ASSESSMENT and QUALIFICATIONS ALLIANCE

Mark scheme June 2003

GCE

Psychology B

Unit PYB4

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Where candidates are required to produce extended written material in English, the scheme of assessment must make explicit reference to the assessment of the quality of written communication. Candidates must be required to:

- select and use a form and style of writing appropriate to purpose and complex subject matter;
- organise relevant information clearly and coherently, using specialist vocabulary when appropriate;

  and

- ensure text is legible, and spelling, grammar and punctuation are accurate, so that meaning is clear.

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

The awards of marks within a particular mark band can be achieved only if the criteria for the mark scheme and quality of written communication bands have been met.

The quality of written communication bands must be regarded as part of the appropriate mark scheme band even though they are listed separately in the mark scheme. If a candidate satisfies only part of the criteria, for either the mark scheme or the quality of written communication, then s/he cannot be awarded marks in that band. The next lower band must then be considered.

Quality of Written Communication

General Approach

Apply the principles below *only* to questions which require a banded mark scheme according to 'Guidelines for Mark Schemes'. This means questions worth ten marks or more.

Band 1	Excellent Quality of Communication	The candidate will express complex psychology ideas extremely clearly and fluently. Sentences and paragraphs will follow on from one another smoothly and logically with appropriate use of psychological terminology. Presentation of psychological concepts and arguments will be consistently relevant and well structured. There will be few, if any errors of grammar, punctuation and spelling.
Band 2	Average Quality of Communication	The candidate will express moderately complex psychological ideas clearly and reasonably fluently, through well-linked sentences and paragraphs. Some, but not consistent, use of psychological terminology. Presentation of psychological concepts and arguments will be generally relevant and well structured. There may be occasional errors of grammar, punctuation and spelling.

Band 3	Below Average Quality of Communication	The candidate will express straightforward psychological ideas clearly, if not always fluently. Sentences and paragraphs may not always be well connected. Use of psychological terminology may be limited. Presentation of psychological concepts and arguments may sometimes stray from the point or be weak. There may be some errors of grammar, punctuation and spelling, but not such as to suggest a weakness in these areas or to obscure the psychological meaning.
Band 4	Poor Quality of Communication	The candidate will express simple psychological ideas clearly, but may be imprecise and awkward in dealing with complex or subtle concepts. Use of mainly non-specialist language with little, if any, reference to psychological terminology. Presentation of psychological concepts and arguments may be of doubtful relevance or obscure. Errors in grammar, punctuation and spelling may be noticeable and intrusive, suggesting weaknesses in these areas and obscuring the psychological meaning.

SECTION A: CHILD DEVELOPMENT

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

(a) Using an example, explain what is meant by the term *existential self*. *(3 marks)*

[3 marks: AO1 = 1, AO2 = 2]

AO1 For knowledge of term: existential self – knowing self exists/self awareness/self as knower (I)

AO2 One mark for elaboration/analysis eg separate from other people/objects, continuing in time/space etc. and **second mark for example** eg baby recognises own reflection in mirror or that s/he can control movement of own hand etc. Credit also references to the Brooks-Gunn rouge spot test.

(b) Describe **one** study in which self-esteem in children was investigated. Indicate why the study was conducted, the method used, results obtained and conclusion drawn. *(5 marks)*

[5 marks : AO1 = 5, AO2 = 0]

AO1 Any study in which self-esteem in children was investigated is acceptable, although the most likely work to be cited is Coopersmith. If study does not directly investigate self-esteem then marks can only come from results and conclusion where self-esteem is cited.

1 mark for aim
1 mark for method
1 mark for results
1 mark for conclusion
1 mark for additional detail (for example, expanded description of method or results, details of which are easily available)

(c) Discuss research into age-related change in children's friendships *(12 marks)*

[12 marks : AO1 = 4, AO2 = 8]

AO1 Award up to 4 marks for knowledge of research and/or theory. Candidates are likely to present research such as that of Damon 77, Selman 76 or Youniss 80 where children are given dilemmas or asked to tell stories about a 'best friend'. Relevant theories would be stage-based models which came out of this research. Some credit may be given for research which illustrates age differences in play as long as the information is made relevant to friendship. Another valid approach would be to consider differences in patterns of friendship between children and adolescents. Allow limited credit for Levinger's stage model.

AO2 Up to 8 marks for discussion of the theory and/or research. Relevant discussion points would include: the limitations of the methodology; problems of using a category system – reliability/validity; the emphasis on one aspect of friendship either the understanding (cognitive) or the behaviour. Marks may also be awarded for analysis of the quality of evidence cited and problems with individual studies

Mark Bands

12 – 10 marks **Excellent answers**

Research and/or theory into age-related change are thoroughly described showing sound, detailed and accurate knowledge and understanding of the area. Discussion is full and well balanced with substantial and appropriate analysis. References to research are accurate. Evaluative comment is not simply stated but is presented in the context of the discussion as a whole. The answer is well focused and mostly relevant with little misunderstanding.

9 – 7 marks **Good to average answers**

Answer shows knowledge and understanding of the area of age-related change in friendship. There is an attempt to present a balanced discussion. Some analysis is evident and the answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. References to research should be relevant but are perhaps not so clearly linked to the discussion as for the top band. An otherwise excellent answer referring to theory or research only is limited to the bottom of this band.

6 – 4 marks **Average to poor answers**

Answer shows some knowledge and understanding of the area. There must be some analysis/discussion for 5/6 marks. Answers in this band are likely to be mostly descriptive and there is likely to be irrelevance or inaccuracy. Any references to research are lacking in detail. Answers constituting reasonable description with minimal focus on the question are likely to be in this band. (A good Levinger based answer in this band).

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief, perhaps unfinished answer will come into this band.

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

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

(a) Janni's mother is watching him play with some bricks. He says he is trying to make a tower and starts to put one block on top of another. His mother comments as she looks on, "Oh! It's a bit wobbly with the little ones at the bottom. Big bricks don't balance very well on top of little ones, do they Janni?"

With reference to the example, explain what is meant by *the zone of proximal development*. *(4 marks)*

[4 marks: AO1 = 2, AO2 = 2]

AO1 Two marks for knowledge of the term ZPD. The gap between what a child can learn on its own – the actual developmental level (1) and what it can learn from/with an expert – the potential developmental level (1). Second mark for clear reference to 'potential'. Similar descriptions that distinguish between actual and potential ability should be credited.

AO2 Two marks for applying the definition to the example in the text. Candidates should explain how Janni, on his own, is showing limited block building ability (actual level) and is likely to achieve more (with the help of mum as expert) (potential level).

(b) The idea of a zone of proximal development is one difference between Vygotsky's theory and that of Piaget.

Outline and explain one other difference between Vygotsky's and Piaget's theories of cognitive development. *(4 marks)*

[4 marks : AO1 = 2, AO2 = 2]

AO1 Up to two marks for brief description of another difference between Piaget and Vygotsky. Valid answers would include: Vygotsky's concept of internalisation; Vygotsky's importance of peer tutoring; Vygotsky's notion of child as apprentice; differences in approach to language; Piaget's lack of interest in social factors; Piaget's wide ranging research. Award one mark for basic identification or two for full description.

AO2 Up to two marks for analysis of the difference, which should focus on how the two approaches are distinguishable. Two marks for a clear, detailed explanation, one mark for a vague explanation. Alternatively, one AO2 mark might also be gained by giving another example.

