



Examiners' Report

June 2019

GCE Psychology 9PS0 02

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Introduction

The paper provided a range of question types over two sections, the compulsory clinical section and the topic section where candidates had to choose one topic out of criminological psychology, child psychology and health psychology. The most popular topic was criminological psychology followed by child and then health psychology. Many candidates showed good psychological knowledge across all areas, and there were very few unanswered questions, with most candidates attempting all the questions indicating that candidates are managing the time.

Some candidates still fail to explain strengths and weaknesses across the paper, centres should remind candidates that 'explain' questions need a justification/exemplification. Applying the context within an answer is also missing in some answers, especially in the research methods questions in the topics. Candidates should be reminded of the fact that A02 questions require application to details given in the context throughout their answer.

Some candidates were able to gain strong marks through demonstrating their psychological knowledge in terms of the requirements of the command word. Other candidates did not always understand the requirements of the command word; candidates should be referred to the taxonomy of command words in appendix 6 of the specification. This was noticeable in some the extended open response questions of 8 marks or above, where there was sometimes isolated knowledge and understanding. The A03 points were sometimes not developed.

The remainder of this Examiner Report will focus on each individual question and specific examples with the aim of highlighting areas of good practice and some common errors which can be used to help prepare candidates for future 9PS0/02 examinations.

Question 1 (a)

Anorexia nervosa seemed to be the most popular disorder, closely followed by Unipolar depression for this AO1 state question. Good answers were precise and accurate when stating the symptoms of their chosen disorder, often gaining at least 2 of the available marks. Weaker answers were often not specific enough and were vague and generic and could be related to any disorder.

1 In your studies of clinical psychology you will have learned about one of the following disorders:

- Anorexia nervosa
- Obsessive-compulsive disorder (OCD)
- Unipolar depression.

(a) State **three** symptoms of the disorder you have learned about.

(3)

Disorder Anorexia nervosa

1 Restrictive energy intake

2 Extreme fear of gaining weight

3 Distorted body image



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Examiner Comments

This gains three marks for three clear symptoms of anorexia nervosa.



ResultsPlus
Examiner Tip

When asked about symptoms of a disorder candidates should ensure the symptoms stated are accurate.

Question 1 (b)

This question required candidates to identify a strength and weakness (AO1) and then go on to justify that strength and weakness (AO3). Most answers were able to successfully identify the strength and weakness of the biological explanation. However, it was only the better answers that were able to go beyond this and offer justification. Some answers would give a psychological term e.g. 'validity' as their justification but did not explain why the strength or weakness affected the validity of the explanation. The weakest answers described a biological explanation of their chosen disorder but did not go on to explain a strength or weakness of that explanation.

(b) Explain **one** strength and **one** weakness of one biological explanation of your chosen disorder.

genetics
Genie

(4)

Strength

A strength is supporting evidence. Genie found that if two of your relatives have an eating disorder or compulsive disorder then you would be much more likely to have anorexia nervosa in your lifetime. This suggests a genetic link.

Weakness

A weakness of the biological explanation is reductionism. The explanation doesn't take into account learning factors. That have been Becker found anorexia was learnt after the introduction of TV to Fiji.



This gains 4 marks, 2 marks for the strength and two marks for the weakness.

The strength is clearly identified as having supporting evidence that suggests there is a genetic link to anorexia nervosa, with the explanation of what that supporting evidence is.

The weakness is identified as the fact it is reductionist as it does not take learning factors into account, which is then explained in terms of what Becker found.



When explaining a strength and/or weakness include justification for the second mark.

Question 2 (a)

Most candidates were able to answer this AO2 question well and gain at least 2 out of the 3 marks. They were able to identify relevant aspects from the scenario and apply them to danger and distress. Some answers did define danger and distress without linking the definitions to the context. The vast majority of the answers covered both danger and distress, showing that candidates had clearly read the question, with very few writing about one of the other methods used to diagnose mental health disorders.

2 Victoria is upset as she finds it hard to leave the house ^{distress} as she is scared of birds. Whenever she leaves the house she is highly anxious in case a bird is nearby, and she has previously run across the road without looking for cars to avoid a bird. _{→ danger}

Victoria is unable to work because of her fear of birds, causing her to feel upset as she cannot buy her children toys. This has led to her having suicidal thoughts and feeling that her children would be better off without her. _{→ danger.}

(a) Describe how distress and danger could be used to diagnose Victoria as having a mental health disorder.

(3)

Distress is how far a ~~feared~~ ~~stressing~~ disorder stresses a person out. For Victoria, she is "highly anxious" and even has trouble leaving her house ~~to~~ due to her fear, so she is distressed.

Danger relates to how far the person puts themselves or others in danger. Victoria has previously run across the road which could lead to a crash. Furthermore, she is a danger to herself as she is having suicidal thoughts.



This gains all three marks for describing distress and danger in relation to the context.

Danger is linked to the context in terms of how Victoria is highly anxious and has trouble leaving the house. Danger is linked in two way, to her running across the road and possibly leading to a crash, and her suicidal thoughts so she is a danger to herself.

Question 2 (b)

Most answers were able to gain the AO1 mark for identifying a weakness of using danger to diagnose mental health disorders, with subjectivity being the most common weakness written about. However, it was only the better answers that were able to offer some justification of the weakness and so gain the AO3 mark. Some answers used the scenario for the previous question to try and explain the weakness, which was not a requirement of this question, but was an acceptable way to gain the AO3 mark if it was done in enough detail.

(b) Explain **one** weakness of using danger to diagnose mental health disorders.

(2)

Using danger as a diagnostic tool is subjective to what the psychiatrist believes as danger. This could lead to a patient not being diagnosed with a mental health disorder or being wrongly diagnosed.



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Examiner Comments

This answer got both available marks, 1 mark for danger being subjective because it is what the psychiatrist believes danger is. This is then explained in terms of wrong diagnosis.



ResultsPlus
Examiner Tip

Include justification in explain questions in order to gain all the available marks.

Question 3 (a)

Most answers were able to accurately state two reasons why the Mann-Whitney U test was used. Those answers that did not gain both marks, either incorrectly identified the type of data, or thought it was a correlation.

3 Nancy carried out an experiment to see the effects of sensory deprivation on the number of hallucinations participants reported.

Participants were split into two groups:

- Condition A: Participants had no sensory information for 10 minutes
- Condition B: Participants had no sensory information for 60 minutes.

Nancy totalled the number of hallucinations each participant reported. She then carried out a Mann-Whitney U test on her data.

(a) State **two** reasons why Nancy selected a Mann-Whitney U test to use on her data.

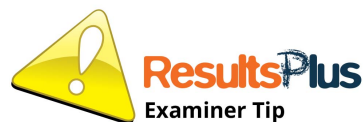
(2)

- participants only did one
1. ~~The 2 groups were~~ independent condition each and therefore an independent measures design was used; ~~because the data was unrelated~~
 2. The data would be unrelated to each other therefore suggests Mann-Whitney U is best.



