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ASSESSMENT and QUALIFICATIONS ALLIANCE

General Certificate of Education

Psychology 5186/6186
Specification B

PYB4 Child Development and Options: Psychology of Atypical Behaviour ***or*** *Health Psychology* ***or*** *Contemporary Topics*

Mark Scheme

2006 examination – June series

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

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

PYB4

Quality of Written Communication

Candidates are required to:

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

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

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

Band 1: Excellent quality of written communication

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

Band 2: Good quality of written communication

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

Band 3: Average quality of written communication

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

Band 4: Poor quality of written communication

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

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

SECTION A: Child Development

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

(a) Two children are interviewed by a developmental psychologist. They are asked about their friends and what makes a friendship. Their responses are quite different.

Charlie says, "Friends play together. My friend sits next to me at school and he lives near me. He has a new bike and he lets me ride it."

Kerry says, "I have friends that I can talk to. My best friend understands me and we help each other when we get upset. We get on well, even though we don't see each other for ages."

State **two** age-related changes in friendship. Refer to the examples of Charlie and Kerry in your answer. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 One mark for each age-related change, to a maximum of two marks. Likely answers: young children see friends as anyone they spend time with – physical interaction; older children share intimacies/show greater self-disclosure – emotional interaction; young children more egocentric - see friend as one-way assistant; older children show reciprocal care and understanding. Changes in gender segregation - preference for same-sex playmates from 2 years to adolescence.

AO2 Up to two marks for linking AO1 content to the text. For example: Charlie spends time with/sits next to his friend and that's what makes him 'a friend'/Charlie uses the friend for his bike/Kerry discloses to friend/Kerry's relationship is reciprocal/Kerry still considers it a friendship even when they don't spend a lot of time together. Candidates are not required to speculate about the ages of the children in the text, but one mark may be awarded if they recognise that Kerry must be older than Charlie.

(b) Explain how **one** feature of caregiver-infant interaction affects the development of attachment. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Up to two marks for knowledge of any relevant feature of infant-caregiver interactions. Likely answers: turn-taking; reciprocity, imitation, eye contact; interactional synchrony; skin contact; responsiveness. One mark for a very brief answer. Two marks for more detailed description of the interaction, for example, what is involved in reciprocity.

AO2 Up to two marks for explaining how the interaction or behaviour referred to for AO1 might affect attachment. Possible points: behaviour makes contact more enjoyable; the interaction is reinforcing for both parties; success leads to increased interaction; behaviour will elicit response from other party; caregiver responds to child as a person; successful interactions form the basis for attachment; frequent successful communication leads to stronger attachment; affects security of attachment; lacking interaction may lead to negative effects, eg delinquency.

(c)	With reference to attachment and separation, describe and discuss the work of Schaffer **and** Rutter.	*(12 marks)*

[AO1 = 6, AO2 = 6]

Where relevant evidence is presented, AO1 and/or AO2 marks should be credited.

AO1 Up to 6 marks for description of the work of Schaffer and Rutter in relation to attachment (3 marks for each). Credit should be given for psychological theory and for knowledge of research. (Max 2 marks for any one study.)

Schaffer - work on multiple attachments/stages of attachment - diffuse 0-7 months, single strong 7-9 months, multiple attachment figures 18 months + (most children have 5 figures); importance of stability/quality of substitute care; effects of divorce especially on boys; significance of inter-parental conflict.

Rutter - no simple cause and effect explanation of delinquency; work on explanations for delinquency (the Isle of Wight boys) - cause of separation not separation per se; work with Romanian orphans - ability to recover from privation; drawing attention to difference between privation and deprivation; role of father.

AO2 Discussions are likely to focus on the significance of the work of Schaffer and Rutter and the theoretical and practical implications. For example, Schaffer's work on multiple attachments contradicts Bowlby's view of monotropy and suggests that children would not suffer from day-care/substitute care. Rutter's views on causes of delinquency conflict with Bowlby's maternal deprivation hypothesis (44 juvenile thieves), thus taking automatic blame from an absent mother. Rutter's work with Romanian orphans suggests that long term effects of privation can be, at least partly overcome, contrasting with the irreversibility aspect of Bowlby's theory. Credit also discussions focused on the strengths/limitations of Schaffer's and Rutter's work.

Maximum 7 marks if only one psychologist presented

Mark Bands

12 -10 marks **Excellent answers**
There is detailed description of Rutter's and Schaffer's work showing sound and accurate knowledge and understanding. Discussion is balanced, with appropriate analysis. Evaluative comment is presented in the context of the discussion as a whole. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 - 7 marks **Good to average answers**
Answer shows knowledge and understanding of Rutter's and Schaffer's work and there is an attempt to present an organised discussion. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. The answer is not as well balanced as for the top band. Exceptionally award a maximum 7 marks for an excellent answer referring only to either Schaffer or Rutter.

6 - 4 marks **Average to poor answers**
Answer shows some relevant knowledge and understanding but will probably lack detail and/or be quite unbalanced. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band.

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

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

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

(a) Using an example, explain what is meant by the *zone of proximal development*. *(3 marks)*

[AO1 = 1, AO2 = 2]

AO1 One mark for basic knowledge of concept, ie gap between what child can achieve alone and what child can achieve with assistance.

AO2 One mark for any relevant expansion/elaboration, eg child is usually aided by a more competent peer or an adult; instruction is part of the process of cognitive development; takes account of the social context; similar to scaffolding; should be taken account of when assessing child's ability; reference to potential as opposed to actual ability.
One mark for relevant, concrete example of a task/ability and helping scenario, eg building bricks - parent helps, suggests - gradually withdraws support.

(b) Describe **one** study in which modes of representation were investigated. Indicate why the study was conducted, the method used, results obtained and conclusion drawn *(5 marks)*

[AO1 = 5, AO2 = 0]

Any study in which modes of representation were investigated is acceptable. Examples: Bruner & Kenney 1966 cylinders/grid study; Kuhlman 1960 memory for nonsense shapes; Sonstroem 1966 conservation using symbolic mode; Frank 1964 conservation using symbolic mode.

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

(c) Discuss Piaget's research into conservation **and** egocentrism. *(12 marks)*

[AO1 = 4, AO2 = 8]

Where relevant evidence is presented, AO1 and/or AO2 marks should be credited.

AO1 Up to 4 marks for descriptions of Piaget's research with up to 2 marks for the detail of any one study. Likely content: 3 mountains experiment; conservation tasks involving same question twice and transformation - beads, clay, liquid etc. For four marks there should be accurate and detailed reference to both conservation and egocentrism research.

AO2 Up to 8 marks for discussion of the research. Look for positive and negative points for a balanced discussion. Likely points: lack of human sense; limited samples; interpreting non-performance as lack of ability; use of the clinical interview; qualitative data; framework for further research. Credit references to alternative ways of studying egocentrism and conservation where used to discuss Piaget's research, eg Hughes policeman/doll; Rose and Blank one question only. Answers straying into a discussion of Piaget's theory and comparisons with Vygotsky/Bruner are not strictly relevant to the question, unless there is an explicit link.

