

A Level Psychology

Summer 2023 Feedback for Paper 2



Agenda

- Short overview of how students found this paper
- Exemplars that are additional to those found in the examiner report for June 2023.
- An example of a high scoring 8-mark question
- Mid and high responses from the 20-mark question
- Feedback on the 16-mark questions from the optional topics

Overview of the paper





What went well

- Understanding of statistical tests
- Description of explanations and therapies
- AO2 in essays
- Naming an improvement



What could be improved

- Explaining strengths and weaknesses
- Linking short answer questions to the scenario
- Justifying an improvement
- Balance in essays

Top band essays



Clinical Psychology

Question 5: 8 marks

- 5 Lydia is a clinical psychologist. She is investigating the experiences of patients who attend the local mental health unit. Lydia has decided to use interviews to ask the patients about communication at the mental health unit and wants some feedback regarding the areas they think are effective as well as possible improvements.

Lydia interviews each patient individually and uses a variety of question types within her interviews. Once the interviews have been completed, Lydia collates her data and then reports on her findings to the manager of the mental health unit.

Discuss how Lydia could use interviews with the patients in the mental health unit.

You must make reference to the context in your answer.

(8)


There are three types of interviews as used in clinical psychology. These include structured, unstructured and semi-structured interviews. Lydia could use unstructured interviews with each patient by asking them all questions unique experience when attending the local mental health unit. This will allow Lydia to retrieve in depth qualitative data that could be useful in her reports. Furthermore, Lydia could also use a structured interview when interviewing the patients. This means that all questions are pre made and every patient will be asked the exact same questions. This will make it easier for Lydia to collect both quantitative and qualitative data that can be easily compared, in comparison to if she used an unstructured interview. Lastly, Lydia could conduct semi-structured interviews. Semi-structured interviews consist of both questions that are pre determined as well as questions formulated during each interview that are specific to each patient. Lydia can conduct a semi structured interview by asking pre-determined closed questions that can retrieve quantitative



data that can be easily analysed and compared across each patient answer. An example of a question that she can ask is: 'On a scale of 1 - 10, how well do you think the psychiatrist communicates with you about the possible treatments for your mental illness (10 being excellent)'. The results from a question like this can be collected / added up and Lydia can report her findings to the manager in relation to how well or bad the patients think the communication is overall.

Furthermore, the open, unstructured questions in the semi-structured interviews can be used to collect qualitative data. - An example is: 'What are some possible improvements that you think could be made to improve communication at the mental health unit'. Lydia could focus on and pin point the most important factors within each patients answer. She could then inform the manager about these specific improvements that are needed.

Overall, there are many different types of interviews that Lydia can use in her investigation, I believe that the most effective in this case would be a semi-structured interview.



Clinical Psychology

Question 5: 8 marks

- AO1 shows accurate and thorough knowledge and understanding of the use of interviews in clinical psychology and is level 4.
- AO2 is a well-developed logical discussion, with logical chains of reasoning, a thorough awareness of competing arguments and is supported by sustained application. This is also level 4.

Clinical Psychology

Question 6: 19 marks

- 6 Henry has been referred to a psychiatrist and has been diagnosed with schizophrenia. Whilst talking to the psychiatrist he disclosed he has a variety of symptoms including hearing voices telling him he is not a good person. He also has delusions where he thinks he is a superhero and can save the world. Henry has also withdrawn from his family and friends and no longer goes out to see his local rugby team play. He does not get on with his parents as he feels they were not loving parents when he was a child.

Henry's psychiatrist wants to treat him with a psychological treatment.

To what extent could **one** psychological treatment be effective for Henry's schizophrenia?

You must make reference to the context in your answer.

(20)

Henry's psychiatrist could use cognitive behavioural therapy to treat him. CBT combines cognitive and learning in order to treat mental health disorders. For schizophrenia, the first stage of Henry's CBT session would be to establish a therapeutic alliance. This means that Henry and his psychiatrist will build a strong rapport so that Henry feels comfortable in telling his psychiatrist about his thoughts, feelings and experiences to result in successful treatment. His psychiatrist would also destigmatize and educate him about his schizophrenia, such as what may be causing his hallucinations of the voices telling him he is a bad person and describe to him the difference between positive and negative symptoms. A positive symptom is an added characteristic to one's personality, such as Henry's delusion of thinking he is a superhero. A negative symptom is a taken away characteristic, such as his withdrawal from his loved



ones.

