Pearson
Edexcel

Examiners' Report
June 2025

GCE Psychology 9PS0 02

ResultsPlus

Edexcel and BTEC Qualifications

Edexcel and BTEC qualifications come from Pearson, the UK's largest awarding body. We provide a wide range of qualifications including academic, vocational, occupational and specific programmes for employers. For further information visit our qualifications websites at https://www.edexcel.com or https://www.btec.co.uk.

Alternatively, you can get in touch with us using the details on our contact us page.

ResultsPlus

Giving you insight to inform next steps

ResultsPlus is Pearson's free online service giving instant and detailed analysis of your students' exam results.

- See students' scores for every exam question.
- Understand how your students' performance compares with class and national averages.
- Identify potential topics, skills and types of question where students may need to develop their learning further.

For more information on ResultsPlus, or to log in, visit https://www.edexcel.com/resultsplus. Your exams officer will be able to set up your ResultsPlus account in minutes via Edexcel Online.

Pearson: helping people progress, everywhere

Pearson aspires to be the world's leading learning company. Our aim is to help everyone progress in their lives through education. We believe in every kind of learning, for all kinds of people, wherever they are in the world. We've been involved in education for over 150 years, and by working across 70 countries, in 100 languages, we have built an international reputation for our commitment to high standards and raising achievement through innovation in education. Find out more about how we can help you and your students at: https://www.pearson.com/uk.

June 2025

Publications Code 9PS0_02_2506_ER

Introduction

The paper provided a range of question types over two sections, the compulsory clinical section and the topic section where candidates had to choose one topic out of criminological psychology, child psychology and health psychology. The most popular topic was criminological psychology, followed by child, and then health psychology.

Many candidates showed good psychological knowledge across all areas, and there were very few unanswered questions. Most candidates attempted all the questions indicating that candidates are managing their time.

Some candidates still do not explain strengths and weaknesses across the paper. Centres should remind candidates that 'explain' questions need a justification/exemplification.

Candidates were better at applying knowledge to scenarios provided, and were more likely to go beyond the name of gender of the person in the scenario, especially in clinical psychology.

Some candidates do not know that the standard deviation shows the spread of scores from the mean. Centres should ensure candidates know what measures of dispersion are.

Some candidates were able to gain high marks through demonstrating their psychological knowledge in terms of the requirements of the command word. Other candidates did not always understand it. Candidates should be referred to the taxonomy of command words in Appendix 6 of the specification.

This was noticeable in some of the extended open response questions of 8 marks or above, where there was sometimes isolated knowledge and understanding. The Assessment Objective AO3 points were sometimes not developed. It was also noticeable in the discuss questions where candidates include AO3 points.

The remainder of this Examiner Report will focus on each individual question and specific examples, with the aim of highlighting areas of good practice and some common errors, that can be used to help prepare candidates for future 9PS0/02 examinations.

Question 1(a)

The most popular disorder was unipolar depression, closely followed by anorexia nervosa with obsessive-compulsive disorder being the least popular. The main features used for all disorders were prevalence, any differences between males and females, and age of onset.

The best answers were able to state clearly three features of their chosen disorder. Some answers repeated themselves when writing about the prevalence of the disorder in the population, such as giving the percentage of people who have the disorder and then repeating it in numbers.

Some candidates discussed symptoms rather than features. There were very few candidates that wrote about schizophrenia.

1 In your studies of clinical psychology, you will have learned about one of the following disorders:

- Anorexia nervosa
- Obsessive-compulsive disorder (OCD)
- Unipolar depression.

(a) State **three** features of your chosen disorder.

(3)

Chosen disorder

Obsessive Compulsive Disorder

1 OCD symptoms can cause various levels of distress, which means that it has a high co-morbidity with depression.

2 It can cause bizarre rituals (or compulsions) such as repetitive hand-washing - these are the symptoms often targeted with CBT.

3 OCD can often be treated with a mix of CBT and anti-depressants to reduce symptoms (POTS study 2004).

ResultsPlus
Examiner Comments

This answer receives 1 mark for comorbidity with depression.

There is no mark for bizarre rituals, because this is a symptom, nor for how it is treated, because this is treatment and not a feature.

ResultsPlus
Examiner Tip

Know the difference between features and symptoms of mental disorders.

1 In your studies of clinical psychology, you will have learned about one of the following disorders:

- Anorexia nervosa
- Obsessive-compulsive disorder (OCD)
- Unipolar depression.

(a) State **three** features of your chosen disorder.

(3)

Chosen disorder

obsessive - compulsive disorder

1 prevalence is between 1.1 - 1.8%

2 more common in female adults but male children

3 onset age is late teens or early twenties

ResultsPlus
Examiner Comments

This answer receives 3 marks, 1 mark per statement, because each statement is a different feature and they are all correct.

Question 1(b)

There were some good answers with candidates being able to identify two strengths of a biological explanation and then go on to justify those strengths. There was good use of research, with the best answers explaining how that research supported the explanation.

Many answers were able to identify a strength but then did not receive the AO3 marks because they did not justify those strengths. Candidates would use terms such as 'making the explanation valid' but they did not explain how or why it made the explanation valid.

Some candidates did not read the question carefully and wrote about a strength and a weakness, with the weakness not being able to gain credit. A small number of answers focussed on schizophrenia, rather than the disorder other than schizophrenia.

(b) Explain **two** strengths of one biological theory/explanation for your chosen disorder.

(4)

Chosen disorder

unipolar depression - ~~monoamine hypothesis~~

1 one strength of the monoamine hypothesis in explaining unipolar depression, is that anti-depressents ~~at~~ which use monoamines such as seretonin and glutimate are affective in most cases as a treatment, consequently highlighting the credibility of the explanation.

2 Another strength of the monoamine hypothesis in explaining ~~of~~ unipolar depression, is that it is a reductionalist theory. this is because the theory only focuses on the impact of monoamines on causing the symptoms of unipolar depression, and ignoors other explinations, such as the cognitive explination. This consequently makes the study more scientific.

ResultsPlus
Examiner Comments

This answer receives 2 marks.

First Strength

- Identifying that antidepressants that target monoamines are effective in treating unipolar depression (1)

There is no further justification mark because there needs to be something about how or why this increases the credibility of the explanation.

Second Strength

- Identifying that it is reductionist, which makes it a scientific explanation (1)

The justification needs more, such as how the cognitive explanation is different or why being reductionist makes it more scientific.

ResultsPlus
Examiner Tip

Always explain your strengths and weaknesses and any terms used within your answer.

(b) Explain **two** strengths of one biological theory/explanation for your chosen disorder.

gene / neurotransmitter

(4)

Chosen disorder

Anorexia nervosa

1 ~~It is supported by kipman et al which found a 42% concordance rate in MZ twins, and 12.5% concordance rate in DZ twins. It strengthens and gives creditability of the theory genetic theory that Anorexia have do has some degree of genetic relatedness~~

It is supported by Kipman et al which found a 42% concordance rate in MZ twins, and 12.5% in DZ twins. It strengthens and gives creditability of genetic theory that Anorexia do have some degree of genetic relatedness.

2 This theory is useful as it increases compassion for towards patient. ~~Neurotransmitters~~ Genetic explanation provided aff reduce stigmatisation of anorexia (AN) patients through from 'privildged' to 'mental illness a needed help' as it is due mutation of genes like 5HT2RA. It increases likelihood for AN patients to seek for treatment / help / such as or inherited relatedness in genetics the US Insurance companies are forced to reconsider categorising mental health disorder a including AN as illness / disorder so AN patients could get financial support for treatment

(Total for Question 1 = 7 marks)

ResultsPlus
Examiner Comments

This answer receives all 4 marks. First Strength identifying the results of a supporting study (1) justification of the strength. (1) Second Strength identifying it reduces stigmatisation to those who need help (1) justification about the lack of stigmatisation meaning those with anorexia are more likely to seek help (1).

Question 2(a)

The best answers gained both marks, for being able to identify the independent and dependent variables correctly.

Some answers did not gain credit because they considered only the socio-economic background without identifying that they were high and low.

Some answers only stated one part of the dependent variable.

2 Lisa conducted an experiment to investigate whether socio-economic status had an effect on developing a mental disorder as part of her studies for a Master's degree.