Maximum 7 marks if only egocentrism or conservation presented

Mark Bands

12 -10 marks **Excellent answers**
There is detailed and accurate description of both aspects of Piaget's work showing sound knowledge and understanding. Discussion is balanced, with appropriate analysis. Evaluative comment is presented in the context of the discussion as a whole. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 - 7 marks **Good to average answers**
Answer shows reasonably detailed and accurate knowledge and understanding of both aspects of Piaget's work with an attempt to present an organised discussion. The answer is mostly focused on the question although there may be some irrelevance and/or misunderstanding. The answer is not as well balanced as for the top band. Exceptionally award a maximum 7 marks for an excellent answer referring only to one aspect.

6 - 4 marks **Average to poor answers**
Answer shows some relevant knowledge and understanding but will probably lack detail and/or be quite unbalanced. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band. For 5/6 marks there must be some discussion.

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

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

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

(a) Explain **one** difference and **one** similarity between Eisenberg's and Kohlberg's models of moral development. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Award one mark each for identification of the similarity and the difference.
Likely difference: Kohlberg's theory based on wrong-doing whereas Eisenberg's was based on prosocial reasoning; Eisenberg used children, Kohlberg used children and adults (different sample).
Likely similarities: Both models reflect change from self-oriented to other-oriented reasoning with age; both models reflect change in reasoning from focus on consequences to focus on internalised morality; both models propose an invariant sequence of stages; both models are based on hypothetical reasoning; both models focus on cognitive rather than emotional/ behavioural aspects of morality.

AO2 Award one mark each for expansion of the difference and the similarity.
Examples: candidate may identify/outline stages; say stages are invariant.

(b) A psychoanalytic psychologist is asked to explain why a three-year-old child shows no evidence of guilt after having done something wrong. What explanation is the psychoanalytic psychologist likely to give? *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Up to two marks for knowledge of the psychoanalytic explanation of morality. Award one mark for each relevant point as follows: morality is governed by the superego; superego comprises internal parent/conscience; superego develops through internalisation of ideals/codes of same-sex parent; in the Phallic stage (psychosexual stages of development).

AO2 Up to two marks for linking the psychoanalytic explanation to the stem, eg guilt would stem from an internalised conscience within the superego; pre-Phallic stage child (under 3 years) has not yet developed a superego; has not internalised parent's moral code; has no concept of right and wrong.

(c) Describe and discuss the use of moral dilemmas in studying moral development. *(12 marks)*

[AO1 = 6, AO2 = 6]

Where relevant evidence is presented, AO1 and/or AO2 marks should be credited.

AO1 Up to 6 marks for knowledge of the moral dilemma technique. Credit relevant points such as: hypothetical scenario about wrong-doing; respondent must make a moral choice; questions to ascertain justification for the choice; based on semi-structured interview; responses coded to determine level of reasoning; examples of dilemmas, eg Heinz. Credit answers based on Piaget's moral comparisons "Who is the naughtier?"

AO2 Up to 6 marks for discussion. Possible strengths: research evidence; examples of supporting evidence; revised coding to increase validity. Possible limitations: subjective analysis and coding unreliability; inconsistency between hypothetical reasoning and behaviour; poor predictive validity; gender/culture bias of the Kohlberg dilemmas. Credit reference to alternative methods where used as part of the discussion, eg contrast with Gilligan's real life dilemma research; Piaget's study of rules of marbles; Piaget's studies of lying; Damon's studies of sharing; Watson & Turiel's research into children's understanding of types of moral transgression.

Mark Bands

12 -10 marks **Excellent answers**
There is detailed and accurate description of the moral dilemma technique showing sound knowledge and understanding. Discussion shows appropriate analysis. Evaluative comment is presented in the context of the discussion as a whole. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 - 7 marks **Good to average answers**
Answer shows reasonably detailed and accurate knowledge and understanding of the moral dilemma technique with an attempt to present an organised discussion. 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 relevant knowledge and understanding but will probably lack detail/analysis. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band.

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

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

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

(a) Identify **one** learning difficulty and suggest **two** features of a child's behaviour that might indicate the presence of this learning difficulty. *(3 marks)*

[AO1 = 3, AO2 = 0]

Award one mark for identification of a learning difficulty. Candidates are likely to refer to dyslexia, dyscalculia or ADHD.

Award two marks for knowledge of ways the learning difficulty manifests itself.

Dyslexia - likely answers: difficulty learning to read; phonological problems affecting reading/spelling; pronunciation problems; transposition problems; omission of syllables when reading; letter reversal 'd' for 'b'; need to sound out unfamiliar letter combinations; inability to break down words into component sounds; inability to organise work; sequencing difficulties.

Dyscalculia - likely answers: poor mathematical skills, eg addition, subtraction; difficulties coping with money; substitution and reversals in mathematical calculations; poor spatial skills e.g. map reading; poor ability to tell the time.

ADHD - likely answers: significant inattention; failure to listen/complete tasks; reluctance to engage in tasks that required sustained mental activity; easily distracted; hyperactivity-impulsivity indicated by distinctive body language and level of activity, eg excessive fidgeting, restlessness, inability to be still, interruption, impatience, noisiness.

(b) Briefly discuss **one** treatment of a learning difficulty. *(5 marks)*

[AO1 = 2, AO2 = 3]

AO1 Up to two marks for description of a relevant treatment. One mark for a brief or very basic answer, two marks for detailed answer.
Likely answers:
Dyslexia - Expect a variety of possible answers - many specialist programmes exist (eg dyslexia institute). Generally look for the following: use of structured, cumulative, multisensory programmes; practice breaking down words into constituent sounds; use of phonic systems for sounding out words; emphasis on phonological awareness
ADHD - biological treatment using stimulants, eg Ritalin to suppress demanding and disruptive behaviour and increase attentiveness; behaviour management programmes based on operant conditioning techniques using systems of reinforcement and 'time-out'.

AO2 Up to three marks for discussion of the treatment. Credit any relevant points including: ease of application; time; effectiveness; cost; involvement of parents; whether the treatment is clearly structured; underpinning theory; evidence base; side effects. Also credit general issues such as reductionism and holism.

(c) Describe and discuss **at least one** explanation for autism. Refer to evidence in your answer. *(12 marks)*

[AO1 = 5, AO2 = 7]

Where relevant evidence is presented, AO1 and/or AO2 marks should be credited.

AO1 Up to 5 marks for description of at least one explanation for autism. Likely explanations include: biological - genetic and/or neurological factors; psychological explanations related to parenting, eg Bettleheim's rejecting parents hypothesis (refrigerator mother - Kanner); Tinbergen's approach-avoidance theory; executive functioning; cognitive explanations, eg Baron-Cohen's theory of mind and Frith's central coherence elaboration of theory of mind.
If more than one explanation is used then expect less detailed description.

AO2 Up to 7 marks for discussion/analysis of the given explanation/s. Arguments should centre on the validity of the explanation, and may include its implications both therapeutic and societal. Relevant evidence should be included, eg Ritvo et al 1985 concordance studies, Baron-Cohen et al 1985 Sally/Ann. Studies involving effectiveness of treatments might form part of a valid discussion, eg effectiveness of biological or behavioural therapies might be used to make inferences about biological versus psychological causes. Credit reference to alternative explanations presented in the context of the discussion.