This gained one mark for each participant only did one condition each.

The second point is a repetition of the first point so does not gain further credit.



Candidates should ensure they do not repeat what they have already written.

Question 3 (b)

The majority of answers gained all 4 marks for accurately calculating the Mann-Whitney U test. Weaker answers often gained at least 1 mark for accurately calculating the total for the ranks of both conditions. The most common error was inserting the total for the ranks as n, rather than the number of participants in each group.

(b) Nancy's results are shown in **Table 1**.

Complete **Table 1** and calculate the Mann-Whitney U for the data in **Table 1**. You must give your answer to **one** decimal place.

(4)

Condition A after 10 minutes of sensory deprivation		Condition B after 60 minutes of sensory deprivation	
Number of reported hallucinations	Rank	Number of reported hallucinations	Rank
0	1	3	6.5
2	4	6	9
1	2	9	10
3	6.5	4	8
2	4	2	4
Total	17.5	Total	37.5

Table 1

SPACE FOR CALCULATIONS

$$U_a = n_a n_b + \frac{n_a(n_a+1)}{2} - \sum R_a$$

$$U_b = n_a n_b + \frac{n_b(n_b+1)}{2} - \sum R_b$$

$$U_a = 17.5 \times 37.5 + \frac{17.5(17.5+1)}{2} - 17.5$$

$$U_b = 17.5 \times 37.5 + \frac{37.5(37.5+1)}{2} - 37.5$$

$U_a =$

$U_b =$

$U =$



This gained 1 mark for the correct totals of the two ranks.

The answer then put the incorrect figure into the formula so the calculations were incorrect after that point.

Question 4

This discuss essay required candidates to show their knowledge and understanding of case studies within clinical psychology (AO1) and apply that knowledge and understanding to the context (AO2).

Good answers could show knowledge and understanding, often in the form of detailed data, individuals or small groups and using a variety of methods, which were all developed. These were then linked to the context taking details from the context.

Weaker answers often failed to demonstrate more than isolated knowledge and understanding of case studies, and their AO2 often did not go beyond describing how George would carry out a case study. Some answers included AO3 within the essay which is not a requirement of the discuss command.

- 4 George is a clinical psychologist who works in a psychiatric hospital. He had a patient referred to him six months ago and read the detailed notes from the doctor who made the referral.

George has since spoken to the patient every day about their thoughts and behaviours. He also asked the patient to carry out some problem-solving tasks to see how the disorder may have been affecting their cognitive abilities.

George has decided to carry out a case study on the patient to publish in a medical journal.

Discuss how George could carry out a case study on his patient. You must make reference to the context in your answer.

(8)

Case studies look at one patient or small group of patients to assess a specific behaviour. George can conduct a case ~~study~~ study on this patient to assess how their disorder may affect them in everyday life, such as on their ability to solve problems.

Case studies are often longitudinal ~~es~~, which makes them useful for assessing how a disorder can develop and change over time. George has already done this by speaking to the patient daily about their thoughts and behaviours, but he can continue to do this by testing their problem-solving and cognitive abilities each week for the next year.

Case studies are normally very in-depth as they often collect both qualitative and quantitative data. Again, this is something George has already been

doing, but he can continue to speak to the patient regularly to collect qualitative data in ~~the~~ terms of their thoughts and behaviours by asking the patient to talk about this. He can also give the patient tasks looking at number sequences to measure their cognitive ability and collect quantitative data by seeing how many numbers in the sequence they can correctly recall.

Case studies are unique cases to the individual + are n

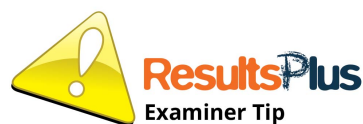


This gained level 4, 7 marks.

The AO1 was level 3, it shows accurate knowledge and understanding, in terms of being used on one patient, being longitudinal and being in depth.

The AO2 is level 4, there is a well-developed logical discussion with sustained application.

Using the best fit approach this put it into level 4, but took it down to 7.



When the command word is discuss there needs to be both AO1 and AO2.

Question 5

This was an 'assess' question in relation to culture and individual differences in mental health disorders. The AO1 was done better in this question, often showing accurate knowledge and understanding with the best answers being accurate and thorough. A lot of the answers were able to write about cultural differences in what was seen as normal, and the effect of classification systems.

The AO3 was not done as well, with weaker answers not attempting this aspect of the question. Those who did attempt the AO3 often failed to include competing arguments, or offered an imbalanced approach to the question. The best answers would assess throughout the essay. Some of the answers had a very basic, superficial assessment at the end of their essay.

✓ Luhmann - Ghana
× ADHD Korean + USA
Lee

✓ Pinto - more African men admitted
× Concordance rates for twins
universal.

Diatheisis Stress model.
Psychiatrists diagnosis
EP
their culture.
× DSM - universal.

5 Assess how far culture can lead to individual differences in mental health disorders.

(8)

Culture refers to a person's ethnicity, background, upbringing & what country they are from. Different cultures around the world see symptoms as different signs e.g. hearing voices in UK culture is seen as a symptom of schizophrenia when in other cultures it's seen as a positive thing. For example, Culture can lead to individual differences because it's backed up by Luhmann. His study supported the idea that in Ghana hearing voices is seen as a spiritual sign so therefore in Ghana less people seem to have psychosis like schizophrenia because auditory hallucinations are not seen as a symptom of mental illness. However ~~not~~ Lee says that culture cannot lead to cultural differences in mental health because he found the diagnosis + description of ADHD in children in primary schools is the same in Korea as in the USA. So here culture cannot lead to differences in mental health because ADHD was defined as the same across the world.

Culture also refers to ~~our~~ our own beliefs. If a certain culture ~~it~~ does not believe in mental illness then they'll appear to have less mental illness related issues in their society. There are differences in hospitalisation rates in cultures showing individual differences may play a role in mental health. Pinto supports the idea that culture affects mental health. He found that more African American men are institutionalised for

mental illness showing African American culture has a higher rate of mental illness - this can be supported by social causation as African American men are likely to be lower social class so they are more likely to have a higher chance of schizophrenia. However universal concordance rates do not agree that culture causes individual differences in mental health. For example Kendler found a 76% rate concordance rate for monozygotic twins showing a higher percentage that genes cause depression - not culture. Also there is a 58% chance in MZ twins for schizophrenia showing a high chance is due to genes. - so culture doesn't affect mental illness differences. (although there aren't 100% so culture or other factors may play a role).

The culture of the Psychiatrist that is diagnosing you also affects individual differences in mental illness. If the Psychiatrist has westernised views of psychosis for example they may over diagnose all cultures with Sz - whereas in reality, people from spiritual cultures may not be experiencing psychosis. However to conclude the Section 3 of DSM has been adjusted so that it suits all cultures & no western bias is involved. Therefore culture of diagnosing cannot affect differences in mental health - so mental health can be classed as universalistic & culture doesn't affect it.



