

# Mark Scheme (Results)

June 2015

Pearson Edexcel GCE in Psychology  
(6PS04/01)

Unit 4: How Psychology Works

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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 – 3	Marking points are indicative, not comprehensive and other points should be credited. In all cases consider “or words to that effect”. Each bullet point is a mark unless otherwise stated and each point made by the candidate must be clearly and effectively communicated.

Question Number	Question	
<b>1 (a)</b>	Describe symptoms <b>and</b> features of schizophrenia.	
	<b>Answer</b>	<b>Mark</b>
	<p><b>List</b> of at least 3 symptoms 1 mark (provided not credited elsewhere)  <b>List</b> of 5 or more symptoms 2 marks (not credited elsewhere)  <b>List</b> of all 5 types of schizophrenia without any description  <b>Max 1</b>                      “Positive and negative symptoms” without <b>any</b> elaboration <b>0 marks</b> Brief OK as long as accurate                      If only features <b>or</b> symptoms <b>max 3</b>, go with intention of candidate</p> <p>Symptoms</p> <ul style="list-style-type: none"> <li>• Delusions are common such as of persecution or grandeur/eq;</li> <li>• Person is likely to suffer from hallucinations, these may be auditory or visual/eq;</li> <li>• Negative symptoms such as poverty of speech means cannot express selves effectively/eq;</li> <li>• Positive/type 1 symptoms add aspects to behaviour whereas Negative/type 2 are a lack of something/eq;</li> <li>• May show either a lack of emotion or inappropriate emotions such as laughing at something distressing/eq;</li> <li>• Person may enter a catatonic stupor where they remain immobile for lengthy periods/eq;</li> <li>• Waxy posture means limbs placed in a posture by another person and will remain there for some considerable time/eq;</li> <li>• Difficulties in interactions and inability to relate to others leading to isolation/eq;</li> <li>• Disordered thinking is where individuals cannot organise their thoughts about a situation (1<sup>st</sup> mark)this can lead to confusion in the way they behave or what they say (2<sup>nd</sup> mark)/eq;</li> <li>• Symptoms include hallucinations, delusions, poverty of speech (<b>one mark</b>), lack of emotion, personal hygiene (<b>two marks</b>)/eq;</li> </ul> <p>Features of the disorder</p> <ul style="list-style-type: none"> <li>• An incidence level of 1% in populations is very stable</li> </ul>	<b>(5 AO1)</b>

	<p>across time and across countries/eq;</p> <ul style="list-style-type: none"><li>• It is suggested that severity is greater in males compared to females/eq;</li><li>• Onset age in men is typically 16-25 and in women about 10 years later on average/eq;</li><li>• Incidence is males and females is similar though onset age is later in women/eq;</li><li>• Positive symptoms tend to be more treatable than negative symptoms/eq;</li><li>• About <math>\frac{1}{3}</math> of sufferers will recover completely, <math>\frac{1}{3}</math> will have repeated episodes and a <math>\frac{1}{3}</math> will be untreatable/eq; (or <math>\frac{1}{4}</math> <math>\frac{1}{2}</math> )</li></ul> <p><b>Look for other appropriate marking points.</b></p>	
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Question Number	Question	
<b>1 (b)</b>	<p>There are several different explanations given for the cause of schizophrenia. Describe <b>one</b> biological explanation for schizophrenia</p>	
	Answer	Mark
	<p>If more than one biological explanation mark all and credit the best. Do not reverse mark in the light of content of (c) No credit for non-biological explanations. Suitable explanations are given below.</p> <p><b>Note:</b> Evaluation not creditworthy. If an evaluation contains relevant description it might be creditworthy in a few cases.</p> <p>Dopamine:</p> <ul style="list-style-type: none"> <li>• Excess dopamine is believed to cause schizophrenia with dopamine synapses increasing their activity levels/eq;</li> <li>• This over-activity of dopamine controlled synapses is associated with hallucinations and paranoia/eq;</li> <li>• Over stimulation of the mesolimbic pathway is linked to positive symptoms/eq;</li> <li>• Problems with dopamine functioning in the pathway connecting the midbrain to the frontal lobes is associated with negative symptoms/eq;</li> <li>• There are an increased number of dopamine receptors at synapses in the brains of those with schizophrenia/eq;</li> </ul> <p>Genetics:</p> <ul style="list-style-type: none"> <li>• The genes for schizophrenia are inherited so the disorder tends to run in families/eq;</li> <li>• The presence of certain types of genetic mutations may be needed before environmental factors can trigger the disorder/eq;</li> <li>• These genes can cause critical neural pathways in the brain to be disrupted or damaged/eq;</li> <li>• Lower level of interference may be adaptive providing creative ways of thinking so the mutations are selected for/eq;</li> <li>• This means behaviour controlled by these pathways will not be carried out/develop properly/eq;</li> <li>• It is also possible that it is genetics that cause excess production of/sensitivity to dopamine/eq;</li> </ul> <p>Enlarged ventricles:</p> <ul style="list-style-type: none"> <li>• Enlarged ventricles found in those suffering from schizophrenia are bigger than enlargements found in non-schizophrenics/eq;</li> <li>• There is a general deterioration in brain mass over a period of time with up to 25% of the neo-cortex being lost/eq;</li> <li>• It is suggested that the loss of brain tissue is linked to the lack of awareness of the disorder in those who have</li> </ul>	<b>(4 AO1)</b>

	<p>schizophrenia/eq;</p> <ul style="list-style-type: none"><li>• There is an association between the ventricles growing progressively larger and chronic symptoms of schizophrenia/eq;</li></ul> <p><b>Look for other appropriate marking points.</b></p>	
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Question Number	Question	
<b>1 (c)</b>	<p>Evaluate the biological explanation for schizophrenia that you described in (b).            In your evaluation make at least <b>one</b> comparison with a non-biological explanation for schizophrenia</p>	
	Answer	Mark
	<p>Explanation evaluated must be the same as that described and given credit in (b) (as the best explanation if more than one described) or no marks. If answer includes evaluations that link to other biological explanations these can gain credit, so long as there is a link to the description in (b).            Other explanations given but not <b>compared</b> to the explanation from (b) cannot gain credit</p> <p><b>TE</b> If (b) is blank but (c) correctly evaluates an appropriate explanation then full marks are available.            If (b) is a non biological explanation of schizophrenia, but there is an appropriate comparison with a biological explanation this may gain credit. If in doubt contact TL.            Methodological evaluation is creditable. All points must be specific.</p> <p><b>Max 5</b> if no comparison made with a non-biological explanation.  <b>Max 1</b> for basic comparisons with no development.</p> <p>Dopamine:</p> <ul style="list-style-type: none"> <li>• Excess dopamine is only measured after onset so it could be effect not cause/eq;</li> <li>• However paranoia in drug users where dopamine levels are kept too high does support the role of dopamine/eq;</li> <li>• Also effectiveness of drugs that reduce availability of dopamine supports its role as implicated in the disorder/eq;</li> <li>• Though antipsychotic drugs reduce dopamine availability in a very short time the effect on symptoms takes several weeks to appear, suggesting other factors are involved/eq;</li> <li>• PET scans in those who have had the disorder for many years show blocking of dopamine receptors by antipsychotic drugs does not match a reduction in symptoms/eq;</li> <li>• The positive correlation between schizophrenia and dopamine is consistent and according to Seeman (2006) without exception/eq;</li> <li>• Some atypical anti-psychotic drugs so not block dopamine receptors but still reduce the symptoms of schizophrenia/eq;</li> <li>• In comparison to the learning explanation the dopamine hypothesis can explain why someone may develop symptoms, even when they have never encountered someone with the disorder. The learning explanation</li> </ul>	<b>(6 AO2)</b>

requires either exposure to a model displaying schizophrenic behaviour and/or positive reinforcement of such behaviour in the sufferer for the disorder to emerge/eq; (**2 marks**)

Genetics:

