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Mark Scheme (Results)

January 2023

Pearson Edexcel International Advanced  
Level

In Psychology (WPS04)

Paper 1 Clinical Psychology and  
Psychological Skills

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## General Marking Guidance

- All candidates must receive the same treatment. Examiners must mark the first candidate in exactly the same way as they mark the last.
- Mark schemes should be applied positively. Candidates must be rewarded for what they have shown they can do rather than penalised for omissions.
- Examiners should mark according to the mark scheme not according to their perception of where the grade boundaries may lie.
- There is no ceiling on achievement. All marks on the mark scheme should be used appropriately.
- All the marks on the mark scheme are designed to be awarded. Examiners should always award full marks if deserved, i.e. if the answer matches the mark scheme. Examiners should also be prepared to award zero marks if the candidate's response is not worthy of credit according to the mark scheme.
- Where some judgement is required, mark schemes will provide the principles by which marks will be awarded and exemplification may be limited.
- When examiners are in doubt regarding the application of the mark scheme to a candidate's response, the team leader must be consulted.
- Crossed out work should be marked UNLESS the candidate has replaced it with an alternative response.

## CLINICAL PSYCHOLOGY

Question Number	Answer	Mark
<b>1(a)</b>	<p style="text-align: center;"><b>AO1 (2 marks)</b></p> <p>Credit up to <b>two</b> marks for an accurate description</p> <p>For example;</p> <ul style="list-style-type: none"> <li>• They must adhere to the guideline of communicating appropriately and effectively with service users, carers, and colleagues (1) which includes the requirement to listen to the service users and carers needs and wishes to take account of these in decision making and clinical practice (1).</li> </ul> <p><b>Look for other reasonable marking points.</b></p>	<b>(2)</b>

Question Number	Answer	Mark
<b>1(b)</b>	<p style="text-align: center;"><b>AO1 (1 mark), AO3 (1 mark)</b></p> <p>Credit <b>one</b> mark for accurate identification of a strength (AO1) Credit <b>one</b> mark for justification/exemplification of the strength (AO3)</p> <p>For example;</p> <ul style="list-style-type: none"> <li>• The HCPC guidelines ensure clinical practitioners can be held accountable for maintaining the prescribed standards that are relevant to their field of clinical practice (1), therefore the HCPC can investigate any complaints about a practitioner who does not meet the standards to maintain the consistency of expectations across clinical provision (1).</li> </ul> <p><b>Look for other reasonable marking points.</b></p>	<b>(2)</b>

Question Number	Answer	Mark
2	<p style="text-align: center;"><b>AO1 (2 marks), AO3 (2 marks)</b></p> <p>Credit <b>one</b> mark for accurate identification of each strength (AO1) Credit <b>one</b> mark for justification/exemplification of each strength (AO3)</p> <p>For example;</p> <ul style="list-style-type: none"><li>• One strength is the DSM is considered a reliable classification system as the diagnostic criteria has been shown to have strong inter-rater reliability with patients receiving the same diagnosis by different clinicians (1). Brown et al. (2001) found two independent interviews using the DSM IV criteria resulted in the same diagnosis of anxiety and mood disorders in 362 outpatients (1).</li><li>• The DSM is considered to have strong predictive validity where a diagnosis has been made and the expected symptoms have then been present in the patient (1). Lahey et al. (2015) studied DSM IV diagnosis of ADHD at 4 to 6 years old, where the symptoms and associated impairments persisted into elementary school (1).</li></ul> <p><b>Look for other reasonable marking points.</b></p>	<b>(4)</b>

