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Mark Scheme (Results)

Summer 2017

Pearson Edexcel GCE
In Psychology (6PS04)

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General Guidance on Marking– GCE Psychology

All candidates must receive the same treatment.

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

Examiners should therefore read carefully and consider every response: even unconventional answers may be worthy of credit.

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

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

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

Using the mark scheme

The mark scheme gives:
- an idea of the types of response expected
- how individual marks are to be awarded
- the total mark for each question
- examples of responses that should NOT receive credit (where applicable).

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

Quality of Written Communication

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

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

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

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

Unit 4: How Psychology Works

Section A – Clinical Psychology

Question numbers	General Instructions
Questions 1 – 4	Marking points are indicative, not comprehensive and other points should be credited. In all cases consider "or words to that effect". Each bullet point is a mark unless otherwise stated and each point made by the candidate must be clearly and effectively communicated.

Question Number	Answer	Mark
1 (a)	No other disorders acceptable. Max 3 if only symptoms or features. Unipolar depression • Individual has feelings of intense sadness and/or guilt/eq; • There is a lack of enjoyment or pleasure in activities which used to elicit such feelings/eq; • Sufferer finds it difficult to get off to sleep and difficult to wake up/eq; • Their levels of motivation are very low/eq; • Feelings of intense lethargy and apathy tend to dominate/eq; • Most common mental disorder in industrialised countries/eq; • Estimated about 1 in 4 people will suffer from unipolar depression in their lifetime/eq; • More commonly reported in females compared to males(about double)/eq; • Estimated average duration of a depressive period is 23weeks/eq; Bipolar depression • Phases of depression alternate with periods of mania/eq • During depressed phases there is a lack of enjoyment in everyday activities/eq; • There will be a lack of motivation as well as extreme lethargy/eq; • During periods of mania activity can be intense/eq; • During periods of mania behaviour is often unreasonable and demanding as the sufferer can find it hard to relate to other people/eq; • Self-harm is relatively common among sufferers with between 30-40% doing so/eq; • Sufferers often experience other disorders such as anxiety or OCD (comorbidity)/eq; Phobias • There is a deep irrational fear of something/eq; • The fear is so intense that it will generate panic/sweating/eq; • The sufferer will go to great lengths to avoid the phobic stimulus/eq; • The fear is so great that it prevents the individual from leading a normal life/eq; • Even thought of the target of the phobia can be sufficient to generate palpitations/hyperventilating/eq; • There are two types of phobia, specific phobias and agoraphobia/eq; • Phobia is now seen as a specific form of anxiety disorder/eq; • Extremely common at the sub-clinical level and mainly self diagnosed/eq; OCD	**(4 AO1)**

	• The person is obsessed with thoughts/anxieties/eq; • These can be so severe the individual feels anxious about e.g. whether something is clean/eq; • The person feels compelled to undertake actions related to the obsession/eq; • Failure to undertake an action leads to severe anxiety/eq; • The person is likely to feel embarrassed/distressed by the obsession/eq; • Depression is a common side effect of OCD/eq; • Most cases develop before the age of 25 and it is rare that it develops after the mid 30s/eq; • Incidence level is similar worldwide at a little over 1% of people suffering in any one year/eq; • Lifetime incidence is about 2 - 2.3% and it occurs equally among males and females/eq; Anorexia nervosa • Individual refuses to eat to maintain body weight/eq; • Is only 85% of recommended minimum weight or lighter/eq; • The individual denies there is a problem and still perceive self as fat/eq; • The body and face become covered in fine downy hair/eq; • The person will feel constantly cold and wear baggy clothing/eq; • There is a distorted body image/eq; • Will be secretive, misleading others regarding their eating behaviour/eq; • Incidence is higher in women than in men at between 3:1 to 10:1 in different estimates/eq; • Onset is typically in the teenage years though there are cases of childhood/adulthood onset/eq; • It has the highest mortality rate of any mental disorder with suicide, complications from the condition and starvation all contributing/eq; Bulimia nervosa • The sufferer finds it difficult to regulate their food intake/eq; • Bouts of over-eating are interspersed by under-eating/eq; • The person will either make themselves sick or purge themselves after eating/eq; • Likely to be obsessed with exercising/eq; • The individual may hoard food/snack on unhealthy foods/eq; • Incidence is higher in females than males (figures vary) with a ratio of about 9:1/eq; • People in developed countries/urban dwellers/ professions which value a slim physique are more at risk of developing the disorder/eq; • Onset is most common in adolescence or early adulthood/eq; **Look for other appropriate marking points**	

Question Number	Answer	Mark
1 (b)	Therapy must be appropriate for and consistent with disorder used in part (a) or 0 marks. Unipolar depression e.g. CBT • Client discussed their feelings with therapist to discover what factors trigger negative thoughts/eq; • Therapist will challenge negative assumptions of client with an aim to restructure thinking / interpretation of situations/eq; • Client is given homework where they are required to identify situations/ reflect on interpretations/ practice techniques/eq; • Therapist will often use the ABC model with client to develop understanding of the disorder/eq; • Problems are broken down into parts to identify patterns of thoughts, emotions and actions. • Catastrophising is treated by forcing the client to realise that a particular outcome would not be disastrous Bipolar depression e.g. Drugs • Lithium carbonate is the most common drug used to control bipolar and reduces the level of suicide/eq; • Depending on the nature of the disorder the individual is treated with different drugs depending on whether the manic phases or the depressed phases are dominant/eq; • There is also evidence that antipsychotics help during manic phases and anti-depressants during the depressed phases/eq; • Anticonvulsants are beneficial for some, severe cases to help deal with the most extreme episodes/eq; • The aim is to try and stabilise the mode so that the patient does not veer from one extreme state to the other/eq; Phobias e.g. Systematic desensitisation • Client & clinician create a hierarchy of fears • Client is taught relaxation techniques that can be self induced quite readily such as by deep breathing/eq; • Work through the hierarchy starting with the least threatening level • At each stage the client learns to be able to relax in the presence of the feared object • Once fear is being coped with the client moves up to the next level • The treatment can involve real objects or imagining them Obsessive compulsive disorder e.g. Drugs • Sufferers are usually treated with anti-depressants as OCD is an anxiety disorder/eq; • SSRIs are frequently used as a treatment, although some respond better to tricyclics/eq; • More resistant OCD may be helped by the use of antipsychotics along with SSRIs/eq; • Tranquilisers such as Valium are also sometimes prescribed though usually only for short periods/eq; • Beta blockers are sometimes used in the drug regime to help with the more severe aspects of OCD/eq; Anorexia nervosa	**(4 AO1)**