- Family and twin studies evidence (such as Gottesman) give support for a genetic component as concordance rates go up in direct relationship to the degree of relatedness/eq;
- When one MZ twin has schizophrenia the incidence of the disorder occurring in the second twin is 50% compared to only 15% in DZ twins (Gottesman 1991)/eq;
- However because concordance rates are not 100% for MZ twins it suggests other factors such as the environment also play a role/eq;
- As most MZ twins share environment, both genes and environment are similar, making it harder to apportion responsibility/eq;
- Heston's study controlled for environmental effects and still found a higher incidence of schizophrenia in those with a family history/eq;
- The large number of genes linked to schizophrenia are unlikely to all be associated with the disorder and it has been suggested that it may be a type of genetic mutation rather than a specific locus/eq;
- The genetic explanation for schizophrenia does not explain why someone with no family history of the disorder can develop it in contrast to the psychodynamic explanation that blames the development of symptoms on the way the individual has been treated within the family when growing up/eq; (**2 marks**)
- The cognitive explanation is better than the genetic explanation as it shows how people without a family history of schizophrenia can get it/eq;

Enlarged ventricles:

- Even though the association between enlarged ventricles and schizophrenia was first established over 40 years ago no direct causal link has been established/eq;
- Reduction of grey matter which is linked to the ventricles enlarging seems to be common to several mental health disorders so it may not be specific to schizophrenia/eq;
- CT scans have shown that enlargement of the ventricles continues after diagnosis, whether medication is taken or not, suggesting it is not coincidental/eq;
- Enlargement of the ventricles has been linked to lack of awareness of symptoms of a disorder, something very typical of schizophrenia sufferers/eq;
- Lieberman et al (2006) showed that the enlargement of ventricles was associated with those who continued to suffer symptoms of schizophrenia whereas those who went into remission saw no such enlargement/eq;

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|  | <ul style="list-style-type: none"><li>• Social causality as an explanation of schizophrenia suggests that stress in the environment is responsible for onset of the disorder, however such conditions are also linked to poorer diet and other factors that could be linked to biological causes, especially as enlarged ventricles have been detected in very premature babies/eq; (<b>2 marks</b>)</li></ul> |  |
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**Look for other appropriate marking points.**

Question Number	Question	
2	<p>You have learned a study in detail about one of the disorders listed below:</p> <ul style="list-style-type: none"> <li>• unipolar depression</li> <li>• bipolar depression</li> <li>• phobias</li> <li>• obsessive compulsive disorder</li> <li>• anorexia nervosa</li> <li>• bulimia nervosa</li> </ul> <p>Evaluate the study you have learned about in terms of methodology, ethical issues and generalisability.</p>	
	Answer	Mark
	<p>No marks if the study is about a different disorder than those in the list.</p> <p>If study is not identified full credit can be gained if the study is recognisable and is a study into one of the named disorders. There are many more studies than the ones listed here. If you are unsure of the study refer to your team leader and if appropriate send to review.</p> <p>If only methodological or ethical or generalisability max 3 marks, if only 2 of the three elements max 5 marks. No restriction on the number of marks that can be gained for an element if all elements present</p> <p>Max 2 marks available for generic evaluation points</p> <p>Unipolar depression: e.g. Brown &amp; Harris (1989)(NB there are other dates &amp; minor changes in authorship for this body of research – most evaluations will be the same)</p> <ul style="list-style-type: none"> <li>• The study only looks at depression in a sub category of women, so cannot explain male depression, nor depression in women who do not fit the criteria/eq;</li> <li>• However the sample size was large so findings should be robust when applied to other women from a similar background/eq;</li> <li>• A subsample of 21 women were given interviews by 2 different researchers to check that interview technique was robust/eq;</li> <li>• Women were contacted because they had gone to their GP which may be seen as an invasion of their privacy by the researchers/eq;</li> <li>• Recognition of the role of social factors meant the introduction of support structures as a strategy for treatment or prevention came to the fore/eq;</li> <li>• By highlighting how having young children can cause extra stressors for women authorities have been sensitised to monitoring this more effectively in the community/eq;</li> </ul>	<p><b>(6 AO2)</b></p>

- Some women may not welcome the intervention that has resulted from this research, seeing it as an invasion of privacy, and that they should be allowed to deal with situations as they see fit/eq;
- Untreated depression in a mother with a young family can lead to negative consequences for the children in the family so many would see the interventionist strategy that has emerged from this research to be ethically justified/eq;
- The data were collected through a series of face to face interviews so it is possible that respondents were influenced by the personality of the interviewer and did not answer entirely truthfully/eq;
- The study was heavily reliant on self-referral by the women in the first instance, so if the category seen as typifying depression were more likely to refer themselves than other groups this could explain the statistics regarding vulnerability/eq;

#### Phobias

Cook & Mineka (1989)

- Carried out on rhesus monkeys so generalisation to humans is questionable as there are significant differences between species/eq;
- Persistence of a snake fear once acquired supports the view that it has an evolutionary basis, this may be generalisable to humans as we share a similar evolutionary background to rhesus monkeys/eq;
- Conflicting evidence from McNally (1987) suggests that humans are not so readily affected as monkeys, possibly as human behaviour is more influenced by learning, so more adaptive/eq;
- Controls were used to good effect to show preparedness for a snake fear to develop compared to fear of neutral objects/eq;
- The design was very complex and the researchers admitted that some of the difference between neutral and fearful stimuli could have been a result of a procedure that was too complex/eq;
- Sample size of 22 lab reared monkeys showed sound ethics as number was small and not wild caught/eq;
- The naïve monkeys learned fear by watching film clips of wild reared monkeys, so the researchers must have used some monkeys captured from the wild, which is not seen as ethically appropriate/eq;

Anorexia nervosa/Bulimia nervosa (accept as either)

Mumford & Whitehouse (1988)

- The original sample was large (over 200 Asian girls and over 350 white girls all attending school in a large metropolitan area) so results should be generalisable within the UK/eq;

- Participants were girls aged 14-16 so generalisation beyond this cohort may be limited as views on eating and body image change over time/eq;
- The subset interviewed in detail were selected on the basis of responses to a questionnaire, however they may not have been entirely truthful in these responses/eq;
- Eight Asian and 10 white girls identified for interview on questionnaire results did not attend interview/Only 75% of those invited for interview attended meaning results may be biased/eq;
- Both researchers were male which may have created difficulties when interviewing adolescent girls about body image/eq;
- Participants may have worried that their results would not be confidential as the questionnaires and interviews all took place in the school environment/eq;
- The authors fail to state whether those participants diagnosed with an eating disorder were referred for clinical support or not, so it is unclear whether they acting with a duty of care or not/eq;

#### Holland et al (1988)

- The number of DZ and MZ twin pairs used was similar, so though not large data were comparable within the study, however of doubtful generalisability to the wider population/eq;
- The sample had only 4 pairs of male twins, meaning the results would be difficult to generalise to the male population/eq;
- The use of first degree female relatives to provide additional data added to the robustness of the data/eq;
- Multiple methods including questionnaires and physiological measures were used so there was the opportunity to test for accuracy of data/eq;
- The role of shared environments was not controlled for, however it is difficult to do this as the number of twin pairs with one or both having anorexia is not large/eq;
- Although all participants gave informed consent they may have become distressing once it became clear that anorexia had high heritability as non-anorexic twins may have felt threatened/eq;

#### McGuffin et al (2003)

- Sample size was large with 67 pairs of twins with BPD/177 with UPD which means that the amount of data collected makes the study more reliable/eq;
- Data were subjected to a procedure to account for the additional effects of shared environments increasing their validity/eq;
- Twins are a small minority of the population and share more in common than genes compared to regular siblings so results may not be generalisable to the wider population/eq;

- Zygosity was determined by blood tests and questionnaires so the data could be cross checked for reliability/eq;
- Research interviews were conducted by interviewers blind to zygosity status so avoiding assumptions being made/eq;
- The discovery that the heritability of the mania component of BPD is highly heritable may have distressed some participants/eq;