(c) Describe and discuss Bruner's theory of cognitive development. Refer to evidence in your answer. *(12 marks)*

[12 marks : AO1 = 6, AO2 = 6]

AO1 Award up to 6 marks for knowledge of Bruner's theory. Candidates are expected to show knowledge of the 3 modes of representation (name and outline) and general aspects of Bruner's approach, such as the emphasis on memory as the key to increasing intellectual ability and the role of symbolic thought in abstraction. Credit should also be given for reference to the role of language development in cognition and scaffolding. Just describing modes only – **max 4 marks**.

AO2 Up to 6 marks for discussion of the theory. Relevant discussion points would include: importance of appreciating role of language in cognition; the significance of scaffolding and social interaction; comparison with exclusively cognitive focus of Piaget; similarities with the work of Vygotsky. Marks may also be awarded for evidence and evaluation of the evidence. Also credit application via examples of behaviour.

Maximum 6 marks if no evidence presented.

Mark Bands

12 – 10 marks **Excellent answers**

Answer shows sound knowledge and understanding of Bruner's theory and associated research. Discussion is full and well balanced with substantial and appropriate analysis. References to research are accurate. Evaluative comment is not simply stated but is presented in the context of the discussion as a whole. Where alternative approaches are offered they are integrated into the discussion as a whole. The answer is well focused and mostly relevant with little misunderstanding

9 – 7 marks **Good to average answers**

Answer shows knowledge and understanding of Bruner's theory and research. There is an attempt to present a balanced discussion. Some analysis is evident and the answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. References to research should be present and relevant but are perhaps not so clearly linked to the discussion as for the top band

6 – 4 marks **Average to poor answers**

Answer shows some knowledge and understanding of the area. Answers in this band are likely to be mostly descriptive and there is likely to be irrelevance or inaccuracy. Any references to research are lacking in detail. Answers constituting reasonable description with minimal focus on the question are likely to be in this band.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief, perhaps unfinished answer will come into this band.

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

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

(a) Explain what Kohlberg meant by the *pre-conventional level* of morality. *(3 marks)*

[3 marks: AO1 = 1, AO2 = 2]

AO1 For knowledge of an aspect of the pre-conventional level. Most usually this will be morality is judged according to: whether or not punishment is given **or** whether or not an action has rewards for the individual.

AO2 Two marks for elaborated analysis of the above eg reference to self-interest rather than care for others/reference to other stage (ie punishment or reward – whichever was not cited earlier) and/or for contextualising the pre-conventional stage in relation to later stages. Or second AO2 mark may also come from a relevant example although an example is not required.

(b) Describe one study in which Kohlberg investigated moral development. Indicate why the study was conducted, the method used, results obtained and conclusion drawn. *(5 marks)*

[5 marks: AO1 = 5, AO2 = 0]

AO1 Any study in which Kohlberg investigated moral development is acceptable, including his cross-cultural work.

1 mark for aim – must go beyond repeat of stem
1 mark for method
1 mark for results
1 mark for conclusion
1 mark for additional detail (for example, expanded description of method is likely if the study chosen involves use of a moral dilemma)

For full 5 marks, look for information on categorisation of responses.

(c) Discuss Eisenberg's model of prosocial reasoning. *(12 marks)*

[12 marks : AO1 = 4, AO2 = 8]

AO1 Award up to 4 marks for knowledge of Eisenberg's model. Most usually candidates are expected to gain the AO1 marks by showing knowledge of the stages of pro-social reasoning. General aspects of Eisenberg's approach, such as the emphasis on positive justice rather than wrong-doing should also be credited. For naming stages – **max 3 marks**.

AO2 Up to 8 marks for analysis/discussion of the theory. Relevant discussion points would include: the use of realistic child-friendly dilemmas; similarities/differences to Kohlberg's stages; difference between reasoning and behaviour; methodological limitations of the dilemma technique. Marks may also be awarded for evidence (most usually the birthday party dilemma study) and evaluation of the evidence. Evaluation marks should also be awarded for reference to alternative approaches as long as these are presented in the context of the discussion.

Mark Bands

12 – 10 marks **Excellent answers**

Answer shows sound, detailed knowledge and understanding of Eisenberg's model. Discussion is full and well balanced with substantial and appropriate analysis. Any references to research are accurate. Evaluative comment is not simply stated but is presented in the context of the discussion as a whole. Where alternative approaches are offered they are integrated into the discussion. The answer is well focused and mostly relevant with little misunderstanding.

9 – 7 marks **Good to average answers**

Answer shows knowledge and understanding of Eisenberg's model. There is an attempt to present a balanced discussion. Some analysis is evident and the answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. Any references to research are relevant but are perhaps not so clearly linked to the discussion as for the top band.

6 – 4 marks **Average to poor answers**

Answer shows some knowledge and understanding of the area. Answers in this band are likely to be mostly descriptive although there must be some analysis for 5/6 marks. There is likely to be some irrelevance or inaccuracy. Any references to research are lacking in detail. Answers constituting reasonable description with minimal focus on the question are likely to be in this band.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief, perhaps unfinished answer will come into this band.

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

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

(a) Describe **one** way in which the information processing skills of gifted and non-gifted children have been found to differ. *(3 marks)*

[3 marks : AO1 = 2, AO2 = 1]

AO1 One mark for basic description, two for elaborated description.

AO2 Plus one mark for drawing attention to the difference. Examples of differences as follows: Gifted children show rapid, flexible information processing; ability to transfer learning; exceptional metacognitive skills. Credit examples of behaviour.

(b) Outline and briefly discuss **one** feature of Sternberg's work, as it relates to giftedness. *(5 marks)*

[5 marks : AO1 = 2, AO2 = 3]

AO1 Up to 2 marks for outline of one aspect of Sternberg's theory. Candidates may take a global approach and refer to the triarchic nature of the theory, expanding on this with knowledge of the components. Alternatively candidates may focus on one of the 3 sub-theories. In this case they may select from componential, experiential or contextual aspects.

Award 1 mark for basic knowledge, plus one further mark for description.
Componential – what IQ tests measure, cognitive abilities, mental processes, learning/planning/doing
Experiential – creativity, insight, able to see connections and synthesis and organise knowledge
Contextual – intelligent behaviour in everyday world, adaptability to new situations

AO2 Up to 2 marks for analysis/discussion. Candidates should consider the usefulness of taking a modular approach and how that might inform our understanding (or testing) of intellectual ability. Third mark for how Sternberg's work relates to giftedness.

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

[12 marks : AO1 = 6, AO2 = 6]

AO1 Up to 6 marks for knowledge of social and emotional consequences: isolation; rejection by peers; refusal to learn; poor motivation; depressed self-esteem; delinquency. Effects on the family would also impact on the child indirectly, so any reference to such should be credited. Credit also positive effects eg high self-esteem due to high levels of academic achievement.

AO2 Up to 6 marks for analysis and discussion of the emotional and social consequences. Candidates should consider the short and long terms implications for the child and how these might be mediated by special provision as in acceleration. The role of labelling and expectation might also be discussed in relation to the cited consequences. The discussion should be supported by evidence eg Miraca Gross 93, Janos 83. Since much of the research is contradictory more able candidates might build a discussion around discrepant findings.

Maximum 6 marks if no evidence presented.

Mark Bands

12 – 10 marks **Excellent answers**

Answer shows sound, detailed knowledge and understanding of the social and emotional consequences of giftedness. Discussion is full and well balanced with substantial and appropriate analysis. References to research are present and accurate. Evaluative comment is not simply stated but is presented in the context of the discussion as a whole. The answer is well focused and mostly relevant with little misunderstanding.

9 – 7 marks **Good to average answers**

Answer shows knowledge and understanding of the social and emotional consequences of giftedness. There is an attempt to present a balanced discussion. Some analysis is evident and the answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. References to research are present and, although relevant, are perhaps not so clearly linked to the discussion as for the top band.