Question Number	Answer	Mark
3(a)	<p style="text-align: center;"><b>AO1 (6 marks)</b></p> <p>Credit up to <b>six</b> marks for an accurate description</p> <p>For example;</p> <p><b>Hans and Hiller (2013)</b></p> <ul style="list-style-type: none"> <li>The meta-analysis was conducted using 34 effectiveness studies from manual and electronic searches (1). They only used studies where the patients reflected their target group of 18 to 65 years old (1) and had a primary diagnosis of major depressive disorder, minor depressive disorder, or dysthymic disorder (1). Their search criteria were operationalised using terms such as ‘nonrandomised’ to gather their sources (1). Any studies that included less than half the usual 12 CBT sessions were excluded as they were considered unrepresentative of CBT (1). Hans and Hiller were both trained in the coding protocol, Hans coded all studies and Hiller coded 20% (1).</li> </ul> <p><b>Ma, Quinn and Liu (2014)</b></p> <ul style="list-style-type: none"> <li>They selected 538 university students consisting of 281 females and 257 males, with a mean age of 19.4 years old (1) using a volunteer sampling technique and no participant received any compensation for taking part (1). They used pre-existing questionnaires such as the Core Self-Evaluations Scales (CSES) (1) and these were completed through accessing an online survey where the hyperlink was distributed using online forums (1). Informed consent was obtained from all participants before they took part in completing questionnaires (1). The IP addresses monitored to check the survey was only completed once by each of the respondents (1).</li> </ul> <p><b>Becker et al. (2014)</b></p> <ul style="list-style-type: none"> <li>Fiji was selected as there was an extremely low prevalence of eating disorders and Nadroga had no television prior to mid-1995 (1). A cross-sectional method was used to sample two separate groups of girls (1), firstly in 1995 prior to television and secondly in 1998 three years after television was introduced (1). 63 respondents with a mean age of 17.3 years old participated in 1995 and 65 respondents with a mean age of 16.9 years old participated in 1998 (1). They completed a 26-item eating attitudes test (EAT-26) that included questions about binge eating and purging behaviour (1). Then, a semi-structured interview was conducted with respondents who reported a binge eating or purging behaviour (1).</li> </ul>	

	<p><b>Reichel et al. (2014)</b></p> <ul style="list-style-type: none"> <li>72 female adolescents and young adults took part and 36 of these had a primary diagnosis of anorexia nervosa (1), and any participants with hearing or visual impairments, neurological disease or medication affecting their startle reflex were excluded (1). The participants were seated in front of a screen to view 52 images from four sub-categories, such as unpleasant or neutral (1). The picture in each set was shown for 12 seconds, with the pictures randomised and intermingled with blank screen images (1). The startle reflex was measured as eye-blink response recorded from electromyographic activity (EMG) over the left orbicularis oculi muscle (1). Heart rate responses were recorded using an ECG and measured as second-to-second beats per minute for 10 seconds after each picture was shown (1).</li> </ul> <p><b>Look for other reasonable marking points.</b></p>	<b>(6)</b>
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Question Number	Answer	Mark
<b>3(b)</b>	<p style="text-align: center;"><b>AO1 (2 marks), AO3 (2 marks)</b></p> <p>Credit <b>one</b> mark for accurate identification of each weakness (AO1)            Credit <b>one</b> mark for justification/exemplification of each weakness (AO3)</p> <p>For example;</p> <p><b>Hans and Hiller (2013)</b></p> <ul style="list-style-type: none"> <li>Some of the studies of CBT sampled in the meta-analysis may have been of poor quality with poor methodology which translates into the findings of Hans and Hiller (1), reducing the credibility of their findings about the effectiveness of CBT for depression due to the limitations of the sources reviewed (1).</li> <li>They used studies of CBT that dated back to 1987 which may mean the data they analysed was time locked and not reflective of 2013 when they conducted their review (1) which means their findings about CBT effectiveness may not be a valid representation of the process of CBT in modern society as practices change over time (1).</li> </ul> <p><b>Ma, Quinn and Liu (2014)</b></p> <ul style="list-style-type: none"> <li>The sample of 538 undergraduates is not representative of the wider population as undergraduates tend to have a wider social network than older adults (1), so their findings about social support cannot be</li> </ul>	

generalised to the role of social support in the overall adult population (1).

- Participants may have shown social desirability when completing the questionnaires about depression or support to present themselves as coping better than they were (1) which will reduce the validity of the data gathered as the participant answers may not reflect their true experiences of depression or social support (1).