She gathered her participants from the nearest town and divided them into two conditions:

- Condition A: from a lower socio-economic group
- Condition B: from a higher socio-economic group.

There were 13 participants in condition A and 21 participants in condition B.

Lisa then asked a qualified psychiatrist from the hospital in the town to interview her participants and tally how many had a mental disorder and how many did not have a mental disorder.

(a) Identify the independent variable (IV) and the dependent variable (DV) in Lisa's experiment.

(2)

Independent variable (IV)

Whether participants ~~were~~ belonged to a lower ~~or~~ or higher socio-economic group in society.

Dependent variable (DV)

~~How many~~ the number of participants from each group which have had a mental disorder.

This answer receives 1 mark for identifying the independent variable accurately, as the two, named, socio-economic groups.

The dependent variable does not receive a mark because it needs to include both those who do, and those who do not, have a mental health disorder.

Make sure you state exactly what the independent variable is and exactly what the dependent variable is, when asked to identify them.

2 Lisa conducted an experiment to investigate whether socio-economic status had an effect on developing a mental disorder as part of her studies for a Master's degree.

She gathered her participants from the nearest town and divided them into two conditions:

- Condition A: from a lower socio-economic group
- Condition B: from a higher socio-economic group.

There were 13 participants in condition A and 21 participants in condition B.

Lisa then asked a qualified psychiatrist from the hospital in the town to interview her participants and tally how many had a mental disorder and how many did not have a mental disorder. ↳ Quan

(a) Identify the independent variable (IV) and the dependent variable (DV) in Lisa's experiment.

(2)

Independent variable (IV)

whether participants from her nearest town were put into condition A (lower socio-economic group) or condition B (higher socio-economic group)

Dependent variable (DV)

the tally of the number of participants in condition A (out of 13) and condition B (out of 21) who had a mental disorder and who didnt have a mental disorder.

ResultsPlus
Examiner Comments

This answer receives both marks for the:

- accurate identification of the independent variable with both groups being named (1)
- dependent variable, which accurately identifies that whether they have a mental illness or not, is measured (1)

Question 2(b)

This question required candidates to apply details from the scenario to a description of the random sampling technique.

The best answers were able to do this and gained both marks. Some answers gained one mark because they did not link all aspects of their answer.

Some answers described how the random sampling technique is carried out but did not add any details from the given scenario.

Some candidates described the wrong sampling technique, often writing about volunteer or opportunity sampling techniques.

(b) Lisa used a random sampling technique to gather her participants.

Describe how Lisa may have used a random sampling technique to gather the participants for her experiment.

(2)

Lisa may have gathered all of the names from the nearest town and put all of the names into a hat. She would then pick out names until she had gathered a sample of however many partiens she desired eg. 100

ResultsPlus
Examiner Comments

This answer receives 1 mark for describing how Lisa would obtain all the names from the nearest town and put them in a hat. The nearest town provides the link to the context.

There is nothing for the second sentence because it is generic and has no link to the context. The word 'patient' is not a link because they are not patients, and the number of 100 is not from the context.

ResultsPlus
Examiner Tip

Make sure you link every sentence to some details from a scenario when asked to describe something in relation to the scenario.

(b) Lisa used a random sampling technique to gather her participants.

Describe how Lisa may have used a random sampling technique to gather the participants for her experiment.

(2)

Lisa could have used ~~put up advertisements in the for~~ gathered all the potential individuals names that could take part in the investigation, potentially using census data, and then use a random name generator for each socio-economic group, until Lisa has gathered a satisfactory number of participants.

ResultsPlus
Examiner Comments

This answer receives 2 marks.

Both marks are in one sentence and as the sentence has a link in the form of 'socio-economic groups' then it receives both marks, for:

- gathering all the names of potential participants from the census (1)
- using a random name-generator until she has a satisfactory number of participants (1)

Question 2(c)

Those answers that knew correctly how the chi squared test was used, often received both marks because they were then able to explain the reasoning behind this. The most common reason given was because nominal data was used.

Some answers gave the incorrect statistical test, with the most common errors being the Mann Whitney U test or Spearman's correlation.

Lisa's results are shown in **Table 1**.

	Number of participants who had a mental health disorder	**Number of participants who did not have a mental health disorder**
Condition A: Lower socio-economic group	9	4
Condition B: Higher socio-economic group	4	17

Table 1

Lisa used a statistical test to analyse her data.

(c) Explain which statistical test Lisa would use to analyse her data in **Table 1**.

(2)

The statistical test Lisa would use to analyse her data in Table 1 is the chi-squared test. Not only is it effective in analysing numerical data, it is also a test which identifies probability. It allows Lisa to find the probability of participants having a mental health disorder based on their socio-economic group.

ResultsPlus
Examiner Comments

This answer receives 1 mark for writing correctly that she would use the chi-square test.

There is nothing for the point about probability because all statistical tests determine probability.

There needs to be a reason why the chi-squared test was used such as the type of data used, whether it was looking for a difference or not, or the experimental design.

ResultsPlus
Examiner Tip

Know the reasons for using the different startistical tests.

Lisa's results are shown in **Table 1**.

	Number of participants who had a mental health disorder	**Number of participants who did not have a mental health disorder**
Condition A: Lower socio-economic group	9	4
Condition B: Higher socio-economic group	4	17

Table 1

Lisa used a statistical test to analyse her data.

(c) Explain which statistical test Lisa would use to analyse her data in **Table 1**.

(2)

Lisa could use chi-squared to analyse her data as it is categorical.

ResultsPlus
Examiner Comments

This answer receives 2 marks, for:

- correctly naming chi-squared test (1)
- the reason being that they used categorical data (1)

Question 2(d)

The very best answers were able to gain this mark for an accurate statement.

However, many answers did not give an accurate statement, either missing off the 'equal to' or not giving the percentage. Some answers thought it referred to a one-tailed test.

(d) Lisa found that her results were significant at $p \leqslant 0.01$.

State what is meant by the term $p \leqslant 0.01$.

(1)

The term means that the probability results were not significant is less than or equal to 0.01.

ResultsPlus
Examiner Comments

This answer receives 0 because it needs to give the percentage, 1% in this case.

ResultsPlus
Examiner Tip

When asked to state what is meant by a term, make sure you state what is meant by everything in that term.

(d) Lisa found that her results were significant at $p \leqslant 0.01$.

State what is meant by the term '$p \leqslant 0.01$'.

(1)

There is a less than or equal to 1% (one Percent) ~~Chance~~ Probability. In Lisa's case, there is a less than or equal to 1% probability the results are due to Chance (Significant result).

ResultsPlus
Examiner Comments

This answer receives 1 mark for an accurate statement of all aspects of the term.

Question 2(e)

The most common strengths given were the:

- use of a professional psychiatrist
- random sampling technique
- collection of quantitative data.

The best answers identified the strength and applied it to details from the scenario and then went on to justify that strength.

Other answers were able to gain the AO2 mark for identifying a strength but did not gain the justification mark. They often used terms such as ‘making the data reliable', without explaining how or why it made the date reliable.

Those candidates who did not apply their answer to details from the scenario gave generic answers and so could not gain any credit.

(e) Explain **one** strength of Lisa's experiment. RS - unbiased

(2)

A strength of Lisa's experiment is that she used a random sampling technique so her study was unbiased. This means that all of the participants in her study had an equal chance of being picked which makes Lisa's study is credible and accurate.

ResultsPlus
Examiner Comments

This answer receives 1 mark for identifying that Lisa's random sampling technique (which is the link because it has previously stated that this is what she used), is unbiased because everyone had an equal chance of being picked.

There is nothing for making it credible and accurate. There needs to be something about how or why it makes it credible or accurate.

ResultsPlus
Examiner Tip

When asked to explain in relation to a scenario, make sure that there is at least one application to the scenario in your answer.

(e) Explain **one** strength of Lisa's experiment.

(2)

Lisa garnered quantitative data through the using a tally chart by the psychiatrist - This means the data obtained is objective as it doesn't require analysis making Lisa's results more reliable and able to check for consistencies of her results.

ResultsPlus
Examiner Comments

This answer receives both marks, for:

- identifying that Lisa used quantitative data through the psychiatrist using a tally chart (which provides the link) so it is objective (1)
- the justification that it does not require analysis making her results more reliable because they can be checked for consistency (1).

