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ASSESSMENT and QUALIFICATIONS ALLIANCE

General Certificate of Education

Psychology 6186

Specification B

Unit 4 (PYB4) Child Development and Options

Mark Scheme

2008 examination - January series

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

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

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Unit 4 (PYB4)

Quality of Written Communication

Candidates are required to:

- select and use a form and style of writing appropriate to purpose and to complex subject matter;
- organise relevant information clearly and coherently, using specialist vocabulary where appropriate;
- ensure spelling, grammar and punctuation are accurate, so that meaning is clear.

The assessment criteria for quality of written communication apply only to questions with 12 marks in A2 unit test questions. The following criteria should be applied in conjunction with the question mark scheme.

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

Band 1: Excellent quality of written communication

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

Band 2: Good to average quality of written communication

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

Band 3: Average to poor quality of written communication

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

Band 4: Poor quality of written communication

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

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

SECTION A: Child Development

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

(a) Distinguish between privation and deprivation as used in relation to the study of attachment and separation. *(3 marks)*

[AO1 = 2, AO2 = 1]

AO1 Privation: never having had a mother/carer relationship/bond/attachment (1).
Deprivation: having had a mother/carer relationship/bond/attachment and then been separated from mother/carer (1).

AO2 1 mark for stating a difference.
Possible answers: effect of privation usually more serious; an example when either might occur, eg death of a parent.
Accept distinctions implicit in examples.

Full marks should be awarded where the candidate explores distinction thoroughly without giving definitions.

(b) Briefly discuss **one** contribution of Ainsworth to our understanding of attachment. *(5 marks)*

[AO1 = 2, AO2 = 3]

AO1 Up to 2 marks for knowledge of a contribution Ainsworth has made. Candidates are likely to refer to one of the following: the strange situation and what it involves; the identification of the 3 different attachment types, plus some detail of them; the conclusion that mother's responsiveness determines type of attachment and what this means. One mark for a brief answer, with second mark for detail as in examples above.

AO2 Up to 3 marks for discussion of the contribution identified. Candidates may gain credit for making a single point and expanding on it, or make several points more briefly.
Likely points: evaluation of the strange situation; cultural differences in the types of attachment; importance of other factors in attachment, comparison with work of others.

(c) Describe and discuss the development of self-awareness **and/or** self-esteem in children. Refer to evidence in your answer. *(12 marks)*

[AO1 = 6, AO2 = 6]

AO1 Up to 6 marks for knowledge of the development of self-awareness and/or self-esteem and relevant evidence. Likely content will include:

The existential self and the work of Lewis and Brooks-Gunn (1979), eg the red nose studies; the categorical self; Kohlberg's stages of gender identity. Self-esteem; Coopersmith (1967) and the role of parents; Harter (1988) consideration of context and domains. Credit also references to the psychodynamic view of self and Rogers. Credit description of relevant evidence up to 3 marks (maximum 2 marks for any one study).
Maximum 1 mark for definitions(s) of relevant terms eg existential self.

AO2 Up to 6 marks for discussion. Possible discussion points: the validity of the concepts; validity and reliability of the measures used by various researchers; ethical issues involved in self-esteem research; consequences and outcomes of high/low self-esteem for children; comparing Coopersmith's work with that of Harter; contextualisation of self research within broader approaches in psychology, eg humanistic and psychodynamic. Credit use of relevant evidence.

Maximum 8 marks if no evidence presented

Mark Bands

12 -10 marks **Excellent answers**
Aspects of the development of self-awareness and/or self-esteem are clearly described and fully discussed. Answer shows sound knowledge and understanding and includes appropriate research evidence. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 -7 marks **Good to average answers**
Aspects of the development of self-awareness and/or self-esteem are described although are not as detailed or wide-ranging as for the top band. Some discussion is apparent. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. At least some evidence should be presented for 9 marks.

6 - 4 marks **Average to poor answers**
Answer shows some knowledge and understanding of the development of self-awareness and/or self-esteem. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band.

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

Total AO1 for Question 1 = 10
Total AO2 for Question 1 = 10
Total marks for Question 1 = 20

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

(a) The following terms were all used by Piaget to describe aspects of cognitive development:

- egocentrism
- accommodation
- assimilation
- object permanence
- conservation.

For each of (i), (ii), (iii) and (iv) below, write down the term used by Piaget.

(i) Adjusting our knowledge of the world to take account of new information.

(ii) Understanding that things still exist even when they cannot be seen.

(iii) Knowing that a piece of string is still the same length when it is wound up in a ball as it is when it is spread out on the table.

(iv) Adding new information to what we already know. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1
(i) accommodation or assimilation
(ii) object permanence
(iii) conservation
(iv) assimilation

(b) Use an example to explain what Vygotsky meant by the term *zone of proximal development*. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Up to two marks for knowledge or definition of the term.
The gap/difference between (1) actual and potential ability/what can be done alone and what can be achieved with the help of another (1).
Credit other acceptable alternatives, eg relevant diagram with labelling.

AO2 One mark for a valid, concrete example, eg child building bricks alone/with parent.
Second mark for stating what child could achieve at this task alone and with help.

If task is clear and the two levels of performance at task are clear – 2 marks.
If task is less clear but the two levels of performance are stated – 1 mark.

(c) Discuss Bruner's theory of cognitive development. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for knowledge of Bruner's theory. Candidate will probably name and outline the 3 modes of representation, scaffolding and more general aspects of Bruner's approach, such as the emphasis on memory as the key to increasing intellectual ability and the role of symbolic thought in abstract thinking. Credit should also be given to the importance of language in cognition. Credit description of relevant evidence up to 1 mark.

AO2 Up to 8 marks for discussion of Bruner's theory. Relevant discussion points include: importance of appreciating the role of language; the significance of scaffolding and social interaction; comparisons with the exclusively cognitive focus of Piaget; similarities with the work of Vygotsky; evaluation of underpinning evidence. Credit any relevant comparison with other theories. Credit use of relevant evidence

Mark Bands

12 -10 marks **Excellent answers**
Bruner's theory is clearly described and fully discussed. Answer shows sound knowledge and understanding. Any references to research evidence are appropriate and accurate. The discussion is well balanced. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 -7 marks **Good to average answers**
Bruner's theory is described although is not as detailed or wide-ranging as for the top band. Some discussion is apparent. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding.

6 - 4 marks **Average to poor answers**
Answer shows some knowledge and understanding of Bruner's theory. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band. There must be at least some discussion for 5/6 marks.

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

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

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

(a) In a study of Eisenberg's model of prosocial reasoning, two little girls are asked about sharing.

