation is rudimentary demonstrating a very limited understanding. The answer is weak, muddled and incomplete. Material is not used effectively and may be mainly irrelevant. Deficiency in expression of ideas results in confusion and ambiguity. The answer lacks structure often merely a series of unconnected assertions. Errors of grammar, punctuation and spelling are frequent and intrusive.

0 marks

No creditworthy material is presented

Topic: Phobic Disorders

Question 04

AO1 = 8 marks

AO1 credit is awarded for outlines of two or more therapies which must be explicitly related to phobic disorders. Candidates may use any combination of psychological and/or biological therapies and can use two or more from the same category.

Some common therapies for phobic disorders include:

- Biological therapies - drug treatments include anti-anxiety drugs (benzodiazepines) which enhance activity of GABA reducing CNS activity; antidepressants which increase serotonin activity; beta blockers (reserpine) which mediate the effects of adrenalin and noradrenalin. Psychosurgery (capsulotomy) can also gain credit.
- Behavioural therapies – systematic desensitisation (Wolpe 1958) based on counter-conditioning: involves relaxation techniques, establishment of a hierarchy of fears and graded exposure: may be carried out in vivo or in vitro. Exposure therapy (flooding) and modelling are also creditworthy
- Cognitive-behavioural therapies – RET (Ellis 1957) involves challenging irrational beliefs through confrontation and dispute; Meichenbaum's SIT (1977) involves the use of positive self-statements to eradicate faulty internal dialogue; Davey (1999) involves downplaying fears by threat devaluation, denial and cognitive disengagement

Other therapies (eg psychoanalytic therapy) should be credited as long as they are related to phobic disorders.

Appropriate therapies which are not explicitly related to phobias (for example a straightforward description of psychoanalysis) would receive a rudimentary mark.

The outlines need not be exactly equally weighted for top band marks although there should be reasonable balance if candidates are to access the top band.

If only one therapy is offered, partial performance criteria apply.

AO1 Mark bands

<p>8 - 7 marks Sound Knowledge and understanding are accurate and well detailed. A good range of relevant material has been selected. There is substantial evidence of breadth and depth. Organisation and structure of the answer are coherent.</p>
<p>6 - 5 marks Reasonable Knowledge and understanding are generally accurate and reasonably detailed. A range of relevant material has been selected. There is evidence of breadth and/or depth. Organisation and structure of the answer are reasonably coherent. <i>Partial performance is sound, accurate and well detailed. Maximum 6 marks.</i></p>
<p>4 - 3 marks Basic Knowledge and understanding are basic/relatively superficial. A restricted range of material has been presented. Organisation and structure of the answer are basic. <i>Partial performance is reasonable and generally accurate.</i></p>
<p>2 - 1 mark Rudimentary Knowledge and understanding are rudimentary and may be muddled and/or inaccurate. The material presented may be very brief or largely irrelevant. Lacks organisation and structure. <i>Partial performance is basic.</i></p>
<p>0 marks No creditworthy material</p>

AO2/AO3 = 16 marks

Candidates achieve AO2/AO3 credit by evaluating two or more therapies for phobic disorders.

Relevant material includes:

- Discussion of outcomes studies eg Wolitzky-Taylor (2008) meta-analysis of 33 studies found behaviour therapies most effective: Davidson (1993) found BZs more effective than placebos for social phobia
- Effectiveness of therapy - how to measure effectiveness, use of control groups, criteria for success, duration of treatment, short-term v long-term outcomes, confounding variables including placebo effect
- Appropriateness of therapy - side effects (particularly in relation to drug therapies) additional enhancements offered by some therapies eg cognitive therapy might lead to an increase in personal effectiveness and increase in self-esteem; role of the patient eg drugs therapy renders patient passive whereas patient takes an active role in cognitive therapy and has some control; financial constraints: ethical issues.

Candidates may also evaluate methodological issues associated with outcomes research such as sampling and generalisation. To receive a mark above basic, the implications for the therapy must be made explicit.

Partial performance is unlikely for AO2/AO3 as many evaluation points are likely to be relevant to more than one therapy (eg biological therapies in general). However, partial performance criteria will apply if candidates have outlined and evaluated one therapy only.

AO2/AO3 Mark bands evaluation

<p>16 - 13 marks Effective Evaluation demonstrates sound analysis, understanding and interpretation. The answer is well focused and shows coherent elaboration and/or a clear line or argument. Ideas are well structured and expressed clearly and fluently. Consistently effective use of psychological terminology. Appropriate use of grammar, punctuation and spelling.</p>
<p>12 - 9 marks Reasonable Evaluation demonstrates reasonable analysis, understanding. The answer is generally focused and shows reasonable elaboration. Most ideas are appropriately structured and expressed clearly. Appropriate use of psychological terminology. Minor errors of grammar, punctuation and spelling occasionally compromise meaning. <i>Partial performance demonstrates sound analysis and understanding. It is well focused and shows coherent elaboration and / or a clear line of argument. Maximum 10 marks.</i></p>
<p>8 - 5 marks Basic Evaluation demonstrates basic, superficial understanding. The answer is sometimes focused and shows some evidence of elaboration. Expression of ideas lacks clarity. Limited use of psychological terminology. Errors of grammar, punctuation and spelling are intrusive. <i>Partial performance demonstrates reasonable analysis and understanding. It is generally focused and shows reasonable elaboration and/or a clear line of argument.</i></p>
<p>4 - 1 marks Rudimentary Evaluation is rudimentary demonstrating a very limited understanding. The answer is weak, muddled and incomplete. Material is not used effectively and may be mainly irrelevant. Deficiency in expression of ideas results in confusion and ambiguity. The answer lacks structure often merely a series of unconnected assertions. Errors of grammar, punctuation and spelling are frequent and intrusive. <i>Partial performance demonstrates basic, superficial understanding. It is sometimes focused and shows some evidence of elaboration.</i></p>
<p>0 marks No creditworthy material is presented.</p>