This essay was level 4, 8 marks.

The AO1 was accurate and thorough. There are the points about different cultures see symptoms as different, beliefs in mental illness and the culture of the psychiatrist which all show knowledge and understanding.

The AO3 is linked to the AO1 points, and is well-developed and logical, with an awareness of the significance of competing arguments in the form of the effect of genes not culture being a reason for individual differences and the point about DSM. There is assessment throughout the essay.



If the command word is assess then candidates need to show assessment and judgements.

Question 6

This essay required candidates to demonstrate their knowledge and understanding (AO1), apply it to the context (AO2) and offer judgements (AO3). There was some good knowledge and understanding of the dopamine hypothesis focusing on specifics such as D2 receptors, mesolimbic and mesocortical systems, with the better answers being able to give application to Michael throughout their description. The best answers often went beyond the dopamine hypothesis and wrote about the effect of glutamate on dopamine. The weaker answers often just named the neurotransmitters involved, and showed no knowledge or understanding about how they were involved. They also did not go much beyond occasionally supporting the lines of argument through application.

Most answers did better on the AO1 and AO2 aspects of the question compared to the AO3 aspect. Better answers were able to include a balanced response with a balanced judgement, whilst weaker answers often focused on alternative theories with little in the way of supporting the role of neurotransmitters. It was nice to see some answers engaging with Carlsson et al. in terms of PCP and link this to the context.

6 Michael has just been diagnosed with schizophrenia. His symptoms include hearing voices telling him what to do, and not being able to put his thoughts into a logical sense. Michael also has a lack of energy and has withdrawn from his friends.

- NT
- DT
- Carisson.

Michael's doctor says that his schizophrenia is due to his neurotransmitters. His mother thinks it is due to genetics as she also has schizophrenia. His father, however, thinks it is due to Michael taking illegal drugs, such as phencyclidine (PCP, 'angel dust').

- Genetics
- G&S
- Cog.

To what extent can Michael's schizophrenia be explained by the function of his neurotransmitters? You must make reference to the context in your answer.

(20)

Schizophrenia is a psychotic disorder which leads to a loss of touch with reality. It can have both positive and negative symptoms. For example Michael experiencing auditory hallucinations is a positive symptoms and Michael having a lack of energy and being withdrawn from friends are a negative symptoms.

Michael's doctor's explanation of his schizophrenia being due to neurotransmitters could be down to the dopamine hypothesis which attributes positive symptoms to an excess amount of dopamine in the mesolimbic pathway and negative symptoms being due to an excess amount of dopamine in the mesocortical pathway. This therefore, suggests to a good extent how his symptoms came about.

However Owen 1978, suggested that schizophrenic symptoms could be due to an excess amount of dopamine receptors in his cerebral cortex. These differing explanations both look to the neurotransmitters and how they could be affecting Michael's behaviour, supporting his doctor's opinion. The neurotransmitter

explanation could also support his father's opinion that it is due to drug misuse of phencyclidine (pcp). Evidence of this comes from Carlsson's 2000 study, using a literature review and meta-analysis of other research looking at schizophrenic symptoms. One researcher in this review, Lodge et al 1989 suggested that pcp ('angel dust') could also bring about schizophrenic symptoms as it inhibits the neurotransmitter glutamate. This then also can cause the positive and negative symptoms. The positive symptoms can be explained through glutamate failure in the ~~ca~~ basal ganglia and the negative symptoms through glutamergic failure in the cerebral cortex. As such the explanation of neurotransmitter functioning can be useful in explaining schizophrenia to a great extent. This also falls in line with his doctor's and father's opinions of what has caused his schizophrenia.

On the other hand, Michael's mother's explanation for his schizophrenia, genetics could also be useful to a good extent. Genetics and schizophrenia have been most commonly researched through the use of twin studies such as Gottesman and Shields 1966. This study found that the concordance rates of schizophrenia for monozygotic (100% identical) ^{twins} were 75%. whereas the concordance rates for dizygotic (50% identical) twins was only

22% . This suggests that there is a genetic element to schizophrenia yet, if it was definitely a main cause for the mental disorder, the concordance rate of for monozygotic twins would be 100%. This is useful in Michael's case as his mother, who also has schizophrenia is a close and prominent relative of his and therefore, they would share some of the same genetic aspects and could potentially be a risk factor for him having developed schizophrenia. However, other research suggests that biological causes for mental disorders are not always the sole factors involved. For example, the diathesis stress model suggests that some people may have a biological predisposition to mental disorders such as schizophrenia, however, a stressful social environment (like perhaps growing up with a schizophrenic parent to loss after) could trigger the development of this. Therefore, genetics would only be able to explain Michael's schizophrenia to a mild extent.

Moreover, another explanation of schizophrenia that should be considered in Michael's case would be the cognitive explanation. This suggests that the disorder can be, cognitively, put down to two elements: issues with attention

and issues with memory. In Michael's case we can see that it is prevalent as he struggles putting his thoughts into a 'logical sense'. This is described by some psychologists as having a 'word salad' of information that is difficult to link together. Hemsley 1993 supports this as they suggest that issues with schemas can make it difficult for a person with schizophrenia to integrate their perception and memory in an efficient way. Therefore, explaining ~~how~~ ^{why} Michael has difficulty speaking cohesively as he is finding it difficult to link his memories with his surroundings and reality. His auditory hallucinations could also be explained through the cognitive viewpoint as ~~they~~ it suggests that schizophrenics ^{may} find it difficult to ignore irrelevant stimuli in their surroundings as they have an increased level of self-awareness (Firth 1979). As such they may start to attribute this to external sources such as ^{the} hallucinations Michael is suffering from. Therefore, the cognitive explanations can also explain Michael's schizophrenia to a good extent.

To conclude, Michael's schizophrenia could be explained in many ways. An every explanation can be considered reductionist for ignoring

other explanations and social factors. However, I would say that ~~the~~ neurotransmitters could best explain Michael's schizophrenia as it is in line with the doctor's opinion as well as correlating with the drug use (pcp) that his father mentioned Michael participating in. This is a useful explanation as it gives credibility to psychology as a science also, using objective measures such as brain scanning techniques and laboratory studies. Yet, it can also be said that all these explanations still need further research as it is uncertain if changes in things such as neurotransmitters cause schizophrenia or merely allude to its symptoms.



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Examiners Comments

This is level 4, 14 marks.

The AO1 is level 3; it is not thorough.

The AO2 is level 5. There is sustained application of the relevant evidence from the context which are integrated and synthesised.

The AO3 is level 3. The arguments are mostly developed and logical with an awareness of competing arguments but the response is not balanced.

Using best fit this puts it into level 4.



Refer candidates to the levels for level based marking so that they can see how to gain the top levels.

Question 7 (a)

Those candidates who scored well in this question were able to focus on details from the context, often the other witnesses and the news report and describe how this may have affected Rose's testimony. Weaker answers tended to be generic and did not use the information from the context. There was some confusion with weaker answers being about weapon focus rather than post event information as stated in the question.