Amy says, "I like to share because mummy thinks I am a good girl when I share my toys with my baby sister."

Josie says, "I never share my crisps, because I like crisps and I want them all for myself."

Identify the type of prosocial reasoning shown by Amy **and** the type of prosocial reasoning shown by Josie. Explain your answers with reference to the responses given by Amy and Josie. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 One mark for each type of prosocial reasoning identified:
Amy - approval oriented;
Josie – hedonistic.

AO2 One mark each for the link to the text. Essentially candidates need to explain how/why what the children say indicates approval/hedonistic based reasoning.
For example, Amy cares what others think about her and bases her judgement on that; Josie only cares about herself and her satisfaction.

(b) Outline what is meant by the term *superego*. Suggest **one** limitation of the superego as an explanation of moral development. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Up to 2 marks for knowledge of the term. Likely points: conscience/internal parent; rewarding/punishing parent; ego ideal; component of the tripartite personality proposed by Freud.

AO2 Up to 2 marks for one relevant limitation. Answers referring to more than one limitation should be credited for the best answer but not both. Possible answers: requires presence of both parents for development of conscience; conscience does not arise suddenly at the age of 4/5 as psychoanalytic theory would predict; boys are not in general more moral than girls as psychoanalytic theory would predict; focus is on just the emotional aspect of morality; lack of evidence; implies moral consistency.

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

[AO1 = 6, AO2 = 6]

AO1 Up to 6 marks for knowledge and understanding of Kohlberg's stage theory of moral development. Credit description of levels and stages. Candidates are expected to show some detailed knowledge of the theory. Simply naming six stages should gain a maximum of 2 marks. Candidates may also show a more general understanding, eg increasing sophistication through an invariant sequence of stages. Credit description of relevant evidence up to 2 marks.

AO2 Up to 6 marks for discussion of Kohlberg's theory. Relevant issues include: Turiel's view of development as continuous; comparison with other theories which are stage-based, eg Piaget or non-stage-based, eg the psychoanalytic view; validity of the stages as based on the moral dilemma technique; reliability of coding; cultural specificity - are the stages the same in all cultures; gender bias; gender differences. Credit use of relevant evidence to support or contradict the theory, eg Kohlberg 1963.

Mark Bands

12 -10 marks **Excellent answers**
Kohlberg's stage theory is clearly described and fully discussed. Answer shows sound knowledge and understanding. Any references to evidence are accurate. The discussion is well balanced. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 -7 marks **Good to average answers**
Kohlberg's stage theory is described although the description is not as detailed or wide-ranging as for the top band. Some discussion is apparent. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding.

6 - 4 marks **Average to poor answers**
Answer shows some knowledge and understanding of Kohlberg's theory. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band.

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

Total AO1 for Question 3 = 10
Total AO2 for Question 3 = 10
Total marks for Question 3 = 20

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

(a) One symptom of autism is a difficulty understanding what other people are thinking. Baron-Cohen refers to this as 'a lack of theory of mind'.

Describe **one** method used to investigate a symptom of autism. *(3 marks)*

[AO1 = 3, AO2 = 0]

AO1 Up to 3 marks dependent on detail for a description of how theory of mind or any other symptom has been studied. Candidates will usually describe aspects of the Sally-Anne study (set up situation with basket and marbles; autistic child sees a change that a doll does not; then is asked what the doll will be thinking about the situation). Credit also references to other mind-reading tasks that would demonstrate a lack of theory of mind or other symptom. Accept description of any relevant method.

(b) Identify and briefly describe **one** behavioural technique that has been used in the treatment of autism. Briefly explain **one** limitation of using this technique. *(5 marks)*

[AO1 = 3, AO2 = 2]

AO1 One mark for identifying a specific behavioural technique used in the treatment of autism. Likely answers: aversion therapy; selective reinforcement; the Lovaas technique; applied behaviour analysis (ABA); token economy.
Up to two further marks for a brief description of the named technique. Award marks according to relevant detail.

AO2 Up to 2 marks for explaining one limitation of the technique identified for AO1. One mark for stating the limitation and a further mark for some expansion of how/why it is a problem. For example, candidates might refer to the ethical issues associated with such techniques and then expand by outlining the precise nature of the ethical problem.

(c) Discuss social **and** emotional consequences for a child of being identified as gifted. Refer to evidence in your answer. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for knowledge of social and emotional consequences: isolation; rejection by peers; refusal to learn; poor motivation; depression; low self-esteem; delinquency. Effects on the family that may impact on the child indirectly should also be credited. Credit also references to positive effects, eg high self-esteem. Up to 2 marks for descriptions of relevant evidence.

AO2 Up to 8 marks for discussion of the social and emotional consequences. Candidates may consider the short and long-term implications for the child and how these might be mediated by special provision as in acceleration. The role of labelling and expectation might also be discussed in relation to cited consequences. The discussion should be supported by evidence, eg Miraca Gross 1993, Janos 1983. Since much research is contradictory, candidates might build a discussion around discrepant findings. Credit use of relevant evidence.

Maximum 8 marks if no evidence presented

12 -10 marks **Excellent answers**
Social and emotional consequences are clearly described and fully discussed. Answer shows sound knowledge and understanding and includes appropriate research evidence. The discussion is well balanced. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 -7 marks **Good to average answers**
Social and emotional consequences are described although are not as detailed or wide-ranging as for the top band. Some discussion is apparent. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. At least some evidence should be presented for 9 marks.

6 - 4 marks **Average to poor answers**
Answer shows some knowledge and understanding of social and emotional consequences. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band. There must be at least some discussion for 5/6 marks.

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

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

SECTION B: Options

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

(a) Outline what is meant by the term *demand characteristics*. Give an example of how demand characteristics might influence the consultation process. *(3 marks)*

[AO1 = 2, AO2 = 1]

AO1 Up to 2 marks for outline of term:
Where cues are given about what is expected (1) and a person changes their behaviour/responds in a different way/conforms to what is expected as a result (1)

AO2 One mark for an example linked to any aspect of consultation. This may be from the point of view of either patient (eg patient exaggerates symptoms) or from the point of view of the practitioner (eg expects to see symptoms of mental disorder and so does).

(b) Outline and briefly discuss violation of social norms as a definition of abnormality. *(5 marks)*

[AO1 = 2, AO2 = 3]

AO1 Up to 2 marks for knowledge of social norms as a definition of normal/abnormal behaviour. Likely answer: a social norm is behaviour expected/accepted within a social group (1) thus any behaviour that is not expected/acceptable might be considered abnormal (1).