Topic: Obsessive Compulsive Disorder

Question 05

AO1 = 8 marks

AO1 credit is awarded for outlines of two or more therapies which must be explicitly related to obsessive compulsive disorder. Candidates may use any combination of psychological and/or biological therapies and can use two or more from the same category.

Some common therapies for OCD include:

- Biological therapies - the most common biological treatment is the use of anti-depressants including clomipramine (a tricyclic anti-depressant) and SSRI's. These drugs increase serotonin availability. Benzodiazepines are also used to treat OCD. These work by increasing the effectiveness of GABA
- Behavioural therapies – the most common behavioural therapy is exposure and ritual (response) prevention (ERP). This approach uses the principles of classical conditioning and is similar to systematic desensitization
- Cognitive-behavioural therapies – RET (Ellis 1957) involves challenging irrational beliefs through confrontation and dispute; Meichenbaum's SIT (1977) involves the use of positive self-statements to eradicate faulty internal dialogue; Davey (1999) involves downplaying fears by threat devaluation, denial and cognitive disengagement

Candidates may also discuss more recent biological approaches such as transcranial magnetic stimulation (TMS). Other therapies can be credited as long as they are related to OCD.

Other therapies (eg psychoanalytic therapy) should be credited as long as they are related to OCD.

Appropriate therapies which are not explicitly related to OCD (for example a straightforward description of psychoanalysis) would receive a rudimentary mark.

The outlines need not be exactly equally weighted for top band marks although there should be reasonable balance if candidates are to access the top band.

If only one therapy is offered, partial performance criteria apply.

AO1 Mark bands

8 - 7 marks Sound

Knowledge and understanding are accurate and well detailed.
A good range of relevant material has been selected.
There is substantial evidence of breadth and depth.
Organisation and structure of the answer are coherent.

6 - 5 marks Reasonable

Knowledge and understanding are generally accurate and reasonably detailed.
A range of relevant material has been selected.
There is evidence of breadth and/or depth.
Organisation and structure of the answer are reasonably coherent.
Partial performance is sound, accurate and well detailed. Maximum 6 marks.

4 - 3 marks Basic

Knowledge and understanding are basic/relatively superficial.
A restricted range of material has been presented.
Organisation and structure of the answer are basic.
Partial performance is reasonable and generally accurate.

2 - 1 mark Rudimentary

Knowledge and understanding are rudimentary and may be muddled and/or inaccurate.
The material presented may be very brief or largely irrelevant.
Lacks organisation and structure.
Partial performance is basic.

0 marks

No creditworthy material

AO2/AO3 = 16 marks

Candidates achieve AO2/AO3 credit by evaluating two or more therapies for OCD.

Relevant material includes:

- Discussion of outcomes studies eg Clomipramine collaborative study group (1991) found that drugs are effective in double blind trials but the risk of relapse is high (Koran 2002) Whittal (2008) found no difference in ERP and cognitive therapy (CT) after two years.
- Effectiveness of therapy - how to measure effectiveness, use of control groups, criteria for success, duration of treatment, short-term v long-term outcomes, confounding variables including placebo effect
- Appropriateness of therapy - side effects (particularly in relation to drug therapies) additional enhancements offered by some therapies eg cognitive therapy might lead to an increase in personal effectiveness and increase in self-esteem; role of the patient eg drugs therapy renders patient passive whereas patient takes an active role in cognitive therapy and has some control; financial constraints: ethical issues

Candidates may also evaluate methodological issues associated with outcomes research such as sampling and generalisation. To receive a mark above basic, the implications for the therapy must be made explicit.

Partial performance is unlikely for AO2/AO3 as many evaluation points are likely to be relevant to more than one therapy (eg biological therapies in general). However, partial performance criteria will apply if candidates have outlined and evaluated one therapy only.

AO2/AO3 Mark bands evaluation

16 - 13 marks Effective

Evaluation demonstrates sound analysis, understanding and interpretation. The answer is well focused and shows coherent elaboration and / or a clear line or argument. Ideas are well structured and expressed clearly and fluently. Consistently effective use of psychological terminology. Appropriate use of grammar, punctuation and spelling.