In the second stage, Henry's psychiatrist would identify his main stressors, such as certain sounds that may trigger his hallucinations. They would also identify the things he has stopped doing but had interest in as a result of the schizophrenia, such as not watching his ~~team~~^{rugby} team play. Then they would think the day to create new and healthy routines so that Henry's life is not dysfunctional, this may include going out on a walk daily, despite the presence of hearing voices. In stage three, the psychiatrist would encourage behavioural activation, which is positively reinforcing someone to restart doing things they used or were avoiding. For example, Henry may be rewarded for going to watch a local rugby team play and contacting his parents. His hallucinations and delusions will also be challenged to prove to him that they are not happening. For example, he may be asked to record the voices and then when he listens to it back, he won't hear the same thing. Equally, Henry may also be taught coping mechanisms, such as deep breathing or meditation during role plays so that he knows what to do ~~when~~^{when} alone in similar situations.

In the last and final stage of CBT, Henry's psychiatrist

will go back and review his progress, agree with him what he will do in emergencies (such as a psychotic break) and then gradually reduce his sessions.

One strength of using CBT for Henry is that he will learn skills about how to cope on his own. This should reduce the chances of relapse and readmission. This was found by a meta analysis by Nice in 2009, showing that CBT is effective. In addition it is a long term solution for him.

For example, Bradshaw 1998 conducted a study on a young woman with schizophrenia to see how effective CBT was. Carol's psycho social functioning, symptoms, hospitalisations and attitude towards treatment were all measured before CBT and then again later. 2 years ~~after~~ In both the 6 month and 12 month checkups on Carol, it was found that she had shown significant improvement in all the measured areas, showing that CBT is highly effective in treating schizophrenia. For Henry, this could be the same meaning that he may not have to go to treatment again.

Another strength of CBT is that it can reduce both positive and negative symptoms. For example, Chadwick and Lowe found that after CBT, 83% of people showed a reduction in the extent of their delusions and 42% referred them all together. This is a strength because Henry

may no longer suffer from thinking he is a superhero and so is able to live a more normal life. In addition, this is also the cause for negative symptoms, such as his withdrawal from his family. Using CBT, due to behavioural activation, rewarding his behaviours he is more likely to continue doing them, as shown by operant conditioning. This shows that CBT is highly beneficial in treating both positive and negative symptoms which are experienced by Henry.

A weakness of CBT is that it does not take biological factors into account. For example, Henry may have a dopamine imbalance in his brain, causing his positive symptoms. It may be difficult for Henry to overcome these symptoms because they are uncontrollable due to their biological nature. However, if Henry does manage to do this, it is possible that he may develop new symptoms. CBT only treats current symptoms, so while Henry may be able to overcome the voices he hears, he may develop visual hallucinations. In this situation, his learnt coping mechanisms may be ineffective, causing him to need further treatment. This shows that CBT is not always effective and so may need to be used alongside another treatment, such as drug therapy.

In order to combat the biological issues, Henry could also take drugs on the side to ensure the most successful treatment. For example, risperidone is an atypical drug that blocks both dopamine and serotonin receptors. This means that both positive and negative symptoms may be reduced. For example, Emsten 2008 found that after taking risperidone, ~~at least~~ ^{symptoms} were reduced by at least 50% in 84% of patients and 64% went into remission. This shows that to treat Henry's hallucinations, delusions and withdrawal, drug may be best used alongside his CBT.

In conclusion, CBT is the most effective treatment for Henry but it is likely that he takes drugs at the same time due to the extent of his symptoms. Taking drugs before doing CBT may also motivate Henry more to be cooperative and maximize his treatment. In this way, Henry may experience successful treatment for his schizophrenia.

Clinical Psychology

Question 6: 19 marks

- AO1 shows accurate and comprehensive knowledge and understanding of a psychological treatment for schizophrenia, in this case cognitive behavioural therapy and is level 5.
- AO2 this answer consistently integrates and synthesizes relevant knowledge with through, accurate linkages to psychological concepts. This is level 5.
- AO3 there are well developed and logical arguments which have logical chains of reasoning. There are balanced judgements throughout the essay and a judgement at the end. This is borderline level 4 and level 5.