The link has come in the first mark, therefore the candidate can access all marks.

Question 2(f)

The most frequent improvements given were that Lisa could recruit participants from more towns and use more than one qualified psychiatrist.

The best answers were able to identify an improvement in relation to the scenario and then explain how that would improve the study.

Some answers gained the identification mark but then did not gain the justification mark because they did not explain how it would make the study better; they used a term but did not explain it.

As in previous series', some answers gave a weakness of the study and then identified an improvement but they did not say how that improvement would make the study better.

(f) Explain **one** improvement Lisa could make to her experiment.

(2)

One improvement Lisa could make to her experiment is to increase the sample size & it's variation in her experiment. A total of 34 participants all from the same exact town is not a representative sample size (too small) due to the lack of all socio-economic groups and their probability of having a mental health disorder. Lisa should obtain a larger sample size from other towns, cities and even other countries to form a more representative sample rather than focusing on a single town. By increasing the sample size and it's variation, Lisa gains more reliability for her experiment.

ResultsPlus
Examiner Comments

This answer receives 1 mark for identifying that Lisa should obtain a larger sample size from other towns, cities or countries.

The last part does not receive a mark because there needs to be more about how or why it being more representative is an improvement.

The first sentence does not receive any credit because it is focussed on a weakness of the study.

ResultsPlus
Examiner Tip

When asked to write about an improvement, do not write about a weakness of the study.

(f) Explain **one** improvement Lisa could make to her experiment.

(2)

• Lisa could use participants from another town and borough so findings about whether effect of socio-economic status affects disorder is representative of wider population not just from one town increasing generalisability.

ResultsPlus
Examiner Comments

This answer receives both marks, for:

- identifying that Lisa should use people from another town, which also provided the link so all marks can now be accessed (1)
- the justification that this would increase the representativeness of the sample, so the results are generalisable (1).

ResultsPlus
Examiner Tip

When using terms such as generalisable as part of your justification, explain them, as in this case it is generalisable because it is representative of the wider population.

Question 3

The first essay on the paper used the taxonomy 'discuss' meaning that AO1 and AO2 were being examined.

The best answers were able to demonstrate accurate and thorough knowledge of the case study research method. They gave a well-developed logical discussion using sustained application from the scenario throughout.

Some answers showed accurate knowledge and understanding but did not give more than a superficial application. Some answers also wrote about strengths and weakness of the case study as a research method, which was not needed for this essay.

Another common error was writing about a case study in detail, often Bradshaw's study, rather than writing about the case study as a research method.

3 Ruben is a clinical psychologist who is studying a group of five patients. The patients are attending a local counselling clinic due to their mental health. He observed that one patient would not accept any drinks made by other people and wrote down the reasons why, such as they thought they were being poisoned. ↳ delusion paranoia

Ruben noted down every time a patient mentioned incidents in their childhood when discussing their mental health. He also gathered information from the counsellor's notes to cross reference with his data. ↳ IRR

Discuss the use of case studies within clinical psychology.

You must make reference to the context in your answer. AO1 AO2.

(8)

case studies in clinical psychology are usually a small group of people or an individual who is/are suffering from a mental health condition. they are usually conducted with triangulation which is the use of multiple methods such as questionnaires, interviews (semi-structured and unstructured as they allow the clinician to probe further to gain a fuller understanding of their mental health condition) and observations. Rubens use of observations allows him to take notes on common or uncommon behaviours of the five participants attending local counselling clinic for example noting down each time the patient mentions child hood experiances. Ruben is then able to identify trends in the group of patients with poor mental health, for example a common trend may be a fixation on negative childhood experiances this can allow for further research to be conducted e.g. to identify a correlation/relationship between negative childhood experiances and mental health.

case studies allow for unique symptoms to be studied which would be otherwise unethical to replicate in lab experiments. for example it allows symptoms of schizophrenia to be looked at in further detail. Ruben identified social withdraw in one participant who refused drinks made by other people. initially this may seem like a negative symptom due to a lack of interaction with others, however the case study allows ruben to identify reasons why the patient doesn't share drinks, due to the fear they are being poisoned. this allows ruben to identify links between symptoms such as paranoia and how it manifests through patient behaviours through indepth data being collected.

case studies allow for a range of data to be collated and then for conclusions about behaviours, symptoms and severity to be drawn. this can be done through collecting retroactive data to see how symptoms change over time. Ruben done this through cross referencing with the counsellors notes to perhaps identify changes in groups mental health overtime. allowing ruben to establish whether counselling has been effective in improving mental health. for example if patient in the group previously showed more severe symptoms which since then have eased.

ResultsPlus
Examiner Comments

This is a Level 4 response, and 7 marks.

AO1: Level 3 - It is accurate but not thorough.

AO2: Level 4 - There is a well-developed logical discussion that has a thorough awareness of competing arguments through the use of different aspects from the context. The application is sustained.

The response is Level 3 and Level 4, therefore it receives 7 marks at the bottom of Level 4.

ResultsPlus
Examiner Tip

For 'discuss' essays, do not include any AO3 points.

Question 4

The most common explanation was genetics, with some answers being about brain structure. Very few candidates wrote incorrectly about neurotransmitters. Candidates were required to demonstrate their knowledge and understanding (AO1) and then evaluate the explanation (AO3).

The best answers were able to show accurate and thorough knowledge and understanding of how their chosen explanation could be said to cause schizophrenia. Then they had well-developed logical evaluations. They showed knowledge and understanding of how a variety of genes could affect schizophrenia. The most common evaluation points included research evidence and alternative explanations.

Other answers had limited knowledge and understanding, often not going beyond stating the percentage risk of having schizophrenia if a relative also had it. The supporting evidence was also often limited, usually focussed on one of Gottesman's studies, with little else.

4 In your studies of clinical psychology, you will have learned about one biological theory/explanation for schizophrenia other than the function of neurotransmitters.

Evaluate **one** biological theory/explanation for schizophrenia **other than** the function of neurotransmitters. PACE

(8)

Chosen biological theory/explanation

Genetic explanation

there are several genes associated with schizophrenia: for example the COMT gene is responsible for clearing dopamine in the synapse. An individual with a faulty COMT gene may have excess dopamine in the synapse which can lead to positive symptoms of schizophrenia like delusions and hallucinations. The DRD4 gene is responsible for coding the dopamine receptor protein, so if a person has a faulty DRD4 gene this may lead to autonomic hyperactivity (increased blood pressure, heart rate, breathing rate etc.) which is associated with schizophrenia. The AKT1 gene is responsible for cellular functions and growth of the cell, so a faulty ~~AKT1~~ AKT1 gene may lead to ~~some~~ the irregular cell function which can lead to schizophrenia. As well as this there are several chromosomes such as the 22, 1 and 18 which are all associated with an increased risk of schizophrenia.

There is evidence to support the genetic basis of

schizophrenia as Gottesman and Shield's twin study found 42% concordance rate for MZ twins compared to a 9% concordance in DZ twins when investigating schizophrenia in the twins, supporting the link between genes and developing schizophrenia. However, as the concordance rate in MZ twins is not 100%, this proves that there must be an environmental (or dysfunctional) factor involved other than genes in explaining schizophrenia. Therefore the genetic explanation may not wholly explain schizophrenia.

Kendler found that individuals who are first degree relatives of a person with schizophrenia are 18 times more likely to develop the disorder, supporting the fact prevalence of genes explaining schizophrenia as they will share similar genes to their first degree relatives. However, this evidence is purely correlational, which means we are unable to establish causation between genes and schizophrenia, but only suggest its involvement as there may be other factors involved. Therefore we cannot fully establish causation between schizophrenia and genes.

ResultsPlus
Examiner Comments

This response reaches Level 4, with 8 marks.

AO1: Level 4 - It shows accurate and thorough knowledge and understanding.

AO3: Level 4 - There is a well-developed logical evaluation, and an awareness of competing arguments with conclusions throughout, which are balanced.

Given the time and examination pressure, this is a top answer.

Question 5

Candidates were tested on all of the AOs in this essay.