AO2 Up to 3 marks for discussion. Candidates may gain full credit for one issue dealt with in some detail or for several points covered in less detail. Possible issues: makes mental disorder a social construction rather than a reality/medical fact; means that behaviours considered normal in one culture/at a specific point in time might be considered abnormal elsewhere/at another time; makes abnormality a value judgement; whose right is it to decide acceptability? Credit also relevant example.

(c) 'Ideas about the causes and treatments of mental disorders have changed dramatically over the years.'

Describe and discuss historical ideas of abnormality. In your answer, refer to explanations and/or treatments of abnormality. *(12 marks)*

[AO1 = 6, AO2 = 6]

AO1 Up to 6 marks for knowledge of historical explanations/treatments. Likely answers: demonology/satanic possession/supernatural explanations; Hippocrates - the 4 humours; rise of the scientific approach - astral influences, the moon (lunatic); Humanitarianism (Pinel, Tuke, Rush's Moral Management, Dix's mental Hygiene Movement); the Medical Model - psychiatry as a branch of medicine, Victorian mental institutions, advent of psychotropic drugs; anti-psychiatry (Szasz, Laing) labelling theory; Psychoanalysis - Freud and the neo-Freudians - role of the unconscious.

Candidates may refer to any period in history, including more recent approaches such as the medical model, anti-psychiatry and the psychoanalytic school. Accept these only where candidate successfully argues that they are historical. Credit descriptions of relevant evidence up to 2 marks.

AO2 Up to 6 marks for discussion and analysis focused on explanations, treatments or both. Content will vary widely dependent on content under AO1. Example: theory of 4 humours as basis for modern medicine including biological explanations and treatments; early asylums (Bedlam) offered 'treatment' as opposed to persecution; early humanitarian treatments marked a decline in punitive approaches, eg purging and shocking; use and overuse of psychotropic drugs; revolution in patient care - no need for restraint; implications of the anti-psychiatry movement; comparison with more recent approaches eg medical model. Credit use of relevant evidence.

Mark Bands

12 -10 marks **Excellent answers**
Historical explanations/treatments are clearly described and fully discussed. In this band candidates are likely to present a range of information. Answer shows sound knowledge and understanding. The discussion is well balanced with analysis of both positive and negative aspects. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 -7 marks **Good to average answers**
Some historical explanations/treatments are described although are not as detailed or wide-ranging as for the top band. Some discussion is apparent but with less balance than for the top band. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding.

6 - 4 marks **Average to poor answers**
Answer shows some knowledge and understanding of historical explanations/ treatments but the range of information is quite limited. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band.

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

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

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

(a) Using an example, state what is meant by a *social phobia*. Suggest how a social phobia differs from other kinds of phobia. *(3 marks)*

[AO1 = 1, AO2 = 2]

AO1 Extreme/irrational/leads to avoidance/maladaptive fear of a social situation (1).

AO2 One mark for explanation of how social phobia differs from other types of phobia. Likely answers: social phobias are not of single object; social phobias are less easy to treat.
Plus one mark for valid example.

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

[AO1 = 5, AO2 = 0]

AO1 Any study in which the cause of an anxiety disorder was investigated is acceptable. Examples: genetic studies, eg Slater and Shields 1969, Goldberg 1990; conditioning, eg Watson & Rayner 1920, Jones 1924; cognitive factors, eg Yun 1997. Do not credit references to studies of eating disorders.

1 mark - why study was conducted (must go beyond the stem)
1 mark - information about the method
1 mark - indication of results
1 mark - indication of conclusion to be drawn
1 mark - additional or extra detail (accept evaluative points here only if they add to the description of the study in some way).

(c) Discuss **two** explanations for eating disorders. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for knowledge of two explanations of eating disorders, usually 2 marks for each explanation. Likely explanations: genetics/inheritance; biochemical explanations - serotonin levels; learning theory explanations either based on operant conditioning and reinforcement or SLT/modelling with/without references to the role of media; family-based explanations, eg Minuchin 75 - the enmeshed family, search for control; psychodynamic explanations - repression, denial of adulthood, etc. Up to 1 mark for description of relevant evidence.

AO2 Up to 8 marks for discussion of the two explanations. Content will depend on what has been presented under AO1 but may include: failure to find 100% concordance; problems with twin studies/family studies; altered neurochemistry as a consequence rather than cause; blame inherent in family based explanations; disordered family as a consequence rather than a cause; analysis of types of reinforcement and role of reinforcement; presence of multiple models; cultural differences; gender effects; lack of evidence for Freudian explanation. Credit use of relevant evidence.

Maximum 7 marks if only one explanation given

Mark Bands

12 -10 marks **Excellent answers**
Two explanations are clearly described and fully discussed. Answer shows sound knowledge and understanding. The discussion is well balanced. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 -7 marks **Good to average answers**
Two explanations are described although are not as detailed or wide-ranging as for the top band. Some discussion is apparent. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding.

6 - 4 marks **Average to poor answers**
Answer shows some knowledge and understanding of two explanations. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band. There must be at least some discussion for 5/6 marks.

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

Total AO1 for Question 6 = 10
Total AO2 for Question 6 = 10
Total marks for Question 6 = 20

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

Angela suffers from unipolar depression. The psychologist treating Angela is trying to explain her condition to a health worker, giving details of symptoms and possible explanations for her depression.

(a) Identify **two** symptoms of Angela's depression the psychologist might report. *(2 marks)*

[AO1 = 2, AO2 = 0]

AO1 One mark for each relevant symptom.
Symptoms may be behavioural, cognitive, motor, emotional.
Likely answers: low mood; avolition; lethargy; excessive sleeping; excessive or inappropriate crying.

(b) The psychologist offers a cognitive explanation for Angela's depression.

(i) Briefly describe **one** cognitive explanation the psychologist might give. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1 Up to 4 marks for a cognitive explanation dependent on detail.
1 - 2 marks for a brief, superficial explanation
3 - 4 marks for a coherent and detailed explanation.

Likely content: Beck's negative set theory; the cognitive triad - negative thoughts about self, world and future; characteristics, eg catastophising; absolutist thinking; selective perception of negative events; attributing negative events to self; overgeneralisation; Ellis's 11 irrational beliefs; Meichenbaum's negative self talk; attributional style of depressed patients - internal, stable, global explanations for negative events.
Note a full mark answer need not cover all the above points.

(b) (ii) Suggest **one** strength and **one** limitation of the cognitive explanation you have used in your answer to (b) (i). *(2 marks)*

[AO1 = 0, AO2 = 2]

AO2 One mark each for the strength and the limitation.