Menzies et al (2000)

- Participants were not sufferers from OCD so trying to extrapolate from these findings to how those suffering from OCD would behave is problematic/eq;
- Participants were mainly female (59:11) Australian undergraduates so generalisation to a typical OCD sufferer may be difficult as their attitudes to anxiety provoking situations may not be the same as people who are older/eq;
- The task involved responses to items in a questionnaire which is not like a real life incident that elicits checking or washing concerns/eq;
- Many of the tasks that were presented scenarios that were outside the experience of a typical 19 year old (mean age of sample) which may have meant they did not engage in the situation fully/eq;
- The study aimed to differentiate between scenarios perceived as the responsibility of the participant or the responsibility of another person, however other than wording no check was made to ensure this perception was shared by the participants/eq;
- The participants were all members of an Introduction to Psychology class so they may not have given consent, but been recruited because of their class membership/eq;
- As the mean age of the participants was only 19.1 years they may have felt obliged to participate in the study and felt uncomfortable at refusing to take part/eq;

**Look for other appropriate marking points**

Question Number	Question	
3	<p>For many years clinicians have tried to improve the standard of diagnosis for those with mental health issues. Use research evidence to explain issues relating to reliability and validity of diagnosis.</p>	
	Answer	Mark
	<p>If only reliability or validity <b>max 4 marks</b>  No research evidence <b>max 4 marks</b>  <b>2 marks</b> available for accurate definitions of reliability &amp; validity (1+1)  Issues can relate to any version of DSM or any other diagnostic tool.  Do not credit unsubstantiated claims/assertions, but well-known research may be alluded to only briefly.</p> <ul style="list-style-type: none"> <li>• Reliability of diagnosis means that two or more clinicians agree (independently) on the diagnosis made/eq;</li> <li>• Goldstein (1988) demonstrated reliability as clinicians re-diagnosing patients previously diagnosed with an earlier version of DSM mainly agreed with the original diagnosis/eq;</li> <li>• Aboraya et al (2006) suggest that poor reliability is due to clinicians not following a structured approach to diagnosis and recommend a strategy based on specific steps/eq;</li> <li>• Beck (1962) demonstrated poor reliability using DSM II, but more recent versions of DSM have shown higher levels of reliability/eq;</li> <li>• Helzer et al (1977) showed that using a structured interview improved inter-rater reliability for diagnosis/eq;</li> <li>• Rosenhan's (1972) pseudo-patients presented with the same single symptom and with one exception received the same diagnosis showing DSM is reliable/eq;</li> <li>• Low levels of reliability (as shown by Beck) could be because patients vary in what they report to different clinicians/eq;</li> <li>• Validity is when the diagnosis given is correct, so the treatment/ therapy prescribed is effective in tackling the disorder/eq; (or negative version)</li> <li>• Different therapies work differently for different people there is a chance it will be ineffective even when the diagnosis is correct/eq;</li> <li>• Kendell &amp; Jablensky (2003) argue distinct criteria used to distinguish between different mental disorders are erroneous as there are no such clear boundaries/eq;</li> <li>• Robins &amp; Guze (1970) considered several stages in diagnosis need to be applied so criterion validity could be attained, these included clinical description/ laboratory study/ exclusion of other disorders/ follow-up study/ family study/eq;</li> <li>•</li> <li>• Validity of diagnosis has been questioned (e.g. Miller 2013) when individuals with no symptoms in common can be given the same diagnosis and have different prognoses/eq;</li> <li>• Rosenhan showed diagnosis may not be valid as someone can</li> </ul>	(6 AO2)

be diagnosed with schizophrenia just by claiming the presence of one symptom/eq;

- Etiological validity can be difficult to obtain as symptoms for (e.g.) schizophrenia can be very variable/eq;
- Cultural perceptions of what is normal/abnormal can influence validity leading to bias/errors in diagnosis (**must have an example/study** or suitably elaborated point to gain credit)/eq;

**Look for other appropriate marking points**

Question Number	Question	
4 (a)	<p>As part of your course you will have prepared a leaflet using secondary data for a particular audience on a key issue within clinical psychology.</p> <p>Explain why the key issue within your leaflet is relevant to your target audience.</p>	
	Answer	Mark
	<p>Information about the audience is only creditworthy if it elucidates the reason why the key issue is relevant. If the candidate does not state the target audience and no target audience is discernible in the response then 0 marks. If the target audience is inappropriate 0 marks.</p> <p>There must be a clearly discernible key issue or <b>max 1</b>. The key issue could be broad or specific, e.g. how do I know what to do to help my friend (with 'x'), what sort of help is available for someone with 'x', what's the prognosis for my disorder?</p> <p>e.g.</p> <ul style="list-style-type: none"> <li>• The immediate family of someone recently diagnosed with schizophrenia is likely to need to understand when it may be necessary to request extra support/eq;</li> <li>• By giving the family information about the disorder and community support systems they will feel more able to cope/eq;</li> <li>• Co-workers of someone suffering from a mental disorder need to be aware of how the disorder is likely to affect their behaviour around other people/eq;</li> <li>• This may include what to do if they relapse when at work and where to seek help/eq;</li> <li>• Someone recently diagnosed with a disorder will need to know how to recognise whether the medication regime they are on is helping/eq;</li> <li>• Otherwise they may come off medication without returning to the clinician because they are unaware there are several alternative treatments available/eq;</li> <li>• Those who may be tempted to use social drugs e.g. cannabis need to be informed of the possible consequences on their mental health/eq;</li> <li>• There is increasing evidence that use of stronger forms of cannabis over an extended period may be linked to psychosis and the development of schizophrenia/eq;</li> </ul> <p><b>Look for other appropriate marking points</b></p>	(2 A03)

Question Number	Question	
4 (b)	<p>Explain how successful you think your leaflet would be in achieving its intended outcome. You must refer to the secondary data within your leaflet in the answer.</p>	
	Answer	Mark
	<p>Read answer then refer to levels. Must match with target audience described in (a) or 0 marks even if target audience is inappropriate. <b>Note:</b> assessing success is likely to consider (i) is content appropriate (ii) is content useful (iii) is leaflet likely to be read by target audience?</p> <p>Indicative content</p> <ul style="list-style-type: none"> <li>• My leaflet gave details of how to recognise the symptoms of schizophrenic episodes <i>so would be useful to</i> family members learning to cope with a newly diagnosed schizophrenia patient</li> <li>• By giving strategies of how to interact with someone suffering from depression the leaflet <i>would help work colleagues interact</i> with a work colleague who is finding it hard to cope at work</li> <li>• My self-help leaflet <i>should assist</i> mental health patients recognise their symptoms and when they need help</li> <li>• I used language that was easy for lay people to understand so my audience <i>should be able to understand</i> the information clearly</li> <li>• I used a colourful layout and did not include too much information so that <i>it was easy to find the important material</i> in the leaflet</li> <li>• I included a list of key symptoms for schizophrenia that family are likely to see when a relapse is starting with a clear message about what to do if these symptoms were seen</li> <li>• My leaflet included statistics on how successful treatment for depression can be and the importance of social support during treatment to encourage co-workers to help their colleague</li> <li>• I included the various helpline phone numbers and websites so that the patient/family knew who to contact if they needed support</li> </ul> <p>Level 3 comments</p> <ul style="list-style-type: none"> <li>• I think the leaflet <i>would have been more clearly understood</i> if the back page had been a bullet pointed list of the key information</li> <li>• I didn't include telephone helplines which would probably have made the leaflet <i>far more useful</i> because it would have told them where to go to get help.</li> </ul> <p><b>Levels</b></p> <p>0 marks: Not linked to target audience identified in part (a). Material irrelevant to question.</p> <p>1 mark: Some attempt to link leaflet content with the target audience, this may be implicit. Unlikely to address</p>	(4 AO3)