12 - 9 marks Reasonable

Evaluation demonstrates reasonable analysis, understanding. The answer is generally focused and shows reasonable elaboration. Most ideas are appropriately structured and expressed clearly. Appropriate use of psychological terminology. Minor errors of grammar, punctuation and spelling occasionally compromise meaning.

8 - 5 marks Basic

Evaluation demonstrate basic, superficial understanding. The answer is sometimes focused and shows some evidence of elaboration. Expression of ideas lacks clarity. Limited use of psychological terminology. Errors of grammar, punctuation and spelling are intrusive.

4 - 1 marks Rudimentary

Evaluation/commentary are rudimentary demonstrating a very limited understanding. The answer is weak, muddled and incomplete. Material is not used effectively and may be mainly irrelevant. Deficiency in expression of ideas results in confusion and ambiguity. The answer lacks structure often merely a series of unconnected assertions. Errors of grammar, punctuation and spelling are frequent and intrusive

0 marks

No creditworthy material is presented.

Section B Psychology in Action

Topic: Media Psychology

Question 06

AO1 = 4 marks

AO1 credit is awarded for an outline of Petty and Cacioppo's Elaboration Likelihood model (1986). This model describes two alternative processing routes of persuasive messages:

- the central route to persuasion involves cognitive effort and active engagement. It is likely to result in permanent change in attitude/behaviour
- the peripheral route to persuasion involves minimal cognitive effort. It is likely to result in temporary change of attitude/behaviour

For 3 or 4 marks, the outline should cover both routes. Outlines may also include related concepts including need for cognition, cognitive misers and the role of personal relevance.

AO1 Mark Bands

4 marks Sound Knowledge and understanding are accurate and well detailed. Organization and structure of the answer are coherent.
3 marks Reasonable Knowledge and understanding are generally accurate and reasonably detailed. Organization and structure of the answer are reasonably coherent.
2 marks Basic Knowledge and understanding are basic/relatively superficial. Organization and structure of the answer are basic.
1 mark Rudimentary Knowledge and understanding are rudimentary and may be very brief, muddled and/or inaccurate. Lacks organization and structure.
0 marks No creditworthy material.

AO2/AO3 = 6 marks

AO2/AO3 credit is awarded for an application of knowledge of the Elaboration Likelihood model to the scenario which refers to the marketing of a new phone by a mobile phone company:

- Adverts which encourage the central route should provide detailed information / arguments about the specific features of the phone. These may be designed to appeal to business users
- Adverts designed to stimulate peripheral processing will use messages with a preference for images, imaginative contexts and emotional rather than fact-based arguments eg showing people using the accessory with friends

In view of the context, candidates could refer to either or both of the routes to persuasion. Both of these approaches are creditworthy and the marks awarded will depend on the accuracy, level of detail and engagement with the scenario. There is a depth/ breadth trade off here for candidates covering both routes.

AO2/AO3 Mark bands

6 marks Effective

Explanation /application demonstrate sound analysis and understanding.
Application of knowledge is well focused and effective.

5-4 marks Reasonable

Explanation /application demonstrate reasonable analysis and understanding.
Application of knowledge is generally focused.

3-2 marks Basic

Explanation /application demonstrate basic analysis and superficial understanding.
Application is sometimes focused.

1 mark Rudimentary

Explanation /application are rudimentary demonstrating very limited understanding.
The answer is weak, muddled and may be mainly largely irrelevant.

0 marks

No creditworthy material is presented.

Question 07

AO2/AO3 = 4 marks

Award 1 mark for identification of each problem and one further mark each for explaining why it is a problem.

- In longitudinal studies problems include participant attrition, inability to control intervening events
- In self report measures problems include demand characteristics (eg children identified their own favourite TV programmes)
- Problems with Measure A: issues of validity, reliability and demand characteristics
- Problems with Measure B: reasons why records may not be an accurate measure
- Difficulties in establishing cause and effect.

Credit other relevant problems.

Question 08

AO1 = 4 marks

AO1 credit is awarded for an outline of research into **celebrity** stalking. As the question asks about research in general, research studies and/or explanations could receive AO1 credit. Examiners should read the material presented carefully to decide how to award AO1 and AO2/AO3 credit.

Stalking is defined as intrusive and obsessional behaviour directed towards an individual, which is unwanted and creates fear. It is clearly distinguished from attraction to celebrity in the specification and examiners should be mindful to credit relevant material on celebrity stalking.

Note that the question is focused on the stalking of celebrities. Therefore, material focused on stalking in general (eg Mullen's typography) should be shaped towards celebrity stalking to achieve marks in the reasonable band and above.

Relevant explanations of celebrity stalking include:

- Attachment theory of stalking – early attachments acts as a foundation for later relationships).
- Relational goal pursuit theory – obsession pursuit which is rejected by celebrity makes the goal more desirable and fuels efforts to gain access (McIntosh 1995)
- Evolutionary explanations – attention to high profile/prestigious members of the same species confers survival advantage if we learn through imitation, modelling requires access, hence stalking.