- 7 Rose witnessed a robbery at a bank. Whilst she was waiting to give her statement to the police she was in a room with other witnesses to the robbery. Rose gave an interview to the police at the bank.

When she went home a report of the robbery was on the local news where they mentioned that a weapon had been used. One week later the police asked Rose to go to the police station to give a second interview as they wanted to clarify a few points about the robbery.

- (a) Describe how post-event information may have affected Rose's testimony of the robbery.

(3)

Rose was in a room with other witnesses who may have all talked about their own version of the event. This ~~is~~ If Rose had any gaps in her memory perhaps because she didn't pay attention to peripheral details, the post-event information would fill gaps in her memory and lead to Rose giving an inaccurate eye witness testimony. Furthermore, Rose had also ~~exposed to information~~ ^{asked to give another interview} over a week. This may have led to her losing recall about the event and because she was exposed to newspapers during that time it may lead to Rose altering her memories due to negative pretrial publicity. For example because ~~the presence of a~~ ^{gun} it said in the report there was a gun, she may ~~also~~ change her memories to fit in with this claim, leading to a ~~negative test~~ false testimony.



This gained all three marks. 1 mark for how being in the room with other witnesses may have filled in the gaps of her memory. 1 mark for how exposure to the news report may have affected her memory and another mark for elaborating on this with the example of a gun.



Candidates should ensure all points are linked to details from the context when answering questions that require application.

Question 7 (b)

Only the best answers were able to apply cognitive interviews to the context and describe how the police may have carried out a cognitive interview with Rose. A lot of answers stated the stages of the cognitive interview without any description. The best answers were able to offer a description of cognitive interviews with application to details from the context.

(b) The police carried out a cognitive interview with Rose when she was at the police station.

Describe how the police may have carried out a cognitive interview with Rose.

(4)

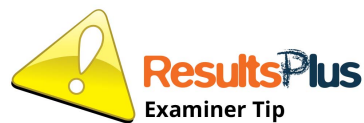
First the police may have asked ~~asked~~ Rose to ^{freely} recall everything that occurred during the robbery, without any ^{interrupting} questions from the police, in order to get an insight into what she believed ^{in the bank} she witnessed. ~~then~~ After ~~this~~ she finished her free recall, police ~~would have~~ put Rose back into context of bank robbery through asking her questions such as 'what the weather was like during the day of the robbery' or 'how she felt when the bank robbery was taking place', this is in order to see if any of these questions act as a cue to trigger any memories Rose had forgotten. Rose would then be asked to ~~to~~ recall her memory of the bank robbery in backwards order, or ~~in~~ from a midway point in order to reduce the effects that ~~her~~ Rose's schemas may have had on ~~of~~ her memory (making it inaccurate). Finally, Rose would be asked to (Total for Question 7 = 7 marks) recall the events at the bank robbery from another perspective e.g. the robber or another witness in order to trigger any details or memories that she had forgotten.



This gained all four marks for describing the process of the cognitive interview in terms of the context.

There is the point about recalling everything to get an insight into what Rose believed she had witnessed at the bank, so it is clearly linked to the context. Then the point about putting her in the context of the bank as it might act as a cue for any memories, followed by the point about recounting the bank robbery backwards to reduce the effect of any schemas. The final mark is for the sentence about being asked to recall the bank robbery from another person's perspective to trigger any memories she may have forgotten.

All these points are clearly linked to the bank robbery.



In application questions clearly link the answer to details from the context, go beyond just using the name.

Question 8 (a)

Most candidates could correctly calculate the range.

Question 8 (b)

Most candidates failed to apply their answer to the context, and gave a generic answer. There was a significant number of answers that wrote that the mode was not an average. Those candidates who gained a mark were often able to get the identification mark, but then failed to explain this so not gaining the AO3 mark.

(b) Marya used the mean as a measure of central tendency.

Explain why Marya used the mean rather than the mode in her field experiment.

(2)

Marya used the mean as it is an average of all the re-offending rates which is a more accurate representation than simply using the highest-frequency occurring number as an average allowed Marya to take into account the values of all re-offending rates. She collected and get a more accurate answer.



This answer gained both marks, for writing that the mean is a better representation of the re-offending rates as it uses all the data rather than just the highest frequency occurring number. It is clearly linked to the context in terms of re-offending rates.

Question 8 (c)

This question asked for an improvement to Marya's study. The best answers were able to accurately identify an improvement, but very few went on to gain the mark for explaining the improvement. A lot of answers focussed on a weakness of the investigation, rather than the improvement. Weaker answers failed to link their improvement to details from the context, or were not specific about what the improvement should be.

(c) Explain **one** improvement Marya could make to her field experiment.

(2)

One improvement ~~always~~ or could make to her field experiment was ~~by~~ ^{not} recording the data for a few years ^{e.g. 2 years 5 years} instead of ~~just~~ 6 months as this would show the effectiveness of cognitive behaviour treatment in the long run to see if offenders would reoffend ~~at~~



ResultsPlus
Examiner Comments

This gains 2 marks, 1 mark for identifying the improvement as recording the data for several years, which is linked to the context in terms of 'instead of only 6 months'. This is then explained in terms of why it would be an improvement in terms of effectiveness.



ResultsPlus
Examiner Tip

When asked to explain an improvement ensure the justification is focussed on the improvement identified rather than saying what a weakness of the study was.

Question 9

Candidates could often show their knowledge and understanding of Loftus and Palmer. Some demonstrated this through the knowledge of one of the experiments, others wrote about both experiments. Either way of answering this question was creditworthy.

Those candidates who did not gain the top level for their knowledge and understanding often had inaccuracies within their AO1, the most common errors being in the verbs used and the estimate of speed. Some candidates confused the different parts of the study.

The best answers were able to show well-developed logical evaluation, often merged with the AO1 points. Weaker answers often did not develop their AO3 points, or had little AO1 or little AO3.

9 Evaluate the classic study by Loftus and Palmer (1974).

(8)

The aim of Loftus and Palmer's was to investigate whether ^{the use of questions} leading words would affect the memory of eye witness testimony. The procedure involved (in experiment 2) 150 student participants watching a minute long video of a car crash and then fill out a questionnaire on, with a critical question that each group with the verb changed to either 'smashed', 'hit' or no critical question. Participants were also asked if there was broken glass ^{in the video} ~~at the end~~ ^{after} 10 days after coming back in 10 days. A strength of this study is that the procedure involved showing participants a minute long video and filling out a questionnaire, which is standardise. Therefore, the finding that leading questions do affect memory recall can be replicated to achieve similar results and is reliable. However, the procedure involved participants watching a video of a car crash and filling out a questionnaire, in a laboratory setting, which is not similar to real life and everyday tasks. Therefore, the finding that leading questions do affect memory recall lacks ecological validity.