Maximum 8 marks if no evidence presented

Mark Bands

12 -10 marks **Excellent answers**
There is detailed and accurate description of at least one explanation for autism showing sound knowledge and understanding. Discussion is balanced, with appropriate analysis. Evidence is used to support argument. Evaluative comment is presented in the context of the discussion as a whole. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 - 7 marks **Good to average answers**
Answer shows reasonably detailed and accurate knowledge and understanding of at least one explanation for autism with an attempt to present an organised discussion. For 9 marks some evidence must be included. 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 relevant knowledge and understanding but will probably lack detail/analysis. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band. For 6 marks must be some discussion.

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

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

SECTION B: Options

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

(a) Outline what is meant by the terms *statistical infrequency* **and** *maladaptiveness* when used to define abnormality. *(4 marks)*

[AO1 = 4, AO2 = 0]

Up to two marks for each term outlined. One mark for a brief or vague outline, two for a full outline. Examples of full answers:
The criterion of statistical infrequency states that a person is deemed to be abnormal if their behaviour is not that experienced or demonstrated by the majority of people (1) is very rare/unusual (1). One mark for answers based on distribution/area under a curve which make no reference to abnormal behaviour.
The criterion of maladaptiveness states that a person is deemed to be abnormal if they engage in behaviour/activity (1) that is likely to impede their progress or result in their harm (either immediately or in the long-term) or be harmful to others (1).
Credit descriptions embedded in examples.

(b) Briefly discuss **one** problem involved in using distress as a way of defining abnormality. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Up to two marks for knowledge of a relevant problem depending on detail. Expect a variety of responses.
Likely answers: distress does not occur in individuals who have little grasp on reality; how can an individual's level of distress be determined except subjectively; why should it be considered abnormal to be profoundly distressed? In certain intolerable circumstances it is probably a very normal reaction.

AO2 Up to two marks for elaboration/analysis of the problem and/or for application. For example, candidates might explore how certain atypical behaviours inflict distress on those around the sufferer rather than the sufferer themselves or may comment on the issue of subjectivity/ objectivity in mental diagnosis as opposed to diagnosis of physical disorders. Given that the question is about **using** the criterion of distress candidates might gain marks here by elaboration via an example. Credit also comparison/contrast with other ways of defining abnormality.

(c) 'A person suffering from a mental disorder is suffering from an illness in just the same way as someone suffering from a heart condition.'

Discuss the view that a mental disorder is an illness. Refer to models of abnormality in your answer. *(12 marks)*

[AO1 = 4, AO2 = 8]

Where relevant evidence is presented, AO1 and/or AO2 marks should be credited.

AO1 Up to 4 marks for knowledge of medical and psychological models of abnormality. Usually up to two marks for each but can award up to 3 marks if one done well. Likely content:
Medical model: sees mental disorders as illnesses; assumes organic cause (disease/infection) or internal malfunction; treatment is biological.
Psychological models (or named psychological model, eg behavioural): sees mental disorder as a functional disorder; assumes non-organic causes; treats non-biologically.

AO2 Up to 8 marks for discussion/analysis of the notion of mental disorder as illness, ie medical model position in relation to other models. Credit references to advantages/disadvantages/ implications of adopting the medical model position: takes away blame; diagnosis of illness more likely to lead to treatment; research shows some conditions involve organic cause/factors, eg schizophrenia; more objective than psychological model; less humane; reductionist; deterministic denies free will - patient has less control; labelling --> self-fulfilling prophecy. Credit also points of comparison between medical and psychological models.

Mark Bands

12 -10 marks **Excellent answers**
There is detailed and accurate description of models of abnormality showing sound knowledge and a clear understanding of the medical model position. Discussion is balanced, with appropriate analysis. Evaluative comment is presented in the context of the discussion as a whole. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 - 7 marks **Good to average answers**
Answer shows reasonably detailed and accurate knowledge and understanding of models of abnormality with a good understanding of the medical model position. There is an attempt to present an organised discussion. 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 relevant knowledge and understanding but will probably lack detail/analysis. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band. For 5/6 marks must be some discussion.

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

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

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

(a) Identify **two** symptoms of bulimia. *(2 marks)*

[AO1 = 2, AO2 = 0]

One mark for each symptom identified.
Likely answers: binging; purging; excessive exercise; throat/gum/tooth disease; irregular heart-beat; use of laxatives.

(b) Stella is suffering from anorexia. She is dangerously underweight and yet still believes that she is fat. Her family constantly pay attention to how little she eats and how much weight she has lost.

Name **three** treatments that could be used to treat Stella's anorexia. With reference to the description above, state why **each** of these treatments might be appropriate for Stella. *(6 marks)*

[AO1 = 3, AO2 = 3]

AO1 One mark for each treatment identified. Candidates are likely to use those given on the specification: weight restoration (refeeding), cognitive therapy and behavioural therapy. Other relevant treatments should also be credited.

AO2 One mark for stating why each treatment might be appropriate for Stella. Candidates are expected to link the treatment with Stella's behaviour or circumstances. There are several possible answers; however, given the text, the following answers are likely:

- Weight restoration - To enable Stella to put on weight
- Cognitive therapy - To change/challenge Stella's belief that she is fat
- Behavioural therapy - Stella can be reinforced for putting on weight (rather than being reinforced for undesired behaviour as at present)

(c) Describe and discuss psychodynamic explanations for anxiety disorders (for example, phobias, obsessive-compulsive behaviour). *(12 marks)*

[AO1 = 5, AO2 = 7]

Where relevant evidence is presented, AO1 and/or AO2 marks should be credited.

AO1 Up to 5 marks for knowledge of psychodynamic explanations for anxiety disorder/s. Answers are likely to focus on phobias and/or obsessive compulsive disorders. Phobias: object of fear is a symbol; of unconscious fear/desire, eg of castration; that has been repressed; over-active superego controlling unconscious desires; defence mechanisms.

Accept also general psychodynamic concepts that can be applied to anxiety disorders, eg identification as a means of acquiring behaviour.

Obsessive-compulsive behaviour: may be linked to psychosexual stages; fixation at the anal stage; anally retentive personality is excessively orderly/pre-occupied with tidiness/symmetry, etc; inappropriate use of defence mechanisms, eg sublimation or displacement.

AO2 Up to 7 marks for discussion/analysis of psychodynamic explanations. Likely content: lack of evidence; plausibility of other explanations, eg behavioural and cognitive; role of symbolism in Freudian theory; consequences of accepting the psychodynamic explanation, eg for therapy; for free will-determinism debate; intuitive plausibility of some Freudian concepts, eg importance of early life events, the conscious.

Mark Bands

12 -10 marks **Excellent answers**
There is detailed and accurate description of the psychoanalytic explanation for anxiety disorder/s. Discussion is balanced, shows appropriate analysis and appropriate application. Evaluative comment is presented in the context of the discussion as a whole. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 - 7 marks **Good to average answers**
Answer shows reasonably detailed and accurate knowledge and understanding of the psychoanalytic explanation for anxiety disorder/s. There is an attempt to present an organised discussion. There may be some irrelevance and/or misunderstanding.