	<p>success/failure, or attempt will be general.</p> <p>2 marks: Explanation links content of leaflet and target audience, link may be implicit. Role of secondary data may be present. Assessment of success/failure attempted. Response may be general rather than specific</p> <p>3 marks: Explanation links content of the leaflet and target audience. Role of secondary data stated &amp; an attempt made to make relevant. Some attempt at assessment of success/failure given, with reasons why. Breadth or depth</p> <p>4 marks: Explanation links content of the leaflet and target audience. Role of secondary data clearly stated &amp; made relevant. Assessment of success/failure with reasons why. Breadth and depth</p>	
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Question Number	Question	
5	<p>Describe and evaluate one cognitive therapy that is used to treat mental disorders.</p> <p>In your answer you must include <b>one</b> comparison with a different treatment/therapy.</p>	<p><b>(6 A01)</b> <b>(6 A02)</b></p>
<b>Answer</b>		
<p>Read through the whole answer then refer to levels.            Avoid points based marking.            Must be one treatment/therapy from the cognitive approach.            If more than one treatment/therapy mark all and credit the best mark to the candidate's advantage.  <b>NOTE:</b> Comparisons are equivalent to evaluation. Work to candidate's advantage</p> <p>Indicative content</p> <p>Description of therapy/treatment: (note there is a great deal of overlap between these therapies)</p> <p>CBT/cognitive therapy</p> <ul style="list-style-type: none"> <li>• Therapy is usually weekly or fortnightly sessions of either 30 mins or an hour and lasting from 6 weeks to 6 months.</li> <li>• Duration of the therapy tends to be determined by both the type of disorder as well as severity.</li> <li>• Aims to change clients thinking and behaviour.</li> <li>• The therapy focuses on the present though the therapist may ask about the past in case that has any bearing.</li> <li>• The client and therapist agree what to discuss at a particular session.</li> <li>• Problems are broken down into parts to identify patterns of thoughts, emotions and actions.</li> <li>• The therapist guides the client to challenge unrealistic, unhelpful or negative ways of thinking.</li> <li>• Catastrophising is treated by forcing the client to realise that a particular outcome would not be disastrous</li> <li>• The client will be asked to do homework by applying skills learned and keeping a record of how well it worked.</li> <li>• CBT is now available through computer based programmes 'Beating the Blues' and 'Fighting Fear'.</li> </ul> <p>RET</p> <ul style="list-style-type: none"> <li>• The therapist works with the client to identify those areas of faulty thoughts/ emotions/ beliefs.</li> <li>• The client is taught to challenge faulty beliefs and emotions and replace them with rational emotions and beliefs.</li> <li>• The therapist will set the client a series of targets to achieve and a progression is established.</li> <li>• Clients will be expected to complete assignments between sessions with the therapist which will include facing the issues causing problems.</li> <li>• The therapist will assist the client in examining faulty schemas and constructing more helpful/positive ones.</li> <li>• When a client's thought patterns revolve around awfulness and catastrophe this is challenged by making them consider what would be truly awful/a catastrophe</li> </ul>		

- The therapy aims to empower the client to take control of their life and turn negative feelings around.

#### Evaluation of therapy

##### CBT

- CBT is considered to be a very effective therapy for depression as it tackles the underlying thoughts (e.g. Embling 2002).
- 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.
- March et al (2004) suggested that for adolescents the best results are found by combining drug treatment with CBT.
- 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.
- Kingdon & Turkington (2006) suggest that CBT is effective in alleviating both positive & negative symptoms of schizophrenia that have proved resistant to drug treatment
- CBT is extremely popular and considered by many (e.g. Freeman & Freeman 2013) to be the most effective treatment for many disorders (e.g. bulimia)
- Tarrier & Wykes (2004) argue that CBT can be a positive intervention during acute periods of psychosis in patients with schizophrenia
- Jones et al (2012) (Cochrane Review) claim CBT is no more effective than other psychosocial treatments/therapies for a range of disorders
- They also suggest it has a better retention rate than medication but does not reduce the tendency for relapses/rehospitalisation/suicide in sufferers
- Bradshaw & Roseborough (2004) treated 22 patients with persistent residual symptoms of schizophrenia and found significant improvement in all participants.
- As CBT is available through the NHS there is not a huge cost to the individual.

##### Comparison with an alternative therapy

- Dreissen & Hollon (2010) showed CBT to be more effective than medication, except when the depression is related to another disorder
- While CBT is not a complete therapy, any more than any other treatment it seems to make a useful contribution to improvement and unlike drug therapy has the advantage of not producing unwanted/unpleasant side effects.
- Compared to drug therapy the cost/ time involved is less as successful CBT will effect an improvement for less cost/time to the individual.

##### RET

- Van Oppen et al (1995) showed challenging the emotional beliefs of OCD sufferers using RET was an effective way of reducing the symptoms of the disorder.
- Abramowitz (1997) showed that RET was at least as effective as other psychosocial or cognitive treatments in helping reduce symptoms of OCD.
- James & Blackburn (1995) argue there is insufficient evidence that RET or other cognitive therapies are effective at treating OCD
- It is thought that the inclusion of the emotive component in RET allows the therapist to better deal with anxiety disorders in general
- Bond & Dryden (1996) argue central tenets such as 'musterbation', are untestable as mental disorders are a result of the interplay between

emotions, cognitions and behaviour and these cannot be separated & measured independently

- If principles like masturbation cannot be tested then there is little evidence that can be considered robust enough to provide objective evidence for RET

Comparison with an alternative therapy

- Emmelkamp & Beens (1991) found RET was as effective as in vivo exposure to the target situations in helping overcome OCD with improvement maintained over a 6 month period
- Cottraux et al (2001) compared the effectiveness of RET with behavioural therapies and found outcomes were similar for each therapy

Level	Mark	Descriptor
<b>Level 0</b>	0	No rewardable material.
<b>Level 1</b>	1-3	<p>Candidates will produce brief answers, making simple statements, showing some relevance to the question.</p> <ul style="list-style-type: none"> <li>• Attempt at description of therapy with no evaluation present</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Only evaluation of therapy with no description of what the therapy involves.</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Very brief attempt at both description &amp; evaluation</li> </ul> <p>Little attempt at the analytical/evaluation demands of the question. Lack of relevant evidence. The skills needed to produce effective writing will not normally be present. The writing may have some coherence and will be generally comprehensible, but lack both clarity and organisation. High incidence of syntactical and/or spelling errors.</p>
<b>Level 2</b>	4-6	<p>Candidates will produce statements with some development in the form of analysis/evaluation, with limited success.</p> <ul style="list-style-type: none"> <li>• Both description and evaluation of therapy accurate but limited</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Either description or evaluation done well and other very brief or one done very well and other absent</li> <li>• A different therapy may be present</li> </ul> <p>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.</p>
<b>Level 3</b>	7-9	<p>Candidates' answers will show some good knowledge with understanding of the focus of the question and will include analysis and evaluation. Either both components done well or one done very well and the other attempted.</p> <ul style="list-style-type: none"> <li>• Description of therapy will show evidence of either breadth or depth</li> <li>• Evaluation will include a range of issues, not necessarily well balanced, probably refer to research</li> <li>• Comparison to another therapy attempted, not just juxtaposed</li> <li>• Breadth or depth, not necessarily well balanced</li> </ul> <p>Points made may not be fully treated critically though there may be some evidence of judgement and of reaching conclusions where this is relevant. Use of a range of evidence. The candidate will demonstrate most of the skills needed to produce effective extended writing but there will be lapses in organisation. Some syntactical and/or spelling errors are likely to be present.</p>
<b>Level 4</b>	10-12	<p>Candidates will offer a response which is relevant and focused on the question, and addresses the main issues contained in it.</p> <ul style="list-style-type: none"> <li>• Description of therapy will be thorough <b>and</b> detailed.</li> <li>• Evaluation will include a range of issues supported by research evidence at least once and showing balance in the choice of points made</li> </ul>

	<ul style="list-style-type: none"><li>• Makes relevant comparison to another therapy</li></ul> <p>There will be evidence of reasoned argument and of judgement when relevant to the question. The analysis will be supported by accurate factual material, which is relevant to the question. Good use of evidence. 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</p>
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## Section B: Issues and Debates

Question numbers	General Instructions
Questions 6 & 7	Marking points are indicative, not comprehensive and other points should be credited. In all cases consider "or words to that effect". Each bullet point is a mark unless otherwise stated and each point made by the candidate must be clearly and effectively communicated.