The candidates giving the best answers were able to show accurate and thorough knowledge and understanding of the International Statistical Classfication of Diseases and Related Health Problems (lCD) in terms of how it is laid out, that it is multi-lingual and developed by World Health Organisation (WHO) and how it is used by psychiatrists.

They were also able to apply their answers to details from the scenario throughout their essay, including the AO3 points. The best AO3 points were well-developed and logical. There was good use of research especially in terms of the validity and/or reliability of the ICD as a diagnostic tool.

Weaker answers offered mostly accurate knowledge and understanding but lacked detail. Some answers wrote that the ICD did not take account of cultural factors, and some wrote about the Diagnostic and Statistical Manual of Mental Disorders (DSM) rather than the ICD, so limiting the marks they could gain.

→ Luhrmann → culture · Rosenhan → rel but not val

5 Barry is living in a different country than his home country due to work. He has been seen by a psychiatrist in the country where he is currently living.

Barry has been hearing voices telling him he is worthless and he also has a lack of appetite. He no longer goes out with his friends and feels he has to check all the doors and windows are locked to stop the aliens from entering his home.

client factors

The psychiatrist is using the ICD as a classification system to determine whether Barry has a mental disorder. At further meetings, Barry mentions that he now thinks his partner is trying to sell him to a secret organisation so they can experiment on him.

Overapp standardised

To what extent is the ICD useful in diagnosing Barry with a mental disorder?

You must make reference to the context in your answer.

(20)

The ICD is a classification system developed by the WHO which contains information on the features and symptoms of all ~~mental health~~ disorders, both mental or physical. The mental health disorders are all found in one section, section F, where they are categorised by common characteristics. These then separate into subcategories within each disorder. If a ~~patient~~ clinician is to diagnose a patient with the ICD, then they must interview the patient and find the category and subcategory of the disorder according to the symptoms given. In this case, Barry will be interviewed by his psychiatrist, where he'll explain his symptoms such as hearing voices or feelings of worthlessness. The psychiatrist will then go through the ICD section F to find the section that best suits the symptoms described, to find the diagnosis for Barry.

Using the ICD is a useful diagnosis tool for Barry as it offers a standardised method that ensures reliability. This is as each disorder in the system, such as schizophrenia,

will have a set of criteria of symptoms necessary for them to be diagnosed, such as hallucinations and delusions. This then reduces the subjectivity of the diagnosis as clinicians won't be reliant on their judgement alone, but will all be using a similar method with the same criteria so that the same symptoms are diagnosed as the same disorder. However, Ward et al found that classification systems, despite being standardised, still lead to different conclusions, as 62.5% of the differences in diagnosis between two clinicians and the same patient were due to inadequacies with the classification systems. This could be as there are many overlapping symptoms in disorders, and so even if Barry expresses his feelings of worthlessness and lack of appetite, this could lead to 2 different interpretations by clinicians, as one may see it as a core symptom of depression whilst another sees them as negative symptoms of Sz. This would lead to an invalid diagnosis for Barry, as first because the features are standardised, it doesn't follow that overlapping symptoms will be equally interpreted by all doctors.

Further on, Rosenhan found supporting evidence for the reliability of classification systems.

Further on, classification systems like the ICD may be seen as valid as they are consistently updated. This means that the information, criteria and features on disorders will accurately represent the reality of the disorder, giving them high descriptive validity. For instance, the ICD has 10 revisions with the 11th being worked on to reflect newer findings and understanding. This then

means that any new diagnosis given to Barry is likely to have high descriptive validity, as it'll accurately represent the reality of his symptoms, like the auditory hallucinations, and best reflect modern understanding

However, another issue with the ICD is that it is subject to cultural interpretations and cultural bias. Barry was being diagnosed in one country he lives in currently, which could have a different interpretation of symptoms like auditory hallucinations than his native culture. This could then lead to a diagnosis may overlooks his symptom as it's not viewed negatively, leading to invalid diagnosis. This is then supported by Luhrmann et al who found that auditory hallucinations were viewed positively in India but negatively in the USA. This then emphasises how culture could affect how the psychiatrist interprets the symptoms and thus the diagnosis given, which may not be valid.

Rosenhan then found supporting evidence to showcase that diagnosis is reliable, as he sent 8 pseudopatients, all with the same symptoms of hearing "thud" "empty" and "hollow" in their heads, and they all received the same diagnosis (7/8 with schizophrenia and one with manic depression with psychosis). This then showcases how if Barry were to go to a different doctor who also used the ICD, he would receive the same diagnosis, given that all information given is the same.

and so showing how they are useful in ensuring inter-rater reliability as the diagnosis can be compared to look for differences between many clinicians. ✓

However, these are reliant on the patient giving the clinician the same symptoms. If Barry forgot to mention to the clinician about his delusions of his partner wanting to sell him, the clinician could have concluded on a different disorder than what he did, as he would have gone to a different section of the ICD. This then shows how the use of the ICD is reliant on what Barry says, making it unsure as their accounts for symptoms could be skewed by his own disorder, by shame or due to him forgetting certain symptoms, making them inaccurate as this could lead to the wrong disorder being diagnosed.

In conclusion the ICD is highly reliable for diagnosing Barry but it lacks validity.

In conclusion, the ICD may be helpful at giving Barry a reliable diagnosis, as due to its standardised structure, clinicians are likely to arrive at similar conclusions, given they receive all the same knowledge. However, as diagnosis is reliant on interpretations and communications, if symptoms overlap, or are missed out, the diagnosis for Barry's disorder will be invalid as the wrong section of the ICD will be used.

(+) But as they would both follow the same system, then the same symptoms should would lead to the same disorder, showing how the ICD is reliable and has supporting evidence to support this. However, Rosenhan did look at the DSM, as his study was based in America, and so meaning that we cannot generalise his findings that the DSM is reliable to the ICD, as these are two completely different classification systems. ~~Furthermore, Rosenhan also found that classification systems and diagnoses were highly invalid, as all 8 pseudopatients got diagnosed despite lying about their symptoms. This then showcases how even the diagnosis by the ICD may not be fully valid as~~ This then shows how the ICD may not be reasonably useful and reliable as the supporting evidence is not generalisable.

This answer is Level 4, 14 marks.

AO1: Level 3 - This response reaches the top of the level. There is accurate knowledge and understanding of ICD.

AO2: Level 3 - This response reaches the top of the level. Relevant evidence has been applied from the context.

AO3: Level 5 - There are well-developed logical arguments with a full awareness of competing arguments, that lead to a balanced response.

The AO1 and AO3 put the answer in Level 4 when balanced against each other.

Question 6(a)

Candidates had to describe the results of Loftus and Palmer (1974), and the vast majority of the answers did focus on the results, rather than other aspects of the study.

The best answers were able to gain both marks for an accurate description of the results, with most answers focussing on the first part of the study.

Some answers gave only one result and so limited the amount of marks they could gain. Some answers gave inaccurate speeds, or the incorrect verbs, and some gave conclusions, rather than results.

6 In your studies of criminological psychology you will have learned about the classic study by Loftus and Palmer (1974).

(a) Describe the results from Loftus and Palmer (1974).

(2)

~~Word choice did affect the Word choice (smash, collided, hit, bumped) did affect participant recall of the video event (video they watched of car crash)~~

Word choice (smash, collided, hit, bumped) did affect participant recall of the showing event (speed of the car in the video) (car crash)

The word choice → (smash, hit, bump, collide) did affect participants recall of the speed that the car was going at in the video they were shown and smash had much higher estimation of car speed than bump. leading questions ~~did the glass breaking affect~~ to do with the glass breaking also altered participant recall of the video, which DPT falsley remembering glass shattering.

ResultsPlus
Examiner Comments

This answer gains 1 mark for the sentence regarding how the words did affect recall of speed, with 'smashed' having a higher estimated speed than 'bumped'.

There are no marks for the part about the broken glass because it is too vague. Which words affected the seeing of broken glass and how did they affect the results?

ResultsPlus
Examiner Tip

When describing results, ensure your answer is accurate and has the detail needed to gain the marks.

6 In your studies of criminological psychology you will have learned about the classic study by Loftus and Palmer (1974).

(a) Describe the results from Loftus and Palmer (1974).