	e.g. Token economy • Desired behaviour(s) are reinforced by giving tokens • Tokens are a secondary reinforcer while the privileges/treats may be primary reinforcers • These can be exchanged for privileges or treats • As behaviour improves the standard required to achieve a token may become higher/eq; • Tokens are awarded by staff on the wards • TEPs are designed to increase desirable behaviour in those with disorders Bulimia nervosa. e.g. Family therapy • Usually lasts a year and there will be 15-20 sessions/eq; • Parents are involved and as therapy progresses hand over control for eating/diet to adolescent/eq; • The dangers of malnutrition are emphasised in the initial stages and an observation of a family meal will take place/eq; • The parents are taught to be accepting and supportive instead of critical using modelling/eq; • Once the adolescent has accepted the need to return to more appropriate eating patterns control is progressively transferred to the adolescent who takes control of eating decisions/eq; **Look for other relevant marking points**	

Question Number	Answer	Mark
1 (c)	Must match with part b or 0 marks. No research max 3 If (b) is inappropriate but (c) correctly evaluates it full marks may be given Response must relate to therapy, link to disorder is not necessary Unipolar depression CBT • CBT is considered to be a very effective therapy for depression as it tackles the underlying thoughts (e.g. Embling 2002)/eq; • It is now the therapy of choice in many countries as it is cost effective and seems to provide a longer term effect than medication/eq; • March et al (2004) suggested that for adolescents the best results are found by combining drug treatment with CBT/eq; • Mirai et al (2013) questioned the efficacy of computer based CBT as it has an unacceptable high drop-out rate and relapse is greater than face-to face therapy/eq; • Kingdon & Turkington (2006) suggest that CBT is effective in alleviating both positive & negative symptoms of schizophrenia that have proved resistant to drug treatment/eq; • Jones et al (2012) (Cochrane Review) claim CBT is no more effective than other psychosocial treatments/therapies/eq; • They also suggest it has a better retention rate than medication but does not reduce the tendency for relapses/rehospitalisation/suicide in sufferers/eq; • As CBT is available through the NHS there is not a huge cost to the individual/eq; Bipolar depression • Although Lithium is effective in reducing symptoms it has unpleasant side effects so compliance to the regime is often poor/eq; • Colom et al (2000) found compliance rates of only 40% in their sample of bipolar patients with non-compliance being the main reason for relapse/eq; • The aim tends to be to stabilise the mood swings, however some sufferers have a very rapid phase change which is very difficult to control with drugs/eq; • Lithium is toxic and as the amount an individual needs to work is very individual it has clear dangers for patients/eq; • Lithium can cause serious side effects when combined with some of the other drugs used to treat bipolar/eq; • Suppes et al (2004) found the atypical antipsychotic quetiapine to be effective at reducing some, however sample was very small/eq; • Calabrese et al (2005) completed an extensive trial on quetiapine and found it to be very effective at treating the depressive effects of bipolar/eq; Phobias Systematic desensitisation • Client is in control of their progression so very empowering/eq; • Evidence from a variety of studies e.g. Hain (1964), Coldwell et al 2007) to show it is effective, in the latter study still working a year later/eq; • Now a well-established means of helping people overcome specific phobias but less effective for agoraphobia/eq; • Agras et al (1971) showed that the relaxation component is not necessary for the programme to work in most cases/eq; • Solyom et al (1971) showed SD & implosion were equally effective at treating at treating phobias/eq; • SD is considerably less distressing for most clients than implosion/eq;	**(4 AO2)**

	• SD is relatively quick and cost effective, full one day course for about £200 is enough to treat most people with a phobia of flying/eq; Obsessive compulsive disorder Drugs • The dangers of addiction mean that tranquilisers are usually only used for a short period of time so the anxiety may return/eq; • It has been found that drugs combined with CBT is a more effective treatment than drugs alone/eq; • Many of the drugs used are not suitable for children or adolescents when OCD is relatively common/eq; • Piggott & Seay (1999) found that SSRIs were generally equally effective and more effective than a placebo in a double blind trial/eq; • Norberg et al (2008) suggest that the focus on using drugs to treat symptoms of OCD misses the opportunity to tackle the disorder at a more fundamental level and effect a long term cure/eq; • Patel & Simpson (2010) found that most patients preferred a combination of psychological treatment with medication with many cautious of the side effects of drugs/eq; • Sousa et al (2006) found medication and CBT both effective at treating OCD but CBT effective in a higher percentage of cases and had more patients who experienced full remission compared to drug treatment/eq; Anorexia nervosa TEP • Token economies can be open to abuse because they rely on the staff being fair and consistent/eq; • Patients can become mercenary and change their behaviour to achieve the tokens though there is no underlying shift in behaviour/eq; • Only tends to work effectively within institutions as behaviour needs to be constantly monitored • Behaviour may not generalise to real life once leave institution/eq; • Okomato et al (2002) found TEP worked more effectively at gaining weight when combined with a liquid feed in the initial stages/eq; • Hersen (1977) showed that sensitivity of the clinician to the patient needs was more important than TEP itself in determining outcome of the therapy/eq; • There is a danger that rights will have to be earned through tokens so can infringe rights of patients/eq; Bulimia nervosa. Family therapy • Initially developed for anorexia but initial application to bulimia looks promising though most data for AN/eq; • Therapy will only work if both parents and client are willing to accept and modify behaviour/eq; • Relationship with the therapist is critical in getting the therapy to succeed so it may be this not the therapy that determines success/eq; • Le Grange et al (2007) a higher level of success of family treatment compared to supportive psychotherapy in adolescent patients/eq; • Families where there are high levels of criticism within the relationships do not respond well to family therapy/eq; • Family therapy is more helpful for younger sufferers as it needs a concerted effort to get efficacious treatment established/eq;	