6 - 4 marks **Average to poor answers**
Answer shows some relevant knowledge and understanding but will probably lack detail/analysis. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band. For 6 marks must be some discussion.

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

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

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

(a) Briefly discuss labelling as an explanation for schizophrenia. *(3 marks)*

[AO1 = 1, AO2 = 2]

There are two possible approaches to answering this question. Both may gain full credit.

AO1 One mark for knowledge of the explanation. Likely answers:
* Denies the existence of any illness or medical condition; places the blame on society/family; can be used to exclude groups whose behaviour is unacceptable (Szasz 1962).
* Once given the label schizophrenia, societal expectations lead to the person being treated differently, which in turn affects their behaviour, making them more likely to demonstrate schizophrenic symptoms.

AO2 Up to 2 marks for elaboration or analysis of the explanation. For example, denying existence of any medical condition: means it is less likely that a sufferer would be diagnosed/treated/given special consideration, eg at work; means that the sufferer may remain in a confused/disordered state for the foreseeable future; would therefore create disruption for the family; family may be unable to cope with the sufferer's behaviour. Self–fulfilling prophecy as elaboration of labelling. Credit other possible explanations.

(b) Describe **one** study in which a treatment for schizophrenia was investigated. Indicate why the study was conducted, the method used, results obtained and conclusion drawn. *(5 marks)*

[AO1 = 5, AO2 = 0]

Any study in which a treatment of schizophrenia was investigated is acceptable. Examples include: Paul & Lentz 1977 token economy system; Cole 1964, May 1981, Hogarty 1988 chlorpromazine; Kane 1988 clozapine; Falloon 1985 Family therapy; Falloon et al 1992 comparison of effectiveness of education, social skills training and family stress management. Credit also studies of community care for patients with schizophrenia.

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

(c) Discuss biological explanations for unipolar **and** bipolar mood disorders. *(12 marks)*

[AO1 = 4, AO2 = 8]

Where relevant evidence is presented, AO1 and/or AO2 marks should be credited.

AO1 Up to 4 marks for biological explanations for mood disorders. Likely content: due to heredity through the mechanism of genes; neurochemical imbalance; depleted levels of serotonin/noradrenaline (for unipolar); permissive amine hypothesis (unipolar); role of stress hormones, eg cortisol; chromosome 11 & X chromosome (bipolar); lithium imbalance (bipolar);

bipolar – gate theory – low serotonin opens the gate to the mood disorders – high norepinephrine = mania, low norepinephrine = depression.

AO2 Up to 8 marks for discussion. Likely content: neglects role of social factors such as poverty and life events; deterministic; reductionist; many studies not replicated; concordance studies never show 100% for MZs; biological explanations not consistent with success rate for cognitive therapies; success of combination therapies suggests more than one cause; takes blame from patient. Credit evidence used to support explanations, eg Egeland 1987 chromosome 11 Amish study; Biron et al 1987 X chromosome: Gershon 1990 family studies; Wender 1986 adoption studies; Bertelsen et al 1977 twin studies.

Maximum 7 marks if no separate reference to bipolar and unipolar forms

Do not credit answers confusing mood disorders with schizophrenia unless there is content that is clearly relevant to the question

Mark Bands

12 -10 marks **Excellent answers**
There is detailed and accurate description of biological explanations for mood disorders with specific reference to both bipolar and unipolar forms. Discussion is well balanced, and shows appropriate analysis. Evaluative comment is presented in the context of the discussion as a whole. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 - 7 marks **Good to average answers**
Answer shows reasonably detailed and accurate knowledge and understanding of biological explanations for mood disorders, with at least some distinct reference to unipolar and bipolar forms. There is an attempt to present an organised discussion. There may be some irrelevance and/or misunderstanding. An exceptional answer in which the candidate fails to make any separate reference to unipolar and bipolar forms may gain up to 7 marks.

6 - 4 marks **Average to poor answers**
Answer shows some relevant knowledge and understanding but will probably lack detail/analysis. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band. For 5/6 marks must be some discussion.

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

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

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

(a) Outline **two** features of the humanistic approach to therapy. *(4 marks)*

[AO1 = 4, AO2 = 0]

Up to two marks for each feature of humanistic therapy outlined. One mark if the feature is merely stated or outlined very briefly/vaguely. Two marks for an outline with some detail using appropriate terminology.
Likely answers: client-centred where the therapist is non-directive and the therapy proceeds at the client's own pace and according to the client's wishes; empathic in that the therapist endeavours to feel and experience the emotions expressed by the client; holistic in that the therapy focuses on the whole person and not just on the disorder; empowering so the client might explore opportunities and make own choices; reducing incongruence between perceived and ideal self or achieving self-actualisation.

(b) Explain **two** limitations of the humanistic approach to therapy. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Award one mark each for each limitation identified.
Likely answers: only useful for mild disorders; depends on patient being educated/articulate/reflective; time consuming; not clearly structured; idealistic.

AO2 Award one mark each for explanation/analysis of each limitation, eg candidate might specify which disorders are unsuited to humanistic therapy.

(c) Discuss **at least two** ethical dilemmas faced by professionals treating atypical behaviour. *(12 marks)*

[AO1 = 4, AO2 = 8]

Where relevant evidence is presented, AO1 and/or AO2 marks should be credited.

AO1 Up to four marks for description of at least two ethical issues. For example, the Association of Clinical Psychologists has issued guidelines to be followed in treatment. These may be outlined in the answer; rights of patients re informed consent; sectioning under the Mental Health Act 1983 and compulsory admission; compliance to 'expert'; lack of motivation and insight. Issues related to biological treatments and the nature of distress of some psychological treatments, eg flooding, abreaction etc. The ethics of applying token economy systems. Maximum marks may be gained through detailed reference to two issues or less detailed reference to more than two.

AO2 Up to eight marks available for discussion of the issues presented. Analytical comment might include advantages and limitations of compulsory treatment, the extent to which patients should be responsible for own decision making and the circumstances under which this might not be possible. The role of other professionals might also be part of the analysis, eg Approved Social Worker, as might the needs of other parties, eg relatives and the responsibilities of professionals to patients and the wider society. Discussion may be general or applied to particular treatments.

Maximum 7 marks if only one ethical issue presented

Mark Bands

12 -10 marks **Excellent answers**
There is detailed and accurate description of at least two ethical issues faced by professionals. Discussion is well balanced, and shows appropriate analysis. Evaluative comment is presented in the context of the discussion as a whole. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 - 7 marks **Good to average answers**
Answer shows reasonably detailed and accurate knowledge and understanding of at least two ethical issues faced by professionals. There is an attempt to present an organised discussion. There may be some irrelevance and/or misunderstanding. An exceptional answer in which the candidate refers only to one issue may gain up to 7 marks.

6 - 4 marks **Average to poor answers**
Answer shows some relevant knowledge and understanding but will probably lack detail/analysis. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band. For 5/6 marks must be some discussion.