Question Number	Question	
<b>6 (a)</b>	Briefly explain <b>two</b> contributions that the Psychodynamic approach has made to society.	
	<b>Answer</b>	<b>Mark</b>
	<p><b>Max 2 marks</b> for any one contribution. Contribution must be from the psychodynamic approach and must be to society.            If more than two contributions mark all and credit the best two.            There are no ID marks, appoint must be properly developed to gain credit.            Note: contributions must be clearly from the psychodynamic approach. Hypnosis is <b>not</b> a contribution from the psychodynamic approach</p> <ul style="list-style-type: none"> <li>• Psychodynamic therapies have enabled people to access help without the medicalisation of their condition/eq;</li> <li>• People who use e.g. free association find the sessions provide them with insight that allows them to cope more effectively/eq;</li> <li>• The approach has shown parents that treatment of their child may have long term consequences for the child's personality/eq;</li> <li>• For example if they punish the child for mistakes during potty training the child may become anally retentive/eq;</li> <li>• Psychodynamic theory has shown the importance of having both parents present during the early years of development/eq;</li> <li>• Normal gender development requires exposure to both parents so encourages parents not to split up/eq;</li> <li>• Recognition of the role of defence mechanisms has shown how we protect ourselves from undesirable thoughts/feelings/eq;</li> <li>• Understanding defence mechanisms enables support workers to better deal with potentially distressing situations clients face/eq;</li> <li>• For example displacement allows people to vent their feeling about their boss in a way that avoids getting the sack/eq;</li> <li>• Advertising copywriters have used Freudian ideas to develop effective advertising campaigns/eq;</li> <li>• This has enabled companies to be able to market their</li> </ul>	<b>(4 AO1)</b>

	products more successfully/eq;	
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**Look for other appropriate marking points**

Question Number	Question	
<b>6 (b)</b>	Psychological approaches make useful contributions to society. Compare the usefulness of the Psychodynamic Approach with the usefulness of the Learning Approach.	
	Answer	Mark
	<p>Comparisons that are two descriptions juxtaposed with no attempt to explicitly compare <b>Max 2</b></p> <p>To gain <b>2 marks</b> both sides of a comparison must be developed, giving only one side does not get credit.</p> <p>No credit for a comparison where one side is incorrect.</p> <p>No credit for comparisons which are the pairing of things which have no common link.</p> <p>Two brief but genuine comparisons can get two mark, however a comparison where the second approach is "...doesn't" can only get 1 mark</p> <ul style="list-style-type: none"> <li>• Both the Psychodynamic and Learning approaches offer treatment for mental disorders that avoid the use of drugs(<b>1<sup>st</sup> mark</b>)/eq; which can be seen as useful as many drug treatments have unpleasant side effects for patients that alternative therapies avoid (<b>2<sup>nd</sup> mark</b>)/eq;</li> <li>• Whereas the Psychodynamic approach promotes an approach which requires an expert to interpret symptoms and offer a solution the Learning approach can be used as a self-help strategy with self conditioning being encouraged (<b>2 marks</b>)/eq;</li> <li>• Both can assist parents in being more effective in their childrearing as they encourage positive behaviour/eq;</li> <li>• The psychodynamic approach suggests that parents unconsciously influence their child's development, however the Learning approach places such matters within the awareness of parents and thus their control (<b>2 marks</b>)/eq;</li> <li>• The approaches agree on the advisability of children being brought up by both parents, however while the Psychodynamic approach suggests absence of one parent means the Oedipus complex is not successfully resolved the Learning approach believes it is the lack of an appropriate role model that is the problem (<b>2 marks</b>)/eq;</li> <li>• The Learning approach sees susceptibility to advertising as influenced by reinforcement or modelling, so can be controlled whereas the psychodynamic approach believes susceptibility is due to unconscious desires and thus harder to prevent (<b>2 marks</b>)/eq;</li> <li>• Psychodynamic approach tries to help people understand their inner thoughts whereas the Learning approach doesn't/eq;</li> </ul> <p><b>Look for other appropriate marking points</b></p>	<b>(6 A02)</b>

Question Number	Question	
7	<p>Read the description of the proposed study given in the box below:</p> <p>Researchers were interested in how people respond to the invasion of their personal space by a stranger. They defined personal space for the purpose of their study as 'closer than one metre if standing', and 'leaving less than two seats between the participant and the confederate when seated'.</p> <p>The researchers planned to observe the behaviour of a large sample of both men and women. The participants would be unaware of the manipulation of the situation or of being observed until after the data had been collected. They would be approached while in a quiet public waiting area at a bus station in the centre of a large town in the north of England.</p> <p>Half the participants would be approached by an individual of the same sex and half by someone of the opposite sex. The age of the confederate approaching the participant would be either: 5 years old, 10 years old, 15 years old or 20 years old.</p> <p>All observations would be undertaken by two people apparently conversing on their mobile phones while close to a window in the waiting area.</p> <p>Evaluate the proposed study described in the box above.</p>	
	Answer	Mark
	<p>Evaluation must be of the stimulus material provided.</p> <p>Evaluation of elements not present can only gain credit if the suggestion is to include this to solve a problem that is realistic: e.g. problem of lack of consent could be resolved by a proper debrief.</p> <p>Evaluation points that seek to change essential components of the study can only gain credit if they deal with the effect this may have, e.g. suggesting changing the ages of the stooges fundamentally changes the study so is unlikely to be creditworthy, however replicating the study in a new location to improve generalisability is fine.</p> <p>Most ethical considerations need to be explained or linked to gain credit. E.g. lack of consent needs elaboration such as can be resolved by giving right to withdraw data at end.</p> <p>NO credit for generic evaluation, points must be linked, however briefly.</p> <ul style="list-style-type: none"> <li>• Definitions of invasion of personal space are problematic as they are culturally biased, countries/ethnicities have different norms/eq;</li> <li>• However the sample may/may not be representative of the population in general in the UK, as there may be a different ethnic/racial mix/eq;</li> <li>• There are ethical concerns about the lack of consent prior to the study, the researchers should at least gain presumptive consent/eq;</li> <li>• Everyone approached must be asked for their full informed consent after the event and given the right to withdraw their</li> </ul>	(8 A03)

information/eq;

- The post observation approach will need to be done by someone the participants would not find intimidating, otherwise they may become distressed/eq;
- The researchers would need to be careful that their observation and subsequent explanation to a participant was not observed by any other potential participants as otherwise they would not be naïve/eq;
- It is possible that differences in response to the confederate approaching participants was caused by what the confederate looked like not just gender and age (**1<sup>st</sup> mark**). This could be controlled for by picking confederates who were very similar in appearance and dressing them in a similar way(**2<sup>nd</sup> mark**)/eq;
- Confederates doing the approach would need to look for any signs that it was causing distress and abandon the approach if so/eq;
- There are ethical concerns about using minors to be confederates in the study (**1<sup>st</sup> mark**) unless a parent was in the close vicinity (**2<sup>nd</sup> mark**)/eq;
- A five year old may not be able to understand the nature of the confederate's task, thus making that part of the study invalid/eq;
- The researchers need to define 'signs of discomfort' in an objective and standardised way prior to starting to collect data/eq;
- Researchers need to ensure that the two observers were not suspected by the participants as otherwise the results will not be valid/eq;
- The confederates doing the approaching needed to be thoroughly briefed as they may have been putting themselves at risk if the participant was of dubious character/eq;
- This type of briefing may have been particularly difficult for the 5 year old confederates who have previously been taught not to approach strangers/eq;
- If another real passenger entered the waiting area during the procedure there would need to be a protocol to follow so that it was clear when the observation needed to be abandoned as otherwise faulty data may be collected/eq;