	• Schmidt et al (2007), CBT was better at stopping self-induced vomiting, otherwise there was little difference between family therapy and CBT in outcomes/eq; **Look for other relevant marking points**	

Question Number	Answer	Mark
2	If no research evidence max 3. • Systems such as DSM tend to be culturally biased as they do not take into account different values in different countries, so people outside western cultures may be misdiagnosed /eq; • DSM is still unsatisfactory in terms of cross cultural applicability according to Escobar & Vega (2006) because of its strong western bias/eq; • Salusky (2004) suggests the failure of CIDI to include universally prevalent disorders such as schizophrenia means that it is as lacking in cross cultural applicability as DSM/eq; • Kirmayer (2001) suggests that cultural factors can affect both the manifest symptoms and the approach to coping mechanisms for mental disorders/eq; • Kastrup (2011) argues that as not all cultures see the separation of mind and body prevalent in Western society if the patient and clinician do not share an understanding of how problems are described faulty diagnoses are likely to occur/eq; • Cultural specific disorders such as Koro may not be recognised by those from another culture, which may mean an appropriate diagnosis is not made/eq; • Research by **Cinnerella & Loewenthal (1999)** suggested that ethnic group and religious faith had a marked effect on perceptions of mental illness so such factors need to be taken into account during diagnosis/eq; • Malgady (1987) demonstrated there is a difference in the interpretation of hearing voices between Costa Rican culture where it is interpreted as spirits talking to an individual and the USA where the same phenomenon is interpreted as a symptom of schizophrenia/eq; • Misinterpretation of cultural norms can lead to misdiagnosis as shown by the detaining of a Rastafarian man for being 'abnormal' though his behaviour was consistent for his sub-culture in the West Indies/eq; • Friedman & Paradis (1991) showed that black women who have a diagnosis with panic attacks and agoraphobia are more likely to be hospitalised than white women with the same diagnosis and have a poorer prognosis /eq; • There are proportionately more people of Afro-Caribbean origin treated for schizophrenia in the UK than white people though it is believed that the 1% of the population figure holds good across all ethnic groups suggesting other factors are playing a part/eq; • Loring & Powell (1988) found that cases identified as being patients of black origin were given a more severe diagnosis of schizophrenia than the same cases identified as of white origin, whether the psychiatrist was black or white/eq; **Look for other relevant marking points**	**(6 AO2)**

Question Number	Answer	Mark
3 (a)	e.g. Twin studies • Researchers identify individuals diagnosed with schizophrenia who have a twin/eq; • The twin is identified and it is established whether the twins are MZ or DZ/eq; • Data from the second twin is collected to see if they also have schizophrenia/eq; • If they do not have schizophrenia they may be monitored to see if another disorder develops/eq; • Data are collected and compared to measure the percentage of people who are twins that have schizophrenia and have a twin pair who also develops schizophrenia, and whether this differs between MZ & DZ twins **(2 marks)**/eq; e.g. Interviews • Clinicians will conduct an interview on a one to one basis with a patient with schizophrenia/eq; • Interviews are likely to be semi-structured so that certain questions are always addressed but there is a chance to pursue areas of particular interest/eq; • The interviewer will ask questions that seek out the natural of the patient's experience of schizophrenia/eq; • There will also be interest in the development of the disorder/how well the patient copes/eq; • Data from an interview is likely to be analysed for themes to better understand the patient's experience/eq; e.g. Animal studies • The researchers will use a model animal in the hope of finding out some specific aspect of schizophrenia/eq; • A procedure will be established so that as much as possible can be controlled/eq; • Researchers will tend to administer a drug/perform a procedure then measure the outcome/eq; • The data will usually be objective/numerical so that statistical tests can be carried out on the results/eq; • There may be a control group as well as an experimental group/eq; e.g. Case studies • A researcher may come across a very unusual disorder/person who they wish to study/eq; • The person will be asked, or a responsible person, if they are willing to be studied in depth/eq; • At least two different ways of collecting data will be identified and means of collecting data set up/eq; • Some of the data collected will be retrospective so researchers can understand what the person used to be like before the onset of schizophrenia/eq; • Relatives are likely to be used to collect data for cross reference/eq; • Triangulation will be carried out to test the reliability of the data so a better understanding of schizophrenia can be attempted/eq; e.g. Family studies • Researchers identify patients with schizophrenia for whom they can trace family members with a clear genetic link/eq; • Family members are given two scores, one for whether they also suffer from schizophrenia and one for the degree of relatedness/eq;	**(4 AO1)**

	• Relationships between degree of relatedness and likelihood of also having schizophrenia are calculated and the scores compared/eq; • Researchers may wait for a period of time so that if schizophrenia is going to develop in younger family members it has a chance to emerge/eq; e.g. Adoption studies • The researchers will identify people diagnosed with schizophrenia who have been adopted/eq; • The adoptive parents of the individual will be tested/their records recovered to see if they suffer from schizophrenia/eq; • The natural mother of the individual will be traced and also checked to see whether she suffers from schizophrenia/eq; • There will also be a control group of people who have been adopted from similar backgrounds but without schizophrenia/eq; • Relationships between those with schizophrenia and their natural and adoptive parents will be compared to see if nature and/or nurture are factors/eq; **Look for other relevant marking points**	