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

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

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

(a) Jackie gets very easily upset and does not sleep well. Her doctor has suggested that she might benefit from some form of complementary approach to health.

Identify **one** complementary approach which the doctor might recommend to Jackie. Briefly explain what would be involved in this therapy. *(3 marks)*

[AO1 = 1, AO2 = 2]

AO1 One mark for identification of one complementary approach. Likely answers: aromatherapy; visualisation; meditation.
Credit other relevant approaches, eg homeopathy and reflexology.

AO2 Up to 2 marks for application to stem, ie explanation of what would be involved. One mark for a brief indication of application, two marks for a full answer showing knowledge of components of the approach. For example, a two-mark answer based on aromatherapy might suggest how Jackie might use essential oils for inhalation and for massage. These should help her relax and sleep better.

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

[AO1 = 5, AO2 = 0]

Any study in which a complementary approach was investigated is acceptable. Examples include: Diego et al 1998 essential oils & mental processes; Spiegel & Moore 1997 visualisation & cancer; French & Tupin 1974 meditation and pain control.

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

(c) Discuss **at least two** assumptions of the biomedical model of health. *(12 marks)*

[AO1 = 4 AO2 = 8]

Where relevant evidence is presented, AO1 and/or AO2 marks should be credited.

AO1 Up to 4 marks for knowledge of two assumptions of the biomedical model. Award up to two marks for each assumption to a maximum of four.
Likely assumptions: assumes health is biological normality; absence of disease; illness is a result of injury/infection/biochemical imbalance; assumes treatment should be biomedical, eg drugs, surgery, ECT, etc.

AO2 Up to 8 marks for discussion, analysis and evaluation of the assumptions given for AO1. Likely issues: need to consider role of social factors in illness, eg poverty, housing etc; role of psychological factors, eg personality. Limitations of strictly biomedical therapies, eg drugs treat symptoms but not cause; issues of reductionism and determinism; lack of patient ability to be in control. Positive evaluation points might include: success of many biomedical treatments; historical foundation, eg Galen's theory; removal of blame from patient.

Maximum 7 marks if only one assumption presented

Mark Bands

12 -10 marks **Excellent answers**
There is detailed and accurate description of at least two assumptions of the biomedical model. Discussion is well balanced, and shows appropriate analysis. Evaluative comment is presented in the context of the discussion as a whole. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 - 7 marks **Good to average answers**
Answer shows reasonably detailed and accurate knowledge and understanding of assumption/s of the biomedical model. There is an attempt to present an organised discussion. There may be some irrelevance and/or misunderstanding. An exceptional answer in which the candidate refers only to one assumption may gain up to 7 marks.

6 - 4 marks **Average to poor answers**
Answer shows some relevant knowledge and understanding but will probably lack detail/analysis. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band. For 5/6 marks must be some discussion.

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

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

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

(a)	Outline **one** interpersonal issue in patient-practitioner communication and explain how this issue could affect patient-practitioner relationships. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Up to two marks for knowledge of one relevant interpersonal issue. Most answers are likely to focus on practitioner style (eg directive, sharing, expert), however other interpersonal factors, such as gender, ethnicity and socio-economic status are acceptable. Award one mark for a brief or vague reference to a relevant issue, two for a full answer using appropriate terminology.

AO2 Up to two marks for explanation of how the issue identified for AO1 could affect patient-practitioner relationships. For the full two marks expect a detailed explanation of **how** the issue affects the relationship between the two parties. Possible answers: confidence and trust - likelihood of confiding; likelihood of compliance with advice; patient satisfaction with doctor; willingness to seek help in the future; recall for information from the consultation.

(b)	Describe **one** self-report measure used to assess a patient's level of pain. *(4 marks)*

[AO1 = 4, AO2 = 0]

Up to four marks for a description of a self-report measure of pain. Maximum marks for a full answer using appropriate terminology. Credit illustrations of questionnaire items. Self-report measures include: questionnaires, eg the McGill Pain Questionnaire which has sensory, affective and evaluative dimensions; a visual analogue scale - a rating scale where patient estimates along a dimension from minimal to severe pain; box scale where individual chooses a number from a series of levels of pain; a verbal rating scale where individual chooses a word/phrase from several options.

(c)	Discuss the role of psychological factors in **at least one** physical health problem (for example, diabetes, asthma). Refer to evidence in your answer. *(12 marks)*

[AO1 = 4, AO2 = 8]

Where relevant evidence is presented, AO1 and/or AO2 marks should be credited.

AO1 Up to 4 marks for knowledge of relevant psychological factors in relation to a **physical** health problem such as diabetes or asthma. Candidates may focus on psychological factors implicated in the **development** of the chosen condition or on those that might be relevant to **adjusting** to the condition. Relevant factors would include: lifestyle; risk-taking; personality; locus of control; hardiness; rationality; flexibility; farsightedness; defence mechanisms; emotion/problem-focused coping strategies; approach/avoidance strategies; sick-role behaviour; and factors associated with adhering to medical advice.

AO2 Up to 8 marks available for discussion of how relevant psychological factors would affect either the development or management of the condition. Discussion may include reference to: relative importance of biological and psychological factors; the mind/body debate; research studies and/or more general psychological theories; intervention strategies, etc. Award AO2 marks for application to any named physical problem and for use of evidence to support argument. Relevant evidence will depend on chosen health problem.

Maximum 8 marks if no evidence presented

Mark Bands

12 -10 marks **Excellent answers**
There is detailed and accurate description of the role of psychological factors in at least one physical problem. There is detailed knowledge of relevant evidence which is linked to the discussion. Discussion is well balanced, and shows appropriate analysis. Evaluative comment is presented in the context of the discussion as a whole. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 - 7 marks **Good to average answers**
Answer shows reasonably detailed and accurate knowledge and understanding of the role of psychological factors in at least one physical health problem. Must be some evidence for 9 marks. There is an attempt to present an organised discussion. There may be some irrelevance and/or misunderstanding.

6 - 4 marks **Average to poor answers**
Answer shows some relevant knowledge and understanding but will probably lack detail/analysis. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band. For 5/6 marks must be some discussion.

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

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

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

(a) Distinguish between *isotonic* and *isokinetic* exercise. *(3 marks)*

[AO1 = 2, AO2 = 1]

AO1 One mark for knowledge of each type of exercise.
Isotonic - involves body using force to move an object in a single direction, eg lifting weight
Isokinetic - involves using opposing sets of muscles, eg pushing and pulling.

AO2 One mark for a distinction. Most likely answer: isokinetic is better for building muscle strength and muscle endurance than isotonic.

(b) Outline and briefly discuss the behavioural approach to dieting and weight loss. *(5 marks)*

[AO1 = 2, AO2 = 3]

AO1 Up to 2 marks for an outline of the 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. Credit also family-based behavioural treatments for obese children and references to specific programs. Aversion therapy involving pairing food with unpleasant stimuli, although not effective, has been used, so should be credited.

AO2 Up to 3 marks for discussion of behavioural techniques. Valid points: 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. Alternative approaches (self-help groups, medication, very-low-calorie-diet VLCD, gastric restriction) should be credited where presented as part of discussion.