(2)

Loftus and Palmer found that the leading questions lead to more inaccuracies in the participants answers. When the questions were not leading questions, the participants recalled more accurately what they watched in the video.

ResultsPlus
Examiner Comments

This answer receives 0 marks because it is too vague.

The answer could apply to several studies on leading questions, if the names were changed.

ResultsPlus
Examiner Tip

Make sure there are specific details about the study you are describing in your answer.

Question 6(b)

Candidates had to explain a strength and a weakness of Loftus and Palmer (1974), with the most common strengths being the standardised procedure and the use of quantitative data. The most common weakness were about the sample used.

The best answers were able to identify both the strength and the weakness and then justify them, and include details of Loftus and Palmer's study in their answer.

Other answers gained the identification marks but did not gain the justification marks because they did not explain how or why it was a strength or weakness. Often, they only used a term such as 'so the sample is not generalisable'. They did not explain why only having students means the sample is not generalisable.

The weakest answers gave points that could have applied to several studies, with no indication that they were writing about this study in particular. For example, saying that it was a standardised procedure but not saying what was standardised in the procedure.

(b) Explain **one** strength and **one** weakness of the study by Loftus and Palmer (1974).

(4)

Strength

used a standardised procedure, with a pre-determined set of questions about the video clip of the traffic accident that remained the same for each participant, apart from the critical question, allowing the study to be replicated easily to check for consistency of results, making the study reliable.

Weakness

The study may lack ecological validity as the participants only observed the traffic accident in a short 1-minute video clip, whereas speed estimates of the cars may have been different after witnessing a real-life traffic accident, and recall may be less influenced by leading questions such as the verb changed e.g. "smashed" or "bumped".

(Total for Question 6 = 6 marks)

ResultsPlus
Examiner Comments

This answer receives all 4 marks.

It gains 2 marks for the strength. It gains 1 mark for identifying that it was a standardised procedure because they all had the same video clips of the car accident. This links it to Loftus and Palmer.

It also receives 1 mark for the justification that this allows the study to be replicated, to check for consistency of results, thereby increasing reliability.

The weakness also receives 2 marks. There is 1 mark for identifying that it may lack validity because they only saw a 1-minute clip of a car accident. Again, this links the answer to this study.

It then receives 1 mark for the justification that speed estimates may have been different for a real crash, with leading questions having less of an effect.

(b) Explain **one** strength and **one** weakness of the study by Loftus and Palmer (1974).

(4)

Strength

One strength of loftus and palmers experiment was that the standardised procedure of showing ppts the same video but only changing the critical question, can be repeated to obtain ~~reliable result~~ similar results. Thus ensuring the study reliable

Weakness

However a weakness is that ppts were not in their natural setting and watching a video of a car crash doesn't repeat real life situations - thus the study lacks ecological validity

ResultsPlus
Examiner Comments

This answer receives 2 marks.

1 mark is given for the strength, for identifying that it was standardised because they all saw the same videos and only the verb changed.

There is no further justification of the strength.

The weakness also receives 1 mark for identifying that the participants are not in their natural setting when watching the videos of the car crashes, so it lacks ecological validity.

There is no further justification of this point. There would need to be some explanation about why lacking ecological validity is a weakness.

ResultsPlus
Examiner Tip

Make sure strengths and weaknesses are fully explained: do not just write a term.

Question 7(a)(i)-(a)(ii)

Candidates who could follow the formula at the start of the exam paper were able to calculate the standard deviation correctly and gain all four marks. Most who made the correct calculations had read the instructions and gave their final answer to one decimal place, as requested.

Some candidates did not gain the final mark because they did not square-root their answer.

This part of the question was generally not well-answered. Very few candidates understood that the standard deviation is a measure of dispersion and shows the spread of data from the mean.

Many answers thought the standard deviations told us which group did better than the other, when this is not what it shows. Others thought they told us about the significance of the data.

7 Grace investigated the effectiveness of a cognitive interview compared to a standard interview. She asked her participants to watch a video of a robbery. Once they had seen the video, the participants were split into two conditions:

- Condition A: The participants had a standard interview
- Condition B: The participants had a cognitive interview.

Grace recorded the number of errors each participant made in their statement.

The results for the participants who had a standard interview are shown in **Table 2**.

Participant	Number of errors made in their statement	$x-\bar{x}$	$(x-\bar{x})^2$
A	5	−0.4	0.16
B	7	1.6	2.56
C	2	−3.4	11.56
D	8	2.6	6.76
E	5	−0.4	0.16

Table 2

(a) (i) Calculate the standard deviation for the number of errors made in the statement by the participants who had the standard interview using the data in **Table 2**. Show your working out and give your answer to **one** decimal place.

(4)

mean = 5.4

SPACE FOR CALCULATIONS

$$\sqrt{\frac{\sum(x-\bar{x})^2}{n-1}}$$

0.2
2.6
11.6
6.8
0.2
21.4

$$\sqrt{\frac{21.4}{5-1}}$$

$$= 2.3$$

Standard deviation: 2.3

(ii) The standard deviation for the number of errors from the cognitive interview was 2.1.

Using your answer from 7(a)(i), explain what the two standard deviations tell us about the data from Grace's investigation.

(2)

The calculated value of 2.3 is greater than the critical value of 2.1. This means the results of Grace's investigation of the effectiveness of a cognitive interview are significant

Q07(a)(i) receives all 4 marks for the correct answer.

Q07(a)(ii) receives 0 marks because the standard deviation it not a test for significance.

Know what the standard deviation tells us about a given set of data.

7 Grace investigated the effectiveness of a cognitive interview compared to a standard interview. She asked her participants to watch a video of a robbery. Once they had seen the video, the participants were split into two conditions:

- Condition A: The participants had a standard interview
- Condition B: The participants had a cognitive interview.

Grace recorded the number of errors each participant made in their statement.

The results for the participants who had a standard interview are shown in **Table 2**.

Participant	Number of errors made in their statement
A	5
B	7
C	2
D	8
E	5

Table 2

(a) (i) Calculate the standard deviation for the number of errors made in the statement by the participants who had the standard interview using the data in **Table 2**. Show your working out and give your answer to **one** decimal place.

(4)

SPACE FOR CALCULATIONS

Mean : 5.4

$\Sigma(x-\bar{x})^2 = (5-5.4)^2 + (7-5.4)^2 + (2-5.4)^2 + (8-5.4)^2 + (5-5.4)^2$

$= (-0.4)^2 + (1.6)^2 + (-3.4)^2 + (2.6)^2 + (-0.4)^2$

$= 21.2$

$n-1 = 5-1 = 4$

$\frac{21.2}{4} = 5.3$

$\sqrt{5.3} = 2.3$

Standard deviation: 2.3

(ii) The standard deviation for the number of errors from the cognitive interview was 2.1.

Using your answer from 7(a)(i), explain what the two standard deviations tell us about the data from Grace's investigation.

(2)

The ~~range~~ spread of data for the cognitive interview was 0.2 less than the standard interview. This means the cognitive interview produced more similar results than the standard interview.

ResultsPlus
Examiner Comments

Q07(a)(i) receives all 4 marks for the correct answer.

Q)7(a)(ii) receives 2 marks for:

- identifying that the cognitive interview produced more similar results than the standard interview. Whilst the difference is only 0.2, it does show this (1)
- the justification that there is 0.2 difference between the two standard deviations (1).

Question 8

The most common theory of personality was Eysenck's theory, although some answers did write about Freud's theory of personality.

The best answers were able to offer an accurate and thorough knowledge and understanding of the theory of personality in relation to how it explains criminal/anti-social behaviour.

With Eysenck's theory, they were able to show knowledge and understanding of the biological processes behind each of the three personality variables.

The AO3 was well-developed and logical, with an awareness of the significance of competing arguments. The most common AO3 points involved research that supported, and did not support the theory, as well as alternative explanations of criminal/anti-social behaviour.

Weaker answers had limited knowledge and understanding, often only naming part of the personality, with AO3 points that showed no development.

↗Rushton and Chrisjohn.