Relevant studies include:

- Mullen et al (1999) – different motives in 5 types of stalker
- Meloy (1992) stalkers have been found to show pre-occupied attachments constant approval seeking, low self-esteem
- Kienlen et al (1997) - childhood attachment disruption in 25 stalkers in Missouri
- Lewis et al (2001) - stalkers show traits characteristic of insecure attachments
- McCutcheon et al (2006) – links between childhood attachment, condoning stalking and celebrity worship in 299 students

Candidates who present media reports or cases of celebrity stalking as AO1 can receive a mark in the rudimentary band.

AO1 Mark bands

<p>4 marks Sound Knowledge and understanding are accurate and well detailed. Organisation and structure of the answer are coherent.</p>
<p>3 marks Reasonable Knowledge and understanding are generally accurate and reasonably detailed. Organisation and structure of the answer are reasonably coherent.</p>
<p>2 marks Basic Knowledge and understanding are basic/relatively superficial. Organisation and structure of the answer are basic.</p>
<p>1 mark Rudimentary Knowledge and understanding are rudimentary and may be very brief, muddled and/or inaccurate. Lacks organisation and structure.</p>
<p>0 marks No creditworthy material.</p>

AO2/AO3 = 6 marks

AO2/AO3 credit is awarded for evaluation of the research presented as AO1. Candidates who present research studies as AO1 can receive credit for relevant methodological evaluations of these studies. Some of these could include:

- use of retrospective interviews
- inability to determine cause and effect
- small samples and inability to generalise from case studies
- ethical issues

Candidates may also gain AO2/AO3 credit for discussing the extent to which studies or models of general stalking can be applied to celebrity stalking.

Candidates who present theoretical explanations of celebrity stalking (eg attachment theory) can gain AO2/AO3 credit by providing supporting or contradictory evidence for the explanations presented. Given that evaluative points are often relevant to more than one explanation, no partial performance criteria apply for this question.

AO2/AO3 Mark bands

6 marks Effective

Commentary and/or evaluation demonstrate sound analysis, understanding and interpretation.
The answer is well focused and shows coherent elaboration and/or a clear line of argument. Ideas are well structured and expressed clearly and fluently. Consistently effective use of psychological terminology. Appropriate use of grammar, punctuation and spelling.

5 - 4 marks Reasonable

Commentary and/or evaluation demonstrate reasonable analysis and understanding.
The answer is generally focused and shows reasonable elaboration and/or a line of argument is evident.
Most ideas appropriately structured and expressed clearly. Appropriate use of psychological terminology. Minor errors of grammar, punctuation and spelling only occasionally compromise meaning.

3 - 2 marks Basic

Commentary and/or evaluation demonstrate basic, superficial understanding.
The answer is sometimes focused and shows some evidence of elaboration.
Expression of ideas lacks clarity. Limited use of psychological terminology. Errors of grammar, punctuation and spelling are intrusive.

1 mark Rudimentary

Commentary and/or evaluation are rudimentary, demonstrating a very limited understanding.
The answer is weak, muddled and incomplete. Material is not used effectively and may be mainly irrelevant.
Deficiency in expression of ideas results in confusion and ambiguity. The answer lacks structure, often merely a series of unconnected assertions. Errors of grammar, punctuation and spelling are frequent and intrusive.

0 marks

No creditworthy material is presented.

Topic: The Psychology of Addictive behaviour

Question 09

AO1 = 4 marks

AO1 credit is awarded for an outline of the biological approach to explaining smoking behaviour. It is possible for candidates to refer to all three stages of smoking addiction, but maintenance and relapse are more likely than initiation. The biological model may be presented generically or candidates may focus in more detail on a single biological explanation eg genetic or neurochemical. Examiners need to be aware of a breadth/ depth trade off.

Possible content includes:

- The processes of physical dependency and tolerance
- Genetic factors
- Neurochemistry and the dopamine reward system
- The endogenous opioid system (encephalin and endorphins)
- Nicotine regulation model (Shachter 1977)

AO1 Mark bands

4 marks Sound Knowledge and understanding are accurate and well detailed. Organisation and structure of the answer are coherent.
3 marks Reasonable Knowledge and understanding are generally accurate and reasonably detailed. Organisation and structure of the answer are reasonably coherent.
2 marks Basic Knowledge and understanding are basic/relatively superficial. Organisation and structure of the answer are basic.
1 mark Rudimentary Knowledge and understanding are rudimentary and may be very brief, muddled and/or inaccurate. Lacks organisation and structure.
0 marks No creditworthy material.

AO2/AO3 = 4 marks

For AO2/AO3 credit, candidates are required to evaluate the biological explanation of smoking. This is likely to consist of research evidence to support or contradict the claims of the model.

Possible content includes:

- Twin studies demonstrating genetic influences (Kendler 1999)
- Identification of specific genes (eg: SLC6A3-9) which regulate dopamine (Lerman 1999) and influence relapse (Sabol 1999)
- Animal research (eg Corigall and Coen 1991, Harrison 2002) which supports the dopamine reward model

Candidates may also discuss the relative weakness of the biological model in explaining initiation compared with behavioural and/or cognitive approaches. The diathesis stress model may also be used for evaluation.