(c) Describe and discuss the use of media appeals in the primary prevention of illnesses associated with behavioural risk factors. *(12 marks)*

[AO1 = 6, AO2 = 6]

Where relevant evidence is presented, AO1 and/or AO2 marks should be credited.

AO1 Up to 6 marks for knowledge of media appeals in prevention of illness. Candidates may choose to base their answers on the Yale model of communication, addressing such issues as: the credibility of the source; one-sided and two-sided arguments; choice of medium; target audience; situation/context. Alternatively, they may choose to focus on fear appeals or on media campaigns based on social marketing strategies (including market research, product development, special incentives and back-up support).

AO2 Up to 6 marks for discussing the effectiveness of media appeals. Candidates may choose to discuss the effectiveness of specific campaigns or they may discuss generic issues that could relate to a wide range of campaigns. Discussion might refer to practical or ethical difficulties, conditions under which a particular strategy is more or less effective, empirical validation or refutation, and theoretical rationale. Better candidates may discuss the problematic nature of defining and measuring effectiveness and its associated criteria.

Mark Bands

12 -10 marks **Excellent answers**
There is detailed and accurate knowledge of the use of media appeals in illness prevention. Discussion is well balanced, and shows appropriate analysis. Evaluative comment is presented in the context of the discussion as a whole. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 - 7 marks **Good to average answers**
Answer shows reasonably detailed and accurate knowledge and understanding of the use of media appeals in illness prevention. There is an attempt to present an organised discussion. There may be some irrelevance and/or misunderstanding.

6 - 4 marks **Average to poor answers**
Answer shows some relevant knowledge and understanding but will probably lack detail/analysis. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band.

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

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

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

(a) Outline **two** ways in which the endocrine system is involved in the body's response to stress. *(4 marks)*

[AO1 = 4, AO2 = 0]

Up to two marks each for knowledge of two ways in which the endocrine system is involved in the response to stress. Likely answers:
Action of the pituitary gland which releases ACTH (1) which causes adrenal gland to release corticosteroids to fight inflammation/allergic reaction (1).
The sympathetic branch of ANS stimulates adrenal gland to secrete adrenal hormones (1). These adrenal hormones (adrenaline, noradrenaline, cortisol) lead to increased heart rate, slowed digestion; movement of blood from internal organs to skeletal muscles, etc (1).

(b) Marie has a very busy life. She is divorced, works full time and has two young children. She admits that she is often stressed and sometimes finds it difficult to manage. She says that, without her mother to help her look after the children, she would have real problems. Marie rarely goes out at night because of difficulty finding a baby-sitter, but she chats regularly with her friends on the telephone, which cheers her up a lot.

(i) Outline **one** emotion-focused strategy and suggest how Marie might use it to help cope with her stress. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Up to two marks for knowledge of an emotion-focused strategy. One mark for a very brief or vague answer. Two marks for a full answer using appropriate terminology.
Likely answers: relaxation techniques; exercise; taking medication/alcohol; use of humour. May award one mark for a definition of emotion-focused, ie a strategy aimed at managing the stress rather than changing the stressor.

AO2 Up to two marks for application to stem, ie for an explanation of how the strategy might be used by Marie to help her cope with stress. Note it is use of the strategy that is to be credited here. Credit also explanation of how the strategy might serve to alleviate Marie's stress.

(b) (ii) Discuss the role of social support in mediating stress. Refer to the example of Marie in your answer. *(12 marks)*

[AO1 = 4, AO2 = 8]

Where relevant evidence is presented, AO1 and/or AO2 marks should be credited.

AO1 Up to 4 marks for knowledge of 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 hypothesis refers to interpersonal resources enabling functional support. Examples of buffering would include: provision of direct aid, eg loan (instrumental support); advice (informational support); self-worth through reassurance of others (esteem support).

AO2 Up to 8 marks available for discussion and application to the stem. Answers should focus on the benefits or otherwise of social support. Research tends to show that those with social support cope better with stress, although some studies show social support in itself can be stressful. General issues might include: quality as opposed to number of relationships; negative effects of exposure to stress of others; 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 discuss social support. Allow up to four marks for application to stem: Marie has a social role at work and some family; Marie has instrumental support of mother to care for children; Marie has emotional support of friends on the phone. Credit also other relevant links to the stem, eg where candidates point out ways in which Marie lacks social support, eg lack of interaction with the community. Merely listing examples of social support from the stem – maximum 2 marks.

Maximum 8 marks if no application to the stem

Mark Bands

12 -10 marks **Excellent answers**
There is detailed and accurate knowledge of role of social support in stress and clear application to the stem. Discussion is well balanced, and shows appropriate analysis. Evaluative comment is presented in the context of the discussion as a whole. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding. Answers in this band should demonstrate appropriate use of specialist terminology.

9 - 7 marks **Good to average answers**
Answer shows reasonably accurate knowledge and understanding of the role of social support in stress. There is appropriate application to the stem for 9 marks. There is an attempt to present an organised discussion. There may be some irrelevance and/or misunderstanding.

6 - 4 marks **Average to poor answers**
Answer shows some relevant knowledge and understanding but will probably lack detail/analysis. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band. For 5/6 marks must be some discussion.

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

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

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

(a) In the context of the triangular theory of love, distinguish between romantic and companionate love. *(3 marks)*

[AO1 = 2, AO2 = 1]

AO1 One mark each for knowledge of each type of love.
Romantic - involves passion (and intimacy)
Companionate - involves commitment (and intimacy)

AO2 One mark for any valid distinction e.g. romantic love involves stronger element of sexual attraction; romantic love more usually seen earlier in a relationships whereas companionate love more typical in a mature relationship.

(b) Briefly discuss the role of disclosure in the development of relationships. *(5 marks)*

[AO1 = 2, AO2 = 3]

AO1 One mark for knowledge of disclosure: revealing of personal information about self.
One mark for any valid point re the role of disclosure, eg serves to intensify relationship; denotes trust; stimulates reciprocal disclosure.

AO2 Up to three marks for discussion and comment re any relevant issue. Examples: importance of the timing and the content of disclosure, eg too much too soon has opposite effect; sex differences and the implications re relationship development - males are less willing to disclose so male relationships may be less intimate; relative importance of other factors in development of a relationship. Full credit can be gained either by brief reference to several points or to more detailed discussion of a single issue.

(c) Describe and discuss **at least two** factors affecting the breakdown of relationships. Refer to empirical evidence in your answer. *(12 marks)*

[AO1 = 6, AO2 = 6]

Where relevant evidence is presented, AO1 and/or AO2 marks should be credited.

AO1 Up to 6 marks for knowledge of at least two factors and description of relevant evidence. Normally award two marks for each factor and one mark for each study outlined although mark allocation will need to be flexible for those candidates who use more than two factors. Answers in the form of a list of factors without any elaboration - maximum 2 marks. Likely factors: poor communication; jealousy; abuse; sexual problems; inequality in terms of inequity or social exchange; comparison level alternatives; age of partners; socio-economic status.
Possible studies: Hill et al 1976 (longitudinal study of factors); Rusbult 1987 (destructive v constructive, passive v active); Femlee 1998 (fatal attraction theory); Halford and Sanders 1990 (observation of negative verbal and non verbal behaviours).