**Becker et al. (2014)**

- Different participants were sampled in 1995 and 1998, so the impact of individual differences means that the data were not directly comparable (1), therefore the change in EAT-26 scores between the two groups of girls could be a result of participant variables rather than the influence of television (1).
- Only adolescent girls were included in the study which reduces the representativeness of the results as they only reflect young, female eating behaviours (1) which limits the generalisability of the findings about the influence of television to other groups, such as boys or adults (1).

**Reichel et al. (2014)**

- Using an all-female participant sample is gynocentric as it only represents the startle and arousal responses of women with anorexia to the body images presented during the study (1) which limits the generalisability of findings about a lowered startle response in anorexia patients when exposed to emancipated bodies to only females (1).
- No qualitative data was gathered to allow participants to explain why they felt startled or not by the images, they only took physical body response measurements, such as heart rate or EMG activity (1) therefore there is a lack of validity as there is no in depth explanation about why emancipated body images were appealing to patients with anorexia nervosa and not to those without anorexia nervosa (1).

**Look for other reasonable marking points.**

**(4)**



Question Number	Answer	Mark
4(a)	<p style="text-align: center;"><b>AO2 (3 marks)</b></p> <p>Credit up to <b>three</b> marks for an accurate procedure in relation to the clinical practical investigation.</p> <p>For example;</p> <ul style="list-style-type: none"> <li>We used search terms on google such as 'mental health' and 'mental illnesses' to find news articles about mental health issues from 2000 and 2020 (1). The four sources we used came from different popular, well known news media sites in Spain and were all approximately 800 words in length (1). We decided on categories of words and concepts that represented positive and negative attitudes to mental health and counted these in each of the sources (1).</li> </ul> <p><b>Answers must relate to the clinical practical of a content analysis that explores attitudes to mental health.</b></p> <p><b>Generic answers score 0 marks.</b></p> <p><b>Look for other reasonable marking points.</b></p>	(3)

Question Number	Answer	Mark
4(b)	<p style="text-align: center;"><b>AO2 (3 marks)</b></p> <p>Credit up to <b>three</b> marks for accurate results and/or conclusions in relation to the clinical practical investigation.</p> <p>For example;</p> <ul style="list-style-type: none"> <li>• We found that news reports from 2000 had more negative portrayals about mental health with comments such as “dangerous” and “problem” being commonly used (1). The reports from 2020 were more positive towards mental health and 82% of the language used in the reports reflected consideration for wellbeing and supporting people who struggled with mental health issues (1). Overall, we concluded that attitudes towards mental health displayed in popular news media outlets have improved over the last 20 years (1).</li> </ul> <p><b>Answers must relate to the clinical practical of a content analysis that explores attitudes to mental health.</b></p> <p><b>Generic answers score 0 marks.</b></p> <p><b>Look for other reasonable marking points.</b></p>	<b>(3)</b>

Question Number	Answer	Mark
4(c)	<p style="text-align: center;"><b>AO1 (2 marks), AO3 (2 marks)</b></p> <p>Credit <b>one</b> mark for accurate identification of each improvement in relation to the clinical practical investigation (AO2)</p> <p>Credit <b>one</b> mark for justification/exemplification of each improvement (AO3)</p> <p>For example;</p> <ul style="list-style-type: none"> <li>• To reduce bias, we could have asked someone who was not involved in the practical to do the inter-coder checking instead of us checking each other’s coding (1) which would make sure that the coding of the four articles were checked by an objective person who did not know our aim, to make sure our results were not swayed towards our expectation that attitudes would have improved (1).</li> <li>• We could have operationalised more clearly what we meant by ‘attitudes’ to mental health to limit the effect of personal interpretations of the content (1) making the coding process more reliable by eliminating any subjectivity from our interpretation as psychology students of what may appear a positive or negative attitude (1).</li> </ul>	