AO2/AO3 Mark bands

4 marks Effective Commentary and/or evaluation demonstrate sound analysis, understanding and interpretation. The answer is well focused and shows coherent elaboration and/or a clear line of argument.
3 marks Reasonable Commentary and/or evaluation demonstrate reasonable analysis and understanding. The answer is generally focused and shows reasonable elaboration and/or a line of argument is evident.
2 marks Basic Commentary and/or evaluation demonstrate basic, superficial understanding. The answer is sometimes focused and shows some evidence of elaboration.
1 mark Rudimentary Commentary and/or evaluation are rudimentary, demonstrating a very limited understanding. The answer is weak, muddled and incomplete. Material is not used effectively and may be mainly irrelevant.
0 marks No creditworthy material.

Question 10

AO2/AO3 = 6 marks

AO2/AO3 credit is obtained by applying knowledge of risk factors in the development of Andy's addiction to the internet.

The scenario contains references to the following risk factors associated with addiction in the context of internet games:

- Stress
- Personality factors such as lack of confidence and shyness
- Role of peers
- Age

Candidates should identify some of the relevant risk factors from the scenario and elaborate on how/why these factors might have led to the addictive behaviour depicted. They may demonstrate the importance of factors using relevant research studies on vulnerability to other addictions. There is a breadth/depth trade off here. Candidates who correctly identify all four factors will provide less detail than those who explore one or two factors in depth. Both of these approaches can receive full credit. However, candidates who simply identify or name risk factors should be awarded a rudimentary mark.

AO2/AO3 Mark bands

<p>6 marks Effective Explanation/application demonstrates sound analysis and understanding. Application of knowledge is well focused and effective. Ideas are well structured and expressed clearly and fluently.</p>
<p>5 - 4 marks Reasonable Explanation/application demonstrates reasonable analysis and understanding. Application of knowledge is generally focused. Most ideas are appropriately structured and expressed clearly.</p>
<p>3 - 2 marks Basic Explanation /application demonstrates basic analysis and superficial understanding. Application is sometimes focused. Expression of ideas lacks clarity.</p>
<p>1 mark Rudimentary Explanation/application is rudimentary demonstrating very limited understanding. The answer is weak, muddled and may be mainly largely irrelevant. Deficiency in expression of ideas results in confusion and ambiguity.</p>
<p>0 marks No creditworthy material is presented.</p>

Question 11

AO1 = 4 marks

AO1 credit is awarded for an outline of one psychological intervention aimed at reducing addictive behaviour. Answers may be based on any relevant psychological intervention including:

- cognitive behaviour therapy and CBT based approaches such as relapse prevention
- behavioural approaches including aversion therapy, contingency contracting and cue exposure
- motivational enhancement therapy.
- eclectic approaches such as the matrix model
- Theory of planned behaviour could be used if candidates shape this material to reducing addictive behaviour.

Biological interventions should not be credited here. Public health interventions can only be credited if the candidate clearly addresses a psychological component within a public health intervention (for example, banning advertising must be explicitly linked to social learning theory).

AO1 Mark bands

<p>4 marks Sound Knowledge and understanding are accurate and well detailed. Organisation and structure of the answer are coherent.</p>
<p>3 marks Reasonable Knowledge and understanding are generally accurate and reasonably detailed. Organisation and structure of the answer are reasonably coherent.</p>
<p>2 marks Basic Knowledge and understanding are basic/relatively superficial. Organisation and structure of the answer are basic.</p>
<p>1 mark Rudimentary Knowledge and understanding are rudimentary and may be very brief, muddled and/or inaccurate. Lacks organisation and structure.</p>
<p>0 marks No creditworthy material</p>

AO2/AO3 = 6 marks

AO2/AO3 credit is awarded for appropriate evaluation/commentary relating to the intervention presented. Examples of relevant issues include:

- effectiveness of the intervention including references to outcomes of research
- short-term versus long-term outcomes
- practical implications such as duration and availability of specialist resources
- ethical issues

Credit may also be given for comparison of different types of intervention as long as it is part of a sustained commentary on the chosen intervention.

AO2/AO3 Mark bands

6 marks Effective

Commentary and/or evaluation demonstrate sound analysis, understanding and interpretation.

The answer is well focused and shows coherent elaboration and/or a clear line of argument. Ideas are well structured and expressed clearly and fluently. Consistently effective use of psychological terminology. Appropriate use of grammar, punctuation and spelling.

5 - 4 marks Reasonable

Commentary and/or evaluation demonstrate reasonable analysis and understanding.

The answer is generally focused and shows reasonable elaboration and/or a line of argument is evident.

Most ideas appropriately structured and expressed clearly. Appropriate use of psychological terminology. Minor errors of grammar, punctuation and spelling only occasionally compromise meaning.

3 - 2 marks Basic

Commentary and/or evaluation demonstrate basic, superficial understanding.

The answer is sometimes focused and shows some evidence of elaboration.

Expression of ideas lacks clarity. Limited use of psychological terminology. Errors of grammar, punctuation and spelling are intrusive.

1 marks Rudimentary

Commentary and/or evaluation are rudimentary, demonstrating a very limited understanding.