Furthermore, the findings of the study suggest that there was a higher estimated when using leading

such as 'smashed' verbs as opposed to verbs such as 'hit' and the estimates differed - for example 'smashed' was ^{the estimate for} 40.1 mph whereas 'hit' ^{was estimated a} only estimated much slower speed. Therefore, Loftus and Palmer concluded that leading questions do affect memory recall in eyewitness testimony. Another strength of this study is that it has application to the real world as the finding that leading questions affect memory can help police and the justice system to come up with new and more accurate ways to question witnesses so that it is not affected by leading questions. Yet having said that, the sample of 150 students, who generally may listen to instruction given by their lecturer, might not be representative ^{as they may be used to} as leading questions ~~may be~~ and thus inclined to agree, which is not representative of the society. Therefore, the finding that leading questions do affect EWT may not be generalisable to society.

In conclusion, Loftus and Palmer has good standardised procedure and useful application to the real world, however, findings lack ecological validity and generalisability. Furthermore, the study may be considered unethical as showing a video of a car crash may have distressed viewers. However, the study's findings may have helped issues with road control.



This essay gained level 3, 6 marks. Both the AO1 and AO3 were level 3.

The AO1 was accurate, but not thorough.

The AO3 was developed with an awareness of competing arguments.



When asked about a study in detail ensure all details are accurate.

Question 10

The best answers were able to offer good knowledge and understanding of labelling theory, which was consistently applied to Donald and show good well-developed arguments. However, a lot of candidates wrote about self-fulfilling prophecy explicitly throughout their answer rather than labelling theory for both the AO1 and AO3 aspects of the essay.

Some answers used studies that were not based on criminal or anti-social behaviour in their AO3, with the best answers then going on to apply them to Donald's criminal/anti-social behaviour. Competing arguments were often in the form of other explanations for Donald's behaviour.

There was often an imbalance of assessment objectives within the answers, with candidates focussing on AO1 at the expense of AO2 or 3, or candidates focussing on AO3 at the expense of AO1 and 2. Within essays all assessment objectives should be met to get to the top level.

10 Donald has recently been caught shoplifting at a local shop. He was taken to the local police station where he was given a warning. His parents had to go to the police station to pick him up. They are now worried that he may be labelled as a criminal and this may affect his future behaviour and cause him to commit more crimes.

To what extent can labelling theory explain whether Donald would commit more crimes in the future?

You must make reference to the context in your answer.

(16)

Labelling theory involves people who commit crimes being labelled as a "deviant". Advocates of labelling theory e.g. Becker 1963 are concerned with how & why some acts become labelled as criminal in the first place. He suggests that powerful groups in society create deviance by making up rules & applying them to those who they see as "outsiders". Therefore, criminal behaviour only becomes so when labelled by others which suggests that crime is a social construct.

Donald may be seen as being labelled by the police officers when they gave him a warning. This could mean they are more likely to be more ~~aware~~ aware of his actions in the future, confirming his label.

Donald's ~~his~~ parents may be worried because ~~other~~ other people in the town may become aware of Donald's crime and thus, ^{they may label him} ~~create a label~~ ~~for~~ as a criminal and also be more cautious around him. The idea of the self-fulfilling prophecy takes labelling a step further. The "deviant" as labelled by society comes to see themselves that way due to the stereotyped response of others towards

Their label, Stigmatised + Isolated by society, the ~~deviant~~ criminal seeks support from other deviant groups + subcultures, confirming their criminal identity. Donald ~~Pete~~ may feel that because ~~his~~ he has now been labelled, it is expected that he will commit more crimes so he ~~will~~ do just that in the future. He may ~~forget that~~ ^{embrace his} label, ~~leading~~ leading to more criminal behaviour as he feels he has no control over his actions. Unless the local town change their label for Donald, his criminal behaviour will continue, confirming his parents fear.

However, it may be that social explanations are not the only cause of Donald's behaviour. Donald may have suffered ~~on~~ a head injury in his childhood which caused his developing brain to misfire. This is known as an acquired brain injury (ABI) and is associated with impulsivity, irritability + in extreme cases, violent outbursts. The abnormalities within his brain could make Donald's ^{offending} behaviour more likely. Donald may also have a unique chromosomal pattern called XYY syndrome. ~~For~~ XYY males have physical + behavioural differences to normal males (who have a pair of XY chromosomes). They are generally taller ~~than~~ than the average, have a lower

intelligence + can experience behavioural difficulties.

This difference in chromosomes could create a predisposition to Donald's offending behaviour.

The self-fulfilling prophecy explanation is supported by Jahoda 1954. They studied the Ashanti of Ghana where boys are named after the day they're born. They found that the Monday boys (Kwadwo) were more even-tempered than the aggressive + volatile Wednesday boys, the Kwadwo. The latter were three times more likely to be involved in a violent crime over the 5 year period of study. This study suggests that the self-fulfilling prophecy had been formed based on cultural expectations and had influenced the boys' behaviour.

Labelling Theory also has real life application as knowledge about labelling can help to reduce the negative effects of labelling. If an offender is helped ~~into~~^{back} into society (after ~~they~~^{their} release) with help from the prison staff + their families, they are less likely to re-offend. This suggests that how an offender is labelled upon their release may affect how they relate their place in society. However, it may be that labelling theory is only a partial explanation of crime. It seems to suggest that someone who has

committed an offence but hasn't been labelled with a criminal which is problematic. Serious offences like murder are clearly more than social constructs and murderers are still criminals whether even if they haven't been labelled. Therefore, it would appear labelling is too simple to be a single explanation of crime.

To conclude, labelling theory provides a good explanation of Donald's inclination to commit more crimes. However, it is ~~an~~ important to recognise that we must also take biological factors into account because they may also have a key contribution.



This essay gained 10 marks, level 3. Both the AO1 and AO3 were level 3, the AO2 was level 2.

The AO1 was accurate.

The AO2 only shows occasional support through application of relevant evidence.

The AO3 is mostly developed and logical with an awareness of competing arguments.



Candidates should ensure all assessment objectives are met in essays. Use the levels based mark scheme to determine how to get to the top levels on all assessment objectives.

Question 11 (a)

Those candidates who scored well in this question were able to focus on details from the context, and apply it to their knowledge of day care research. Weaker answers tended to be generic and did not use the information from the context.

11 Donna is six months old. Her mother, Rose, decides to place Donna in day care. She places Donna in a nursery where there are other children of the same age and a variety of activities available for Donna to take part in. The manager of the nursery has a professional qualification in childcare.

(a) Using research, describe the advantages for Donna of attending day care.

(3)

Sylva found that children who attended day care had better cognitive and social abilities. Anderson found children who attended day care had higher cognitive ability at the age of 13. This suggests Donna will have better social and cognitive skills as a child as well as in later life because of day care.



ResultsPlus
Examiner Comments

This scored 0 marks as the only link to the context is the name Donna. There is nothing from the context that is linked to why she would develop her social and cognitive skills.



ResultsPlus
Examiner Tip

Link answers to details from the context, not just the name of the person in the context.