**Look for other appropriate marking points**

Question Number	Question	
<b>8</b>	<p>A team investigating the role of early experiences on later behaviour decide to undertake a longitudinal study using a correlational design. They wish to discover whether the amount of time children spend using social media before the age of 10, has an impact on their behaviour as adults.</p> <p>Design a correlational study that would be appropriate for this investigation. Include as much detail as you can on such things as the sample, time scales, ways of measuring the variables, practical and ethical issues.</p>	
	Answer	Mark
	<p>Read through the whole answer before going to levels. To use levels first decide on which level is appropriate (start at top and work down). Once an appropriate level has been selected for levels 1 &amp; 2 decide if it should be in the middle (typical answer for this level), top (almost next level up) or bottom (just makes it). For top level only start with – ‘why not full marks?’</p> <p>The response does not need to be comprehensive, nor is it necessary for every suggestion to be practicable though suggestions made should in general seem both ethical and feasible.</p> <p>Indicative content:</p> <p>Sample</p> <ul style="list-style-type: none"> <li>• A sample of (e.g.) 200 children aged 4-5 years old</li> <li>• Equal numbers of boys and girls</li> </ul> <p>Time scales</p> <ul style="list-style-type: none"> <li>• Children’s viewing behaviour/use of facebook from recruitment to 10 years old (5-6 years)</li> <li>• Adult behaviour assessed at 18 and again at 28 years of age</li> </ul> <p>Measuring variables</p> <ul style="list-style-type: none"> <li>• Get parents to log which programmes children watch, games play etc</li> <li>• Ask children how many friends they have on social media</li> <li>• Sample one week every 3 months to measure time spent on social media</li> <li>• Also do sampling by sending a researcher to visit family once a year</li> <li>• From this estimate how many hours of media on average per week and also give a rating scale for (e.g.) level of violence</li> <li>• Need to establish a scale for violence before study</li> <li>• In adulthood could be number of fights get into/ level of drinking on nights out/ participation in sport/ what type of job/ relationships</li> </ul> <p>Practical issues</p> <ul style="list-style-type: none"> <li>• Mechanisms need to be put in place to make it easier to track people over the course of the study e.g. have an annual party for everyone</li> </ul>	<b>(9 A03)</b>

	<ul style="list-style-type: none"> <li>• But this may alter people as they see themselves as different</li> <li>• Ensure sample is big enough to cope with the inevitable dropout rate</li> <li>• Honesty of participants and parents on amount of media interaction may be an issue</li> </ul> <p>Ethical issues</p> <ul style="list-style-type: none"> <li>• Gaining consent from parents when child is 5 years old cannot hold an adult to that agreement but may feel obliged to continue</li> <li>• Right to withdrawn may make it difficult to retain a good size sample</li> <li>• All participants must be assured of anonymity</li> <li>• There may be an issue about protection of participants if researchers discover that a participant's life style is damaging to them and/or their family</li> </ul> <p><b>Look for other suitable material</b></p>	
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Level	Mark	Descriptor
<b>Level 0</b>	0	No rewardable material. Response is not related to demands of the question.
<b>Level 1</b>	1-3	<p>Partial replication may be possible.</p> <p>Either only one element considered in depth, or up to three done more superficially</p> <ul style="list-style-type: none"> <li>• Sample information such as size, geographic location, gender balance likely to be included</li> <li>• A timeline may be included but likely to be inaccurate/unhelpful</li> <li>• Information on some aspects of data collection present, though this is unlikely to be thorough and may be impractical</li> <li>• Some awareness of either practical or ethical issues shown though suggestions not necessarily practical/appropriate</li> </ul>
<b>Level 2</b>	4-6	<p>Enough issues considered to allow at least partial replication.</p> <p>Two elements considered in some depth, or one in depth with two done more superficially, or at least four elements mentioned superficially with little detail.</p> <ul style="list-style-type: none"> <li>• Some information on sample e.g. size, geographic location, gender balance</li> <li>• A suggested timeline likely to be included, but may not be appropriate</li> <li>• Information on some aspects of data collection such as how, when and what addressed, though this is unlikely to be thorough.</li> <li>• Some awareness of both practical and ethical issues is likely to be shown though one may be in more detail than the other</li> </ul>
<b>Level 3</b>	7-9	<p>A range of issues that would allow a reasonable chance of replication given.</p> <p>At least three elements considered in some depth</p> <ul style="list-style-type: none"> <li>• Some detail on sample such as size, geographic location, gender</li> </ul>

		<p>balance</p> <ul style="list-style-type: none"><li>• An appropriate timeline should be included</li><li>• Key issues regarding data collection such as how, when and what addressed. (Not all of these are necessary)</li><li>• Likely to show good awareness of both practical and ethical issues.</li></ul>
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Question Number	Question	Mark
<b>9(a)</b>	<p>You learned about prejudice and discrimination in the Social Approach. Below are five examples of prejudice and discrimination from just one week of world news.</p> <ol style="list-style-type: none"> <li>i. A Roma family (often called gypsies or travellers) falsely accused of stealing a child that they then raised as their own.</li> <li>ii. Racist chants against black football players caused distress and anger to those targeted by the insults.</li> <li>ii. Muslim homes and businesses were targeted and destroyed in Myanmar (Burma), a Buddhist country</li> <li>v. A Christian wedding ceremony was attacked in Egypt, a Muslim country.</li> <li>v. In the UK one in five directors are women even though over half the workforce is female.</li> </ol> <p>Use your knowledge of psychology to describe and evaluate at least two psychological explanations for prejudice and discrimination.</p> <p>As part of your answer show how the explanation(s) you have described can be used to understand at least two of the examples given above.</p>	<b>(6AO1 12AO2 )</b>
<b>Answer</b>		
<p>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 but reflects the depth and breadth of psychological knowledge displayed.</p> <p>Qwc: Once content mark has been awarded refer to structure levels and award those marks separately.</p> <p>Indicative content</p> <p>Explanations:</p> <p>Social Identity theory</p> <ul style="list-style-type: none"> <li>• Tajfel believed we view those like ourselves as an 'in group' and those different to ourselves as an 'out group'.</li> <li>• We favour our in group at the expense of our out group.</li> <li>• We denigrate the out group and will even disadvantage our in group in order to disadvantage the out group more.</li> <li>• There are three stages in the development of feelings that are likely to lead to prejudice, social categorisation, social identification and social comparison.</li> <li>• Members of a group tend to see their own group as individuals but members of an out group as homogenous</li> </ul> <p>Realistic Conflict Theory</p> <ul style="list-style-type: none"> <li>• Sherif believed that if resources were limited then there would be inevitable conflict between individuals as there could only be one winner</li> <li>• Rivalry between two competing groups would lead to inevitable conflict and thus prejudice</li> <li>• The more scarce the resource the greater the conflict between the groups and therefore the more obvious and blatant the prejudice.</li> </ul>		

### Social learning Theory

- Learning from those around us by observation is seen as an important component of human behaviour
- SLT states that we need to observe, retain and be motivated to reproduce observed behaviour
- Members of our family, peers or friends can all work as models
- Therefore if we observe prejudice/discrimination from such sources we are likely to imitate that behaviour

### Psychodynamic theory

- If the id is dominant then an individual could act in a prejudiced/discriminatory way as the superego has insufficient influence
- The lack of moral restraint could lead to aggressive behaviour towards others