Criminological Psychology

Question 10: 13 marks

10 Mark is 20 years old and is very tall and muscley. He is constantly in trouble with the police.

When Mark was a toddler, he started to talk at a slightly later age than his sister. At school Mark found it difficult to concentrate as he was easily distracted from his work. He was a member of a junior rugby team until he was asked to leave after being too aggressive. As a teenager Mark often got into fights. He left school at the age of 16 with average exam results, but his parents were disappointed as he did not do as well as his sister.

Mark has just been arrested after crashing a stolen car. His mother says his criminal behaviour is due to his genetics whilst his father says it is due to Mark being seen as a naughty child in the past.

Evaluate XYY syndrome as an explanation of Mark's behaviour.

You must make reference to the context in your answer.

(16)

XYY syndrome is an explanation of criminal behaviour. It is a disorder found in men who have an extra y chromosome and so have an imbalance. 1:1000 men are found to have it in the general public. This could quite explain that Mark may have XYY syndrome which explains his aggression and explains his lack of academic abilities.

A positive is that research into prison and general population has sparked interest into XYY. A study found that in prison population there are 14:1000 men who inherit XYY but in general it is 1:1000 outside prison population. This suggests that XYY clearly has its toll on criminality as it is found higher in a prison population than general

population. However, a ~~study~~ study which looked at Danish prisons suggests quite the opposite. In Denmark, there were 14,400 with XYY within prison but none of them were for violent-related crimes. Therefore XYY may not explain Mark's aggressive side.

XYY has many physical and emotional symptoms. The physical symptoms include testicular atrophy, poor facial hair growth, poor chest hair growth, excessively aggressive, more active and competitive, takes part in regular exercise. Here, in Mark's case this could associate his participation in sport e.g. rugby and how that causes him to be aggressive which also later approves of his Mum's argument that genetics explain his behaviour. This later leads to him stealing a car and crashing it.

A strength of XYY is that it gives criminal behaviour a solo explanation which means we may be able to allocate effective treatment to those with XYY. As at currently there is very little if any treatment towards XYY so this could help reduce criminality and aggression within others. However, it is increasingly difficult to

Determine who does and who does not have
XYY as levels of testosterone remain the same
between XY and XYY males. Therefore, hard to
predict those with or without it and then for
those who need treatment.

XYY also explains emotional symptoms such as
those with XYY usually fail to concentrate,
or are not adjust to emotions as well as
those without and have an increased impulsivity.
This explains why he struggles at school
and that he does not achieve as well as
his sister and explains his later development.
Lack of education can be linked to crime
so this is crucial.

In conclusion, XYY clearly shows aspects
of Mark's behaviour as regards to his
excessive aggression and his lack of concentration
or academic ability. This provides application
for those with XYY as if we find
out early during or straight after birth
early intervention can be put in place. This
would prevent ~~the~~ academic fall-back and could
even reduce aggression to which both
explain criminal behaviour. However, criminal behaviour

may be explained via learning. Set as
SLT that Mark's role models in schools may
have influenced and motivated his behaviour to
reproduce acts of aggression.

Criminological Psychology

Question 10: 13 marks

- AO1. This is level 3. there is accurate knowledge and understanding of XYY syndrome and how it can explain criminal and anti-social behaviour.
- AO2. This is at the top of level 3. Relevant evidence from the context is applied, but this is not sustained throughout the essay.
- AO3. This is level 4. There are well-developed, logical arguments with an awareness of competing arguments and a conclusion as well as mini conclusions throughout the essay.

Child Psychology

Question 14: 13 marks



14 Mark works at a nursery. There are children from a variety of different cultures at the nursery.

He has noticed that children from different cultures behave differently when they are at nursery. Some children get upset when their parent leaves and take time to settle down and start joining in the activities. Other children happily start playing and do not seem to be upset when their parent leaves. A small minority of the children become so upset that the workers at the nursery find it very hard to comfort them.

Mark has been asked by his manager to investigate why children from different cultures behave differently when at the nursery. He will present his findings to the other workers.

Evaluate cross-cultural research into attachment types as an explanation of the children's behaviour at the nursery.

You must make reference to the context in your answer.