Likely strengths: deals with cause rather than symptoms; does not preclude other explanations, eg the biological; combines cognitive and biological approaches; leads to effective treatment.

Likely limitations: assumes that biological explanations are less important than they may be; assumes negatives cognitions are a cause of the disorder, but they may be a consequence; more appropriate for some disorders than others.

(c) Two different approaches to the treatment of schizophrenia are institutional care and community care. Compare these two approaches. Refer to evidence in your answer. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for knowledge and understanding of institutional care and community care and relevant evidence, usually 2 marks for each type of care. Possible content:
1) types of institutional care; role of the mental institution; daily routines; use of therapies in institutions, including the role of medication; access to specialist care; examples of specific institutions.
2) types of community care; components of typical community care programmes; role of health workers in community care context; access to facilities for community care patients; specific examples.
Credit up to two marks for descriptions of relevant evidence, eg Stein and Test (1980), Rosenhan.

AO2 Up to 8 marks for comparison/evaluation in terms of strengths and limitations. Possible comparison points: dependency versus fostering independence; access to health care professionals; continuity of care especially in relation to medication; improved social and living skills; opportunities for modelling 'normal' behaviour; variability in quality of service; extent of control/supervision. Credit use of relevant evidence.

Maximum 8 marks if no evidence presented

Mark Bands

12 -10 marks **Excellent answers**
Answer shows clear, detailed knowledge of both types of care with some reference to schizophrenia. They are clearly described and fully compared. Answer includes appropriate research evidence. The discussion is well balanced. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 -7 marks **Good to average answers**
Both types of care are described although descriptions are not as detailed or wide-ranging as for the top band. Some comparison is apparent. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. At least some evidence should be presented for 9 marks.

6 - 4 marks **Average to poor answers**
Answer shows some knowledge and understanding of types of care. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band. An exceptional description and evaluation of just one type of care will be limited to the bottom of this band. There must be at least some discussion for 5/6 marks.

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

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

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

(a) Identify **two** components of the behaviourist approach to therapy. Give an example of each of these components in a therapeutic setting. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 One mark for each of two relevant components.
Likely answers: involves use of reinforcement; breaks behaviour down into component parts; involves use of a structure, eg hierarchy of fears; no consideration of cognitive factors; involves establishment of a baseline; improvement/change is easily measured.

AO2 One mark each for a brief explanation of how each of the identified components might occur in a therapeutic setting.
For example, candidate might give an example of reinforcement that could be given for appropriate behaviours or might outline a hierarchy to be used in systematic desensitisation.

(b) Explain **two** ethical dilemmas that might be faced by professionals treating patients who show atypical behaviour. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 One mark each for identification of each relevant ethical issue up to a maximum of two.
Likely issues: necessity of obtaining consent from the patient; possibility of harm to the patient (either from treating or from not treating); confidentiality; deception (about true nature of condition/treatment); respect for the patient to be maintained; responsibility of the practitioner to patient, family and wider society.

AO2 One mark for explanation of each of issue identified in AO1. Candidates are expected to expand on the issues identified and explain, how/why each constitutes an ethical issue. Here candidates might refer to the BPS guidelines on treatment and/or The Mental Health Act, although they need not do so for a full mark answer.
For example, where need for informed consent is identified under AO1, candidates might explain what is meant by 'informed' and outline how some patients are unable to give fully informed consent because of the nature of their condition.

(c) Describe and discuss the psychodynamic approach to therapy. *(12 marks)*

[AO1 = 6, AO2 = 6]

AO1 Up to 6 marks for a knowledge and understanding of the psychodynamic approach to therapy. Credit references to either general or specific knowledge of psychodynamic treatment. Possible points: patient-centred; long-term; reflective; access to the unconscious; psychoanalysis involves: free association; analysis of dreams/slips of the tongue; analysis of resistance; analysis of transference. Credit descriptions of relevant evidence up to 2 marks - expect reference to Freudian case studies, eg Little Hans; Dora.
Candidates who focus on the psychodynamic approach without reference to therapy should be credited a maximum of two marks.

AO2 Up to 6 marks for discussion and evaluation of the psychodynamic approach to therapy. Likely points: not really patient-centred as highly directive; no-win situation for patient; protracted treatment creates dependency on therapist; problem measuring success; subjective interpretations made by therapist; therapist fits client to the theory; Eysenck's criticism 'patients more likely to get better on a waiting list'; more recent psychodynamic therapies are better focused and have short-term, measurable goals; successes, eg play therapy. Credit comparison with other therapies. Credit use of relevant evidence.

Mark Schemes

12 -10 marks **Excellent answers**
The psychodynamic approach to therapy/therapies is clearly described and fully discussed. Answer shows sound knowledge and understanding. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 -7 marks **Good to average answers**
The psychodynamic approach to therapy/therapies is described although the description is not as detailed or wide-ranging as for the top band. Some discussion is apparent. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding.

6 - 4 marks **Average to poor answers**
Answer shows some knowledge and understanding of the psychodynamic approach to therapy/ therapies. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band.

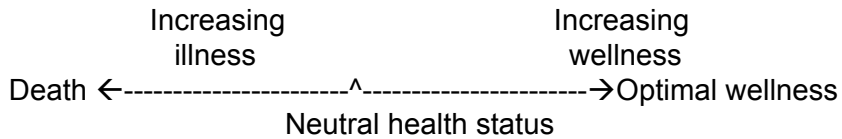
3 - 1 marks **Poor answers**
Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief answer will probably fall into this band.

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

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

(a) Some psychologists have found the concept of an illness-wellness continuum useful in defining health.

Illness-wellness continuum



Identify and outline **one** advantage and **one** disadvantage of using an illness-wellness continuum to define health. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1 Two marks for a relevant advantage and two marks for a relevant disadvantage. In each case, one mark for a superficial outline of the advantage/disadvantage, and two marks for an appropriate and fully outlined suggestion.
Possible advantages include: shows that health and sickness overlap and are not entirely separate 'either/or' concepts; promotes a holistic approach to health and illness; acts as a corrective to the biomedical model; represents health and illness as dynamic processes rather than static states.
Possible disadvantages include: the concept of a continuum is nebulous/ambiguous/ complex; it may be idealistic or impractical; being linear/bipolar, rather than multidimensional, it makes it difficult to place someone who has a specific health problem but otherwise leads a very healthy life.