8 Assess **one** theory of personality as an explanation of crime and anti-social behaviour. Farrington (8)

Eysenck's theory of personality states there are 3 features of personality (PEN); psychoticism / Normal, ~~Extraversion~~ Extroversion / Introversion, and Neuroticism / stability. Extroversion is linked to higher levels of crime and anti-social behaviour as the ARAS inhibits the information transmitted to the limbic system, therefore becoming bored more easily and seeking external stimulation, leading them to commit more crimes to satisfy this need for stimulation. Whereas Introverts ARAS amplifies the sensory information transmitted, leader to higher cortical arousal more quickly. Eysenck's research using the EPQ support's his theory, showing that prisoners in a maximum security prison displayed higher levels of PEN than controls. However, other research evidence showed that in a max. security prison, all prisoners showed lower levels of extraversion than controls, and sex offenders showed the lowest levels of extraversion whereas robbers showed the highest levels. This suggests that criminal

and anti-social behaviour is more complex and cannot simply be explained by PEN as other factors such as type of crime committed may influence PEN as an explanation.

Eysenck's theory of personality suggests that Neuroticism is a result of higher activity in the sympathetic ANS and a lower threshold, stimulating higher levels of stress hormones such as cortisol and adrenaline. Neurotic personality leads to higher levels and likelihood of crime and anti-social behaviour, with behaviours being repetitive and becoming habitual. Rushton and Chrisjohn support Eysenck's theory of personality as an explanation for crime as they showed higher levels of extraversion and psychoticism linked to higher levels of delinquency. However, Farrington suggests extraversion is less associated with antisocial behaviour, therefore varying in evidence for PEN, reducing the validity as an explanation for crime.

ResultsPlus
Examiner Comments

This response is Level 3, 6 marks.

AO1: Level 3 - It is accurate but not thorough.

AO3: Level 3 - It is developed and logical.

There is an awareness of the significance of competing arguments, with judgements being presented throughout.

Question 9

This essay assessed all of the AOs. The most common treatment was drug treatment, with diet being the other treatment used.

The best answers were able to offer accurate and thorough knowledge and understanding of their chosen biological treatment. They demonstrated well-developed and logical evaluative points, and used details from the context throughout their answer.

Weaker answers showed limited knowledge and understanding, sometimes focussing on causes of criminal/anti-social behaviour, rather than how it is treated.

Some answers wrote about a cognitive treatment, rather than a biological treatment.

Those answers that focussed on diet often repeated their AO1 points. This showed limited knowledge and understanding.

The AO2 in weaker answers often only used the name Humphrey and did not use any of the other details from the context given at the start of the question.

9 Humphrey has been in prison several times. This time he is in prison for assault. He fought another person whilst out with his friends. The other person had to go to hospital and Humphrey was arrested. It was not the first time he had been arrested for fighting with other people.

AO1 AO2 AO3 } 4x

Humphrey has previously been in prison for being aggressive. He has also been in trouble for threatening previous partners.

It has been decided that Humphrey should have a biological treatment in an attempt to stop him returning to prison once he is released.

AO1 AO3 } 2x

Evaluate **one** biological treatment that could be used with Humphrey.

You must make reference to the context in your answer.

treatment for offender drugs and hormones

(16)

one Biological treatment which may also be used to use for Humphrey is drugs. Drugs are believed to be an bellance irregularities in individuals in terms of ~~hor~~ neurotransmitters/hormones and ~~to~~ in turn reduce a particular behaviour. Humphrey appears to have been in prison multiple times which may suggest that he ~~that~~ has biological irregularities which can be also regulated using drugs as he doesn't seem to be able to control his emotions in many situations eg when out with friends. ~~The~~ A strength of using drugs is that it can easily be taken and doesn't require high level of commitment to convince a drug thus the Humphrey may be more motivated to take the drug to improve help treat his antisocial behaviour

Testosterone is believed to be an influential hormone which at elevated ~~a~~ abnormal levels in a body can cause aggression. The ~~of~~ female drug MPA is administered to lower the levels of testerone in an individual. ~~The~~ The scenario clearly suggests that

Humphrey is a male and so would be producing testerone. Humphrey may have elevated testerone levels which may account for why he continues to enter prison several times as he cant control his aggression. A weakness of Humphrey potentially taking MPA as a drug treatment is that it can cause side effects eg) enlargement of breast tissue. This may deter Humphrey from taking the drug and so his ~~for~~ beb~~a~~ negative behaviour persists and he may return to prison.

serotonin is a neurotransmitter which is believed ~~to~~ to manage mood regulation. This at low levels may create negative implications such as being aggressive and feeling depressed for example. SSRI's are used to increase serotonin levels ~~which~~ by preventing the reuptake of serotonin in body by blocking receptors. Humphrey ~~a~~ may have low levels of serotonin as for example, despite being out with friends which may mean he should have a positive mood he still engages in assaulting. fighting someone. This could suggest his serotonin levels are low and could benefit from taking SSRI's to elevate the levels of serotonin. However, a weakness of this is that SSRI's take 4 weeks in order for effects to be produced in Humphrey. As a result he may not feel compelled to take drug as it doesn't appear to make a difference for him and so his ~~poor~~ antisocial behaviour continues.

Dopamine is another neurotransmitter that may be a cause of aggressive behaviour as at high levels of dopamine it leads to portrayal of such behaviour. Dopamine Antagonists eg risperidone could be taken to reduce the effects of elevated dopamine or it blocks reception of dopamine reducing its levels in an individual. If drug is effective. Humphrey appears to continually engage in aggressive behaviour even whilst convicted he got into trouble for being aggressive towards his own partner which demonstrates the extent of which his aggressive behaviour is extreme as it may be interpreted that towards a partner their should be a higher level of respect + positive behaviour towards. Therefore, Humphrey could take a dopamine antagonist in order to reduce dopamine levels and consequently his aggression. A ~~weakness~~ strength of this drug as a means of treatment is that it is supported by studies. eg Wagner et al - who when injecting rats with amphetamines increased dopamine levels and led to rats acting aggressively. This illustrates that if dopamine is reduced through drugs such as dopamine it should reduce ~~beta~~ aggressive behaviour and Humphrey stay out of prison.

To conclude, drugs is a way to tackle both potential hormone and neurotransmitter irregularities in ~~out~~ Humphrey is an effective biological way to help reduce his behaviour. Pairing this treatment with other treatments e.g. therapies may increase its effectiveness ~~even more~~ to a higher extent.

ResultsPlus
Examiner Comments

This response is Level 4, 14 marks.

AO1: Level 4 - There is accurate and thorough knowledge about how different drugs work.

AO2: just Level 4 - There is sustained application, using relevant evidence from the context.

AO3: just Level 4 - There are well-developed logical arguments and an awareness of competing arguments with conclusions throughout, which are balanced.

This response reaches Level 4 overall.

It receives 14 marks due to the AO2 and AO3.

Question 10(a)

Candidates had to describe the results of van IJzendoorn and Kroonenberg (1988) and the vast majority of the answers did focus on the results, rather than other aspects of the study.

The best answers were able to gain both marks for an accurate description of the results. Some answers only gave one result and so limited the number of marks they could gain.

Some answers gave inaccurate details about the most common type of attachment in Germany and Japan.

10 In your studies of child psychology you will have learned about the classic study by van IJzendoorn and Kroonenberg (1988).

(a) Describe the results from van IJzendoorn and Kroonenberg (1988).

(2)

The results were that countries such as Japan displayed more type C and A attatchments whereas the westernised countries such as the USA had more type B attatchment styles.

ResultsPlus
Examiner Comments

This answer receives 0 marks because non-westernised countries also have mainly Type B.

The point about Japan is incorrect because the main type of attachment is still Type B.

10 In your studies of child psychology you will have learned about the classic study by van IJzendoorn and Kroonenberg (1988).

(a) Describe the results from van IJzendoorn and Kroonenberg (1988).

(2)

They found that type B (secure attachment) was the most common globaly, Excluding Japan (most common was Type A) and Germany (most common was type C).

ResultsPlus
Examiner Comments

This answer receives 1 mark for the most common type being Type B.

The part about Japan and Germany is not correct when looking at all the figures for those countries in the meta-analysis.

Type A is only the most common in one of the German studies used, and Type C is never the most common in the Japanese studies.

ResultsPlus
Examiner Tip

When describing results, ensure your answer is accurate and has the detail needed to gain the marks.