6 – 4 marks **Average to poor answers**

Answer shows some knowledge and understanding of the area. Answers in this band are likely to be mostly descriptive. There is likely to be some irrelevance or inaccuracy. References to research may be absent or lacking in detail. Answers constituting reasonable description with minimal focus on the question are likely to be in this band.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief, perhaps unfinished answer will come into this band.

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

SECTION B: ATYPICAL PSYCHOLOGY

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

(a) Outline and briefly discuss **one** historical explanation of abnormal behaviour. *(5 marks)*

[5 marks : AO1 = 2, AO2 = 3]

AO1 Up to 2 marks for outlining one historical approach. Historical approaches referred to are likely to be one of the following: Ancient times – "spirits"; Hippocrates – "humours"; Middle Ages – "possession theory"; Pinel's "moral therapy". Credit should be given for accurate description of any ONE named and appropriate historical approach. The above list is not exhaustive (for example, candidates often refer to 'the wandering womb' theory). More recent historical approaches such as Freud should also be accepted.

AO2 Up to 3 marks for discussion/analysis eg the historical context of the approach with detail such as time, place, aim, perspective, treatment etc. Credit should be given for detail of the emergence of subsequent approaches eg the medical model if linked to the description of the historical approach chosen.

(b) Describe **one** interpersonal issue in clinical assessment and suggest how it might affect the consultation process. *(3 marks)*

[3 marks: (AO1 = 2, AO2 = 1]

AO1 Up to 2 marks for knowledge and description of an appropriate interpersonal issue (eg stereotyping, labelling, racism, sexism, social norms, expectations, sick/expert role, demand characteristics etc)

AO2 One further mark for application to consultation process. For example:
In the consultation process one interpersonal issue is demand characteristics or, because there is an interaction of roles the characteristics of the interviewer's style will affect the quality of the information obtained or, patient may use cues from the clinician as to the 'symptoms', 'behaviour' etc expected.

(c) Describe and discuss **at least two** problems involved in defining abnormality. *(12 marks)*

[12 marks : AO1 = 6, AO2 = 6]

AO1 Usually (2 x 3 marks) may be accessed in two ways: (a) for naming and expanding on problems eg There is a difficulty with applying 'personal distress' as a defining characteristic of abnormality as it is **inherently subjective** because the standards for defining one's own distress can vary widely, or (b) A01 marks may also be gained from knowledge (and explanation) of the criteria used for defining abnormality. These are likely to be: deviation from statistical norms; personal distress; deviation from social norms; maladaptiveness; Mental Healthiness, cultural differences.

AO2 Up to 6 marks for analysis and discussion of at least two identifiable practical and/or ethical problems of defining abnormality. The major evaluative points likely to be raised include: Subjective interpretation; abuse of an individual's rights; norms differ across time and culture; personal distress not experienced in some mental disorders; is the statistical data current and relevant? How statistically infrequent does the behaviour have to be? Etc. Credit examples of behaviour as AO2 and comparative usefulness of different definitions.

Maximum 7 marks if only 1 problem discussed.

Mark Bands

12 – 10 marks **Excellent answers**

At least two appropriate problems should be clearly discussed with accurate detail. A full and well-balanced discussion is likely to be linked to the criteria for defining abnormality and the unsatisfactory nature of using a single definition and/or may focus on ethical issues. At the top of the band a sophisticated grasp of the main issues should be evident, and answers should be comprehensive, coherent and analytical. The answer is well focused and mostly relevant with little misunderstanding.

9 – 7 marks **Good to average answers**

Discussion of the 2 (or more) problems identified will not be as detailed and analytical as in band 1, but at the top of the band at least two appropriate problems should be clearly identified. At the bottom of this band answers may be mainly descriptive although some critical analysis of the problems should be evident. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. **Max 7 marks** if only one problem discussed.

6 – 4 marks **Average to poor answers**

Answers in this band may be largely or entirely descriptive, although at least one practical or ethical issue should be clearly outlined at the top of the band, or two addressed but with less relevant detail. Answers will probably be brief and any discussion limited. At the bottom of the band answers may lack coherence but a number of relevant points must be evident. An attempt to address at least one problem should be evident. There is likely to be some irrelevance or inaccuracy. **Max 4 marks** if answers merely describe definitions of abnormality.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief, perhaps unfinished answer will come into this band.

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

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

(a) (i) Which eating disorder is suggested by these symptoms? Explain your answer with reference to Paula's behaviour. *(3 marks)*

[3 marks : AO1 = 1, AO2 = 2]

AO1 One mark for Bulimia Nervosa or Binge Eating.

AO2 For explaining why with reference to the text eg binge eating and purging evident in Paula's behaviour through references to loss of control, laxative use, guilt etc

(ii) Describe **one** explanation for eating disorders. *(5 marks)*

[5 marks : AO1 = 5, AO2 = 0]

AO1 Explanations may relate to eating disorders in general or to a specific eating disorder. Likely to be taken from: Societal and family pressures (SLT) (reinforcement), cognitive, psychodynamic or biological. Note that the question requires a description of the explanation rather than evaluation. Credit description of case studies, empirical studies and/or symptoms where used to illustrate an explanation, but for the full 5 marks a detailed **explanation** should be apparent.

For example: A biological explanation for eating disorders is genetic factors. Relatives of people with an eating disorder are up to 5 times more likely than other members of society to suffer from an eating disorder (Strober & Humphrey 1987). Both family and twin studies have indicated a genetic link via concordance studies; 'Concordance' is the extent to which a certain trait in both twins is in agreement ('concord'). Monozygotic twins share the same genes whereas dizygotic twins have only the same genetic relatedness (50%) as other siblings. If an eating disorder is inherited then one would expect to find more cases of MZ twins both having the same disorder than DZ twins. Differences between MZ and DZ twins are considered largely genetic as both shared the same environment at the same time. Holland et al (1988) found 56% concordance for MZ compared to 5% for DZ. Kendler et al (1991) studied 2163 female twins diagnosed with bulimia and found concordance rate 0f 23% for MZ and 9% for DZ.

(b) Discuss **at least one** explanation for *post-traumatic stress syndrome*. Refer to empirical evidence in your answer. *(12 marks)*

[12 marks : AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for explanation/s offered, either biological or environmental/psychological. Candidates may offer one in detail, or more than one in less detail. Because PTSS is directly linked to a traumatic event most causes are considered to involve the environment and different environmental/psychological explanations may be offered in one answer. For example, classical conditioning, Kolb 1987 and/or the presence of pre-existing psychological problems such as low self-esteem, McFarlane 1988. There are also a number of explanations covering biological processes associated with PTSS and these are acceptable as explanations. For example, Krystal et al (1989) the locus coeruleus, Kolk et al (1989) disturbed opioid function.

AO2 Up to 8 marks for discussion. Depending on the explanation/s offered, A02 marks likely to include some of the following points: Not all people exposed to a traumatic event develop PTSS – Review of literature Green 1994; role of agency and other mediating factors eg self-esteem; evidence for the importance of support systems; Differences between what is expected and observed seem important (Dixon et al 1993; Paton 1992). Davidson (1992) found support for the pivotal role of the locus coeruleus. Evaluative points might also be accrued from methodological issues.

Maximum 6 marks if no evidence presented

Mark Bands

12 – 10 marks **Excellent answers**

At least one appropriate explanation will be clearly addressed with accurate detail. Discussion will be fully developed with evaluative comment and empirical evidence. At the top of the band a sophisticated grasp of the main issues should be evident, and answers should be comprehensive, well balanced, coherent and analytical. Empirical evidence will be presented appropriately. The answer is well focused and mostly relevant with little misunderstanding.