	<p><b>Answers must relate to the clinical practical of a content analysis that explores attitudes to mental health.</b></p> <p><b>Generic answers score 0 marks.</b></p> <p><b>Look for other reasonable marking points.</b></p>	<p><b>(4)</b></p>
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Question Number	Answer	Mark
5	<p style="text-align: center;"><b>AO2 (2 marks), AO3 (2 marks)</b></p> <p>Credit up to <b>two</b> marks for accurate identification of each reason (AO2)  Credit up to <b>two</b> marks for justification/exemplification of each reason (AO3)</p> <p>For example;</p> <p><b>Anorexia nervosa</b></p> <ul style="list-style-type: none"> <li>• Drug therapy may not tackle the cause of Peter’s anorexia nervosa as it assumes his symptoms such as eating minimal calories relate to neurotransmitters which may not be the case (1). Field et al. (2001) found that parents and the media can influence the development of weight concerns and weight control practices of males and females, so Peter may be concerned that the drugs will not help him (1).</li> <li>• Drug therapy can have serious physical side effects including feeling fatigued or tiredness which Peter may be concerned about given his comorbid unipolar depression (1). Olanzapine anti-psychotic treatments are known to cause asthenia, which is a lack of energy to move muscles in the body, which would concern Peter as the drugs may worsen his experiences (1).</li> </ul> <p><b>Unipolar depression</b></p> <ul style="list-style-type: none"> <li>• Drug therapy may not tackle the cause of Peter’s unipolar depression as it assumes his symptoms such as staying in bed relate to neurotransmitters which may not be the case (1). Bothwell and Scott (1997) found that faulty thinking and errors in cognitive processing linked with the symptoms of depression, so Peter may be concerned that the drugs will not help him (1).</li> <li>• Drug therapy can have serious physical side effects including possible weight gain which Peter may be concerned about given his comorbid eating disorder (1). Tricyclic anti-depressants such as amitriptyline are known to cause rapid weight gain along with suicidal thinking, which would concern Peter as the drugs may worsen his experiences (1).</li> </ul> <p><b>Generic answers score 0 marks.</b></p> <p><b>Look for other reasonable marking points.</b></p>	<b>(4)</b>

Question Number	Indicative Content	Mark
6	<p style="text-align: center;"><b>AO1 (6 marks), AO3 (10 marks)</b></p> <p><b>AO1</b></p> <ul style="list-style-type: none"> <li>• Schizophrenia has been explained as an imbalance of neurotransmitters such as dopamine and glutamate.</li> <li>• Positive symptoms are associated with the mesolimbic pathway and negative symptoms with the mesocortical pathway.</li> <li>• Symptoms such as hallucinations and delusions have been associated with increased subcortical release of dopamine linked to D2 receptor.</li> <li>• Symptoms including anhedonia, lack of motivation, and poverty of speech, are thought to result from reduced D1 receptor activation.</li> <li>• Patients taking drugs that increase dopamine display symptoms of schizophrenia.</li> <li>• The recreational drugs PCP and ketamine are antagonists that block the NMDA glutamate receptor, resulting in positive, negative and cognitive psychotic symptoms.</li> </ul> <p><b>AO3</b></p> <ul style="list-style-type: none"> <li>• Iverson (1979) found that post-mortems of schizophrenic patients showed high levels of dopamine in the brain, suggesting that dopamine plays a significant role in schizophrenia.</li> <li>• Buchanan et al. (2004) examined 44 patients with schizophrenia and found they had smaller inferior prefrontal cortex volume than normal controls, so neurotransmitters may not be the only explanation.</li> <li>• Phenothiazine drugs which block dopamine receptors result in signs of improvement and a reduction in schizophrenia symptoms, which is evidence that dopamine plays a role in schizophrenia.</li> <li>• Dépatie and Lal (2001) found that apomorphine, which stimulates dopamine receptors, did not result in schizophrenia symptoms, suggesting that dopamine may not be the cause of schizophrenia.</li> <li>• Aarsland et al. (1999) found that treatments for Parkinson’s disease (L-dopa) that increase dopamine production result in positive schizophrenia symptoms suggesting dopamine features significantly.</li> <li>• A focus just on neurotransmitters is reductionist as it ignores the influence of the social and environmental factors found by Fox (1990) who suggested it is likely that factors associated with living in poorer conditions may trigger the onset of schizophrenia.</li> <li>• Krystal et al. (2005) found if glutamate NDMA receptors are stimulated with ketamine drugs it can cause positive and negative schizophrenic symptoms, so multiple neurotransmitters may be involved.</li> <li>• Gottesman and Shields (1982) found a 58% concordance rate (7/12 twins) of schizophrenia in MZ twins reared apart, so there may be a genetic predisposition for schizophrenia rather than neurotransmitters.</li> <li>• Carlsson et al. (1999) explain the glutamate hypothesis works with the</li> </ul>	