Question 10(b)

Candidates had to explain a strength and a weakness of van IJzendoorn and Kroonenberg (1988), with the most common strengths being the standardised procedure across the studies and large sample.

The most common weakness was about the sample used being mainly American studies. The best answers were able to identify both the strength and the weakness and then justify them. They included details of van IJzendoorn and Kroonenberg's study in their answer.

Other answers gained the identification marks but did not gain the justification marks because they did not explain how or why it was a strength or weakness. Often, they only used a term such as 'so the sample is generalisable' but they did not explain why having 32 studies from 8 countries made the sample generalisable.

The weakest answers gave points that could have applied to several studies, with no indication that they were writing about this study in particular, eg saying that it used several studies but giving no indication that this was not another meta-analysis.

(b) Explain **one** strength and **one** weakness of the study by van IJzendoorn and Kroonenberg (1988).

(4)

Strength

A strength is its generalisable, research for 8 countries with 1990 Strange situations procedures is an extremely large and diverse sample size that allows them to understand attachment at a borad a shared base, gathering conclusions on the attachment to aim for.

Weakness

A weakness is it was a meta-analysis which means it was secondary data. They cant be sure that the strange situation procedures were all done exactly the same and that there was no researcher bias. This reduces the reliability of the conclusions that they made about attachment types globally.

(Total for Question 10 = 6 marks)

ResultsPlus
Examiner Comments

This answer receives 2 marks.

Strength

One mark is given for identifying that it is generalisable because 1990 strange situation procedures over 8 countries is a diverse sample.

There is no justification of this point. Why is a diverse sample a strength?

Weakness

One mark is given for identifying that because it was secondary data we cannot be sure the strange situation was done in exactly the same way across all studies.

There is nothing for the justification because they need to say more than it affects reliability. There needs to be something about how/why.

ResultsPlus
Examiner Tip

Make sure strengths and weaknesses are fully explained, do not just write a term.

Strength

One strength of van IJzendoorn and Kroonberg's meta analysis is reliability this is because the study used 32 studies all using the Strange situation procedure which is a standardised procedure of 6 steps, ensuring all 1990 children were categorised using the same results format, this in turn leads to more credible results as the same parameters were in place

Weakness

One weakness of van IJzendoorn and Kroonberg's is ~~validity~~ ecological validity, this is because the meta analysis conducted on studies using the SSP places children within a environment unknown to them prior, this could've effected the children's stranger behaviour and reunion behaviour therefore creating innaccurate results.

(Total for Question 10 = 6 marks)

ResultsPlus
Examiner Comments

This answer receives 3 marks.

Strength

A mark is given for identifying that it is reliable because the 32 studies have a standardised procedure in the strange situation and how the children are categorised.

There is no further justification: how or why does this make it credible?

Weakness

Marks are given for:

- identifying that all 32 studies using the strange situation place children in an unfamiliar setting (1)
- the justification that this could have affected the children's stranger and reunion behaviour, so affecting the results (1).

Question 11(a)(i)-(a)(ii)

Those candidates who could follow the formula at the start of the exam paper were able to calculate the standard deviation correctly and gain all four marks.

Most candidates who made the correct calculations had read the instructions and gave their final answer to one decimal place, as requested.

Some candidates did not receive the final mark because they did not square-root their answer.

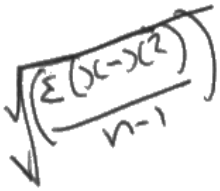
Q11(a)(ii) was generally not well-answered, with very few candidates understanding that a standard deviation is a measure of dispersion and shows the spread of data from the mean.

Many answers thought they told us which group cried more than the other, when this was not what it shows. Others thought it told us about the significance of the data.

11 Grace investigated the effects of short-term deprivation on children. She asked mothers to note down how many times a day their child cried when the mother left the room. The participants were split into two conditions:

- Condition A: The child had suffered short-term deprivation in the past month
- Condition B: The child had not suffered short-term deprivation in the past month.

The results for the children who had suffered from short-term deprivation are shown in **Table 3**.



Child	Number of times the child cried when the mother left the room
A	5
B	7
C	2
D	8
E	5

Table 3

(a) (i) Calculate the standard deviation for the number of times the child cried for those who had suffered from short-term deprivation using the data in **Table 3**. Show your working out and give your answer to **one** decimal place.

(4)

SPACE FOR CALCULATIONS

$5+7+2+8+5 = \frac{27}{5} = 5.4$

$5-5.4 = -0.4^2 = 0.16$
$7-5.4 = 1.6^2 = 2.56$
$2-5.4 = -3.4^2 = 11.56$
$8-5.4 = 2.6^2 = 6.76$
$5-5.4 = -0.4^2 = 0.16$

$\frac{21.2}{5-1} \rightarrow \frac{21.2}{4} = 5.3$

$\sqrt{5.3} = 2.3$

Standard deviation: 2.3

(ii) The standard deviation for the number of times the child cried when the mother left the room for those who had not suffered short-term deprivation was 2.1.

ST = 2.3
NST = 2.1

Using your answer from 11(a)(i), explain what the two standard deviations tell us about the data from Grace's investigation.

(2)

those who experienced short term deprivation cried more (2.3) than those who didn't experience short term deprivation (2.1)

Q11(a)(i) receives all 4 marks for the correct answer.

Q11(a)(ii) receives 0 marks because the standard deviations do not tell us who cried more, only which condition has more scores spread away from the mean.

Know what the standard deviation tells us about a given set of data.

11 Grace investigated the effects of short-term deprivation on children. She asked mothers to note down how many times a day their child cried when the mother left the room. The participants were split into two conditions:

- Condition A: The child had suffered short-term deprivation in the past month
- Condition B: The child had not suffered short-term deprivation in the past month.

The results for the children who had suffered from short-term deprivation are shown in **Table 3**.

Child	Number of times the child cried when the mother left the room
A	5
B	7
C	2
D	8
E	5

Table 3

(a) (i) Calculate the standard deviation for the number of times the child cried for those who had suffered from short-term deprivation using the data in **Table 3**. Show your working out and give your answer to **one** decimal place.

(4)

SPACE FOR CALCULATIONS

$\frac{5+7+2+8+5}{5} = 5.4$

$(5-5.4)^2 = 0.16$

$(7-5.4)^2 = 2.56$

$(2-5.4)^2 = 11.56$

$(8-5.4)^2 = 6.76$

$(5-5.4)^2 = 0.16$

$0.16 + 2.56 + 11.56 + 6.76 + 0.16 = 21.2$

$\sigma = \sqrt{\frac{\Sigma(x-\bar{x})^2}{n-1}}$

$= \sqrt{\frac{21.2}{5-1}}$

$= \sqrt{5.3}$

$\sigma = 2.3$

Standard deviation: 2.3

(ii) The standard deviation for the number of times the child cried when the mother left the room for those who had not suffered short-term deprivation was 2.1.

Using your answer from 11(a)(i), explain what the two standard deviations tell us about the data from Grace's investigation.

(2)

The standard deviations for both groups of children were quite small meaning that Graces data was fairly precise, but as the deviation for those who had experience short-term deprivation was 2.3 compared to 2.1 for those who had not had short term deprivation, this displays that slightly more children cried than the mean, so this data is less precise.

(Total for Question 11 = 6 marks)

ResultsPlus
Examiner Comments

Q11(a)(i) receives all 4 marks for the correct answer.

Q11(a)(ii) receives 2 marks because the standard deviations do tell us who cried more than the mean, and the two scores are compared for the second mark.

Question 12

The most common privation studies used were Genie and Koluchova, with some answers including Freud and Dann, and Hodges and Tizard.

The best answers were able to offer an accurate and thorough knowledge and understanding of research into privation. They were able to show knowledge and understanding of how the research was carried out and the results of the research.

The AO3 was well-developed and logical, with an awareness of the significance of competing arguments. The most common AO3 points involved issues with the samples used, how the research can be used to rehabilitate other children that are privated, and the ethics of the studies.

Weaker answers had limited knowledge and understanding, often only focussing on the studies before the children were found, with AO3 points that showed no development.