AO2 Up to 6 marks for discussion and analysis. Candidates may link chosen factors/evidence to general theories of breakdown, eg Duck stages in breakdown. Discussion might focus on ways of repairing relationships threatened with breakdown, eg Herring 2002 and differences in reasons for breakdown according to social class, sexual orientation; length of relationship, etc. Credit also methodological problems: determining cause and effect; retrospective accounts; use of longitudinal studies. Better candidates should recognise that whilst a single factor might trigger problems, most relationships break up as a result of multiple factors.

Maximum 7 marks if only one factor presented
Maximum 8 marks if no empirical evidence presented

Mark Bands

12 -10 marks **Excellent answers**
There is detailed and accurate knowledge of at least two factors. Discussion is well balanced, and shows appropriate analysis. Evaluative comment is presented in the context of the discussion as a whole. Relevant evidence is presented. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 - 7 marks **Good to average answers**
Answer shows reasonably accurate knowledge and understanding of at least two factors. Exceptional answers based on one factor may gain 7 marks. There is an attempt to present an organised discussion. For 9 marks there must be some empirical evidence. There may be some irrelevance and/or misunderstanding.

6 - 4 marks **Average to poor answers**
Answer shows some relevant knowledge and understanding but will probably lack detail/analysis. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band.

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

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

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

(a) Using an example, explain the role of probability in parapsychology research. *(3 marks)*

[AO1 = 2, AO2 = 1]

AO1 Up to two marks for an understanding of the use probability: the likelihood that an observed effect could have happened by chance (1) has to be less than a pre-determined level (ie determined prior to the research) if the results are to be accepted (1).
For full two marks there should be clear evidence of understanding that using probability level **limits** amount of chance accepted.

AO2 One mark for example linking the answer to parapsychology research. It need not be a specific research example. Most candidates will refer to probability levels as opposed to chance/guessing in studies of psychokinesis, eg dice-rolling, random number and event generators, or ESP e.g. Zener cards.

(b) Briefly discuss the use of the case study method to investigate psychokinesis (PK). Illustrate your answer with reference to an example. *(5 marks)*

[AO1 = 2, AO2 = 3]

AO1 Up to two marks for knowledge of the case study method. Possible content: detailed study of a single individual - often an unusual case; usually over a period of time; may involve interviews/ observations/questionnaires and retrospective account; qualitative account.

AO2 Up to three marks for discussion/application including one mark for presentation of a psychokinesis example. Likely discussion points: appropriate where an ability is only seen in unusual cases; appropriate for recording/analysis of spontaneous PK events; lack of reliability and validity; problems of subjectivity; researcher bias; more objective evidence easily gained from experimental study. Example: do not accept reference to an experimental study - most answers will focus on cases of recurrent spontaneous PK (poltergeists/apparitions), eg Bender 1974, Roll 1976 or on individuals, eg Geller.

(c) Describe and discuss **two** methods used in extrasensory perception (ESP) research. *(12 marks)*

[AO1 = 6, AO2 = 6]

Where relevant evidence is presented, AO1 and/or AO2 marks should be credited.

AO1 Up to 6 marks for knowledge of two relevant methods, usually up to three marks for each. Relevant methods include: Zener card experiments; remote viewing experiments; the Ganzfeld technique (accept as a separate paradigm although it is used in conjunction, eg with Zener task); meta-analysis, eg Honorton 1989; altered states of awareness studies, eg of dream content; clairvoyance - reading contents in sealed envelope; precognition - case studies. Award marks according to detail.

AO2 Up to 6 marks for discussion, usually up to three marks for each method. Likely discussion points: control; experimenter effects; target selection bias by receiver; sensory leakage; lack of replication (eg remote viewing Marks et al 1978); subjective interpretation (eg of remote viewing drawings Marks & Kamman 1978); relationship between senders and receivers; differences in performances between 'sheep' and 'goats' (Schmeidler & McConnell 1958); file drawer problem of selective reporting.
Note that AO2 content must be applied to the two chosen methods for credit.

Maximum 7 marks if only one method presented

Mark Bands

12 -10 marks **Excellent answers**
There is detailed and accurate knowledge of two methods in parapsychology research. Discussion is well balanced and shows appropriate analysis. Evaluative comment is specific to the two chosen methods and presented in the context of the discussion as a whole. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 - 7 marks **Good to average answers**
Answer shows reasonably accurate knowledge and understanding of two methods in parapsychology research. There is an attempt to apply the discussion to the two chosen methods and present an organised discussion. There may be some irrelevance and/or misunderstanding. An exceptional answer based on one method may gain 7 marks.

6 - 4 marks **Average to poor answers**
Answer shows some relevant knowledge and understanding but will probably lack detail/analysis. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Discussion will be general rather than applied to the chosen methods. Answers constituting reasonable description with minimal focus on the question are likely to be in this band.

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

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

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

(a) Identify **two** substances that might be used by solvent abusers. *(2 marks)*

[AO1 = 2, AO2 = 0]

Award one mark for each substance. Likely answers: glue; paint; aerosols; lighter fluid; nail varnish remover.

(b) Martin has been drinking and smoking regularly since he was in his teens. He has developed a tolerance to alcohol and nicotine dependence.

(i) Explain what is meant by *tolerance* and state **one** way in which Martin might demonstrate his tolerance to alcohol. *(3 marks)*

[AO1 = 2, AO2 = 1]

AO1 Up to two marks for knowledge of what is meant by tolerance: adaptation of body to substance (1) after use over a period of time (1).

AO2 One mark for stating one way in which tolerance might affect Martin. Example - he will not be affected by amount of alcohol that used to affect him; he will need more alcohol to achieve the same effect. Accept other relevant answers.

(b) (ii) Explain what is meant by *dependence* and state **one** way in which Martin might be affected by his dependence on nicotine. *(3 marks)*

[AO1 = 2, AO2 = 1]

AO1 Up to two marks for knowledge of what is meant by dependence: physical - body needs substance to function normally (1) lack of substance would lead to withdrawal symptoms (1) psychological - person believes they need the substance to function (1).

AO2 One mark for stating one way in which dependence might affect Martin: he will keep on smoking to maintain the level of nicotine in his body; he will experience withdrawal symptoms such as anxiety if he stops smoking; become pre-occupied with cigarettes and the belief that he must have them.

(c) With reference to **at least one** example, discuss how health promotion/education has been used in the prevention of substance abuse. *(12 marks)*

[AO1 = 4, AO2 = 8]

Where relevant evidence is presented, AO1 and/or AO2 marks should be credited.

AO1 Up to 4 marks for knowledge of health promotion/education in relation to substance abuse. Candidates may describe the general principles of health promotion/education or specific examples of health promotions/health education initiatives. Likely content: aim to change attitudes and behaviour; grounded in health psychology theory - models of lifestyle change, eg the health belief model (Rosenstock 1966), the theory of planned behaviour (Ajzen 1985), the

self-efficacy model (Schwarzer 1992); awareness of problem; raising awareness of benefits and costs of abusing/not abusing; emphasis on controllability; use of role plays; making public commitment; provision of cues to action; discussions of implications of behaviour, eg for family/friends.