	<p>dopamine hypothesis and expands on it, enhancing the understanding of the role of neurotransmitters in schizophrenia.</p> <ul style="list-style-type: none"><li>• The NRG-1 has a role in the expression and activation of glutamate and other neurotransmitter receptors as well as role in neurodevelopment, which may mean the role of neurotransmitters in schizophrenia is the result of a genetic cause rather than a causal factor itself.</li></ul> <p><b>Look for other reasonable marking points.</b></p>	<p><b>(16)</b></p>
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Level	Mark	Descriptor
<b>AO1 (6 marks), AO3 (10 marks)</b> <b>Candidates must demonstrate a greater emphasis on evaluation/conclusion vs knowledge and understanding in their answer.</b> <b>Knowledge &amp; understanding is capped at maximum 6 marks.</b>		
	0	No rewardable material.
Level 1	1-4 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) A conclusion may be presented, but will be generic and the supporting evidence will be limited. Limited attempt to address the question. (AO3)
Level 2	5-8 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Candidates will produce statements with some development in the form of mostly accurate and relevant factual material, leading to a superficial conclusion being made. (AO3)
Level 3	9-12 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning leading to a conclusion being presented. Candidates will demonstrate a grasp of competing arguments but evaluation may be imbalanced. (AO3)
Level 4	13-16 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical evaluation, containing logical chains of reasoning throughout. Demonstrates an awareness of competing arguments, presenting a balanced conclusion. (AO3)

## PSYCHOLOGICAL SKILLS

Question Number	Answer	Mark
<b>7(a)</b>	<p style="text-align: center;"><b>AO2 (1 mark)</b></p> <p>Credit <b>one</b> mark for accurate identification in relation to the scenario</p> <ul style="list-style-type: none"> <li>Sandeep's primary data will be her questionnaire to gather first-hand data from the teenage boys (1).</li> </ul> <p><b>Generic answers score 0 marks.</b></p> <p><b>Look for other reasonable marking points.</b></p>	<b>(1)</b>

Question Number	Answer	Mark
<b>7(b)</b>	<p style="text-align: center;"><b>AO2 (4 marks)</b></p> <p>Credit up to <b>four</b> marks for an accurate description in relation to the scenario</p> <p>For example;</p> <ul style="list-style-type: none"> <li>Sandeep would design a questionnaire that asks for the respondents age and contains closed questions to gather her quantitative data about role models, such as yes/no answers (1). She could also ask questions that gather numerical responses where the boys give the number of male and female role models they have (1). Sandeep would also include open questions to gather detailed explanations from the boys about why they consider certain people to be their role models (1), such as asking them to describe their two most important role models and why they are important (1).</li> </ul> <p><b>Generic answers score 0 marks.</b></p> <p><b>Look for other reasonable marking points.</b></p>	<b>(4)</b>



Question Number	Answer	Mark
7(c)	<p style="text-align: center;"><b>AO2 (1 mark), AO3 (1 mark)</b></p> <p>Credit <b>one</b> mark for an accurate identification in relation to the scenario (AO2)            Credit <b>one</b> mark for justification/exemplification of the prediction (AO3)</p> <p>For example;</p> <ul style="list-style-type: none"> <li>• Sandeep is likely to find that the teenage boys aged between 13 years old and 19 years old have more male role models than they do female role models (1), because social learning theory suggests that when identifying with a role model there is usually the similar characteristic of the model and observer, such as being of the same gender (1).</li> </ul> <p><b>Generic answers score 0 marks.</b></p> <p><b>Look for other reasonable marking points.</b></p>	<b>(2)</b>