Question Number	Answer	Mark
3 (b)	Points must be primarily focused on the RM not on evaluating the findings e.g. Twin studies • By comparing the frequency with which MZ twins compared to DZ twins both suffer from schizophrenia researchers can estimate the role of relatedness/genes in the development of schizophrenia/eq; • Twins are relatively rare in the population therefore the sample pool is not very large compared to the general population/eq; • Historically there have been problems being certain whether a pair of twins were genuinely MZ or DZ, however DNA testing means this is less of an issue now/eq; • Although ideally the only difference between MZ & DZ twins reared together is the degree of relatedness it is possible that identical twins are treated more alike than DZ twins so contaminating the data/eq; • It could be that similar treatment/experiences are what trigger schizophrenia rather than a genetic basis/eq; • As the incidence of both twins in a pair of MZ twins developing schizophrenia is only around 50% (accept +/- 10%) there are clearly other factors involved, not just genes/eq; • Studies tend to focus on relatedness and do not try to measure similarity of experiences because it is seen as very difficult/eq; • The incidence of both twins in a pair developing schizophrenia is higher for MZ than DZ twins, which supports the role of genes in the development of schizophrenia/eq; • Gottesman and Shields (1966) were able to pull together data from many different studies so that the results were more robust/eq; e.g. Interviews • In a face to face interview people may be more concerned about how they are perceived by the interviewer rather than telling the truth/eq; • Understanding and responding to interview questions needs a degree of insight/self-awareness that schizophrenic patients may not have/eq; • Schizophrenic patients often find it hard to relate to others so may find responding coherently to interview questions challenging/eq;	**(5 AO3)**

	• Symptoms such as paranoia or alogia may have an effect on responses that makes them very difficult to analyse correctly/eq; • Gathering detailed information through interviews is likely to be very time consuming so either prohibitively expensive or only a small, unrepresentative sample will be used/eq; • The information gathered in interviews is usually very detailed, qualitative data, this means it could be very valuable for showing insights into schizophrenia not available through other routes/eq; • Data gathered through interviews is more likely to be subjective both in its collection and interpretation compared to more objective means of gathering data/eq; • Goldstein's (1988) interview data was compared with data from other sources showing it is possible for interviews to produce reliable data/eq; e.g. Animal studies • There are problems of extrapolating from e.g. rats to humans as we are different species and may not react in the same way/eq; • It is difficult but necessary for observed behaviour to be interpreted correctly by researchers as animals cannot explain how they feel/eq; • So researchers make assumptions about hallucinations based on brain wave patterns and behaviour rather than direct evidence/eq; • Researchers such as Randrup & Munkvad (1966) showed reliability in their results as several species demonstrating similar behaviour/eq; • Using animals can have advantages in terms of ethical considerations/ time scale making their use more practical than human participants/eq; • Researchers induce schizophrenia like symptoms by using drugs such as amphetamines, however schizophrenia is not caused by such drugs, they only mimic the symptoms/eq; • Researchers such as Castner(1998) induce symptoms by in utero exposure to radiation though there is no evidence this is a primary cause of the disorder in humans/eq; • Time scales for non-human species are usually much shorter so a paradigm can be tested in a few years rather than over a lifetime/eq; e.g. Case studies • Case studies are difficult to extrapolate to the wider population as they are unique/eq; • Uniqueness means findings from a case study are of limited value as the results may not apply to other people as responses may differ/eq; • Case studies allow a researcher to look at the subtleties of the disorder in an individual and will give a better understanding of schizophrenia compared to studies that look at a number of different people/eq; • The prolonged period of interaction between the researcher and patient may cause the individuals to become too emotionally close so the researcher ceases to be objective in their interpretation/eq; • The individuality of the way people respond to schizophrenia/treatment is better studied using case studies as not everyone will respond in similar ways/eq; • Chadwick, by using case studies is able to relate the symptoms and the treatment together showing depth of understanding not possible with larger samples/eq; e.g. Family studies • Although the research is looking for heritability, results may be contaminated by shared environments/eq; • Studies rely heavily on historical data where memory may cause errors or are longitudinal with the attendant problems of attrition/eq;	

	• Unless DNA sampling is done there may be concern that believed family relationships may not be correct. Uncovering of relatedness issues could cause difficulties for the family/eq; • Heritability rates are very stable so the assessment of the degree of heritability of schizophrenia should be able to be decided with good statistical reliability/eq; • The variability in claimed levels of heritability suggests that other factors are involved/eq; • Sometimes family members suffer from other mental disorders which means it may be vulnerability to mental health issues in general rather than a specific disorder such as schizophrenia that is inherited/eq; e.g. Adoption studies • There are logistical problems in following through yoked pairs over a period of years as attrition of one of the pair means both are lost/eq; • Studies comparing children of schizophrenic mothers with those from 'normal' mothers, all of whom are adopted are able to control for the effect that adoption may have on the children/eq; • However recruiting sufficient children who fulfil these criteria can be difficult and may mean pairs are spread over several years/eq; • It is possible that the prenatal environment of the children will be different as schizophrenic mothers may be on medication that affects the foetus/be less careful of their nutrition/eq; • The preference for adoption agencies to put children with similar families to their natural one may mean other precursors are not controlled/eq; • There is no way of knowing whether children who are adopted are treated the same way as natural children, further complicating the issues/eq; **Look for other relevant marking points**	

Question Number	Answer	Mark
4	If only reliability or validity max 4 • Rosenhan (1973) used a standardised procedure to try and gain admittance to the psychiatric wards, therefore the procedure can be seen as reliable/eq; • Although the study has never been repeated the reporting of the study is sufficiently detailed that replicability would be possible, so it would be possible to test to see how reliable the study was/eq; • The fact that several different wards in different hospitals repeatedly gave the same misdiagnosis means the misdiagnosis can be seen as reliable/eq; • The high number of incorrectly identified pseudo-patients in the second study by a variety of different health professionals means that misdiagnosis can be found reliably in a range of different groups/eq; • The notoriety of the original study means it would be very difficult to replicate and test for reliability as many clinicians are aware of the study and may be suspicious/eq; • As pseudo-patients had to gain release by their own actions not by external intervention the perception of the pseudo-patients as recovered is likely to be valid/eq; • None of the wards in the first study were aware that someone was trying to gain admittance under false pretences so their diagnosis and treatment can be seen as being valid/eq; • As the pseudo-patients behaved normally as soon as they were admitted the interpretation of their behaviour as abnormal could only be due to clinical misinterpretation making the study a valid measure of clinical diagnosis/eq; • Subsequent versions of DSM have improved the standard and accuracy of clinical diagnosis so that the results are unlikely to be a valid judgement on a modern diagnosis/eq; • The pseudo-patients used their own backstories as far as possible, so their presentation would have had high ecological validity/eq; **Look for other relevant marking points**	**(6 AO3)**