9 – 7 marks **Good to average answers**

At least one appropriate explanation clearly addressed. The answer will contain accurate detail, although this may not be quite as comprehensive as Band 1. Description and evaluation should be present but the emphasis may be more on one than the other. At the bottom of this band answers may be mainly descriptive although some critical analysis should be evident. There must be some empirical evidence. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding.

6 – 4 marks **Average to poor answers**

The explanation(s) offered may lack sufficient detail, but at the top of the band points raised should be pertinent to the question. Answers in this band may be largely descriptive although there should be some discussion for 5/6 marks. The answer will probably be brief or lack focus. At the bottom of the band a number of relevant points must be evident to gain marks. There is likely to be some irrelevance or inaccuracy.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief, perhaps unfinished answer will come into this band.

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

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

(a) Identify **three** symptoms of *seasonal affective disorder*. *(3 marks)*

[3 marks : AO1 = 3, AO2 = 0]

AO1 One mark for identifying each symptom. Accept any symptoms required for diagnosis eg depression, appetite change, weight change, sleep problems. Credit also distinction between summer and winter types.

(b) Outline **one** therapy for depression and briefly discuss its effectiveness. *(5 marks)*

[5 marks : AO1 = 2, AO2 = 3]

AO1 Two marks can be awarded for outline of any therapy eg Drug therapy (MAOI, Tricyclics, SSRI, Lithium etc), cognitive behaviour therapy, ECT. Brief mention, award 1 mark.

AO2 Up to 3 marks for evaluation of effectiveness of the above named therapy. Points might include knowledge of outcome studies and evaluation of the use of chemotherapy. Evidence for efficacy BUT there may be side effects, there is limited understanding of how drugs work and there may be other social factors to consider. Credit comparison with other therapies.

(c) Describe and discuss **one** socio-cultural explanation for schizophrenia. Refer to empirical evidence in your answer. *(12 marks)*

[12 marks : AO1 = 5, AO2 =7]

AO1 Up to 5 marks for knowledge and understanding of one socio-cultural explanation for schizophrenia. Any socio-cultural explanation accepted, eg Labelling Theory (Scheff 1966); Family stresses (Tienari et al 1987; Brown et al 1966); Environmental stresses eg social drift etc. Note that explanations in this area are not always distinct. Relevant material should be credited.

AO2 Up to 7 marks for analysis and discussion. Might include theoretical issues and implications of accepting the explanation. Discussion might be based on evidence or on consideration of competing explanations. Other explanations should be credited as long as they are part of the discussion as a whole. Credit evidence as AO2.

Maximum 6 marks if no evidence presented.

Mark Bands

12 – 10 marks **Excellent answers**

One appropriate explanation should be identified and evidence for it outlined and fully evaluated. At the top of the band a sophisticated grasp of the main issues should be evident, and answers should be comprehensive, well balanced, coherent and analytical. Empirical evidence should be presented in detail and form part of the discussion. The answer is well focused and mostly relevant with little misunderstanding.

9 – 7 marks **Good to average answers**

At the top of the band, one appropriate explanation should be identified and/or evidence for one explanation outlined and evaluated, although this will not be as detailed or as coherent as for Band 1. At the bottom of this band answers may be mainly descriptive although some evaluation should be evident, and empirical evidence should be presented. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding.

6 – 4 marks **Average to poor answers**

Answers in this band may be overly descriptive and will probably be brief, or have limited relevant content, however, there should be some description of a relevant socio-cultural explanation and possibly a brief discussion of evaluative points and/or empirical evidence. Some discussion must be present for 6 marks. At the bottom of the band answers may lack coherence but a number of relevant points must be evident. There is likely to be some irrelevance or inaccuracy.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief, perhaps unfinished answer will come into this band.

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

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

(a) (i) Outline **two** assumptions underlying the cognitive approach to the treatment of atypical behaviour. *(4 marks)*

[4 marks : AO1 = 4, AO2 = 0]

AO1 Usually 2 marks for each relevant assumption outlined or can be 3/1 split eg Atypical behaviour is due to: faulty thinking/cognitions; magnification of significance of events; illogical beliefs; selective perception of negative events; over-generalisation; absolutist thinking. For two marks a candidate should identify and outline an assumption. For example – one assumption of the cognitive approach to treatment is that the patient's problems come from illogical beliefs such as 'I must be loved and respected by everyone I know'.

(ii) Briefly discuss how **one** of the assumptions identified in your answer to (a) might influence the choice of therapy for atypical behaviour. *(4 marks)*

[4 marks: AO1 = 0, AO2 = 4]

AO2 Candidates should take one of the assumptions they have used in the previous answer and discuss how it would influence therapy. For example, if the assumption is 'faulty thinking' then any therapy would have to be directed at cognitions rather than behaviour. Is 'faulty thinking' a consistent cognitive style? Where does it stem from? Can it be modified? The cognitive approach assumes that negative thought patterns are irrational – value judgement. This might be the most appropriate form of therapy long-term but will it help the patient immediately? Ought it to be combined with other therapies? Award marks for analysis/evaluation and application.

(b) Describe and discuss the humanistic approach to treatment of atypical behaviour. *(12 marks)*

[12 marks : AO1 = 6, AO2 = 6]

AO1 Up to 6 marks for knowledge/understanding of humanistic therapy. Relevant aspects include: person-centred focus; emphasis on self and reducing the disparity between perceived and ideal self; the holistic approach; role of empathy and genuineness; use of unconditional positive regard; use of tests like the Q-sort; candidates might also gain marks here through reference to specific examples.

AO2 Up to 6 marks for evaluation/analysis of the humanistic approach which could include: lack of scientific underpinning; ethical issues, eg might it give false hope; methodological problems – the usefulness of one-to one and group sessions; theoretical issues eg validity of Maslow's theory of self-actualisation etc. Comparison with other therapies should be credited where it forms part of the discussion as a whole. Candidates are likely to refer to the limited range of disorders that can be treated with humanistic therapy.

Mark Bands

12 – 10 marks **Excellent answers**

Aspects of the approach should be clearly identified, fully described and evaluatively discussed. At the top of the band a sophisticated grasp of the main issues should be evident, and answers should be comprehensive, well balanced, coherent and analytical. The answer is well focused and mostly relevant with little misunderstanding.

9 – 7 marks **Good to average answers**

At the top of the band the approach should be clearly described with accurate detail, although this may not be as full or as coherent as Band 1. The answer should include some evaluative comment, although the answer may not be as balanced as Band 1 between description and evaluation. At the bottom of this band answers may be mainly descriptive although some critical analysis should be evident. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding.

6 – 4 marks **Average to poor answers**

Answers in this band may be purely descriptive and will probably be brief, or have limited relevant content. At the bottom of the band answers should contain a number of relevant points although these will not be discussed in any detail. There is likely to be some irrelevance or inaccuracy.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief, perhaps unfinished answer will come into this band.

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

SECTION C: HEALTH PSYCHOLOGY

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

(a) Views of health have changed over time. Explain **one** difference between a current view of health and one from the past. *(3 marks)*

[3 marks : AO1 = 2, AO2 = 1]

AO1 One mark for basic knowledge of any historical approach to/understanding of health (or may take the alternative approach of considering what is illness). Likely answers include the following – health as an absence of: sorcery or demonic possession; imbalance of bodily fluids, infectious disease and trauma. Candidates might also refer to more recent general paradigms such as the medical model. For two marks expect a fairly detailed description.