(b) Outline and explain **one** difference between the biomedical and biopsychosocial models of health and illness. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 One mark (x 2) for an appropriate difference or a superficial explanation. Second mark for elaboration or descriptive detail.

AO2 One mark (x 2) for explaining the difference clearly with evidence of understanding. Credit any analytical or evaluative comment.

Differences are likely to be drawn from the following:

Biomedical Model	Biopsychosocial Model
Focus on the affected parts	Focus on the whole person
Emphasis on physical causes and treatments	Emphasis on psychosocial mediators (eg lifestyle and behavioural risk factors)
Mind seen as separate from, and having no effect on, the body (Cartesian dualism)	Mind and body seen as working together with the one affecting and being affected by the other

Reductionist emphasis	Holistic emphasis
Concerned with diagnosis and treatment	Concerned with promoting health and preventing illness
Focus on physical/physiological systems	Focus on interaction between physical and psychosocial systems
Health seen as absence of illness	Belief in illness-wellness continuum
Patient treated as an object	Patient treated as a subject/person
Single-cause explanations preferred	Multi-causal/multi-factorial explanations preferred
Focus on illness	Concerned as much with health as with illness
Sees patient as passive victim	Sees patient as active agent
Grounded in the empirical methods of the natural sciences	Draws on social scientific research as well as that of the natural sciences
Sees illness as an objective state	Role for subjective experience

(c) Discuss **one** complementary approach to health. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for describing the nature and use of one complementary approach to health. Candidates are likely to describe one of the following three complementary approaches cited in the syllabus: aromatherapy, visualisation and meditation, although others are acceptable.
Aromatherapy - the application (through massage, inhalation, bathing, etc.) of fragrant essential oils (eg lavender, ylang-ylang) to promote harmony between mind and body and to treat a variety of (especially psychosomatic and stress-related) disorders.
Visualisation - constructing mental images (abstract or concrete, static or dynamic), often in conjunction with meditation, hypnosis or guided fantasies, to achieve various positive outcomes (eg improved mental state, increased energy, relaxation).
Meditation - focusing the mind on internal images, sounds or passing thoughts, sometimes whilst uttering a mantra or maintaining a particular posture, in order to induce a state of relaxation/tranquillity, to promote a sense of wholeness, etc.
Credit description of relevant evidence up to 1 mark.

AO2 Up to 8 marks for discussion. Possible points: advantages and disadvantages, safety issues, links with humanistic or biopsychosocial approaches to health and illness, positive and negative research findings, validity/reliability of research; methodological problems (eg lack of randomised controlled clinical trials); placebo effect; expectancy effects/demand characteristics; individual differences in response to therapies; difficulty of measuring therapeutic outcome. Credit comparison with other approaches. Credit use of relevant evidence.

Mark Bands

12 -10 marks **Excellent answers**
One complementary approach is clearly described and fully discussed. Answer shows sound knowledge and understanding. The discussion is well balanced. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 -7 marks **Good to average answers**
One complementary approach is described although content is not as detailed or wide-ranging as for the top band. Some discussion is apparent. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding.

6 - 4 marks **Average to poor answers**
Answer shows some knowledge and understanding of a complementary approach. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band. For 5/6 marks there must be some discussion.

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

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

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

(a) Explain how **one** psychological factor might be involved in diabetes. *(3 marks)*

[AO1 = 2, AO2 = 1]

AO1 Up to 2 marks for knowledge of a relevant psychological factor. The factors chosen might be relevant to either aetiology or treatment. One mark for a very brief answer, two mark for a clear and accurate answer.
Relevant factors include: degree of personal control, eg Kelleher's (1988) true copers/adaptive strategists/worriers; ability to self manage; changes in identity/self perception; shock of diagnosis; denial or retreat; cognitive appraisal. Credit also answers based on lifestyle issues, eg diet.

AO2 One mark for explanation of how the factor would affect the patient's condition.
For example, ability to self-manage is crucial for a condition like diabetes which must be continually monitored and managed by the patient, eg diet.

(b) Distinguish between physiological and self-report measures of pain. Suggest an example of **each** type of measure. *(5 marks)*

[AO1 = 2, AO2 = 3]

AO1 One mark each for knowledge of what is meant by physiological and self-report measures.
Physiological - a measure is taken of some form of a patient's physical functioning whilst experiencing pain.
Self-report - the patient is asked about their experience of pain.

Note: candidates who offer detailed distinction (perhaps making several separate points) without definitions should still be able to access these marks.

AO2 One mark for making a relevant distinction between the two measures.
Possible answers: physiological measures are objective, self-report are subjective; one yields interval data, the other ordinal data.

Plus one mark each for a valid example of each type of measure.
Physiological: pulse rate; EMG recordings; GSR; skin temperature; EEG recordings.
Self-report: McGill Pain Questionnaire; UAB Pain Behaviour Scale.

(c) A doctor is worried that one of her patients is not following the instructions for taking his medicine. She suspects that her patient is often taking the wrong dose and sometimes neglecting to take the medicine altogether.

Describe and discuss **two** ways in which the doctor might increase the level of patient compliance in this situation. Refer to evidence in your answer.

(12 marks)

[AO1 = 6, AO2 = 6]

AO1 Up to 6 marks for knowledge of two ways of improving compliance to medical advice, usually 3 marks for each. Likely answers: improving communication, eg Ley 1973 - structuring the information, eg key information first (primacy effect); McKinlay 1975 - explaining technical terms rather than assuming knowledge; Behavioural measures, eg contingency contracting, reinforcement; feedback, modelling; changing mode of delivery - use of fun inhalers for children with asthma Watt 2003; Directly Observed Therapy DOT - watching patients take medication - Volmink 2000. Credit descriptions of relevant evidence up to 2 marks.
Note that addressing two different ways of improving communication should be able to access full credit.

AO2 Up to 6 marks for discussion of the two ways, usually 3 marks for each. Relevant points would include: use of evidence; effectiveness; practicality; appropriateness for various medical conditions and for different patient groups; comparison of different ways; theoretical basis, eg Behaviourist foundations of some methods; resistance of the medical profession, eg to using more accessible language; changes in GP training to incorporate need for better communication; possible patient resistance.
Credit use of relevant evidence.

Maximum 7 marks if only one way is presented
Maximum 8 marks if no evidence is presented

Mark Bands

12 -10 marks **Excellent answers**
Two ways of improving compliance are clearly described and fully discussed. Answer shows sound knowledge and understanding. The discussion is well balanced. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 -7 marks **Good to average answers**
Two ways of improving compliance are described although are not as detailed or wide-ranging as for the top band. Some discussion is apparent. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. For 8/9 marks there must be reference to two ways.