Question 11 (b)

Only the best answers were able to apply research into day care to Rose and what she should have looked for when selecting a nursery. A lot of answers stated what made good day care without application to the context.

(b) Describe what Rose could have considered when selecting a nursery that provides good quality day care.

(4)

Rose should check that the ~~that the health care~~ staff have appropriate qualifications, the ~~the~~ for example the staff who look after the children should have an appropriate level 2 or 3 certificate (e.g. ~~in childcare~~).

Rose should also ~~a check that that there is a low child to key worker ratio meaning it to staff ratio meaning there~~ ensure there are key ~~workers~~ workers who support a small group of children specifically and that the child to key worker ratio is low so that Donna (Rose's child) can form appropriate bonds with the key worker and finds it easy to settle into the ~~pre-school~~ day care. ~~This means it will be easier for Donna to form bonds with~~ Rose should look for a day care with a low staff turnover where few staff leave the job. This means that it reduces the chance of ~~insecure~~ separation anxiety and ~~the~~ Donna becoming upset, also allows for Donna to form close and secure bonds with ~~a~~ her key worker.



ResultsPlus
Examiner Comments

This gained 3 marks, as there are three clear description about what Rose should look for in good day care which are linked. These include the points about appropriate qualification, key workers and low staff turnover.

Question 12 (a)

Most candidates could correctly calculate the range.

Question 12 (b)

Most candidates failed to apply their answer to the context, and gave a generic answer. There was a significant number of answers that wrote that the mode was not an average. Those candidates who gained a mark were often able to get the identification mark, but then failed to explain this so not gaining the AO3 mark.

(b) Marya used the mean as a measure of central tendency when analysing the results of her questionnaire.

Explain why Marya used the mean rather than the mode when analysing the results of her questionnaire.

(2)

Collecting the mean of her results involved adding all the results together and dividing this total by the number of results. Selecting the mode involves selecting the most common score recorded. The mean takes into account all results and is more representative of all results.



This did not gain any marks as there is no link to the context.



Ensure all answers that need a link to the context include details from the context, including research methods questions.

Question 12 (c)

This question asked for an improvement to Marya's study. The best answers were able to accurately identify an improvement, but very few went on to gain the mark for explaining the improvement. A lot of answers focussed on a weakness of the investigation, rather than the improvement. Weaker answers failed to link their improvement to details from the context, or were not specific about what the improvement should be.

(c) Explain one improvement Marya could make to her investigation.

(2)

Perhaps an questionnaire is not an accurate method to distinguish the social ability of the children as it is passive and may be subject to demand characteristics. Marya could perhaps observe the children play with others perhaps to view their sociability.



This gained 1 mark for accurately identifying the fact that Marya could observe the children playing to view their sociability.

The justification is not a justification of why this would improve the study, but is a weakness of the original study.



When asked to explain an improvement candidates should ensure their justification is explaining the improvement, not a weakness of the study.

Question 13

Candidates could often show their knowledge and understanding of Van Ijzendoorn and Kroonenberg.

Those candidates who did not gain the top level for their knowledge and understanding often had inaccuracies within their AO1, the most common errors being a lack of understanding about what a meta-analysis involves, with some answers being written as though they had carried out the strange situation themselves.

Weaker answers tended to focus on evaluating the strange situation for their AO3 rather than the study. The best answers were able to show well-developed logical evaluation, often merged with the AO1 points. Weaker answers often did not develop their AO3 points, or had little AO1 or little AO3.

13 Evaluate the classic study by van IJzendoorn and Kroonenberg (1988).

(8)

Van IJzendoorn and Kroonenberg (1988) conducted a meta analysis using research across the world to look at cross cultural differences in attachment types using Mary Ainsworth's Strange Situation as a basis for what research to use.

Firstly, you can argue that the study is not as generalisable as it could have been. Even though Van IJzendoorn and Kroonenberg (1988) used studies from all different cultures and countries including USA, Japan, China and Germany, the procedure by Mary Ainsworth was their default. Even though Mary Ainsworth's procedure of the strange situation was a western procedure and would not take into account different child-rearing ways in other non-western cultures, so the child may not act in the way expected in a western culture. Therefore, you cannot generalise the results world wide, across all cultures because they are not representative of all cultures that Mary Ainsworth did not account for when creating the strange situation procedure. Therefore, the generalisability of this study was low.

Using a meta analysis for their study meant that van IJzendoorn and Kroonenberg ~~are~~ didn't have to take many ethics into account because they should have already been taken into account with the researchers of the original studies, which meant that technically, the ethics of this study should be high, as a study needs to stick to all BPS ethics guidelines in order to be passed. However, we have seen in previous research, including that of Milgram's, that ethical guidelines were not stuck to in his study, this may mean that some of the studies ~~on~~ that van IJzendoorn and Kroonenberg used may have broken ethical guidelines themselves, which could lower the ethics for van IJzendoorn and Kroonenberg's study.

However, the reliability of this study is high. Upon using other research, with stick results and conclusions, you could make a safe assumption that if van ~~IJzendoorn and Kroonenberg~~ ^{another psychologist} were to replicate this study, using the same meta analysis of studies, you could expect the exact same results, including that type B - secure attached would be the most common attachment type across cultures.

In conclusion, you can say the classic study of van IJzendoorn and Kroonenberg was a good study but did not take into account cultures when ~~that~~ using the strange situation results and that the results could be considered ~~valid~~ ^{invalid} across cultures. (Total for Question 13 = 8 marks)

Invalid because they cannot be generalised across all cultures.



This gained level 3, 5 marks.

The AO1 was just a level 3.

The AO3 was also level 3, some points were well-developed but most were not well-developed.



Candidates should use the levels based mark scheme to see what they need to write in order to get to the top levels.

Question 14

The best answers were able to offer good knowledge and understanding of the long and short term effects of deprivation, which was consistently applied to Donald and show good well-developed arguments. However, a lot of candidates wrote about privation rather than deprivation throughout for both the AO1 and AO3 aspects of the essay.

Some answers used studies that were not based on deprivation, such as Genie, in their AO3. Many answers were able to make effective use of Bowlby's study on the 44 juvenile delinquents in their AO3.

There was often an imbalance of assessment objectives within the answers, with candidates focussing on AO1 at the expense of AO2 or 3, or candidates focussing on AO3 at the expense of AO1 and 2. Within essays all assessment objectives should be met to get to the top level.

Goldfarb - 3yrs institutional care - adolescent attachment

14 Donald is two and a half years old. He was in hospital for two months. His parents found it difficult to spend a lot of time with him whilst he was in hospital.

When Donald came home, his parents were worried as he cried a lot and did not seem to be as happy as he was before he went into hospital. They are also concerned that the time he spent in hospital may affect his future behaviour.

Assess how far research into deprivation could explain the short-term and long-term effects of Donald's stay in hospital.

You must make reference to the context in your answer.