Question Number	Answer	Mark
5 QWC	Read through the whole response before going to the levels. Start at level 4 and work down. Indicative content **Description** Cognitive • Faulty cognitions are believed to be the root cause of schizophrenia. • Cognitive explanation says that hallucinations are a result of inability to appreciate voices are a creation of own mind and believe them to be externally sourced • Inability to distinguish between fact and fiction sees misinterpretation of symptoms • It is believed there is a functional disconnect between the prefrontal cortex which controls actions and the posterior areas where perception is based • Cognitive symptoms are part of a combined predisposing mixture of neurobiological, environmental, cognitive and behavioural aspects. Social causation • It is argued being in a lower social class makes individuals more likely to develop schizophrenia. • Poorer standard of living means exposure to illnesses is more likely • Treatment standards for the most vulnerable in society are less good, so exacerbating the problems • The general stresses and strains of lower class living conditions and poverty lead to the vulnerability. • There have been arguments that exposure of mothers during pregnancy to viral infections may increase the chances of the person developing schizophrenia later in life. Learning • Learning theory suggests that the faulty behaviour is learned through SLT • Individuals observe that displaying symptoms of schizophrenia gains attention so emulate the behaviour in order to also gain attention • The more attention gained the more extreme their behaviour will become. Schizophrenogenic mother • Mother's behaviour towards her child is the root cause of schizophrenia • Mother gives conflicting messages to her child, demanding affection and then rejecting overtures for affection • This confuses the child so they develop a poor understanding of people and their relationships • The mother is both overprotective and simultaneously hostile to her child **Evaluation** Cognitive • Frith (1992) showed blood flow in the brains of schizophrenics supports the idea of a disconnect between the prefrontal cortex and the posterior areas. • The cognitive explanation ignores environmental factors that may act to precipitate onset. • Beck & Rector (2005) argue that delusional thoughts are a result of impaired cognitive processing leading to bias in information processing • The cognitive model acknowledges the complexity of schizophrenia and argues that it is an interaction between many factors	**(6AO1 6AO2)**

- Beck & Rector also recognise that neurological problems are the underpinning reason for problems and see the cognitive components as primarily symptomatic.

- Park et al (1995) found cognitive functioning problems in first degree relatives of schizophrenia patients suggesting there are genetically based cognitive difficulties, otherwise higher familial influence is unlikely.

Social causation

- Rather than being social causation, social drift occurs so those with schizophrenia drift to a lower social class because of their difficulties.
- Goldberg & Morrison (1988) found fathers of those with schizophrenia were a typical cross section of the population, not specifically lower class
- There is evidence that those in lower social groups do experience far more stress (e.g. Fox 1990)
- The diathesis stress model at least in part supports the theory as it suggests that environmental factors act as a trigger
- Cooper (2005) showed immigrant groups have a higher incidence of schizophrenia than source population that have not become immigrants.
- Immigrants tend to exhibit higher levels of schizophrenia than host population, suggesting stressors increase the possibility of schizophrenia.

- Castner (1998) exposed pregnant monkeys to radiation during pregnancy and found the offspring developed schizophrenia like symptoms in late adolescence suggesting social factors are not to blame

Learning

- Therapies where schizophrenic behaviour is not rewarded by attention show a marked reduction in such behaviour (e.g. Ayllon & Haughton 1964)
- It is extremely unlikely that people choose, even unconsciously, to take on the behaviour of schizophrenia as most find it extremely distressing
- Though unlikely that learning is the basic cause of schizophrenia the attention given to someone displaying the symptoms could be reinforcing, especially within an institution
- Cohen & Cohen (1960) found that people with schizophrenia were less influenced by social reinforcers than non-sufferers, suggesting they will be less likely to wish to conform to social norms of behaviour
- Foussais & Remington (2008) suggest that negative symptoms worsen as the withdrawal from social encounters is reinforcing for someone in the early stages of schizophrenia

- Symptoms often appear when people have not been exposed to someone with schizophrenia, suggesting symptoms are biological, not learned

Schizophenogenic mother

- Fromm-Reichmann suggested that schizophrenia sufferers experience very different life events than other people and this was because of the way they were brought up
- However not all siblings in the same family will develop schizophrenia which casts doubt on the concept of a schizophrenogenic mother
- Arieti (1955) said only 25% of schizophrenic patients had any evidence of a schizophrenogenic mother so that is could not be seen as a core cause
- Mitchell (1968) found evidence that mothers of schizophrenics produced a more selfish profile using TAT tests
- Noll (2009) considers that there is now no evidence for the role of the mother in the development of schizophrenia, and the schizophrenogenic mother should be consigned to history

- It is very likely that the mother is responding to changes in behaviour of her offspring rather than the mother causing the changes. If the

	offspring's behavioural changes come from within there is likely to be a biological cause **Look for other appropriate material**	

Level	Mark	Descriptor
Level 0	0	No rewardable material.
Level 1	1-3	Candidates will produce brief answers, making simple statements, showing some relevance to the question. • Description of explanation with no evaluation present OR • Evaluation of explanation with no description of the explanation at all OR • Very brief attempt at both description & evaluation OR • May only make a comparison between biological & non-biological Little attempt at the analytical/evaluation demands of the question. Lack of relevant evidence. The skills needed to produce effective writing will not normally be present. The writing may have some coherence and will be generally comprehensible, but lack both clarity and organisation. High incidence of syntactical and/or spelling errors.
Level 2	4-6	Candidates will produce statements with some development in the form of analysis/evaluation, with limited success. • Both description and evaluation of explanation accurate but limited OR • Either description or evaluation done well and other very brief or one done very well and other absent OR • Comparison with little/no description/evaluation of non-bio Limited evidence will be presented. Range of skills needed to produce effective writing is likely to be limited. There are likely to be passages which lack clarity and proper organisation. Frequent syntactical and/or spelling errors are likely to be present.
Level 3	7-9	Candidates' answers will show some good knowledge with understanding of the focus of the question and will include analysis and evaluation. • Description of explanation will show evidence of either breadth or depth • Evaluation will include a range of issues, not necessarily well balanced, probably refer to research at least once. • Comparison with a biological explanation likely to be present Points made may not be fully treated critically though there may be some evidence of judgement and of reaching conclusions where this is relevant. Use of a range of evidence. The candidate will demonstrate most of the skills needed to produce effective extended writing but there will be lapses in organisation. Some syntactical and/or spelling errors are likely to be present.
Level 4	10-12	Candidates will offer a response which is relevant and focused on the question, and addresses the main issues contained in it. • Description of explanation will be thorough **and** detailed. • Evaluation will include a range of issues well supported by research evidence and showing balance in the choice of points made • Comparison with a biological explanation will be made