### Evaluation of explanations

- Tajfel & Turner showed being labelled as belonging to a group was enough to alter behaviour to favour their own group at expense of the other group.
- Not everyone acts in the way predicted by SIT, those undertaking humanitarian aid projects often put those in 'other' groups before their own group.
- Some argue that such individuals are still following SIT, but see themselves as members of a bigger group, humanity, rather than a member of a sub-group.
- Sherif's Robber's Cave study supports both SIT and Realistic Conflict Theory as both types of influence were clearly driving the prejudice and discrimination actively undertaken by the boys.
- Rivalry/prejudice/discrimination/violence are seen when there is competition for resources. Such behaviour is often more extreme than that caused by SI.
- SLT cannot explain why people may choose to behave differently than family/friends/peers
- Prejudice/discrimination often follows a copycat model, which supports the views of SLT such as the riots in England in 2011.
- Aboud & Amato (2001) suggest that is a lack of engagement between parents and children aimed at reducing prejudice that accounts for much of the SLT influence from wider society
- Allport (1954) argued that transmission of values by observation of the actions of close family members was important in sustaining prejudice within society
- Concepts such as the id and superego are difficult to measure making any attempt to establish evidence for a psychodynamic explanation for prejudice or discrimination difficult

### Application to scenarios

1. A Roma family (often called gypsies) falsely accused of stealing a child that they then raised as their own.

- Roma people behave very differently to most people in their host communities, therefore it is very easy to see the three steps of SIT being applied by members of the host community
- Comparison between the host community and Roma people will tend to

	<p>include out group denigration, thus Roma behaviour will be treated with suspicion.</p> <p>2. Racist chants against black football players caused distress and anger to those targeted by the insults.</p> <ul style="list-style-type: none"> <li>• Racial groups are readily identified as different and therefore easy targets in terms of SIT.</li> <li>• Competition in football means that realistic conflict theory will also be apparent</li> <li>• As black players on the opposing side are easy targets this could explain racist chants, particularly if the black players are talented and thus seen as a threat.</li> </ul> <p>3. Muslim homes and businesses targeted and destroyed in Myanmar (Burma).</p> <ul style="list-style-type: none"> <li>• Similar to 2</li> </ul> <p>4. Christian wedding ceremony attacked in Egypt.</p> <ul style="list-style-type: none"> <li>• Similar to 1.</li> </ul> <p>5. In the UK only one in five directors are now women though over half the workforce is female.</p> <ul style="list-style-type: none"> <li>• Women have been seen as less able as senior managers as there is a perception that to be successful a senior manager/director needs to be ruthless.</li> <li>• There is concern that men may be unwilling to take orders from a female boss</li> <li>• Women are seen as less reliable as they may have children/take time off to look after children despite such discrimination now being illegal</li> </ul> <p><b>Look for other suitable material</b></p>
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Level	Mark	Descriptor
<b>Level 0</b>	0	No rewardable material.
<b>Level 1</b>	1-3	<p>Candidates will produce brief answers, making simple statements, showing some relevance to the question.</p> <ul style="list-style-type: none"> <li>• Description of one theory,</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Attempt to explain scenarios only with little or no theory.</li> </ul> <p>Little, if any, attempt at the analytical/evaluation demands of the question. Lack of relevant evidence. Answer poorly focused on question</p>
<b>Level 2</b>	4-6	<p>Candidates will produce statements with some development in the form of analysis/evaluation, with limited success.</p> <ul style="list-style-type: none"> <li>• An attempt at all elements of the essay (description of at least one theory, evaluation and application) but none done well.</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Two elements attempted, of which one at level 3 or better</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Description or evaluation of explanations done very well (level 4) with no mention of application</li> </ul> <p>Limited evidence will be presented. Likely to be lacking in balance as well as detail.</p>

<b>Level 3</b>	7-9	<p>Candidates will show some good knowledge with understanding of the focus of the question and will include analysis and evaluation.</p> <ul style="list-style-type: none"> <li>• Two or more explanations for prejudice described.</li> <li>• Evaluation may not be balanced, e.g. one explanation done well and other very weak or only weaknesses, likely to use some evidence.</li> <li>• Two of the issues in the question will be explained using some psychological theory.</li> </ul> <p>Some development of arguments. Either development of an argument or the balance between the elements will be good. Use of a range of evidence.</p>
<b>Level 4</b>	10-12	<p>Candidates will offer a response which is relevant and focused.</p> <ul style="list-style-type: none"> <li>• At least two explanations for prejudice well described</li> <li>• Evaluation will be balanced and is likely to use some evidence.</li> <li>• Two of the issues in the question will be explained clearly and accurately using psychological theory.</li> </ul> <p>There will be evidence of reasoned argument and of judgement as relevant to the question. The analysis will be supported by accurate factual material. Good use of evidence.</p>

## Structure levels

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

Level	Mark	Descriptor
<b>Level 0</b>	0	No rewardable material e.g. no terminology appropriate to the question
<b>Level 1</b>	1-2	Response <i>lacks</i> 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.
<b>Level 2</b>	3-4	Response is <i>generally</i> 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. <ul style="list-style-type: none"><li>Likely to cite research evidence but this is not essential if the writing implies reasonable knowledge of a range of arguments.</li></ul> The response is presented in a legible style using appropriate terminology. Some syntactical and/or spelling errors are likely to be present.
<b>Level 3</b>	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. <ul style="list-style-type: none"><li>There will be use of research evidence to support arguments.</li><li>Most research used will be appropriate and accurate.</li></ul> 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	Question	Mark
<b>9 (b)</b>	<p>In Unit 3 you studied two different applications chosen from Criminological, Child, Health and Sport. At AS level you studied five approaches.</p> <p>Explain and assess the roles of nature and nurture in psychology using evidence from at least two areas you have studied, other than clinical psychology.</p>	<p><b>(6 A01)</b> <b>(12A02)</b></p>
	<b>Answer</b>	
	<p>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 but reflects the depth and breadth of psychological knowledge displayed.</p> <p>Qwc: Once the content mark has been awarded refer to the structure levels and award those marks separately.</p> <ul style="list-style-type: none"> <li>• Nature is those aspects that are based on our genes and inherited from our parents whereas nurture is those things which emerge as a result of learning</li> <li>• Some emphasise one of these more than the other, but it is widely recognised to be a false dichotomy as most behaviour is a result of an interaction</li> <li>• In reality trying to apportion responsibility for behaviour to nature or nurture is fraught with difficulty as they constantly interact</li> <li>• Comparison between MZ and DZ twins are an attempt to measure differences due to genes rather than upbringing however the rarity of twins in the population as well as the fact that they may be treated differently makes using them to unpick the nature-nurture debate questionable</li> </ul> <p>Cognitive</p> <ul style="list-style-type: none"> <li>• Memory abilities seen as universal, thus genetic in origin whereas the way we use our memories and the information stored is due to experiences (nurture)</li> <li>• Forgetting theories e.g. cue dependency rely on experience and thus nurture</li> </ul> <p>Social</p> <ul style="list-style-type: none"> <li>• Prejudice is thought to be learned from peers/family and thus due to nurture</li> <li>• Studies show humans are obedient. There is disagreement whether obedience is nature as levels are similar or nurture as we can learn to be different</li> <li>• Studies into obedience/prejudice show that education and awareness reduce the tendency for people to obey/show prejudice e.g. Aronson jigsaw technique</li> </ul> <p>Psychodynamic</p> <ul style="list-style-type: none"> <li>• Humans are governed by universal components of the psyche such as the id, ego and superego and by universal principles such as Eros and Thanatos</li> </ul>	

- Humans are influenced by the treatment they receive at the hands of parents in the early years such as the way they are weaned
- Overly harsh or indulgent treatment by the parent(s) results in distinctive personality traits according to this approach
- Recognition of the interaction between nature and nurture with neither dominant is a major strength of the psychodynamic approach
- There is no objective measurement of the id/ego/superego so their existence is theoretical making it harder to substantiate the nature part of the theory
- Children do change as they grow and develop supporting the view that experiences play a role in the development of a person's characteristics
- The success of psychodynamic therapy in treating personality disorders suggests there is truth in the ideas of how personality develops