Question Number	Answer	Mark
8(a)	<p style="text-align: center;"><b>AO2 (1 mark)</b></p> <p>Credit <b>one</b> mark for a correct answer</p> <p>For example;</p> <ul style="list-style-type: none"> <li>• 9:5 (1)</li> </ul> <p><b>Look for other reasonable marking points.</b></p>	<b>(1)</b>

Question Number	Answer	Mark																																								
8(b)	<p style="text-align: center;"><b>AO2 (4 marks)</b></p> <p>Credit <b>one</b> mark for accurate completion of <b>O-E</b> column to two decimal places            Credit <b>one</b> mark for accurate completion of <b>(O-E)<sup>2</sup></b> column two decimal places            Credit <b>one</b> mark for accurate completion of <b>(O-E)<sup>2</sup>/E</b> column to two decimal places            Credit <b>one</b> mark for correct <b>chi-squared</b> to <b>two</b> decimal places = <b>2.23</b></p> <table border="1" data-bbox="264 573 1382 1223"> <thead> <tr> <th colspan="2"></th> <th>Observed</th> <th>Expected</th> <th>O-E</th> <th>(O-E)<sup>2</sup></th> <th>(O-E)<sup>2</sup>/E</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Played with their peers first</td> <td>Girls</td> <td>18</td> <td>15.43</td> <td>2.57</td> <td>6.61</td> <td>0.43</td> </tr> <tr> <td>Boys</td> <td>10</td> <td>12.57</td> <td>-2.57</td> <td>6.61</td> <td>0.53</td> </tr> <tr> <td rowspan="2">Played with older children first</td> <td>Girls</td> <td>9</td> <td>11.57</td> <td>-2.57</td> <td>6.61</td> <td>0.57</td> </tr> <tr> <td>Boys</td> <td>12</td> <td>9.43</td> <td>2.57</td> <td>6.61</td> <td>0.70</td> </tr> <tr> <td colspan="4"></td> <td>Chi-squared =</td> <td>2.23</td> <td></td> </tr> </tbody> </table> <p>Look for other reasonable marking points.</p>			Observed	Expected	O-E	(O-E) <sup>2</sup>	(O-E) <sup>2</sup> /E	Played with their peers first	Girls	18	15.43	2.57	6.61	0.43	Boys	10	12.57	-2.57	6.61	0.53	Played with older children first	Girls	9	11.57	-2.57	6.61	0.57	Boys	12	9.43	2.57	6.61	0.70					Chi-squared =	2.23		(2)
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8(c)	<p style="text-align: center;"><b>AO2 (1 mark), AO3 (1 mark)</b></p> <p>Credit <b>one</b> mark for accurate identification in relation to the scenario (AO2)            Credit <b>one</b> mark for justification/exemplification (AO3)</p> <p>For example;</p> <ul style="list-style-type: none"> <li>• Lisa could have explained the aim and procedure of her observation to the parents of the children she intended to observe playing during break time (1) therefore ensuring she meets the requirements of the BPS (2009) by giving parents the opportunity to fully understand the nature and purpose of her research with their children so they may consent to their child taking part (1).</li> </ul> <p><b>Generic answers score 0 marks.</b></p> <p><b>Look for other reasonable marking points.</b></p>	<b>(2)</b>