		There will be evidence of reasoned argument and of judgement when relevant to the question. The analysis will be supported by accurate factual material, which is relevant to the question. Good use of evidence. The skills needed to produce convincing extended writing in place. Good organisation and clarity. Very few syntactical and/or spelling errors may be found. Excellent organisation and planning

Section B

Question numbers	General Instructions
Questions 6-8	Marking points are indicative, not comprehensive and other points should be credited. In all cases consider "or words to that effect". Each bullet point is a mark unless otherwise stated and each point made by the candidate must be clearly and effectively communicated.

Question Number	Answer	Mark
6 (a)	Must link to psychology at least once or max 2 • There is usually one participant who is studied in detail/eq; • The individual is usually experiencing an unusual set of circumstances e.g. a mental illness/cognitive malfunction/eq; • The researcher will study the individual over an extended period of time, often many years/eq; • Many different methods will be used to collect the data, such as tests and interviews/eq; • Both qualitative and quantitative data will be collected and compared/eq; • Researchers are also likely to collect data from those who know the individual to throw light on historical aspects of the person's life/eq; **Look for other relevant marking points**	**(4 AO3)**

Question Number	Answer	Mark
6 (b)	If no reference to a case study from psychology max 3 • Case studies can give unique insights into very rare cases of events that could not otherwise be studied/eq; • For example Clive Wearing had brain damage caused by a virus so researchers have used him to study the functions of this part of the brain (hippocampus)/eq; • HM was studied in detail as the nature of the damage caused by the operation was known as well as his state prior to surgery giving a very precise cause –effect picture/eq; • Freud used case studies with his patients as he was studying them in detail anyway as they had come to him to be cured so he was able to help them and study the effects of his therapeutic regime at the same time/eq; • For example Little Hans was suffering from a fear of horses which made him terrified of leaving the house, with therapy he recovered and no longer suffered from the phobia/eq; • The study of Genie (1977) was seen as vital in supporting the view that language acquisition may be developmentally time limited to pre-puberty/eq;	**(6 AO3)**

	• The lack of certainty about Genie's original cognitive potential, and the possibility of congenital cognitive deficits mean that her outcomes may not be generalisable to others/eq; • Results from case studies may not be applicable to the wider population as not everyone is the same/eq; • In most cases historical information about the patient can only be collected retrospectively so it may not be accurate as it is reliant on people's memories being accurate which may be a problem/eq; • One of the useful things about the Clive Wearing study is that there is a lot of evidence from before his illness as he was a well-known musician who had broadcast many programmes/eq; **Look for other relevant marking points**	

Question Number	Answer	Mark
7 (a)	Max one for any one guideline. Max one per guideline if not linked to Fiona. Protection of participants: • Fiona should make sure her participants do not feel embarrassed by the situation in the waiting room by avoiding any behaviour that may cause offence/eq; • She should explain to the participants at the end of the study exactly what happened and why and ensure they know they can withdraw their results/eq; Confidentiality: • Fiona should avoid collecting the names of her participants, or if this has to happen she must ensure results and names are not stored together/eq; • She must also ensure that the participants are aware of the privacy they are entitled to as part of the briefing process/eq; Right to withdraw: • Fiona must inform all her participants of their right to withdraw from the study at any time. This could be done when they are recruited as well at various points throughout the study/eq • Getting participants to sign a consent form that includes a statement regarding the right to withdraw is useful but does not remove Fiona's obligation to remind her participants of this ethical guideline/eq; (Informed) consent: • Fiona should obtain (informed) consent from her participants before they start the study so they know what to expect/eq; • This may be difficult with the experiment, however she should at least have some general consent before this happens/eq; • She can rectify any lack of fully informed consent by offering a comprehensive debrief to her participant/eq; Debrief: • At the end of the study Fiona must ensure she tells her participants exactly what the study involved and their part in it/eq;	**(4 AO2)**

	• She should include in the debrief a further right to withdraw and be able to answer questions if the participants did not give informed consent prior to the study/eq; **Look for other relevant marking points**	

Question Number	Answer	Mark
7 (b)	• Volunteer samples are less likely to be representative of the general population than random samples as people who volunteer are considered to be of a particular personality type/eq; • This may mean that her sample are more co-operative than the average person because they are keen to help meaning that they also tend to be more obedient/eq; • Fiona's sample may be very confident and that is why they volunteered. Very confident people may be less likely to be obedient than average because of this/eq; • It is also possible that certain ethnic groups/minorities are not represented in her sample because they are reluctant to volunteer because of their status in society/eq; • People who attend the local college are going there in order to gain qualifications so they are probably more interested in bettering themselves/getting a good education compared to the general population/eq; • The college may draw its students from a particular area of a town so that different social classes, rural or urban dwellers are missing/over-represented in the sample/eq; **Look for other relevant marking points**	**(5 AO2)**