(16)

Bowlby and Robertson created the PDD model to represent the short-term effects of deprivation: Protest, despair and detachment. Protest is the first stage and will involve Donald crying and refusing attention from anyone other than his parents. This stage usually lasts for hours or possibly days depending on the child's personality. The second stage, despair, will see Donald acting melancholic and withdrawn from people. He may either refuse or accept attempts at affection. Detachment is the final stage and Donald would be seen to accept attention from others and appear to have returned to his normal self. However, when his parents return to him, he may act indifferently and possibly refuse their attention and shows signs of distress e.g. crying. It is possible that Donald did reach the stage of detachment due to the fact that he was left for 2 months and cried a lot when he returned.

Goldfarb studied children who were either in institutional care or had been placed into foster homes. Those in institutional care remained there for ~~approx~~ from 3-years-old and those in foster care left at this age. Those who remained in institutional care found difficulty forming attachments in adolescence and also had impaired developmental

functioning. It is unlikely that Donald will exhibit these kinds of effects as the amount of time he spent in hospital was relatively short (two months). Donald's parents should take caution to ensure that Donald does become reaccustomed to what his normal life would have been. Ideally, Donald's parents should have visited him frequently to reduce the stress he clearly exhibits as a result of the second change.

Robertson & Robertson found that, after they had cared for a number of children of different ages themselves, there are certain things one can do to reduce the short-term, and possibly long-term, effects of deprivation. This would have included more frequent visits, as well as Donald being allowed comforters and reminders of home. It would have been ideal for a close family relative/friend to have cared for him as the hospital would have been an unusual and distressing environment for him. Also, it would have been beneficial for Donald to maintain the usual routine he would have had at home (ie sleeping and eating) to reduce his distress also. This research is extremely useful in reducing the short-term effects of deprivation, potentially meaning there were little to no long-term effects of Donald's two month stay at the hospital.

Bowlby & Robertson's research is very useful to explain the short-term effects of deprivation as it uses external behaviour and categorises it into stages. This means that it would be possible to identify the child behaving in the ways stated in the PDD model and then be able

to prevent it from causing further negative effects e.g. distress. However, this research doesn't explain why the child goes through these stages for short-term deprivation, only what the stages look like. Potentially, the model could be altered to explain how to prevent it from happening. This can only be done by taking the preventative measures identified by Robertson & Robertson. This acts as support for the PDD model.

Goldfarb's study exhibits the difference between short-term and long-term deprivation. The children who were fostered were able to form attachments with their carers and others around them showing that, the shorter the length of the deprivation period, the more chance the individual stands of developing into a 'normal' person who is able to form attachments. However, Goldfarb has not identified a critical period in which a deprived child can still form attachments normally. If the exact point of this cut-off was identified then this may be more useful for preventing at least some of the long-term consequences of deprivation.



ResultsPlus
Examiner Comments

This gained level 3, 11 marks.

The AO1 was level 3, it was accurate.

The AO2 was level 3. Relevant evidence was used to support the line of argument, but this was not sustained.

The AO3 was level 3, the argument was mostly developed and logical and there was an awareness of competing arguments.



Candidates should ensure all assessment objectives are included in essays.

Question 15 (a)

Those candidates who scored well in this question were able to focus on details from the context, and apply it to their knowledge of how Rose could carry out an anti-drugs campaign. Weaker answers tended to be generic and did not use the information from the context.

This gained 3 marks.

1 mark for the sentence about adverts that would appeal to young people and also create an app. 1 mark for using a celebrity that appeals to young people as a role model. The final mark is for the advert including positive and negative points about drug use and stopping drug use.

15 Rose is a health psychologist. She has been asked to create an anti-drugs campaign targeted at young adults. The anti-drugs campaign aims to prevent young adults misusing legal and illegal drugs. Rose wants her campaign to reach as many young adults as possible, and for it to offer memorable information.

(a) Describe how Rose could carry out her anti-drugs campaign.

(4)

Rose could create an advert for TV, as a way that would appeal to young people - it could also work ⁱⁿ conjunction with an app. The advert should feature young people perhaps slightly older than the target audience, as well as a popular celebrity, or familiar face - These would act as role models and encourage young people to copy their behaviour. It should show the actors partaking in enjoyable activity that doesn't involve drugs, this will act as vicarious reinforcement, and encourage young people to take part in activities that don't involve drugs. The advert could also involve the negative impact of drugs as a way of negative reinforcement - discouraging young people from misusing legal and illegal drugs.



Ensure all points are linked to detail from the context in application questions.

Question 15 (b)

Only the best answers were able to apply how Rose could analyse her data to the context. Many candidates explained how to collect data rather than analyse it. There were limited links back to the scenario.

(b) Rose wanted to see whether her anti-drugs campaign was effective. She collected quantitative and qualitative data from her target population.

Describe how Rose could analyse her data to see if her anti-drugs campaign was effective.

(3)

Rose could use thematic analysis for ^{qualitative} ~~quantitative~~ results and compare the number of words that were negative about drugs before the campaign to after to see if their perception has changed. Rose could use qualitative data by finding the mean differences before and after campaign if the average young adults reduce ~~the~~ the amount of misuse of drugs.



This gained 2 marks. 1 mark for the point about comparing qualitative data that is clearly linked to drugs, and 1 mark for the point about comparing the means again this is clearly linked to the context.



Make sure all points are clearly linked to details from the context, do more than just include the name.

Question 16 (a)

Most candidates could correctly calculate the range.

Question 16 (b)

Most candidates failed to apply their answer to the context, and gave a generic answer. There was a significant number of answers that wrote that the mode was not an average. Those candidates who gained a mark were often able to get the identification mark, but then failed to explain this so not gaining the AO3 mark.

(b) Marya used the mean as a measure of central tendency.

Explain why Marya used the mean rather than the mode in her study.

(2)

Because the mean shows the spread of the data whereas the mode only shows the most common number of alcoholic drinks in a week.



ResultsPlus
Examiner Comments

This gained 1 mark for accurately identifying that the mean uses all the scores and the mode only shows the most common scores, linked to the context of alcoholic drinks. There is no justification about why this makes the mean better than the mode.



ResultsPlus
Examiner Tip

When asked an explain question include a justification in the answer for the second mark.

Question 16 (c)

This question asked for an improvement to Marya's study. The best answers were able to accurately identify an improvement, but very few went on to gain the mark for explaining the

improvement. A lot of answers focussed on a weakness of the investigation, rather than the improvement. Weaker answers failed to link their improvement to details from the context, or were not specific about what the improvement should be.

(c) Explain **one** improvement Marya could make to her study.

(2)

Marya could create a baseline before the treatment they check consumption of alcohol at 3 months, 6 months then 12 months. This is an improvement as it makes her study more reliable. It can also help indicate if the treatment was effective long term or short term to help those struggling with alcohol addiction.



This gained 2 marks. The improvement is clearly identified as having a baseline measurement and collecting data over various periods of time, and this is linked to the context of alcoholic drinks. This is then justified in terms of validating the treatment long term.