#### Biological

- Emphasises the importance of the role of biology in determining what we are therefore strongly in favour of a nature influence e.g. genes determining sex
- Sees genes and hormones as the main factors in determining our behaviour thus explaining why males are more aggressive than females
- Ryan & Vandenberg (2002) suggest that females exposed to high levels of testosterone as a foetus are more likely to share 'male' characteristics such as being ambitious, more masculine cognition and behaviour
- Case studies such as Daphne Went suggest that the issue is more complex as this XY individual lived happily as a female unaware until adulthood that 'she' was biologically male
- The lack of success in the attempt to have Bruce/Brenda reared as a girl suggests that in some cases the biology will dominate
- There is most likely a complex interaction between both nature and nurture

#### Learning

- The learning approach minimises the role of nature believing that human behaviour is primarily a result of nurture
- The high level of plasticity in human behaviour is thought to be due to the ability of humans to learn so effectively
- Classical, operant and SLT all play a role in creating human behaviour and explain the considerable differences between cultures/individuals
- There is only a minor role for nature according to many learning theorists
- Imitation in the production of behaviour is seen in many studies (Bandura)
- Cross cultural studies often show major differences in behaviour (e.g. attachment) suggesting that nurture is a strong influence
- The ability of humans to acquire/change behaviour by the use of TEP/systematic desensitisation shows the capacity of humans to change behaviour through learning
- However it can be argued that humans have a genetic predisposition to learn, uniting nature and nurture in the same person

#### Criminological

- Origin of criminality is seen as a nature – nurture issue, some believe it is genetic others that it is learned
- Most crime in the UK is committed by a small number of families so could be an inherited trait
- Being brought up in an environment where criminal behaviour can be observed suggests a SLT explanation
- Eysenck suggested a criminal personality that was genetically based
- Some have argued for the XYY syndrome being responsible for some criminal behaviour.
- Children in a criminal family are exposed to nurture influences as well as having genes in common so it is impossible to partial out the contributions of nature-nurture.
- The fact that some individuals brought up in a criminal atmosphere do not become criminals suggests that genetics cannot be a major factor.
- Some adopt criminal behaviour when there is no family history of criminality.
- Raine et al (1997) showed differences in brain structure between murderers and non-murderers supporting a nature viewpoint of criminality.
- Evidence for XYY syndrome being associated with criminality has been largely discredited (e.g. Telfer).
- If criminality was genetic in origin then treatment would be of little value, as neither social skills training nor anger management would reduce recidivism.
- The level of recidivism could be argued to support the view that criminal behaviour is in the blood.

#### Child

- The potential to attach is seen as genetic in origin by Bowlby as it is necessary for human infants to develop normally.
- Cross-cultural differences in percentages of attachment types suggest that some aspects of attachment are learned.
- Privated children e.g. Genie do not develop a full repertoire of human skills, suggesting that some crucial aspects of human behaviour need to be learned.
- There is disagreement about whether autism is genetic or due to damage either during pregnancy or birth.
- Bowlby used evidence from other species (e.g. geese) to support his view of attachment having a nature base, but it is difficult to generalise from other species to humans.
- Although attachment types vary in frequency across cultures there are still only a small range of attachment styles suggesting a genetic underpinning.
- It is probably more meaningful to see attachment as an interaction between a genetic substrate and the role of experiences.
- There is evidence from e.g. Kulochova twins that privated individuals can recover showing that learning does play a role in normal development.
- The fact that the learning is less successful as the individual gets older suggests nature imposes a time limit on the period during which learning and thus plasticity can take place.

#### Health

- Biological explanations of substance misuse suggest a genetic

predisposition for addiction as some people become addicted more readily than others.

- Learning explanations see nurture influences as the commonest reason for addiction.
- Human neurotransmitters are mimicked by drugs suggesting an enhanced nature effect is what causes addiction.
- Nature would argue that once addicted giving up would be almost impossible whereas the nurture view would be that people could change.
- Evidence that addiction can be reversed by learning therapies enhances case for nurture rather than nature.
- Health psychology recognises the role of both physiological and psychological dependence supporting the interactionist view of nature and nurture.
- The mode of action of drugs in the way they modify synaptic transmission supports the view that there is a nature substrate to addictive behaviour.
- Although substance misuse could be learned by observing others there is evidence that children with parents who smoke also smoke which could be argued to be more nature than nurture.

#### Sport

- Sporting ability seems to run in families with many skilled sportspeople having sons or daughters who also compete at a high level.
- Being brought up in a household where sporting achievement was seen as important/ desirable/ valued could be a strong nurturing factor.
- Attitudes towards working towards achievement may be innate as they tend to present from a very early age.
- If sporting success was only due to nature then all high achievers in sport would be the children of successful athletes.
- The effect that good quality coaching can have on performance and motivation suggests that nature can only take achievement so far.
- It is known that intrinsic motivation has a powerful effect on persistence and willingness to work towards a goal, this is likely to be mainly innate.
- Effects of arousal are due to the autonomic system and how this operates in an individual is due to genetic make-up, so some individuals will find it much easier to control their level of arousal to the optimal level.
- Even though a psychological technique such as imagery is known to help performance the ability to use imagery is probably genetic in origin

**Look for other suitable material**

Level	Mark	Descriptor
<b>Level 0</b>	0	No rewardable material.
<b>Level 1</b>	1-3	<p>Candidates will produce brief answers, making simple statements, showing some relevance to the question.</p> <ul style="list-style-type: none"> <li>• Attempts to engage in the nature-nurture debate.</li> <li>• Only one area attempted</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Two mentioned but with no attempt to relate to the nature-nurture debate.</li> <li>• Some general nature-nurture material may be present.</li> </ul> <p>Little attempt at the analytical/evaluation demands of the question. Lack of relevant evidence.</p>
<b>Level 2</b>	4-6	<p>Candidates will produce statements with some development in the form of at analysis/evaluation, with limited success.</p> <ul style="list-style-type: none"> <li>• At least one argument made for each side of the debate.</li> <li>• Likely to be some general nature-nurture material.</li> </ul> <p>EITHER</p> <ul style="list-style-type: none"> <li>• two attempted though a lack of balance is likely.</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• one done well and the other mentioned</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• only one area, but done very well.</li> </ul> <p>Limited evidence will be presented.</p>
<b>Level 3</b>	7-9	<p>Candidates will show some good knowledge with understanding of the focus of the question and will include analysis and evaluation.</p> <ul style="list-style-type: none"> <li>• Both sides of the nature- nurture debate will be explained well.</li> <li>• The response will consider (at least) two different areas though may be a lack of balance between them.</li> <li>• At least one issue will be raised and evaluated for each application.</li> <li>• May be some general nature-nurture material but this will only form part of the response</li> <li>• As comparisons are evaluation, if more than one comparison the balance of comparisons can be treated as evaluation. Work to the advantage of the candidate.</li> </ul> <p>Use of a range of evidence showing breadth and/or depth.</p>
<b>Level 4</b>	10-12	<p>Candidates will offer a response which is relevant and focused. The analysis will be supported by accurate factual material.</p> <ul style="list-style-type: none"> <li>• Nature- nurture debate will be engaged with fully. May mention interactionist view.</li> <li>• The response will use material from two or more different areas very well.</li> <li>• A variety of issues will be raised and evidence given to support or refute these.</li> <li>• May be some general nature-nurture material but this will only</li> </ul>

form part of the response

There will be evidence of reasoned argument and of judgement relevant to the question. Material from at least two areas used. Evidence to evaluate the issues used very well.

## Structure levels

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<b>Level 3</b>	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. <ul style="list-style-type: none"><li>There will be use of research evidence to support arguments.</li><li>Most research used will be appropriate and accurate.</li></ul> 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