AO2 One mark for analysis of the change that has taken place, how the present view of health differs to the given historical view.

(b) With reference to the above example, outline and briefly discuss **one** problem in defining health. *(5 marks)*

[5 marks : AO1 = 2, AO2 = 3]

AO1 Up to 2 marks for an outline of one problem in defining health. Given the text it is likely that candidates will focus on the problem of using the absence of disease as an indication of health. For the second mark this might be expanded as a feature of the medical model. Other problems in defining health are acceptable.

AO2 Up to 3 marks for discussion of the problem eg absence of illness is too narrow a definition; medical model is reductionist; fails to consider the whole patient **and** for reference to the text. A valid text reference here would be to refer to the evidently unhealthy lifestyle: lack of exercise; poor diet etc. Maximum 2 AO2 marks if candidate fails to refer to text.

(c) Describe and discuss the biopsychosocial model of health and illness. *(12 marks)*

[12 marks : AO1 = 6, AO2 = 6]

AO1 Up to 6 marks for a description of the biopsychosocial model: stress-daithesis approach emphasising interactive effect of environment and individual-vulnerability; a model based on general systems theory; takes into account 3 major aspects of well-being; mental (psychological, eg cognition and emotion), social (environmental, familial, interpersonal factors) and biological (organs, tissues, cells, chemicals); a more holistic approach; at its broadest encompasses ecology and physical systems. Any aspects of Engel 77, Downie 96 should be credited.

AO2 Up to 6 marks for analysis/evaluation of the model which should include a balance of strengths and weaknesses. Strengths: challenge to the reductionism of the medical/biomedical model; acknowledges importance of treating the whole person; more humane approach; allows for a positive and negative view of health. Weaknesses: neglects widest influences eg spiritual; more a statement of beliefs than rigorous theory; difficult to test empirically; takes focus from the medical; encourages alternative therapies. AO2 marks should also be given for examples as analysis of the benefits/limitations of the model.

Mark Bands

12 – 10 marks **Excellent answers**

Answer shows sound, detailed knowledge and understanding of the biopsychosocial model. Discussion is full and well balanced with reference to both strengths and weaknesses. There is substantial and appropriate analysis. Evaluative comment is not simply stated but is presented in the context of the discussion as a whole. The answer is well focused and mostly relevant with little misunderstanding.

9 – 7 marks **Good to average answers**

Answer shows knowledge and understanding of the biopsychosocial model. There is an attempt to present a balanced discussion but perhaps greater emphasis on strengths or weaknesses. Some analysis is evident and the answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding.

6 – 4 marks **Average to poor answers**

Answer shows some knowledge and understanding of the area. Answers in this band may be entirely or mostly descriptive. There is likely to be some irrelevance or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief, perhaps unfinished answer will come into this band.

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

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

(a) Using an example, explain what is meant by the term *psychosomatic health.* *(4 marks)*

[4 marks : AO1 = 2, AO2 = 2]

AO1 Two marks for clear knowledge of term. A good answer might include the following: The term psychosomatic health involves the recognition that physical (somatic) state and thus health (1), may be linked to or is partly dependent upon state of mind (psyche) (1). One mark for vague answer linking mind or mental state with illness/wellness.

AO2 One mark for any pertinent, analytical comment, for example: relating concept to the broader debate about mind-body; monism – argument that mind and body are indivisible; dualism (Descartes). Credit also reference to 'psychosomatic families' (Minuchin 75), families where conflict and high expressed emotion decrease ability to cope with health conditions eg diabetes. Plus one mark for relevant example of psychosomatic health/illness eg role of stress (mental state) in illnesses such as ulcers, high blood pressure etc.

(b) Identify and outline **two** precursors of coronary heart disease (CHD). *(4 marks)*

[4 marks : AO1 = 4, AO2 = 0]

AO1 One mark each for identification of a relevant risk factor, plus one further mark each for expansion/description. Relevant factors include: hypertension/high blood pressure; artherosclerosis – hardening of the arteries; diabetes; obesity; high serum cholesterol level-fat like compound carried in lipoprotiens.

(c) Discuss the use of biomedical interventions for coronary heart disease (CHD). *(12 marks)*

[12 marks : AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for knowledge of biomedical interventions: clot-dissolving medication following myocardial infarction; balloon angioplasty – insertion and inflation of tiny balloon in blocked artery; coronary bypass surgery – replacing diseased section of artery with healthy artery, usually from patient's leg. Credit should also be given for description of treatments for hypertension eg reduction of sodium intake, diuretics, medication eg beta-blockers and drugs to promote blood vessel dilation.

AO2 Up to 8 marks for analysis evaluation of biomedical interventions. The discussion might include: necessity for immediate treatment in case of heart attack victims; efficacy of bypass surgery as opposed to other medical interventions and psychological treatments; long-term survival rates and reduction of likelihood of further heart attacks; symptom reduction and increased quality of life versus 'cure'; reference to side effects of medication; need for long term lifestyle change; need for holistic approach; effectiveness of alternative approaches, eg biofeedback techniques to reduce blood pressure; interventions to improve compliance with medical cardiac programs; stress management to modify Type A and reduce blood pressure (Ornish 90).

Mark Bands

12 – 10 marks **Excellent answers**

Answer shows sound, detailed knowledge and understanding of biomedical interventions for CHD. Discussion is full and well balanced with reference to both strengths and weaknesses, probably including reference to alternative approaches. There is substantial and appropriate analysis. Evaluative comment is not simply stated but is presented in the context of the discussion as a whole. The answer is well focused and mostly relevant with little misunderstanding.

9 – 7 marks **Good to average answers**

Answer shows knowledge and understanding of biomedical interventions for CHD. There is an attempt to present a balanced discussion but perhaps greater emphasis on strengths or weaknesses. Some analysis is evident and the answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding.

6 – 4 marks **Average to poor answers**

Answer shows some knowledge and understanding of the area. Answers in this band may be mostly descriptive but there must be some analysis/discussion for 5/6 marks. There is likely to be some irrelevance or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief, perhaps unfinished answer will come into this band.

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

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

(a) (i) Explain what is meant by *self-efficacy*, and how it might affect Angie's ability to stop smoking. *(4 marks)*

[4 marks : AO1 = 2, AO2 = 2]

AO1 Up to 2 marks for knowledge of term eg a cognitive factor in behaviour change – an individual's belief about own ability to succeed in carrying out a particular behaviour (Bandura 1986). Vague answer 1 mark, full answer 2 marks.

AO2 Up to 2 marks for relating the concept of self-efficacy to the case in the text. The belief about her own ability to stop smoking will affect Angie's ability to do so. This belief will be based on several factors: past experiences of success/failure; comparison of own ability with others; persuasion from others; level of anxiety about proposed change. Not all of the above is necessary for two marks – candidates may elaborate on just one factor and still get full marks.

(ii) Suggest **two** reasons why, according to the health belief model, Angie has continued to smoke for ten years. *(4 marks)*

[4 marks : AO1 = 2, AO2 = 2]

AO1 One mark for each of two reasons suggested. Acceptable answers (Becker and Rosenstock 1984): **no perceived threat** or **no perceived susceptibility** to the disease/problem; **no perceived seriousness** of consequences if we develop the disease; **no perceived benefits of behaviour change**; **no cues to action** eg death of a friend, media, or bodily events like onset of symptoms; absence of relevant **sociodemographic variables** eg age, gender etc.

AO2 One mark each for application. For example, where candidate refers to no perceived threat as a reason, they might explain how Angie continued to smoke because she did not feel personally at risk, although perhaps well aware of the general risks from smoking.