Question Number	Answer	Mark
8	If response evaluates animal studies without appropriate reference to developing/supporting theories relating to human behaviour **Max 3** Ignore studies that use animals (as part of the procedure), but are not animal studies (which will have results/conclusions about their animal subjects) • Studies on the role of testosterone in aggression using mice/rats suggest that the male hormone is key in inducing aggression (e.g. Barkley & Goldman 1977). However it is unclear whether such a strong link can be made for humans as the role of testosterone in human aggression has not been proven **(2 marks)**/eq; • Researchers have used selective breeding to develop very aggressive strains of mice (Gariépy et al 2001) and then suggest that aggression may be an inherited trait. However as such selective breeding does not happen in human populations it is unclear whether this would apply to us**(2 marks)**/eq; • Drug research often uses animals but it is unlikely that humans respond to drugs in exactly the same way as other species/eq; • Addiction in animals may not be the same as in humans as we are different species/eq; • Animal studies that give doses of amphetamines to (e.g.) rats are used to support the dopamine hypothesis but the argument relies on a human interpretation of rat behaviour as equivalent to schizophrenic behaviour which is not a sound argument (e.g Randrup & Munkvad 1966) **(2 marks)**/eq; • Studies into eating disorders that lesion rat brains are used to explain eating disorders in humans but there is no evidence that humans with e.g. anorexia have brain damage that causes their illness/eq; • Harlow's research with rhesus monkeys deprived of a mother's love showed that deprivation caused severe effects on psychological wellbeing and the monkeys were not able to relate to other monkeys. Evidence from humans suggests they are more able to recover though they can be affected for a long time **(2 marks)**/eq; • Harlow showed that therapy monkeys could improve the condition of severely deprived monkeys suggesting that the worst effects of deprivation can be reversed. Reversal in humans has also been found (e.g. Kulochova twins, ERA project)**(2 marks)**/eq; • Evidence from privation research (e.g. Harlow) is of very limited application as human infants would be unable to survive the level of privation experienced by monkeys/eq; **Look for other appropriate material**	**(8 AO2)**

Question Number	Answer	Mark
***9 (a) QWC**	Read through the whole answer before attempting to award any marks. Go to the content levels and award a mark appropriate to the content and quality of the answer. 'Quality' here does not include qwc. QWC: Once the content mark has been awarded refer to the structure levels and award those marks separately Indicative content Description • Social control in psychology is when psychological ideas/concepts are used to exert power/influence over others. • Within clinical psychology this may involve the power of the clinician over the patient by means of medication/therapy/treatments • A clinician can, when deemed appropriate, insist on a particular course of treatment to modify the person's behaviour to that deemed appropriate by the clinician/society • A course of CBT will see a client's interpretation of the world challenged by the therapist with a view to changing the thinking patterns/beliefs of the client • Prisoners are often subject to psychological treatments such as behaviour modification programmes/ anger management/ token economies. • Prisoners may find that early release/parole is contingent on completing an approved psychological course so the prison psychologists and administrators wield considerable influence. • Educational psychologists determine whether children within the education system receive a statement of additional/special needs so exert power over families/ children/ schools as without a statement provision will not be given. • Assessment of children with autism/Down's is needed before a child and its parents can be given social support so the willingness of a professional to give the assessment is vital. • Skilful use of confidence boosting strategies by a sport psychologist could be the difference between winning and losing for an athlete e.g. mastery techniques. • People addicted to alcohol may undergo aversion therapy to try and cure them of their addiction • Systematic desensitisation is now seen as a standard treatment for a fear of flying/aerophobia. Assessment • The use of sectioning to force someone to undergo a treatment for a perceived disorder can be viewed as unethical as they may have good reason to refuse voluntary treatment. • Long term use of anti-psychotics can cause side effects and may be more likely to lead to early death according to Ballard et al (2009) • In 2013 around 4000 people were given ECT treatment in the UK, of whom about a third received the treatment without giving consent. • Many people who are treated for mental illnesses are too unwell to make a sound/reasoned judgement on the best course of action so compulsory treatment is the best option for them. • Szasz argued that mental illness was a construct of society rather than a genuine problem.	**(6 AO1 12 AO2)**

	• McCabe & Priebe (2004) showed that the quality of the relationship between therapist and client is the single biggest factor in therapy success, compulsory treatment is less likely to enjoy a positive relationship so be less successful. • Davis at al (1996) showed a significantly higher likelihood of black patients receiving compulsory treatment compared to white patients in London. • TEPs are often regarded as short term fixes as there is no guarantee they will remain effective once discharged from the institution. • There is an ethical dilemma if judges/magistrates make sentencing/release contingent on undergoing a psychological programme, as prisoners may not wish to take part but feel they have no choice. • Howells et al (2005) found that AM programmes were of low value with violent offenders, casting doubt on the wholesale use of these programmes with offenders. • Aversion therapy can be seen as a very unpleasant means of treating addiction, especially as there is no guarantee of long term efficacy. • Horner et al (2009) showed that outcomes for children with autism were improved the earlier they received a statement of needs and thus the support and help recommended. • If the development of psychological strategies in athletes is critical it could be argued that such intervention means that some athletes have an unfair advantage by using this coaching that is akin to using performance enhancing drugs. **Look for other relevant material**	

Level	Mark	Descriptor
Level 0	0	No rewardable material.
Level 1	1-3	Candidates will produce brief answers, making simple statements, showing some relevance to the question. • A brief description of one or two areas where social control occurs OR • A brief description and assessment of one example of social control OR • A brief assessment of one or two aspects of social control. Little attempt at the analytical/assessment demands of the question. Lack of relevant evidence.
Level 2	4-6	Candidates will produce statements with some development in the form of at analysis/assessment, with limited success. • Basic description of at least two issues of social control • Basic assessment of both issues. Research evidence may be present but not essential. OR • One issue described and assessed very well with research OR • One issue described and assessed well and another issue attempted. Limited evidence will be presented, does not need to be identified research.
Level 3	7-9	Candidates will show some good knowledge with understanding of the focus of the question and will include analysis and assessment. • Both description and assessment will be done well. • Description will include at least two issues of social control • Assessment will include some reference to research, will be well balanced though not necessarily well detailed Use of a range of evidence showing breadth and/or depth.
Level 4	10-12	Candidates will offer a response which is relevant and focused. The analysis will be supported by accurate factual material. • A range of issues will be described and assessed very well • Evidence to substantiate assessment points will be provided • There will be recognition of both strengths and weaknesses of the issue of social control There will be evidence of reasoned argument and of judgement relevant to the question. Material from a good range of areas used. Evidence to assess the issues used very well.

Structure levels

Guidance – 6AO2 marks rewarding structure and focus of description and evaluation using two approaches.