6 - 4 marks **Average to poor answers**
Answer shows some knowledge and understanding of way/s of improving compliance. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band.

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

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

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

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

[AO1 = 5, AO2 = 0]

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

1 mark - why study was conducted (must go beyond the stem, eg by specifying condition/aspect of diet)
1 mark - information about the method
1 mark - indication of results
1 mark - indication of conclusion to be drawn
1 mark - additional or extra detail (accept evaluative points here only if they add to the description of the study in some way)

(b) Helen and Sandy both want to lose weight. Helen has joined a gym and is trying to eat healthily. Sandy gets very anxious about losing weight. She says there is no point in her going on a diet because she has never managed to stick to one in the past. Helen tries to encourage Sandy, telling her, "If I can do it, I'm sure you can."

(i) Helen spends 30 minutes on aerobic exercise at the gym. State what is meant by *aerobic exercise* and give **two** examples of activities that involve aerobic exercise. *(3 marks)*

[AO1 = 1, AO2 = 2]

AO1 One mark for defining aerobic exercise: exercise that stimulates the cardiovascular system.

AO2 One mark each for each of two relevant examples. Likely answers: running; rowing; use of cross-trainer; swimming; cycling.

(ii) Discuss self-efficacy (Bandura) in relation to lifestyle change. Refer to the examples of Helen and Sandy in your answer. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for knowledge of self-efficacy (Bandura 76; Schwarzer 92): notion of perceived control affecting an individual's beliefs about ability to carry out certain behaviours successfully; affects patient motivation to act; linked to assessment of health threat and outcome expectancies.
4 influences on self-efficacy described by Bandura:
* enactive influences - past experiences of success/failure
* vicarious influences - comparisons with others
* persuasory influences - positive feedback from others and their confidence in the patient
* emotive influences - anxiety can undermine the patient's confidence and ability to act. Credit descriptions of relevant evidence up to 2 marks.

AO2 Up to 8 marks for discussion and application to the stem. Likely discussion points: use of evidence; the link between self-efficacy and the theory of planned behaviour (Ajzen); links with concept of locus of control - internal and external attributions. Theory assumes a link between attitudes/beliefs and behaviour - not all research bears this out.
Application marks for links with the stem as follows:
Sandy: doesn't diet because of enactive influences - past failures; should act because of vicarious influences - seeing Helen succeed; doesn't act because of emotive influences - being anxious; gets positive feedback from Helen - persuasory influences. Helen is motivated to act - shows self-efficacy, takes control.
Allow up to 4 marks for application of the theory to the text.
Credit use of relevant evidence.

Maximum 8 marks if no application to the text

Mark Bands

12 -10 marks **Excellent answers**
Self-efficacy is clearly described and fully discussed. Answer shows sound knowledge and understanding and includes appropriate application of aspects of the theory to the text. The discussion is well balanced. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 -7 marks **Good to average answers**
Self-efficacy is described although is not as detailed or wide-ranging as for the top band. Some discussion and/or application are apparent. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding.

6 - 4 marks **Average to poor answers**
Answer shows some knowledge and understanding of self-efficacy. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band. Must be some discussion or application for 5/6 marks.

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

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

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

(a) Identify **one** defence mechanism and briefly explain how it could be involved in coping with stress. *(2 marks)*

[AO1 = 1, AO2 = 1]

AO1 One mark for identification of a defence mechanism, eg repression, regression, denial, projection; intellectualisation.

AO2 One mark for linking the defence mechanism to coping with stress. For example, a person might use denial as a way of dealing with an unpleasant diagnosis.

(b) Briefly explain what is meant by behaviour types A, B and C. In your answer you should refer to the link between each behaviour type and stress. *(6 marks)*

[AO1 = 3, AO2 = 3]

AO1 Award one mark each for knowledge of each behaviour type. Accept any relevant traits:
A - competitive, impatient; driven to achieve, self-critical, urgent, angry, hostile;
B - easy-going, less demanding of self and others, not competitive, placid, absence of ambition;
C - repressive coping style, suppresses negative emotions, eg anger and hostility, passive.

AO2 One mark each for how each type mediates response/is linked to stress. Likely answers:
Type A- more likely to develop stress-related CHD, hypertension;
Type B - less likely to suffer stress-related illnesses than other types;
Type C - cancer prone in face of stress, probably mediated by effect of stress on immune system; hopelessness or helplessness.

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

[AO1 = 6, AO2 = 6]

AO1 Up to 6 marks for knowledge of one behavioural and one cognitive approach to managing stress, usually 3 marks for each approach. Points may be general or specific to a particular therapy. Likely content:
Behavioural - expect descriptions of either systematic desensitisation or biofeedback. Relevant points would include: hierarchy of stressful situations; graded exposure; relaxation therapy; physiological feedback of own physiological functioning, eg EMGs of muscle tension for stress related headaches; use of reinforcement.
Cognitive - expect references to REBT but credit other relevant methods, eg CBT (Beck), stress inoculation training and self-instructional training (Meichenbaum). Relevant points would include: aim is to change negative thinking; identification of illogical beliefs; hypothesis testing; patient as scientist; changing illogical beliefs.
Credit descriptions of relevant evidence up to 1 mark for each approach.

AO2 Up to 6 marks for discussion and comment, usually 3 marks for each approach. Relevant points would include: Behavioural approach - based on sound scientific principles; extrapolation from animal studies; measurable outcome; only treats behaviour not cause; ethical issues; patient is passive; reductionist.
Cognitive approach - treats cause and not just behaviour; requires patient motivation and participation; patient is active agent - gives sense of control.
Credit comparison between the approaches.
Credit use of relevant evidence.

Maximum 7 marks if only one approach presented

Mark Bands

12 -10 marks **Excellent answers**
A behavioural and a cognitive approach to managing stress are clearly described and fully discussed. Answer shows sound knowledge and understanding. The discussion is well balanced. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 -7 marks **Good to average answers**
A behavioural and a cognitive approach to managing stress are described although descriptions are not as detailed or wide-ranging as for the top band. Some discussion is apparent. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. An exceptional answer covering just one approach may gain 7 marks.

6 - 4 marks **Average to poor answers**
Answer shows some knowledge and understanding of a behavioural and/or a cognitive approach to managing stress. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band.

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

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

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

The following advert appeared in the dating column of The Edenfield Gazette:

> Young man, 32 years, own business, house and car seeks good-looking, fun woman to care and be cared for. Must enjoy travel, film and dining out. Preferably located in Edenfield. Please send photo.