The answer is weak, muddled and incomplete. Material is not used effectively and may be mainly irrelevant.

Deficiency in expression of ideas results in confusion and ambiguity. The answer lacks structure, often merely a series of unconnected assertions. Errors of grammar, punctuation and spelling are frequent and intrusive.

0 marks

No creditworthy material is presented.

Topic: Anomalistic Psychology

Question 12

AO2/AO3 = 2 marks

Coincidence is where two or more events happen by chance to occur at the same time or in close succession leading to an assumption that they are linked.

Candidates should explain the term in the context of the scenario. Here the co-occurrence of these events (three double sixes in succession) could have happened by chance.

Award one mark for an understanding of the term coincidence.

Award two marks for an answer which shows a clear understanding of the term within the context of the scenario.

Question 13

AO2/AO3 = 4 marks

AO2/AO3 credit is awarded for the application of knowledge of personality factors underlying anomalous beliefs such as those demonstrated by Jo and Frankie. The short conversation gives some clues as to relevant personality factors but any accurate personality factors should be credited.

Personality factors which influence anomalous beliefs include:

- creativity - positive correlation between creative personality traits and beliefs in paranormal (Gianotti et al 2001)
- extroversion / introversion - extroverts generally have higher beliefs in ESP (Honorton et al 1998)
- locus of control – external LC is related to paranormal beliefs
- sensation seeking personality scores are related to greater paranormal beliefs (Kumar et al 1993)

AO2/AO3 Mark bands

4 marks Effective
Explanation /application demonstrate sound analysis and understanding. Application of knowledge is well focused and effective.
3 marks Reasonable
Explanation /application demonstrate reasonable analysis and understanding. Application of knowledge is generally focused.
2 marks Basic
Explanation /application demonstrate basic analysis and superficial understanding. Application is sometimes focused.
1 mark Rudimentary
Explanation /application are rudimentary demonstrating very limited understanding. The answer is weak, muddled and may be mainly largely irrelevant.
0 marks
No creditworthy material is presented.

Question 14

AO1 = 4 marks

AO1 credit is awarded for an outline of the Ganzfeld ESP procedure. The basic procedure involves:

- The sensory deprivation of a subject (the receiver) via headphones with white noise, translucent goggles or halved ping-pong balls over the eyes
- The sender, who is in another room, chooses one of a selection of (usually) 4 images to send telepathically. The choice of image to send should be random
- The receiver attempts to 'read' the image
- At the end of the session the receiver is shown a set of images and asked to select the target image from several or to describe the image
- If the receiver is really able to read the thoughts of others, he/she should be able to pick the target at greater than chance level over several trials

Candidates are expected to show knowledge of the basic procedure but AO1 credit should also be given for description of the auto-Ganzfeld procedure which has greater control including sound-proofing and computerised selection of images.

AO1 Mark bands

<p>4 marks Sound Knowledge and understanding are accurate and well detailed. Organisation and structure of the answer are coherent.</p>
<p>3 marks Reasonable Knowledge and understanding are generally accurate and reasonably detailed. Organisation and structure of the answer are reasonably coherent.</p>
<p>2 marks Basic Knowledge and understanding are basic/relatively superficial. Organisation and structure of the answer are basic.</p>
<p>1 mark Rudimentary Knowledge and understanding are rudimentary and may be very brief, muddled and/or inaccurate. Lacks organisation and structure.</p>
<p>0 marks No creditworthy material.</p>

AO2/AO3 = 4 marks

AO2/AO3 credit is awarded for an evaluation of the Ganzfeld procedure as a way of studying ESP. Credit should be awarded for any relevant methodological issues including:

- possible cheating and lack of control in early studies eg sensory leakage, insecure storage of images
- possible researcher bias eg sceptical researchers v psi believers can influence the amount of elaboration by the receiver
- influence of the receivers' beliefs (the sheep-goat effect)

Candidates may also consider how early problems led to the development of the auto-Ganzfeld procedure and discuss how this is an improvement on the original. This material can receive AO2/AO3 credit.

AO2/AO3 Mark bands

4 marks Effective

Commentary and/or evaluation demonstrate sound analysis, understanding and interpretation.

The answer is well focused and shows coherent elaboration and/or a clear line of argument.

3 marks Reasonable

Commentary and/or evaluation demonstrate reasonable analysis and understanding.

The answer is generally focused and shows reasonable elaboration and/or a line of argument is evident.

2 marks Basic

Commentary and/or evaluation demonstrate basic, superficial understanding.

The answer is sometimes focused and shows some evidence of elaboration.

1 mark Rudimentary

Commentary and/or evaluation are rudimentary, demonstrating a very limited understanding.

The answer is weak, muddled and incomplete. Material is not used effectively and may be mainly irrelevant.

0 marks

No creditworthy material.

Question 15

AO1 = 4 marks

Psychic mediumship refers to the experience of communicating with a dead person directly or via an intermediary (or 'spirit control').

The focus of this question is on what research has shown ie findings/conclusions of research related to mediumship. Research has focused on the 'state' of mediumship, factors influencing belief in psychic mediumship and the psychological techniques used by mediums. Examiners should be mindful of a depth/breadth trade-off.