Level	Mark	Descriptor
Level 0	0	No rewardable material e.g. no terminology appropriate to the question
Level 1	1-2	Response *lacks* focus and structure. Points are disparately made with little cohesion and flow. There will be some appropriate use of terminology. High incidence of syntactical and/or spelling errors.
Level 2	3-4	Response is *generally* focused and cohesive. Structure of the essay may be reasonable but is likely to have some poorly placed material/repetition or some points that are irrelevant to the overall structure. • Likely to cite research evidence but this is not essential if the writing implies reasonable knowledge of a range of arguments. The response is presented in a legible style using appropriate terminology. Some syntactical and/or spelling errors are likely to be present.
Level 3	5-6	Response is coherent, well structured, and focused. The injunctions in the question will be addressed appropriately and there will be only minor digressions from the substantive content of the essay. • There will be use of research evidence to support arguments. • Most research used will be appropriate and accurate. Very few syntactical and/or spelling errors may be found. Bear in mind time constraints in terms of both the range and detail given in the answer

Question Number	Answer	Mark
***9 (b) QWC**	Read through the whole answer before attempting to award any marks. Go to the content levels and award a mark appropriate to the content and quality of the answer. 'Quality' here does not include qwc. QWC: Once the content mark has been awarded refer to the structure levels and award those marks separately. Social approach • SIT suggests that the children may see each other as an in and out group, based on friendships • The groups would be partisan meaning that when a disagreement arose about the game they see their own group as right and the other group as wrong • Name calling would reinforce their feelings of belonging to their own group • SIT can be seen as a useful explanation for the disagreement between the two groups of children as they identify with each other and categorise themselves as different • It would not work as an explanation if some of the children were friends of both twins as this would work against the concept of having an in group and an out group • There may be a degree of realistic conflict as the two groups, Desmond's friends and Dawn's friends see themselves in competition for e.g. the prizes for the games. • If there were prizes for everyone this would avoid realistic conflict as the only reason for intense rivalry would be the glory of winning Learning approach • SLT would argue that the children are copying their behaviour from those around them. So the children may have copied other children in arguing about which game to play, particularly if they had seen others rewarded by getting their own way • The children may have got their own way before by arguing about something so have been reinforced for bad behaviour • Dawn may copy her mother's behaviour because she has seen that her mother is able to command authority and achieve what she wants • If the children have been punished, or seen others being punished this would deter them from inappropriate behaviour so if this explanation is to be accepted then the children may be behaving badly for the first time • It is an effective explanation of Dawn's behaviour, especially as she is more likely to imitate a same sex parent according to SLT. • There is evidence from observation of children's behaviour such as Bandura, Ross & Ross (1961) that young children are more likely to imitate same sex models Psychodynamic approach • As they are age four the twins (and friends) will be in the phallic stage of development. This could explain why Dawn wishes to imitate her mother as she will identify with her mother as she resolves the Electra complex	**(6 AO1 12 AO2)**

	• The children will not have developed their full superegos so they will not fully distinguish between right and wrong and will still be quite selfish. This could explain their squabbling during the party as they will all want to benefit themselves and not care much about other children • There are other, more simple explanations of the children's behaviour as the concepts of the phallic stage are hypothetical Biological approach • Gender differences in testosterone levels could explain differences in game preferences between boys and girls and lead to conflict about which game to play • Boys tend to prefer more physical contests whereas girls are more interested in interpersonal relationships • Expectations by parents may be of greater importance than biological factors according to the nature-nurture debate **Look for other relevant material**	

Level	Mark	Descriptor
Level 0	0	No rewardable material.
Level 1	1-3	Candidates will produce brief answers, making simple statements, showing some relevance to the question. • One theory for one behaviour described and evaluated briefly OR • Two descriptions from within the same approach, may have an attempt at evaluating one. • An appropriate theory/explanation described and evaluated but with no link to the behaviour. Little attempt at the analytical/evaluation demands of the question. Lack of relevant evidence.
Level 2	4-6	Candidates will produce statements with some development but with limited success. EITHER • Different theories/concepts all from within the same approach described and evaluated OR • Two approaches used to describe the behaviour but little or no evaluation of the theories' ability to explain the behaviour. OR • One description given and evaluated well, without a second theory being presented as an explanation of the behaviour. Limited evidence will be presented.
Level 3	7-9	Candidates will show some good knowledge with understanding of the focus of the question and will include analysis and evaluation. • Explanations from two different approaches described and evaluated well • Answer will consider either more than one behaviour within an approach or the same behaviour explained in different ways • Psychological theories used will be appropriate and show some good knowledge Use of a range of evidence showing breadth and/or depth.
Level 4	10-12	Candidates will offer a response which is relevant and focused. The analysis will be supported by accurate factual material. • Explanations from at least two different approaches described and evaluated very well • Answer will consider more than one behaviour that the children undertook • Good and accurate use of psychological theory/research There will be evidence of reasoned argument and of judgement relevant to the question. Uses evidence to evaluate the issues very well.

Structure levels

Guidance – 6AO2 marks rewarding structure and focus of description and evaluation using two approaches.

Level	Mark	Descriptor
Level 0	0	No rewardable material e.g. no terminology appropriate to the question
Level 1	1-2	Response *lacks* focus and structure. Points are disparately made with little cohesion and flow. There will be some appropriate use of terminology. High incidence of syntactical and/or spelling errors.
Level 2	3-4	Response is *generally* focused and cohesive. Structure of the essay may be reasonable but is likely to have some poorly placed material/repetition or some points that are irrelevant to the overall structure. • Likely to cite research evidence but this is not essential if the writing implies reasonable knowledge of a range of arguments. The response is presented in a legible style using appropriate terminology. Some syntactical and/or spelling errors are likely to be present.
Level 3	5-6	Response is coherent, well structured, and focused. The injunctions in the question will be addressed appropriately and there will be only minor digressions from the substantive content of the essay. • There will be use of research evidence to support arguments. • Most research used will be appropriate and accurate. Very few syntactical and/or spelling errors may be found. Bear in mind time constraints in terms of both the range and detail given in the answer