(a) Identify **two** factors affecting interpersonal attraction. Illustrate your answer with reference to the advert above *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 One mark for each of two factors identified.
Any relevant factors to be credited although it is likely candidates will be cued in to the following by the advert: physical attractiveness; similarity; proximity; reciprocity.

AO2 One mark each for linking the two factors to advert. Examples: physical attractiveness is requested (good-looking & send photo); proximity is requested (in Edenfield); similarity (reference to shared interests); reciprocity (reference to caring and being cared for).

(b) Outline what is meant by *social exchange theory*. Using the advert above, suggest **two** ways in which social exchange theory might operate in a relationship. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Up to two marks for outline of social exchange theory: an economic theory of relationship formation/maintenance based on rewards and costs to both parties/comparison levels (alternatives).
One mark for basic mostly common-sense answer, two marks for clear outline using appropriate terminology.

AO2 Up to two marks for linking social exchange theory to the text. Candidates are expected to recognise that the advertiser is offering economic status (business, house, car) (1) and expects to get in return someone who is good-looking/fun (1).

(c) Describe and discuss **two** theories of love. *(12 marks)*

[AO1 = 6, AO2 = 6]

AO1 Up to 6 marks for knowledge of two theories of love, usually 3 marks for each theory. Likely answers:
Sternberg 1986 - the triangular theory of love - identifies discrete types of love, explains how they interact, how different types occur at different stages, the separate components and types may be described, eg companionate love includes intimacy and commitment.
Lee 1988 - based on Greek typology; six individual styles; primary styles - Eros etc; secondary styles - Agape etc
Hatfield 1988 - distinction between passionate and companionate love, the Passionate Love scale.
Credit description of relevant evidence up to 2 marks.

AO2 Up to 6 marks for discussion. Possible points: wide variety of combinations possible with Sternberg's theory; possible gender differences; links to evolutionary theories of attraction; validity of types; reliability of measurement; application of theories to other types of relationships, eg friendship and sibling relationships; comparison of the two theories, eg Eros equals romantic love.
Credit use of relevant evidence.

Maximum 7 marks if only one theory presented

Mark Bands

12 -10 marks **Excellent answers**
Two theories of love are clearly described and fully discussed. Answer shows sound knowledge and understanding. The discussion is well balanced. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 -7 marks **Good to average answers**
Two theories of love are described although are not as detailed or wide-ranging as for the top band. Some discussion is apparent. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. An exceptional answer covering only one theory may gain 7 marks.

6 - 4 marks **Average to poor answers**
Answer shows some knowledge and understanding of theories of love. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band.

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

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

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

(a) Name and outline **two** types of extra-sensory perception (ESP). *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1 Award one mark for each of two named types of ESP - telepathy, precognition, or clairvoyance (no marks for psychokinetic phenomena such as micro or macro PK). Plus a further mark each for clear outline of term, eg telepathy is mind-to-mind communication, precognition is ability to perceive events that are in the future and clairvoyance is ability to perceive events or objects that are 'hidden' in the sense that they could not be known via the normal senses.

(b) Outline and discuss **one** limitation of field investigations in the study of parapsychology. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 One mark for identification of a limitation of field studies, second mark for elaboration or further description of the problem. Example problems might include: poor control; time as a scarce resource; lack of replicability.

AO2 Up to two marks for brief discussion of how or why it is a limitation, eg application of the limitation to paranormal research and/or for application by way of relevant example such as poltergeist phenomena studied at source, eg in factory or house.

(c) Discuss the use of **both** free-response tests **and** restricted-choice experiments in extra-sensory perception (ESP) research. Refer to evidence in your answer. *(12 marks)*

[AO1 = 4, AO2 = 8]

AO1 Up to two marks each to be awarded for description of free-response tests and restricted choice experiments, and/or their use. Free-response tests include no restriction placed on target, eg in telepathy experiment receiver describes any information they are aware of, whereas in restricted choice experiment target is one of a number such as 5 Zener cards. Other examples of free response would be dream studies and remote viewing. Credit descriptions of relevant evidence up to 2 marks.

AO2 Up to 8 marks for discussion of the use of these techniques in ESP research, usually 4 marks for each. This may include reference to advantages/disadvantages of each:
Restricted choice - greater ease of statistical analysis, greater objectivity, more control, less ambiguity, possible sensory leakage and demand characteristics.
Free-response - more difficult to analyse; subjective interpretation, eg of dream content.
Credit comparisons between the two methods.
Credit also comments & criticisms of specific research cited.

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

Mark Bands

12 -10 marks **Excellent answers**
Restricted choice experiments and free-response tests are clearly described and fully discussed. Answer shows sound knowledge and understanding and includes appropriate research evidence. The discussion is well balanced. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 -7 marks **Good to average answers**
Restricted choice experiments and free-response tests are described although descriptions are not as detailed or wide-ranging as for the top band. Some discussion is apparent. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. At least some evidence should be presented for 9 marks. An exceptional answer covering only one method may gain 7 marks.

6 - 4 marks **Average to poor answers**
Answer shows some knowledge and understanding of restricted choice experiments and/or free-response tests. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band. There must be some discussion for 5/6 marks.

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

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

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

(a) Alcohol can produce physical dependence. People who are physically dependent on alcohol might suffer from withdrawal symptoms.

(i) State what is meant by *physical dependence*. *(1 mark)*

[AO1 = 1, AO2 = 0]

AO1 One mark for brief outline of term.
Physical dependence - body needs substance to function properly.

(a) (ii) State what is meant by *withdrawal.* Give **two** examples of withdrawal symptoms that a person who is dependent on alcohol might suffer. *(3 marks)*

[AO1 = 1, AO2 = 2]

AO1 One mark for brief outline of term.
Withdrawal - unpleasant symptoms which occur when substance ceases to be used; opposite or rebound effect after prolonged use.

AO2 Accept any two relevant withdrawal symptoms. Likely answers: shaking, sweating, feelings of anxiety, nausea, stomach cramps, convulsions/seizures, hallucinations (the DTs), fever, irregular heartbeat.

(b) Outline what is meant by a *social norm*. Using an example, explain how social norms might be linked to substance abuse. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Up to two marks for an outline of the term. Likely answer: a behaviour or attitude that is accepted or expected (1) within a certain group/society/ culture (1)
Credit other similar answers.

AO2 One mark for an explanation of how social norms might lead to substance abuse, eg creates social pressure to conform.
Plus one mark for a valid example, eg if all your friends are trying cannabis you join in so as not to be left out.