Question Number	Answer	Mark
9(a)	<p style="text-align: center;"><b>AO2 (1 mark), AO3 (1 mark)</b></p> <p>Credit <b>one</b> mark for accurate identification of a weakness in relation to the scenario (AO2)            Credit <b>one</b> mark for justification/exemplification of the weakness (AO3)</p> <p>For example;</p> <ul style="list-style-type: none"> <li>• Samad is recording information about only one patient with severe memory problems which makes his case study of a unique individual unrepresentative of others (1), which would reduce the generalisability of his findings about memory problems as the problems faced by his patient may not reflect the memory functions of a wider target population (1).</li> </ul> <p><b>Generic answers score 0 marks.</b></p> <p><b>Look for other reasonable marking points.</b></p>	<b>(2)</b>

Question Number	Answer	Mark
9(b)	<p style="text-align: center;"><b>AO2 (2 marks), AO3 (2 marks)</b></p> <p>Credit <b>one</b> mark for accurate identification of each strength in relation to the scenario (AO2)            Credit <b>one</b> mark for justification/exemplification of each strength (AO3)</p> <p>For example;</p> <ul style="list-style-type: none"> <li>• Samad has used multiple research methods within his case study to triangulate his findings about the patient's memory and recall over the five-year period (1). This will help Samad internally validate his findings within the case study as he can compare the data across a range of evidence to draw conclusions about her memory (1).</li> <li>• The use of objective measures such as the fMRI brain scan of the patient gives the case study of his patient's memory processing stronger scientific credibility (1) as Samad can ask other researchers to interpret the fMRI scans to help eliminate subjectivity from his findings (1).</li> </ul> <p><b>Generic answers score 0 marks.</b></p> <p><b>Look for other reasonable marking points.</b></p>	<b>(4)</b>

Question Number	Indicative Content	Mark
10	<p style="text-align: center;"><b>AO1 (4 marks), AO2 (4 marks)</b></p> <p><b>AO1</b></p> <ul style="list-style-type: none"> <li>• Someone with a social dominance orientation is more likely to engage in egocentric behaviours that advance their personal interest.</li> <li>• Organisations that enhance hierarchies may instil ideologies that favour social dominance of one group above others.</li> <li>• Erikson suggested that without the positive feedback at Stage 7 people may experience stagnation and become frustrated that they're unable to succeed at work.</li> <li>• Normative influence is when people are motivated to be accepted by other group members so conform to the normative beliefs of a group.</li> </ul> <p><b>AO2</b></p> <ul style="list-style-type: none"> <li>• Bullying may increase when someone in power felt a sense of incompetence in their role as they may feel they need to re-establish their own position in a workplace hierarchy.</li> <li>• An organisation could change the nature of hierarchical relationships between people in the workplace to encourage more positive experiences between employees and reduce bullying.</li> <li>• As Fast and Chen (2009) claimed, aggressiveness seemed to dissipate when the individual's sense of self-worth was boosted, so positive feedback may help prevent bullying if people feel success at this stage.</li> <li>• Where work environments were considered friendly O'Moore and Lynch (2007) found less bullying so establishing a belief that friendliness is important may encourage others to conform to friendly behaviours and not bully other people in the workplace.</li> </ul> <p><b>Look for other reasonable marking points.</b></p>	<b>(8)</b>

Level	Mark	Descriptor
<b>AO1 (4 marks), AO2 (4 marks)</b> <b>Candidates must demonstrate an equal emphasis between knowledge and understanding vs application in their answer.</b>		
	0	No rewardable material
Level 1	1–2 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) Provides little or no reference to relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2)
Level 2	3–4 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Discussion is partially developed, but is imbalanced or superficial occasionally supported through the application of relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2)
Level 3	5–6 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning. Candidates will demonstrate a grasp of competing arguments but discussion may be imbalanced or contain superficial material supported by applying relevant evidence from the context (scientific ideas, processes, techniques and procedures) (AO2)
Level 4	7–8 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical balanced discussion, containing logical chains of reasoning. Demonstrates a thorough awareness of competing arguments supported throughout by sustained application of relevant evidence from the context (scientific ideas, processes, techniques or procedures). (AO2)