Research findings include those from:

- Psycho- physiological studies of the mediumship trance state (Krippner 2011) focusing on right hemisphere dominance and the role of the limbic system
- Studies linking psychic mediumship and extreme forms of dissociation including Dissociative Identity Disorder (Braude 1995)
- Cognitive and personality profiles of believers: poor performance on critical thinking tests, high scores on neuroticism (Fulham and Varian 1988), heightened sensitivity to environmental cues, and high level of suggestibility
- Studies of the processes involved in reading: cold reading techniques (Roe1991) including stage setting, the 'stock spiel', fishing and use of warm reading

Credit also description of findings of Schwartz (2001) study of five mediums and two sitters filmed for an American TV channel.

AO1 Mark bands

<p>4 marks Sound Knowledge and understanding are accurate and well detailed. Organisation and structure of the answer are coherent.</p>
<p>3 marks Reasonable Knowledge and understanding are generally accurate and reasonably detailed. Organisation and structure of the answer are reasonably coherent.</p>
<p>2 marks Basic Knowledge and understanding are basic/relatively superficial. Organisation and structure of the answer are basic.</p>
<p>1 mark Rudimentary Knowledge and understanding are rudimentary and may be very brief, muddled and/or inaccurate. Lacks organisation and structure.</p>
<p>0 marks No creditworthy material</p>

AO2/AO3 = 6 marks

Discussion/commentary will depend upon the content of AO1 but may include such issues as:

- methodological critique of research studies, the lack of controlled experimentation, difficulties establishing cause and effect
- analysis of how the processes involved in cold reading might contribute to belief in mediumship
- analysis of how cognitive and personality factors underlying belief in mediumship might contribute to beliefs
- use of findings from research to validate or challenge the ability of psychic mediums
- implications of psychic mediumship for individuals

AO2/AO3 Mark bands

6 marks Effective

Commentary and/or evaluation demonstrate sound analysis, understanding and interpretation.

The answer is well focused and shows coherent elaboration and/or a clear line of argument. Ideas are well structured and expressed clearly and fluently. Consistently effective use of psychological terminology. Appropriate use of grammar, punctuation and spelling.

5 - 4 marks Reasonable

Commentary and/or evaluation demonstrate reasonable analysis and understanding.

The answer is generally focused and shows reasonable elaboration and/or a line of argument is evident.

Most ideas appropriately structured and expressed clearly. Appropriate use of psychological terminology. Minor errors of grammar, punctuation and spelling only occasionally compromise meaning.

3 - 2 marks Basic

Commentary and/or evaluation demonstrate basic, superficial understanding.

The answer is sometimes focused and shows some evidence of elaboration.

Expression of ideas lacks clarity. Limited use of psychological terminology. Errors of grammar, punctuation and spelling are intrusive.

1 marks Rudimentary

Commentary and/or evaluation are rudimentary, demonstrating a very limited understanding.

The answer is weak, muddled and incomplete. Material is not used effectively and may be mainly irrelevant.

Deficiency in expression of ideas results in confusion and ambiguity. The answer lacks structure, often merely a series of unconnected assertions. Errors of grammar, punctuation and spelling are frequent and intrusive.

0 marks

No creditworthy material is presented.

Section C Psychological Research and Scientific Method

Question 16

AO2/AO3 = 1 mark

One mark for an accurate reason: The decision to use a directional hypothesis was based on findings of previous research which pointed to an effect in a particular direction ie memory is poorer with age.

Question 17

AO2/AO3 = 3 marks

A suitable directional hypothesis would be 'There is a negative correlation (relationship) between age and recall accuracy rating'.

- 3 marks for a fully operationalised hypothesis as above
- 2 marks for a directional correlational hypothesis that identifies age and recall as the two variables but is not fully operationalised
- 1 mark for a directional hypothesis where the variables are not identified ('there will be a negative correlation') or where the hypothesis lacks clarity.

Award zero marks for a non-directional or null hypothesis or any hypothesis predicting a difference or association.

Question 18

AO1 = 1 mark

One mark for an accurate definition: The extent to which results or procedures are consistent or simply 'consistency'.

Question 19

AO2/AO3 = 3 marks

One mark for identification of a way of ensuring reliability. By far the most likely answer here is inter-rater reliability.

Two marks for some explanation/elaboration: using two separate psychologists and comparing them.

Three marks for an accurate and clear explanation: using two separate psychologists to rate the typed accounts for accuracy and comparing/correlating the ratings to see how similar they are.

Candidates could make a case for test retest which would involve the same psychologist re-examining the ratings after a period of time.

Question 20

AO2/AO3 = 2 marks

Award one mark for correct identification of one of each type of data

- Qualitative data: the patient's responses, the typed accounts, the doctor's notes
- Quantitative data: the ratings of recall accuracy on a scale of 1-10, ages of patients.

Question 21

AO2/AO3 = 2 marks

One mark for each accurate reason given:

- the researchers are testing for a correlation or a relationship between two variables
- the data is to be treated as ordinal because the recall accuracy is in the form of ratings

Question 22

AO2/AO3 = 2 marks

One mark for stating that the result is significant.