(c) Describe and discuss **two** techniques for preventing substance abuse. Refer to evidence in your answer. *(12 marks)*

[AO1 = 6, AO2 = 6]

AO1 Up to 6 marks for knowledge of two techniques for preventing substance abuse, usually 3 marks for each technique. Candidates are most likely to focus on the following: identifying and working with risk groups; fear arousing appeals; health promotion/education; social inoculation. The two separate techniques may come from the same category, for example, reference to two different methods of health promotion. Credit relevant descriptive detail which will vary according to techniques chosen. No credit for treatments, eg aversion therapy and self-management.
Credit descriptions of relevant evidence up to 2 marks.

AO2 Up to 6 marks for discussion of two techniques for preventing substance abuse, usually 3 marks for each technique. Points will depend on techniques presented but may include reference to the following: references to or examples of effectiveness; supporting evidence; appropriateness for certain types of abuse or use with specific client groups; ethical issues; methodological issues relating to evidence presented, eg objectivity of measures, use of baseline, use of control group etc. Credit also comparison between the two techniques.
Credit use of relevant evidence.

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

Mark Bands

12 -10 marks **Excellent answers**
Two techniques for preventing substance abuse are clearly described and fully discussed. Answer shows sound knowledge and understanding and includes appropriate research evidence. The discussion is well balanced. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 -7 marks **Good to average answers**
Two techniques for preventing substance abuse are described although descriptions are not as detailed or wide-ranging as for the top band. Some discussion is apparent. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. At least some evidence should be presented for 9 marks. An exceptional answer based on only one technique may gain 7 marks.

6 - 4 marks **Average to poor answers**
Answer shows some knowledge and understanding of techniques for preventing substance abuse. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band.

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

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

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

(a) State what is meant by *recidivism*. Give **one** reason why rates of recidivism may not be a useful measure of the effectiveness of punishment. *(2 marks)*

[AO1 = 1, AO2 = 1]

AO1 Recidivism means re-offending.
For second mark, must address the issue of rates or how to measure effectiveness.

AO2 One mark for a valid reason. Likely answer: not all people who re-offend are caught; can't assume cause and effect as there are other mediating variables.

(b) The following article appeared in a local newspaper

> **Send him to jail!**
>
> The vast majority of our readers agree that Mike Malibu, the notorious robber and conman, should be sent to prison. At least then the public will be safe and maybe he will mend his ways. He has caused a lot of trouble and heartache – now it's his turn to suffer. He should stay inside for a long time. It will make others like him think twice about committing similar crimes.

Briefly outline **three** roles of custodial sentencing. Refer to the article above in your answer. *(6 marks)*

[AO1 = 3, AO2 = 3]

AO1 One mark (up to a maximum of 3) for each role outlined or correctly identified: retribution; deterrence; rehabilitation/reform; incapacitation.

AO2 One mark each (up to a maximum of 3) for linking the given terms to the article.
Retribution - now it's his turn to suffer
Deterrence - it will make others like him think twice
Incapacitation - at least then the public will be safe/he is being sent to prison/inside
Rehabilitation/reform - maybe he will mend his ways.

(c) Describe and discuss **two** psychological (non-biological) theories of offending. *(12 marks)*

[AO1 = 6, AO2 = 6]

AO1 Up to 6 marks for two psychological theories of offending, usually 3 marks for each theory. Candidates are likely to present two of the following: learning theory; social learning theory; the psychoanalytic explanation. Learning theory and social learning may be credited as two separate explanations.
Learning theory - reinforcement for offending behaviour; Sutherland's differential association explanation.
Social learning theory: observation, imitation, modelling, vicarious reinforcement.
Psychoanalytic explanations: affectionless psychopathy as a result of maternal deprivation (Bowlby); defence mechanisms, eg sublimation; Blackburn's 3 types of criminal superego - the over-harsh, the weak, the deviant.
Credit Eysenck's personality theory.
Credit descriptions of relevant evidence up to 2 marks.

AO2 Up to 6 marks for discussion of two psychological theories of offending, usually 3 marks for each theory. Points will vary according to the theories presented but may include the following: the scientific basis for the theory; over-simplifications; inability to demonstrate cause and effect; use of evidence; evaluation of the evidence; comparison between the two theories; problems with psychoanalytic explanations, eg the theory of maternal deprivation and the confusion between privation and deprivation. Credit discussion based on Eysenck.
Credit use of relevant evidence.

Maximum 7 marks if only one theory presented

Mark Bands

12 -10 marks **Excellent answers**
Two psychological theories of offending are clearly described and fully discussed. Answer shows sound knowledge and understanding. The discussion is well balanced. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 -7 marks **Good to average answers**
Two psychological theories of offending are described although descriptions are not as detailed or wide-ranging as for the top band. Some discussion is apparent. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. An exceptional answer covering just one theory may gain 7 marks.

6 - 4 marks **Average to poor answers**
Answer shows some knowledge and understanding of psychological theories of offending. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band.

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

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

MARK GRID - PYB4

JANUARY 2008

CHILD DEVELOPMENT

	AO1	AO2
Question 1		
(a)	2	1
(b)	2	3
(c)	6	6
Question 2		
(a)	4	0
(b)	2	2
(c)	4	8
Question 3		
(a)	2	2
(b)	2	2
(c)	6	6
Question 4		
(a)	3	0
(b)	3	2
(c)	4	8

ATYPICAL PSYCHOLOGY

	AO1	AO2
Question 5		
(a)	2	1
(b)	2	3
(c)	6	6
Question 6		
(a)	1	2
(b)	5	0
(c)	4	8
Question 7		
(a)	2	0
(b)(i)	4	0
(b)(ii)	0	2
(c)	4	8
Question 8		
(a)	2	2
(b)	2	2
(c)	6	6

HEALTH PSYCHOLOGY

	AO1	AO2
Question 9		
(a)	4	0
(b)	2	2
(c)	4	8
Question 10		
(a)	2	1
(b)	2	3
(c)	6	6
Question 11		
(a)	5	0
(b)(i)	1	2
(b)(ii)	4	8
Question 12		
(a)	1	1
(b)(i)	3	3
(b)(ii)	6	6

CONTEMPORARY TOPICS

	AO1	AO2
Question 13		
(a)	2	2
(b)	2	2
(c)	6	6
Question 14		
(a)	4	0
(b)	2	2
(c)	4	8
Question 15		
(a)(i)	1	0
(a)(ii)	1	2
(b)	2	2
(c)	6	6
Question 16		
(a)	1	1
(b)	3	3
(c)	6	6