(b) Describe and evaluate the behavioural approach to dieting and weight loss. Refer to evidence in your answer. *(12 marks)*

[12 marks : AO1 = 6, AO2 = 6]

AO1 Up to 6 marks for knowledge/understanding of behavioural approach to dieting and weight loss. Typical components of a behaviour program include: self-monitoring keeping record of food eaten, when, where etc; stimulus control techniques eg using lists, storing food out of sight etc; eating methodically eg replacing utensils after each mouthful; contingency contracting by use of a reward system. References to cognitive restructuring as a wider component of a behavioural programs should be credited, as should information about family-based behavioural treatments for obese children. Credit also references to specific programs, eg Stuart 1967, Straw 1983, Stunkard 1987). Aversion therapy involving pairing food with unpleasant stimuli, although not effective, has been used, so should be credited. Credit both specific techniques and the behavioural approach generally.

AO2 Up to 6 marks for evaluation of behavioural techniques for weight loss and diet. Valid information would include: effectiveness including outcome of particular studies; relative usefulness with different client groups; drop out rates (usually low); comparison with other approaches including medical treatments; long-term outcomes – most patients report maintenance of lower weight for over a year. Consideration of alternative approaches (self-help groups, medication, very-low-calorie-diet VLCD, gastric restriction) should be credited where presented as part of the evaluation as a whole.

Maximum 6 marks if no evidence presented.

Mark Bands

12 – 10 marks **Excellent answers**

Answer shows sound, detailed knowledge and understanding of behavioural approach to dieting and weight loss. There is detailed and appropriate evidence. Evaluation is full and well balanced with reference to both strengths and weaknesses, probably including reference to alternative approaches. There is substantial and appropriate analysis. Evaluative comment is not simply stated but is presented in the context of the discussion as a whole. The answer is well focused and mostly relevant with little misunderstanding.

9 – 7 marks **Good to average answers**

Answer shows knowledge and understanding of behavioural approach to dieting and weight loss. There is an attempt to present a balanced evaluation but perhaps greater emphasis on strengths or weaknesses. Evidence is presented. Some analysis is evident and the answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding.

6 – 4 marks **Average to poor answers**

Answer shows some knowledge and understanding of the area. Answers in this band may be mostly or entirely descriptive. There is likely to be some irrelevance or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief, perhaps unfinished answer will come into this band.

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

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

(a) (i) Identify and describe **one** method the psychologist might use to measure Luke's stress. *(3 marks)*

[3 marks : AO1 = 3, AO2 = 0]

AO1 One mark for method identified plus up to 2 marks for description of a method of measuring stress. Acceptable answers: physiological measures, eg hormone analysis via blood or urine samples, polygraph measure of arousal; self-report eg SRRS (Holmes and Rahe 67), Life Events Scale or the Daily Hassles Scale (Kanner 81), Life Events and Difficulties Schedule (Harris 97); behavioural measures, eg insomnia, avoidance of stressful situation, eg absences from work, forgetfulness, making mistakes etc.

(ii) Distinguish between *problem-focused* and *emotion-focused* strategies for coping with stress. Give **one** example of **each** strategy that Luke could use to help him deal with his stress at work. *(5 marks)*

[5 marks : AO1 = 2, AO2 = 3]

AO1 One mark each for knowledge of terms. Problem focused – where strategy is aimed at changing situation that is causing the problem or controlling the stressor. Emotion focused – where strategy is aimed at managing the stress/distress rather than changing the situation ie controlling the emotional response.

AO2 One mark for clear distinction between the two strategies i.e. one internal (emotion-focused) and one is both external and internal (problem-focused). Plus one mark each for a relevant example. Examples of problem-focused include: changing work routine; time management; setting attainable targets; reducing work hours. Examples of emotion-focused include: use of humour to alleviate tension; going to the gym; relaxation techniques; taking medication/alcohol.

(b) Describe and discuss the role of social support in mediating responses to stress. Refer to evidence in your answer *(12 marks)*

[12 marks : AO1 = 5, AO2 = 7]

AO1 Up to 5 marks for describing the role of social support in mediation of stress. Answers should demonstrate knowledge of models of social support: the main effect model refers to large social networks and structures eg communities, marriage, family, membership of organisations, social roles etc.; the buffering model refers to interpersonal resources enabling functional support. Examples of buffering would include: provision of direct aid eg loan, services etc. (instrumental support); advice, feedback etc. (informational support); a sense of self-worth through reassurance of others (esteem support).

AO2 Up to 7 marks for discussion and analysis. Answers should focus on the benefits or otherwise of social support and include reference to evidence. Whilst several studies demonstrate the benefits of social support (eg Berkman and Syme 79, Sosa et al 80) some research suggests it can be negative, eg Kulik and Mahler 89 showed faster recovery in heart patients who were unmarried compared to married patients whose spouses did not visit. More general issues include: quality as opposed to number of relationships; negative stresses of being exposed to problems of others in a support network; relationship between social support and other factors such as mastery (perception of own effectiveness) and intimacy. Techniques for **managing stress** to be credited only where used to evaluate social support.

Maximum 6 marks if no evidence presented.

Mark Bands

12 – 10 marks **Excellent answers**

Answer shows sound, detailed knowledge and understanding of the role of social support in mediation of stress. Evaluation is full and well balanced, and includes detailed and accurate reference to research. There is substantial and appropriate analysis showing awareness of the complexity issue in relation to stress. Evaluative comment is not simply stated but is presented in the context of the discussion as a whole. The answer is well focused and mostly relevant with little misunderstanding.

9 – 7 marks **Good to average answers**

Answer shows knowledge and understanding of the role of social support in mediation of stress. There is an attempt to present a balanced evaluation but perhaps greater emphasis on strengths or weaknesses. Relevant evidence is presented. Some analysis is evident and the answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding.

6 – 4 marks **Average to poor answers**

Answer shows some knowledge and understanding of the area. Answers in this band may be mostly or entirely descriptive, but there must be some analysis for 6 marks. There is likely to be some irrelevance or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief, perhaps unfinished answer will come into this band.

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

SECTION D: CONTEMPORARY TOPICS

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

(a) Using an example, explain the role of *reciprocal liking* in the formation of human relationships. *(4 marks)*

[4 marks : AO1 = 2, AO2 = 2]

AO1 Award up to 2 marks for good knowledge/understanding of term. An example of a good answer: Reciprocal liking is a factor affecting interpersonal attraction whereby people tend to like those who like them (1) or show positive feelings towards those who express positive feelings towards them (1) etc. Vague, sketchy answer **1 mark max**.

AO2 Award 1 mark for further analysis eg reciprocal liking increases attraction since it acts to boost self-esteem etc., which makes us feel good and seek out the person more thus continuing the cycle. Award 1 additional mark for relevant example of how reciprocal liking might be determined such as positive non-verbal cues (smiling), verbal cues (positive comments etc).

(b) Describe **two** factors which might affect *self-disclosure* in people's relationships. *(4 marks)*

[4 marks : AO1 = 4, AO2 = 0]

AO1 Award 1 mark for each correct feature given such as same-gender and different-gender friendships. No marks for definition of self-disclosure. For full marks feature must be described or defined in some way, eg women self-disclose more than men both to men and to other women; generally men disclose to women less than women to men, men to men shown to be about the same as women to men. Also credit other relevant factors such as stage of development of relationship, intimacy of relationship etc. Two marks for each feature fully described.