Question Number	Indicative Content	Mark
11	<p style="text-align: center;"><b>AO1 (8 marks), AO3 (12 marks)</b></p> <p><b>AO1</b></p> <ul style="list-style-type: none"> <li>• Science is the empirical study of physical evidence that is observable through the senses.</li> <li>• Science requires an unbiased, value-free analysis of data gathered to maintain objectivity.</li> <li>• Popper claimed scientists should test their theory using falsification where they set out to disprove their hypothesis or predictions.</li> <li>• Some psychological theories are introspective and lack the empirical testing of phenomena which can be observed.</li> <li>• Standardised controls and laboratory experiments allow replication to test for reliability.</li> <li>• Scientific methods, such as laboratory experiments, are usually undertaken within artificial contexts with artificial tasks and measures.</li> <li>• Science reduces human behaviour to smaller components in order to test and study individual features of human behaviour.</li> <li>• Universal laws attempt to give a single explanation for the nature of a particular human behaviour.</li> </ul> <p><b>AO3</b></p> <ul style="list-style-type: none"> <li>• Learning theories aim to empirically observe behavioural responses to stimuli, as in Pavlov's (1927) salivation in dogs he measured salivation using a collection jar for the saliva, demonstrating scientific principles.</li> <li>• Qualitative data, such as natural observations, is less scientific as it is not objective, however it may describe human behaviour in more depth than quantitative data, so psychology may not need to be scientific.</li> <li>• The use of brain scanning techniques, such as Raine et al. (1997) allows for a value-free data collection process, yet the interpretation of the PET scans may be subjective, so psychology is not fully scientific.</li> <li>• Bandura applied falsification to study SLT developing this into Social Cognitive Theory after he found his research did not fully explain how people learn behaviour making his theory more scientific.</li> <li>• Psychoanalysis is introspective meaning concepts cannot be falsified yet it is effective in therapy, so not all psychology aims for scientific status.</li> <li>• Milgram (1963) used standardised procedures in his studies of obedience allowing him and others such as Burger (2009) to replicate them to retest findings, increasing scientific credibility of agency theory.</li> <li>• Bartlett (1932) did not use strict controls in his studies of reconstructive memory reducing the scientific nature of his research, although it could be considered a more valid representation of real-life memory.</li> <li>• Peterson and Peterson (1959) used an artificial test of STM using nonsense trigrams that do not represent a realistic use of memory, so there is difficulty in balancing science against realistic behaviour.</li> </ul>	

	<ul style="list-style-type: none"><li>• Reductionism, such as the dopamine hypothesis, excludes interactions between individuals and the environment to give scientific explanations which is unrealistic when studying the complexities of human nature.</li><li>• Nomothetic approaches, such as cognitive and biological psychology, attempt to establish universal laws which, despite being scientifically credible, ignore the uniqueness of human beings.</li></ul> <p><b>Look for other reasonable marking points.</b></p>	<p><b>(20)</b></p>
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Level	Mark	Descriptor
<b>AO1 (8 marks), AO3 (12 marks)</b> <b>Candidates must demonstrate a greater emphasis on assessment/conclusion vs knowledge and understanding in their answer.</b> <b>Knowledge &amp; understanding is capped at maximum 8 marks.</b>		
	0	No rewardable material.
Level 1	1-4 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) Generic assertions may be presented. Limited attempt to address the question. (AO3)
Level 2	5-8 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Candidates will produce statements with some development in the form of mostly accurate and relevant factual material, leading to a generic or superficial assessment being presented. (AO3)
Level 3	9-12 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning, leading to an assessment being presented which considers a range of factors. Candidates will demonstrate understanding of competing arguments/factors but unlikely to grasp their significance. The assessment leads to a judgement but this will be imbalanced. (AO3)
Level 4	13-16 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a logical assessment, containing logical chains of reasoning throughout which consider a range of factors. Demonstrates an understanding of competing arguments/factors but does not fully consider the significance of each which in turn leads to an imbalanced judgement being presented. (AO3)
Level 5	17-20 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical assessment, containing logical chains of reasoning throughout. Demonstrates a full understanding and awareness of the significance of competing arguments/factors leading to a balanced judgement being presented. (AO3)