Include details from the context in the answer, do not just state the name.

Question 17

Candidates could often show their knowledge and understanding of Olds and Milner.

Those candidates who did not gain the top level for their knowledge and understanding often had inaccuracies within their AO1, the most common errors being errors in the results.

Weaker answers tended to focus on AO1 at the expense of AO3. The best answers were able to show well-developed logical evaluation, often merged with the AO1 points. Weaker answers often did not develop their AO3 points, or had little AO1 or little AO3. One issue was the limited understanding of the application of animal ethics in relation to this study.

A strength of Olds and Milner is that it is reliable. There is a set standardised procedure: 3 days rest after implantation of electrode, voltage testing, 3 hours acquisition testing, 30 mins extinction testing. This makes the study reliable because it can be easily replicated by other researchers to find similar results. On the other hand, a weakness of the study is that it is unreliable. On the 4th day, the rats were tested to see which voltage created a reaction - this varied, from 0.5v - 5v. Therefore, this study is unreliable because it is difficult to replicate (all rats were shocked with different voltages) and researchers may not find similar results.

Another strength of Olds and Milner is that it has application. They found that the septal area was rewarding (spent 75-92% of acquisition time pressing lever) and that the medial lemniscus was punishing (spent 4% of extinction time pressing lever). This is a strength because it provides us with knowledge of specific areas used in the reward pathways. On the other hand, a

weakness of Olds and Milner is generalisability. The sample consisted of only 15 male, hooded rats (have similar brain structure as humans). Therefore, this study's findings ^{has limited} ~~have~~ generalisability to humans because rats don't have the exact same brains and don't experience the same complexity of life that humans do.

Overall, the strengths of Olds and Milner's study outweigh the weaknesses because of its useful insight into specific brain structures involved in the reward pathway.



This is level 4, 7 marks.

The AO1 is accurate and thorough.

The AO3 is developed and merged with the AO1, but not all of the points are well developed.

Using the best fit approach this puts it into level 4.



Candidates should use the levels based mark scheme so they can see how to gain the top levels in essays.

Question 18

The best answers were able to offer good knowledge and understanding of a learning theory in relation to nicotine addiction, which was consistently applied to Donald and show good well-developed arguments. However, a lot of candidates simply stated the different aspects of social learning theory and showed no knowledge and understanding of what they were.

There was some good use of research to support the points being made but a few generic stating of Bandura's research with no link to how it could be used to support an explanation of addiction. Some good links made to biological explanation of addiction as a contrasting explanation.

There was often an imbalance of assessment objectives within the answers, with candidates focussing on AO1 at the expense of AO2 or 3, or candidates focussing on AO3 at the expense of AO1 and 2. Within essays all assessment objectives should be met to get to the top level.

18 Donald is addicted to nicotine. Both his parents and his friends smoke cigarettes. His friends started smoking because they thought it made them look more mature.

He finds that nicotine helps him relax, and relieves any stress he feels. Donald finds that there are certain times during the day when he craves a cigarette, such as just after he has eaten.

Withdrawal operant + classical learning

Σ 00

Evaluate **one** learning explanation for nicotine addiction that could account for Donald smoking cigarettes.

You must make reference to the context in your answer.

(16)

One learning explanation is operant conditioning. This is based on reinforcement. Donald's friends and parents smoke, so they may have acted as a reinforcement, but also, the effects of nicotine such as relaxation, also reinforce the behaviour.

Donald's nicotine addiction can be explained by positive reinforcement through operant conditioning. When Donald smokes, he feels relaxed and his stress is relieved. This is positive reinforcement because Donald has a cigarette, containing nicotine and so he feels good relaxed. Furthermore, since Donald's friends and parents also smoke, they may have encouraged him to smoke and said that it was a good thing, and this positive reinforcement, further encouraged the Donald to smoke. However, his parents may have discouraged him from smoking, as they know the negative effects it has on their health, e.g. lung cancer and yellow teeth, so, his parents may ~~be~~ not be reinforcing him to smoke. So, the fact that his parents smoke may act as a ~~not~~ discouragement.

Donald is also experiencing negative reinforcement, he is experiencing withdrawal symptoms since he craves a cigarette in

certain times of the day. The withdrawal symptoms make Donald ~~smoke~~ think that he needs a cigarette to function because the withdrawal symptoms e.g. feeling stressed or not being able to function properly because he is always ~~as~~ thinking of having cigarettes are a negative reinforcement, so Donald continues to smoke. However, operant conditioning cannot explain why Donald started smoking. The puff of a cigarette that people often have will produce feelings of nausea, and will discourage him from wanting to smoke again, since it's a bad experience for Donald. Therefore, a different theory may be more appropriate such as social learning theory.

Social learning theory describes that Donald started smoking due to vicarious reinforcement. Donald saw his ~~friends~~ ^{friends} smoke, and since they may be role models for him, Donald would want to be like them. So he would pay attention to the behaviour, he would return it, he would reproduce it and if he was motivated by them (feeling he is more mature) he would continue to smoke and copy their behaviour. However, Donald would have to see his friends as his role models, if Donald doesn't look up to them or want to be like them, then social learning theory is not the best explanation.

Studies have shown that people most crave a cigarette first thing in the morning, and Donald will also crave a cigarette due to the negative reinforcement of withdrawal symptoms. Smoking nicotine

If Donald has had a negative experience with smoking nicotine, such as seeing his friend have cancer because of smoking. Then this would discourage him to smoke, however, Donald still smokes, so operant conditioning isn't able to explain why people continue to take drugs even after a bad experience with them.

To conclude, Donald's smoking habits can be explained well by operant conditioning. He has been positively and negatively reinforced to smoke by the ~~signaling the~~ relaxation effect of nicotine and by the withdrawal or ~~craving~~ craving he has for nicotine. However, social learning theory is also a good explanation. ~~so~~ But, I think operant conditioning is the best learning explanation for Donald smoking.



This is level 2 8 marks.

The AO1 is level 3, the description of operant conditioning in terms of nicotine addiction is accurate. The AO2 is also level 3 as relevant evidence is applied. The AO3 is level 1, there is limited AO3 in the form of social learning theory as an alternative explanation.

Therefore taking the best fit approach this puts it in level 2.

Paper Summary

Based on their performance in this paper, candidates are offered the following advice:

- Where an extended open response question (8 marks or more) is used, candidates should draw upon their knowledge and understanding to support logical chains of reasoning in order to achieve higher mark bands.
- Candidates should make sure they address all the assessment objectives within essays, and look to the levels based mark scheme to determine the balance of AO1 and AO3.
- Candidates should apply their understanding to the behaviour or context in a given scenario including research methods questions.
- Explanations of strengths and weaknesses should include a justification/exemplification.
- Candidates should read the question carefully and ensure they are answering what the question asks.

Grade Boundaries

Grade boundaries for this, and all other papers, can be found on the website on this link:

<http://www.edexcel.com/iwantto/Pages/grade-boundaries.aspx>