(c) Discuss **two** theories of love. Refer to evidence in your answer. *(12 marks)*

[12 marks : AO1 = 4, AO2 = 8]

AO1 Up to 4 marks to be awarded for description of 2 relevant theories of love which are likely to include romantic love, companionate love, passionate love or triangular theory (Sternberg). Usually award 2 marks for each theory, but exceptional coverage of one may merit 3 marks with 1 mark for the other. Relevant theorists include Rubin, Hatfield (eg passionate love scale), Sternberg. Companionate love refers to secure, stable relationship, whereas passionate love, romantic love, involves intense feelings, high arousal etc. To gain credit, answers based on attraction or attachment styles in intimate relationships (Shaver and Hazan) should show a sustained link to love.

AO2 Up to 8 marks for evidence of analysis and evaluation of 2 theories. This could include ways in which concepts are measured or defined, or ways in which researchers classify love. Eg compassionate love can be applied more broadly than passionate love and so can be applied to friends as well as intimate relationships. Critical consideration of theories should be included. Discussion of evidence should also be credited.

Maximum 7 marks if only one theory is presented
Maximum 6 marks if no evidence presented

Mark Bands

12 – 10 marks **Excellent answers**

Answer shows sound, detailed knowledge and understanding of two theories of love. Discussion is full and well balanced with substantial and appropriate analysis. References to research are present, accurate and detailed. Evaluative comment is not simply stated but is presented in the context of the discussion as a whole. The answer is well focused with adherence to the instruction to discuss. Material is mostly relevant with little misunderstanding.

9 – 7 marks **Good to average answers**

Answer shows knowledge and understanding of two theories of love. There is an attempt to present a balanced discussion. Some analysis is evident and the answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. Answers in this band will still demonstrate discussion although full appreciation of issues is not conveyed. References to research are present and, although relevant, are perhaps not so clearly linked to the discussion as for the top band. **Max 7 marks** if only one theory is given.

6 – 4 marks **Average to poor answers**

Answer shows some knowledge and understanding of relevant theories. Answers in this band are likely to be mostly descriptive although there must be some analysis/comparison for 5/6 marks. There is likely to be some irrelevance or inaccuracy. References to research may be absent or lacking in detail. Answers constituting reasonable description with minimal focus on the question are likely to be in this band.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief, perhaps unfinished answer will come into this band.

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

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

(a) Identify and outline **two** types of *psychokinesis*. *(4 marks)*

[4 marks : AO1 = 4, AO2 = 0]

AO1 Award 1 mark for each type of PK correctly identified: micro and macro. Plus 1 mark for outline description of each type: Micro is PK invisible to naked eye and detectable by statistics. Macro is PK visible to naked eye. Also credit reference to RSPK (poltergeist phenomena). No marks for ESP phenomena (telepathy, clairvoyance, precognition).

(b) Using an example, explain what is meant by *clairvoyance*. *(4 marks)*

[4 marks : AO1 = 2, AO2 = 2]

AO1 Up to 2 marks for clear, accurate knowledge/understanding of clairvoyance. Example: form of communication/aspect of what is known as extra-sensory perception where individual is able to perceive or gain information from an object, person or event (1) which could not be gleaned using conventional senses (or equivalent) (1). Vague understanding award 1 mark. No marks for reference to fortune-telling, predicting the future etc.

AO2 One mark for analysis/ elaboration of term in the context of parapsychology, eg clairvoyance is type of ESP where the receiver deliberately seeks information, whilst the sender (object or person) is passive. Plus one mark for a relevant example.

(c) Discuss the use of **both** case studies **and** laboratory procedures in paranormal research. Illustrate your answer with reference to evidence. *(12 marks)*

[12 marks : AO1 = 4, AO2 = 8]

AO1 Up to 4 marks for detailed knowledge and understanding of use of case studies & lab procedures in psi phenomena. 1-2 marks only for definition of terms. Most marks for AO1 will be awarded for descriptive coverage of relevant evidence such as Rosenheim, Pavel Stepanek for case studies and any relevant laboratory study, eg Ganzfeld work for telepathy.

AO2 Up to 8 marks for evidence of analysis and evaluation of case-studies and lab procedures which may be discussion of general issues and problems with research in this area, such as degree of control of variables, reliability, validity, limits of generalization (especially for case-studies) file-drawer problem, use of anecdotal findings etc and/or may involve specific discussion and critical consideration of research findings cited. This may include reference to statistical significance in Ganzfeld studies or problems with sensory leakage etc and for case-studies reference to difficulties in replication of phenomena.

Maximum 7 marks if only one research method discussed
Maximum 6 marks if no evidence presented

Mark Bands

12 – 10 marks **Excellent answers**

Answer shows sound, detailed knowledge and understanding of both methods. Discussion is full and well balanced with substantial and appropriate analysis. At least two empirical studies are present, accurate and detailed. Evaluative comment is not simply stated but is presented in the context of the discussion as a whole. The answer is well focused, mostly relevant with little misunderstanding. Analysis and evaluation will be clearly demonstrated throughout.

9 – 7 marks **Good to average answers**

Answer shows knowledge and understanding of two methods. There is an attempt to present a balanced discussion. Analysis is evident and the answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. Answers in this band will demonstrate a good appreciation of issues but be less well argued than for the top band. References to at least two studies are present and, although relevant, are perhaps not so clearly linked to the discussion as for the top band. **Max 7 marks** if only one method is given.

6 – 4 marks **Average to poor answers**

Answer shows some knowledge and understanding of the area. Answers in this band are likely to be mostly descriptive although there must be some analysis/evaluation for 5/6 marks. There is likely to be some irrelevance or inaccuracy. References to research may be absent or lacking in detail. Answers constituting reasonable description of the methods with minimal focus on the question are likely to be in this band.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief, perhaps unfinished answer will come into this band.

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

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

(a) In the table below are concepts and definitions related to addiction. Identify concept (i) and give a definition of tolerance for (ii). *(3 marks)*

[3 marks : AO1 = 3, AO2 =0]

AO1 Award marks as follows:
(i) 1 mark for physical dependence (accept physical addiction). No marks for addiction only. (ii) Up to 2 marks for good definition of tolerance such as state where individual's body has adapted to presence of substance and amount (or strength) needs to be increased in order to obtain desired effects. Vague/weaker definition award **1 mark max**. No marks for body tolerates drug (or equivalent).

(b) Distinguish between stimulants and depressants, give **one** example of each. *(5 marks)*

[5 marks : AO1 = 2, AO2 = 3]

AO1 Award 1 mark for knowledge of each term: stimulants as drug substance that acts on nervous system to increase alertness, arousal, concentration etc; depressants act on nervous system to decrease alertness, and generally slow down reactions/responses etc.

AO2 One mark for making clear distinction between the two, eg former elevates awareness whereas latter suppresses it (or equivalent). Plus one mark each for the examples which might include the following: caffeine, amphetamines, MDNA (ecstasy), Nicotine, Cocaine (stimulant) and alcohol, barbiturates, tranquillisers, solvents (depressant). Accept also brand names for drugs.

(c) Describe and discuss the use of aversion strategies in the psychological treatment of substance abuse. Refer to **one other** psychological treatment in your answer. *(12 marks)*

[12 marks : AO1 = 5, AO2 = 7]

AO1 Up to 5 marks to be awarded for clear description of aversion technique and one other. Most likely alternative will be self-management strategy. Evidence may also gain marks here. No marks for any non-psychological techniques such as methadone or for reference to prevention of abuse (strategies). Description of aversion may be implicit in example.

AO2 Up to 7 marks for evidence of analysis and application of the named techniques which may involve discussion around strengths and/or weaknesses of the treatment strategies referred to, or may be comments & criticisms of specific research cited such relative effectiveness from outcome studies, relapse rates, drop-out rates, need for commitment, ethical issues (with aversion) etc.