AO2 Up to 8 marks for discussion, analysis and application. Possible evaluative points: many studies show limited effectiveness (Banyard 1996); requirements of successful programmes (Flora & Thoreson 1988); mistakenly assumes consistency between attitudes and behaviour; role of social influences, eg peer pressure; empowering - gives control to the individual - but also shifts the responsibility. Credit references to how health promotion/education initiatives are supported by general psychological theory, eg reinforcement and SLT. Accept evaluations of the models of lifestyle change where linked to prevention of substance abuse, eg Prochaska et al 1992 propose a stage model where behaviour change is effected over a period of time.

Mark Bands

12 -10 marks **Excellent answers**
There is detailed and accurate knowledge of health promotion/education as applied to substance abuse, with clear reference to an appropriate example. Discussion is well balanced, and shows appropriate analysis. Evaluative comment is presented in the context of the discussion as a whole. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 - 7 marks **Good to average answers**
Answer shows reasonably accurate knowledge and understanding of health promotion/education. There is some reference to an example of substance abuse at the top of this band. There is an attempt to present an organised discussion. There may be some irrelevance and/or misunderstanding.

6 - 4 marks **Average to poor answers**
Answer shows some relevant knowledge and understanding but will probably lack detail/analysis. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band. Must be some discussion for 5/6 marks.

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

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

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

(a) Anger management is used with some types of offenders. Outline **one** strength and **one** limitation of anger management as a treatment for offending. *(4 marks)*

[AO1 = 4, AO2 = 0]

AO1 Award up to two marks each for the strength and the limitation. One mark where answer is vague or very brief, two marks for more detailed outline.

Likely strengths: underpinned by cognitive and behaviourist theory, eg the cognitive preparation stage involves cognitive restructuring, the application practice involves reinforcement and modelling; involves changing the thoughts and not just the behaviour - thereby effecting change at a deeper level; some studies show significant improvement (Feindler et al 1984, Ireland 2000).

Likely limitations: assumes all offending is a consequence of anger but some researchers suggest this is an incorrect assumption (Loza & Loza-Fanous 1999); some studies show only limited and/or very short-term benefits; behaviour change may not generalise beyond the treatment programme.

(b) Briefly discuss **one** problem of using official statistics to measure crime. *(4 marks)*

[AO1 = 2, AO2 = 2]

AO1 Up to two marks for knowledge of official statistics and identifying a problem: official statistics comprise all crimes reported and recorded but not all crimes are reported; not all crimes are recorded. Unrealistic figure - tip of the iceberg - does not reflect the 'dark figure of crime'. Award one mark for very brief or vague answer, two marks for full answer.

AO2 Up to two marks for discussion/comment depending on detail. Credit explanations for why crimes may go unreported (embarrassment, fear, feeling nothing will be done) and why crimes go unrecorded (police counting rules; lack of time/resources, local/national priorities). Credit also comparisons with alternatives, eg BCS.

(c) Outline the role of custodial sentencing and discuss its effectiveness. *(12 marks)*

[AO1 = 4, AO2 = 8]

Where relevant evidence is presented, AO1 and/or AO2 marks should be credited.

AO1 Up to 4 marks for description/knowledge of custodial sentencing and the purposes of custodial sentencing. Possible content: definition of custodial sentence; custodial sentencing as a type of punishment; types of custodial sentence; description of aims of punishment, eg deterrence; rehabilitation/reform; retribution; incapacitation.

AO2 Up to 8 marks for discussion of the effectiveness. Candidates may present answers from a variety of different viewpoints. Relevant issues: how well custodial sentences meet the aims of punishment (deterrence, rehabilitation, etc.); recidivism rates and trends in prison populations; effectiveness weighed against psychological effects of imprisonment on the individual (Zimbardo); specific examples of opportunities for training and treatment; alternatives to custodial sentencing; relative effectiveness for different crimes and offender groups, eg sex offenders (lower recidivism rates) versus theft. Credit also links to more general psychological theory, eg the Behaviourist stance on punishment. Credit references to studies of effectiveness and recidivism where used to support argument.

Mark Bands

12 -10 marks **Excellent answers**
There is detailed and accurate knowledge of custodial sentencing. Discussion is well balanced, and shows appropriate analysis. Evaluative comment is presented in the context of the discussion as a whole. The answer is well focused, organised and mostly relevant with little, if any, misunderstanding.

9 - 7 marks **Good to average answers**
Answer shows reasonably accurate knowledge and understanding of custodial sentencing. There is an attempt to present an organised discussion. There may be some irrelevance and/or misunderstanding. Answer should focus on role and effectiveness.

6 - 4 marks **Average to poor answers**
Answer shows some relevant knowledge and understanding but will probably lack detail/analysis. Answers in this band are likely to be mostly descriptive with some irrelevance and/or inaccuracy. Answers constituting reasonable description with minimal focus on the question are likely to be in this band. Must be some discussion for 5/6 marks.

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

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

ASSESSMENT OBJECTIVE GRID - PYB4: CHILD DEVELOPMENT AND OPTIONS

CHILD DEVELOPMENT

Question		AO1 marks	Percentage	AO2 marks	Percentage	Total Marks
1	(a)	2		2		
	(b)	2		2		
	(c)	6	50	6	50	20
2	(a)	1		2		
	(b)	5		0		
	(c)	4	50	8	50	20
3	(a)	2		2		
	(b)	2		2		
	(c)	6	50	6	50	20
4	(a)	3		0		
	(b)	2		3		
	(c)	5	50	7	50	20

ATYPICAL PSYCHOLOGY

Question		AO1 marks	Percentage	AO2 marks	Percentage	Total Marks
5	(a)	4		0		
	(b)	2		2		
	(c)	4	50	8	50	20
6	(a)	2		0		
	(b)	3		3		
	(c)	5	50	7	50	20
7	(a)	1		2		
	(b)	5		0		
	(c)	4	50	8	50	20
8	(a)	4		0		
	(b)	2		2		
	(c)	4	50	8	50	20

HEALTH PSYCHOLOGY

Question	AO1 marks	Percentage	AO2 marks	Percentage	Total Marks
9 (a)	1		2		
(b)	5		0		
(c)	4	50	8	50	20
10 (a)	2		2		
(b)	4		0		
(c)	4	50	8	50	20
11 (a)	2		1		
(b)	2		3		
(c)	6	50	6	50	20
12 (a)	4		0		
(b) (i)	2		2		
(b)(ii)	4	50	8	50	20

CONTEMPORARY TOPICS

Question	AO1 marks	Percentage	AO2 marks	Percentage	Total Marks
13 (a)	2		1		
(b)	2		3		
(c)	6	50	6	50	20
14 (a)	2		1		
(b)	2		3		
(c)	6	50	6	50	20
15 (a)	2		0		
(b) (i)	2		1		
(b) (ii)	2		1		
(c)	4	50	8	50	20
16 (a)	4		0		
(b)	2		2		
(c)	4	50	8	50	20