(16)

Attachment is a long lasting, proximity seeking relationship developed between a primary caregiver and a child. Attachments are time enduring and reciprocal between the two individuals. Mark noticed differences in the behaviour of children from different cultures as depending on the culture of the child, there are likely to be differences in the attachment types the children formed with their parents. There are 3 different attachment types. Type A is resistant/avoidant, the more explorative attachment type that is most often found when the child's parents are more nonchalant and leave the child to explore for themselves. This is why Mark noticed some children being unbothered when their parents left and they continued playing. Type B attachment is the

enough to explore as a child as they could run back to their secure base ^{and} also knew their parents would be there if they need them. This is why Mark observed some children being upset when their parents left but after calming down joining in the activities. Type C ^{or avoidant} attachment types are the most proximally seeking and their parents were likely quite clingy whilst they were toddlers. These children, as Mark observed, have the most adverse reaction to their parents leaving as children became so upset that workers struggled to comfort them.

Depending on the cultures children come from, they may be more likely to display a certain attachment type. ^{In Van} ~~The two~~ IJzendoorn and Kroonenburg ^{conducted} ~~they~~ a meta analysis of 32 ^{studies including strange situation} ~~studies~~ ^{studies} to see whether different cultures were more likely to have different forms of attachment types. Van IJzendoorn and Kroonenburg found that type B secure attachment is most common across cultures. Type B being the most common attachment type has been supported by several studies across different cultures including Casatta et al (Italy) and Takahashi (Japan). However, Van IJzendoorn and Kroonenburg found that ~~there are~~ differences in the second most common

attachment types in individualist and collectivist cultures. Individualist countries ~~support~~ ~~also~~ encourage personal success, upward striving for oneself and are generally more self focused, rather than group focused ^{and include the USA} ~~these countries~~ ~~France~~ and the United Kingdom. Individualist countries were more likely to have type A attachments as the second most common attachment type and therefore the children at the nursery who ^{continue} ~~play~~ ~~even~~ playing even after their parent leaves ^{are likely} ~~may~~ ~~be~~ to be from individualistic cultures. Collectivist cultures focus more on group success, ^{and} often ~~are~~ ~~together~~ ~~or~~ ⁱⁿ close proximity to one another. This includes countries such as India, Italy and ^{Nigeria} ~~Kenya~~. Children from collectivist cultures are more likely to ~~be~~ become extremely upset as they are used to being ~~sup~~ surrounded by family. Van Ijzendoorn and Kroonenburg found type B 35% of attachment type in Germany, a collectivist country, were type A whereas in Japan the second most common attachment type was type C at 27%.

~~However~~ ~~the~~ ~~however~~, Van Ijzendoorn and Kroonenburg's study used several controls such as ensuring children with special needs were not included and excluding studies to work with less than 35 mother-infant pairs. ^{Their} ~~to~~ ~~ensure~~ ~~the~~ ^{standardised} procedure gives their study high reliability. However, the study used

18 studies from the USA which makes the results more ethnocentric and impacts the generalisability of their findings. However, as their study did have a large sample size including 32 studies with over 2000 strange situation replications. ~~As the strange situation~~ ^{As their study is a} meta analysis, this decreases researcher bias and increases the validity of their findings. Moreover, their findings are supported by other studies as Ainsworth, Caspien and Favalorini's strange situation replications all support Type B being the most common attachment type.

Overall, cross cultural research into attachment is a ~~great~~ good explanation of what Bowlby observed taking place in the hospital. Children from individualistic homes are more likely to be comfortable exploring by themselves whilst those from collectivist homes seek the proximity to their parents they had as a kid.

Child Psychology

Question 14: 13 marks

- AO1. This is level 4. There is accurate and thorough knowledge and understanding of cross-cultural research into attachment.
- AO2. This is level 3. Relevant evidence from the context is applied, but this is not sustained throughout the essay.
- AO3. This is level 3. There are developed arguments with a grasp of competing arguments and a conclusion as well as mini conclusions throughout the essay.

Health Psychology

Question 18: 13 marks

18 Mark is training to be a health psychologist. He is currently studying causes of heroin addiction using addicts he treats as his participants.

In one case Mark noted that the person took heroin in specific places, such as in the kitchen but not in the bedroom. He noted that overdoses are caused when people take heroin in places they do not normally take it.

Mark asked another addict the reasons why they took heroin. On some occasions they were positive, such as getting high, and sometimes negative to take away pain.

He also observed that a lot of heroin addicts had friends who are addicted to heroin, and some of the heroin addicts said that they started taking heroin because someone they knew also took it.

Evaluate **one** learning explanation for heroin addiction in relation to Mark's case studies. ^{Positive + negative reinforcement}

You must make reference to the context in your answer.