Second mark for explaining that -0.52 exceeds $.306$ ($p \leq 0.05$, $n=30$ for a one tailed test)

Question 23

AO1 = 2 marks

One mark for a brief or muddled answer which hints at rejecting H_0 /accepting the H_1 in error.

Two marks for explaining the term: where the researcher rejects the null hypothesis (or accepts the research/alternative hypothesis) when in fact the effect is due to chance – often referred to as an error of optimists.

Question 24

AO2/AO3 = 3 marks

3 marks for a clear explanation which is based on comparison of the calculated value of r_s with the critical value at the 0.01 level of significance and indicates competence in use of statistical tables as follows:

- A Type 1 error is unlikely because the calculated value of r_s (-0.52) exceeds the critical table value at both the 0.05 and 0.01 level for a one-tailed test.
- The chance of a Type 1 error occurring is therefore less than 1%.
- This means that the researchers can be 99% certain that the results obtained are not due to chance.

Award one mark for a brief explanation (It is significant at 0.01).

Award two further marks for an explanation which refers to two of the above points.

Award one mark for stating that the obtained value (-0.52) exceeds the critical value (0.306) by a reasonable margin.

Question 25

AO2/AO3 = 4 marks

Up to four marks are awarded for discussing advantage(s) of using a laboratory experiment in this case.

The most likely advantages of the laboratory setting in this experiment include:

- Control over extraneous variables. The lab setting meant that extraneous variables could be minimised. In this experiment, outside factors such as waiting time, noise and stress (which would be difficult to control in a field experiment) were removed.
- Ethical issues. In this case, the testing of memory in a field experiment would have involved ethical issues including deception of patients or withholding of information.

Candidates may also refer to other advantages of the laboratory setting such as replicability. These can receive full credit if they contextualised within the scenario.

Award four marks for an answer which provides accurate and detailed discussion of relevant advantage(s) with a clear link to the scenario.

Award two or three marks for an answer which includes discussion of relevant advantage(s), with some reference to the scenario.

Award one mark only for an answer which merely identifies one or more relevant advantage(s) of a laboratory experiment appropriate to this scenario.

Advantages of laboratory experiments which are not relevant to this study cannot gain any credit eg use of technical equipment.

Question 26

AO2/AO3 = 2 marks

- One mark for correctly identifying the Mann Whitney U test or independent t test
- One mark awarded for an accurate reason for choice (for Mann Whitney these are: test of difference, independent groups design/independent data or data which can be treated at an ordinal level)

Question 27

AO2/AO3 = 10 marks

Candidates are required to design an experiment to test the effects of different kinds of music on concentration. Examiners need to ensure that they read the completed answer thoroughly before starting to award marks.

Candidates are directed to three pieces of material which should be included within their proposed design. They are required to:

- operationalise the independent and dependent variables
- provide details of how they would control extraneous variables
- Describe the procedure they would use with sufficient detail for the study to be carried out.

Candidates are told that they **must** use a repeated measures design. If they do not, they can only access marks for the IV and DV.

In this experiment:

IV and DV – 2 marks

- The independent variable is type of music (for example classical and rock). Candidates should suggest two different types of music.
- The dependent variable is a measurement of concentration. Candidates can use the suggested word search task but must state how it is to be measured (for example, time taken to complete a word search or number of errors made). Alternatively, candidates may suggest their own DV.

Award one mark for operationalising each variable.

Controls – 4 marks

An important element in a repeated measures design is the control of order effects.

- Counterbalancing is the most likely procedure to control order effects. Half of the participants should carry out the 1st concentration task with music 1 followed by the 2nd task with music 2. The other half should complete the concentration task with music 2 first and follow this with music 1.
- The two concentration tasks should be matched for difficulty.
- Alternatively candidates could argue for randomisation or a time delay between the tasks.

Other relevant controls eg volume of music, time allocated for task should be credited.

Answers which make no reference to the control of order effects maximum 2 marks.

Procedure – 4 marks

Procedural information should provide detail of how to go about conducting the study (ie what participants are required to do). Candidates could approach this task at a macro level ie from getting consent to debriefing or at a micro level ie the specific procedure for one participant. Other creditworthy material could include:

- Dealing with ethical issues
- Sampling
- Details of conditions and allocation to them
- Standardised instructions
- Data collected

Note: there are only 4 marks available for the procedure and therefore candidates do not need to address all of the above to gain full credit.

Assessment Objectives

Question	A01	A02/A03	Total
Section A			
1	8	16	24
2	8		8
3		16	16
4	8	16	24
5	8	16	24
Section B			
6	4	6	10
7	4		4
8	4	6	10
9	4	4	8
10		6	6
11	4	6	10
12	2		2
13		4	4
14	4	4	8
15	4	6	10
Section C			
16		1	1
17		3	3
18		1	1
19		3	3
20		2	2
21		2	2
22		2	2
23		2	2
24		3	3
25		4	4
26		2	2
27		10	10

UMS conversion calculator www.aqa.org.uk/umsconversion