Maximum 7 marks if no reference to alternative treatment

Mark Bands

12 – 10 marks **Excellent answers**

Answer shows sound, detailed knowledge and understanding of aversion and one other strategy. Discussion is full and well balanced with substantial and appropriate analysis throughout. Evaluative comment is not simply stated but is presented in the context of the discussion as a whole. The answer is well focused on the use of the strategies and well framed within the context of the psychological treatment of substance abuse. Mostly relevant with little misunderstanding.

9 – 7 marks **Good to average answers**

Answer shows knowledge and understanding of aversion and, usually, one other strategy. Exceptional answers based just on aversion gain a maximum of 7 marks. There is an attempt to present a balanced discussion. Analysis is evident and the answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. Answers in this band will demonstrate a good appreciation of issues but be less well argued than for the top band. Answers in this band though should still demonstrate skills of application.

6 – 4 marks **Average to poor answers**

Answer shows some knowledge and understanding of psychological treatment of substance abuse. Answers in this band are likely to be mostly descriptive although there must be some analysis/evaluation for 6 marks. There is likely to be some irrelevance or inaccuracy. Answers constituting reasonable description of the strategy/strategies with minimal focus on the question are likely to be in this band.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief, perhaps unfinished answer will come into this band.

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

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

(a) Outline **one** psychoanalytic explanation of criminal behaviour. *(3 marks)*

[3 marks : AO1 = 3, AO2 =0]

AO1 Up to 3 marks for knowledge/understanding/description of one psychoanalytic explanation in the context of criminal behaviour. Likely answer: criminal behaviour as a form of sublimation; or the role of id (unchecked by other components of personality) and the superego (under-developed). Accept references to maternal deprivation and link between criminal behaviour and problems of early experience.

(b) (i) What is meant by the term *criminal personality*? *(2 marks)*

[2 marks: AO1 = 2, AO2 =0]

AO1 Up to 2 marks for knowledge of features of the criminal personality, eg impulsivity (impulsiveness), psychoticism, neurotic extroverts etc. Alternatively rather than giving traits answer may provide general description of features, such as emergence of personality in the context of a theory of types, eg Eysenck's theory – incorporation of psychoticism into the EPI etc. emphasis on nervous system.

(ii) Explain why a person with a criminal personality is likely to be involved in criminal behaviour. *(3 marks)*

[3 marks : AO1 = 1, AO2 = 2]

AO1 For identifying link between one or more characteristics of the criminal personality and criminal behaviour, eg psychoticism.

AO2 For explanation of how any characteristic of the criminal personality could lead to a person committing a crime, eg psychoticism is a characteristic reflecting cold, hostile aggressive behaviour which means that a person would not be able to empathise with the victim and would therefore have few inhibitions about attack/theft etc. or extraverts condition less easily therefore do not acquire rules of society which would prevent them from anti-social behaviour etc. Can credit more than one explanation.

(c) Discuss **two** psychological effects of imprisonment on those held in custody. *(12 marks)*

[12 marks : AO1 = 4, AO2 = 8]

AO1 Up to 4 marks to be awarded for knowledge/understanding of two relevant psychological effects of imprisonment such as depression, shifts in conformity to norms of institution, prisonization (form of socialization to prison attitudes, behaviours etc). Marks awarded here for very good description of two effects or for effects implicit in evidence such as Zimbardo's work addressing roles and authority figures. Effects cited must be psychological. Answer need not refer to information in stem.

AO2 Up to 8 marks for evidence, analysis and discussion of concept. This could involve discussion of purposes of imprisonment and difficulties of problems caused by imprisonment versus rehabilitation model i.e. inmates 'become' better people, improved character, given valuable (legal) skills whilst in prison. Alternatively could present discussion of flaws in research cited such as ethical issues raised by Zimbardo's work.

Maximum 7 marks if only one effect presented
Maximum 6 marks if no evidence presented

Mark Bands

12 – 10 marks **Excellent answers**

Answer shows sound, detailed knowledge and understanding of two effects. Discussion is full and well balanced with substantial and appropriate analysis throughout. Evaluative comment is not simply stated but is presented in the context of the discussion as a whole. The answer is well focused and supported with detailed and accurate reference to evidence. Mostly relevant, with little misunderstanding.

9 – 7 marks **Good to average answers**

Answer shows knowledge and understanding of two effects although exceptional answers based just one may gain a maximum of 7 marks. There is an attempt to present a balanced discussion. Analysis is evident and the answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. Answers in this band will demonstrate a good appreciation of issues but be less well argued than for the top band. Evidence will be referred to although it will not be as detailed and will not be used as effectively as for the top band.

6 – 4 marks **Average to poor answers**

Answer shows some knowledge and understanding of effects of imprisonment. Answers in this band are likely to be mostly descriptive although there must be some analysis/evaluation for 5/6 marks. There is likely to be some irrelevance or inaccuracy. References to evidence may be absent. Answers constituting reasonable description of effects with minimal focus on the question are likely to be in this band.

3 – 1 marks **Poor answers**

Answer must have some relevant content, perhaps fair description related to the question. There are probably substantial inaccuracies and/or irrelevance. A valid but extremely brief, perhaps unfinished answer will come into this band.

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

ASSESSMENT OBJECTIVE GRIDS - UNIT 4: CHILD DEVELOPMENT AND OPTIONS

SECTION A: CHILD DEVELOPMENT

Question	Marks AO1	Percentage	Marks AO2	Percentage	Total Marks
Q1 (a)	1		2		
(b)	5		0		
(c)	4	50	8	50	20
Q2 (a)	2		2		
(b)	2		2		
(c)	6	50	6	50	20
Q3 (a)	1		2		
(b)	5		0		
(c)	4	50	8	50	20
Q4 (a)	2		1		
(b)	2		3		
(c)	6	50	6	50	20

SECTION B: OPTIONS
PSYCHOLOGY OF ATYPICAL BEHAVIOUR

Question	Marks AO1	Percentage	Marks AO2	Percentage	Total Marks
Q5 (a)	2		3		
(b)	2		1		
(c)	6	50	6	50	20
Q6 (a) (i)	1		2		
(ii)	5		0		
(b)	4	50	8	50	20
Q7 (a)	3		0		
(b)	2		3		
(c)	5	50	7	50	20
Q8 (a) (i)	4		0		
(ii)	0		4		
(b)	6	50	6	50	20

SECTION B: OPTIONS
HEALTH PSYCHOLOGY

Question	Marks AO1	Percentage	Marks AO2	Percentage	Total Marks
Q9 (a)	2		1		
(b)	2		3		
(c)	6	50	6	50	20
Q10 (a)	2		2		
(b)	4		0		
(c)	4	50	8	50	20
Q11 (a) (i)	2		2		
(ii)	2		2		
(b)	6	50	6	50	20
Q12 (a) (i)	3		0		
(ii)	2		3		
(b)	5	50	7	50	20

SECTION B: OPTIONS
CONTEMPORARY TOPICS IN PYSCHOLOGY

Question	Marks AO1	Percentage	Marks AO2	Percentage	Total Marks
Q13 (a)	2		2		
(b)	4		0		
(c)	4	50	8	50	20
Q14 (a)	4		0		
(b)	2		2		
(c)	4	50	8	50	20
Q15 (a)	3		0		
(b)	2		3		
(c)	5	50	7	50	20
Q16 (a)	3		0		
(b) (i)	2		0		
(ii)	1		2		
(c)	4	50	8	50	20