X6A01 X6A03 X4A02
(16)

Operant conditioning, specifically positive and negative reinforcement, can be used to explain heroin addiction. Positive reinforcement refers to a behaviour adding a desirable consequence which strengthens the behaviour. This is shown in the ^{quantitative} data collected in Mark's case studies where an addict identifies the "positive" reason for taking heroin is that it allows them to "get high". This refers to the dopamine flooding the mesolimbic pathway (reward pathway) of the brain which produces intense feelings of euphoria - this is the desirable consequence which positively reinforces addicts to continue taking heroin. One strength of operant conditioning as an explanation for heroin addiction is ~~that~~ supporting evidence from Bower and Wise who put rats in a Skinner box and found that they continuously pressed a lever which administered morphine into their ~~system~~ body - the rats were positively reinforced to press the lever due to the "high" they experienced from the morphine.

~~However~~ Furthermore, the research takes a nomothetic approach as it makes general laws about human and animal behaviour thus increasing the scientific credibility of the research. However one weakness is that animals and humans are not the same. Humans have conscious thought and more complex thinking while animals are driven by their natural instincts - extrapolation of data is limited which makes the findings about rats' behaviour less generalisable to humans.

Negative reinforcement refers to strengthening a behaviour by removing an undesirable consequence. ~~Another participant~~ An addict in Mark's case study identifies the "negative" reason for taking heroin which is to "take away pain". Heroin, after ^{causing dopamine} flooding the mesolimbic pathway, also produces analgesic effects as well as euphoria. This relieves feelings of pain. Heroin addicts are negatively reinforced to take heroin as they are distracted from their pain. This can also be applied to ^{unpleasant} withdrawal symptoms e.g. nausea, headache caused by stopping heroin use - addicts feel compelled to continue taking heroin to avoid the withdrawal symptoms. ~~Blum~~ One strength is supporting evidence from Blum who identifies that negative reinforcement is just as important as positive reinforcement as it predicts increased difficulties with substance abuse over a person's lifetime. One weakness is that operant conditioning takes the nurture side of the debate and doesn't

consider interaction between nature and nurture e.g. individuals with the A1 variant of the DRD2 gene are more vulnerable to being heroin addicts. Addiction is better explained by Rosenkranz's diathesis-stress model which considers how genes interact with the environment.

Mark observes that many heroin addicts had friends who are addicted to heroin and that they started taking heroin because their friends did. This links to the social learning theory for explanation of heroin addiction which states that individuals pay attention to a role model e.g. friends and retain the behaviour displayed e.g. heroin consumption. They reproduce the behaviour at a given opportunity e.g. at a party and are vicariously reinforced to repeat the behaviour after seeing friends be praised for taking heroin. This is a direct weakness of the operant conditioning explanation as it challenges the idea that addiction is caused solely by negative ^{and} positive reinforcement. Operant conditioning can explain maintenance of heroin use but can't explain the initial use, which social learning theory does. One strength of social learning theory is supporting evidence from Bandura's bobo doll experiment which showed children imitated aggression when exposed to ^{an} aggressive role model compared to non-aggressive model. This shows how individuals can take heroin after being exposed to a consumption model.

from their friends.

Overall, the ~~operant~~ knowledge about negative reinforcement has useful applications for psychology in society as it has led to development of treatments ~~like~~ like methadone which is an opiate substitution and deals with negative withdrawal symptoms of heroin. However one weakness is that the operant conditioning explanation is too reductionist. It simplifies complex behaviour like heroin consumption to positive and negative reinforcement. It doesn't consider the social context of taking the drug^{or} the availability of the drug.

Health Psychology

Question 18: 13 marks

- AO1. This is level 3. There is accurate knowledge and understanding of how operant conditioning can cause heroin addiction.
- AO2. This is at the top of level 3. Relevant evidence from the context is applied, but this is not sustained throughout the essay.
- AO3. This is level 4. There are well-developed, logical arguments with an awareness of competing arguments and a conclusion as well as mini conclusions throughout the essay.

General Feedback

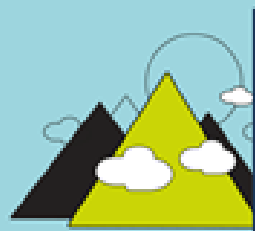


General Feedback

- The AO1 in essays needs to show knowledge and understanding. Candidates should make sure they do not just list points but show they have knowledge of those points.
- The AO2 should be sustained throughout the essay.
- The AO3 needs to be well-developed.

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