AO1, AO3 judgements

12 Assess the usefulness of research into privation.

(Genie – 1977 cwta (8)

Privation is the absence of an Rutter emotional bond between a primary caregiver & child due to extreme neglect or being in an institution. Genie (case study by Curtiss (1977) was discovered at 13 and was privated until then, as she was left alone in a room with a potty & cotton reels. She was beaten by her father for vocalising and her mother was partially blind. She would urinate frequently & mouth awkwardly but made some progress as she was able to make a few speech utterances and urinate independently but her grammar never increased above a toddlers. She was also diagnosed as retarted at birth. (Curtiss used triangulation, as she used self report, observations & EEG scans of Genie which increases reliability of findings about effective effects of privation as consistent findings indicate good agreement, this and gave a deeper insight into the how privation impacts someone. However, since Curtiss didn't study Genie before she was discovered she had to rely on retrospective data, e.g. her mother claimed she had a loving relationship with Genie (which she can't test if it's true or not as she didn't study Genie before 13 & we don't know whether physical underdevelopment effects due to Genie were due to deprivation (loss of or emotional bond) or privation

of privation. Moreover, researchers ~~were~~ weren't able to check all ~~more~~ those that she was retested, which decreases validity of findings on effects of privation.

Rutter's ERA study included 165 Romanian orphans in one intervention, who were split into 2 groups if adopted before 6 months and adopted after 6 months. He compared them to 52 adoptees (control) British. ~~to~~ He found that those adopted before 6 months caught up to control in terms of head, height circumference, social and cognitive development. Adoptees after 6 months showed disinhibited attachment and ~~two~~ psychological problems which continued until adolescence. Rutter used a large sample so findings about effects of privation can be generalised to wider population, and comparisons were made to control as well as a follow up in early adulthood to assess long-term effects of privation, which means we can make confident conclusions about findings on privation. However, half of the Romanian adoptees adopted after 6 months showed high resilience even in adolescence suggesting that there must be another factor affecting development than privation. For example, some children or particular could've received more attention as they emitted more social cleavage to form early attachments, decreasing vulnerability to ~~effects~~ negative effects of privation and ignore other factors. **(Total for Question 12 = 8 marks)**

ResultsPlus
Examiner Comments

AO1: Level 3 - There is accurate knowledge and understanding of the two pieces of research into privation.

AO3: Level 4 - There are well-developed logical chains of reasoning that show awareness of competing arguments with judgements throughout.

The balance between the AO1 and the AO3 puts this answer at the bottom of Level 4.

Total: 7 marks

Question 13

This essay addressed all of the AOs.

The most common treatments were Applied Behaviour Analysis (ABA), Picture Exchange Communication System (PECS) and Early and Intensive Behavioural Intervention (EIBI).

The best answers were able to offer accurate and thorough knowledge and understanding of their chosen treatment. There were well-developed logical evaluative points, and candidates used details from the context throughout their answer.

Weaker answers showed limited knowledge and understanding, sometimes focussing on one limited aspect of the treatment.

The AO2 in weaker answers often only used the name Humphrey and did not use any of the other details from the context given at the start of the question.

The AO3 was often not developed.

13 Humphrey has been diagnosed with autism. He does not have many friends. His peers at school say that he does not interact with them. Humphrey's teachers have noted that he often takes what they say literally and they have to be careful about how they talk to him.

Humphrey has a set routine at weekends and gets upset if his parents change the routine. He gets very anxious in new situations such as meeting his grandparent who he has not seen in over a year. Humphrey is very interested in dinosaurs and can recall a lot of information about them.

It has been decided that Humphrey should have therapy to help him and to reduce his anxiety.

Evaluate **one** therapy that could be used with Humphrey.

You must make reference to the context in your answer.

(16)

ABA therapy

ABA therapy is a process that takes the child and the parents opinions about issues the child is having and work togther with the therapist to ~~to~~ help them. Firstly ~~the family~~ Humphrey and his parents will sit down with a therapist and discuss which behaviour would be the best to treat. For example once they have decided they want Humphrey to focus on talking & communicating with people, Humphrey may use pictures or point to the word 'friends' on a word mat if he is non verbal, the therapy can begin. Its suggested the therapy needs to be for abs between 25-40 hours a week to be most effective. This means Humphrey would likley meet with the therapist every day or for both days on the weekend which would become an set routine for Humphrey helping him focus on improving communication.

to the meetings with the therapist Humphrey would practice small behaviours such as making eye contact with the person speaking. Explaining that is what he 'should' do when his teacher is speaking or to promote other peers at school talking to him. This plan is discussed with the parents, grandparents if they see Humphrey a lot, teachers and other adults he regularly interacts with. By having all of the adults ~~on the same~~ understanding Humphreys goal and him knowing what he needs to do the sessions should begin to improve the likelyhood of him holding eye contact for longer and eventually being able to interact with family and peers at school more.

A strength of ABA therapy for A Humphreys is that by focussing on small behaviours at a time to ~~increase~~ he slowly increase his ability to talk with peers and teachers he will be able to build understanding relationships with each that may reduce his anxiety. ABA therapy should help him be more approachable by other kids leading to friendships and being able to speak about dinosaurs or other topics.

However a weakness of ABA therapy is that it promotes the idea that autism should be 'fixed'.

By changing his behaviour so he can fit in more and seem polite to other people it negates the idea that autism isn't a bad thing. By influencing his behaviour Humphrey may feel different or not good enough compared to other children.

However a strength of ABA therapy is that by including the family and teacher on what behaviours need to be looked at it means treatment is more likely to be consistent between home and school. Consistency means a routine for Humphrey to follow and an understanding of what people want him to do. This is often less confusing than CBT therapy where at school he is able to leave an environment but in public he might have to stay still, for example on a road.

But a final weakness is that the time period for helping any behaviours is long and often strenuous. 25-40 hours a week of therapy on top of going to school for many put stress on Humphrey and his parents preventing them from doing other activities. Also when Humphrey first begins the therapy it will be a massive change to his schedual and will effect his routine causing increased anxiety to begin with possibly effecting the therapy all together.

ResultsPlus
Examiner Comments

AO1: Level 3 - There is accurate knowledge and understanding but it is not thorough.

AO2: just Level 3 - There is application throughout but it is weaker with the AO3 points.

AO3: Level 4 - There is a well-developed, logical evaluation with an awareness of competing arguments and conclusions throughout.

Overall, this response reaches the top of Level 3.

Total: 12 marks

Question 14(a)

Candidates had to describe the results of Olds and Milner (1954) and the vast majority of the answers did focus on the results, rather than other aspects of the study.

The best answers were able to gain both marks for an accurate description of the results.

Some answers gave only one result and so limited the amount of marks they could gain. Some answers gave inaccurate details about the areas of the brain that were stimulated the most.

14 In your studies of health psychology you will have learned about the classic study by Olds and Milner (1954).

(a) Describe the results from Olds and Milner (1954).

(2)

Three areas of the brain were found to be involved in rewarding the rats behaviour when stimulated

ResultsPlus
Examiner Comments

This receives 0 marks because it does not give enough detail. What three areas of the brain do they mean?

ResultsPlus
Examiner Tip

When describing results ensure your answer is accurate and has the detail needed to gain the marks.

14 In your studies of health psychology you will have learned about the classic study by Olds and Milner (1954).

(a) Describe the results from Olds and Milner (1954).

(2)

Olds + Milner found that the activity of pleasure was most prevalent in the central area of the brain, where the rats spent 90% of the time, on average, pressing the lever during the acquisition period.

ResultsPlus
Examiner Comments

This response receives 1 mark for noting that the activity of pleasure was most prevalent in the septal area.

Nothing is given for the 90% because this is incorrect; the scores were 75, 92, 85 and 88.

ResultsPlus
Examiner Tip

Make sure any description of results is accurate.

Question 14(b)

Candidates had to explain a strength and a weakness of Olds and Milner (1954), with the most common strengths being the standardised procedure and the ethics. The most common weakness was about the ability to generalise the results to humans.

The best answers were able to identify both the strength and the weakness and then justify them, and include details of Olds and Milner's study in their answer.

Other answers gained the identification marks but did not gain the justification marks because they did not explain how or why it was a strength or weakness. They often only used a term such as 'so the sample is not generalisable' but they did not explain why using rats made the sample not generalisable.

The weakest answers gave points that could have applied to several studies, with no indication that they were writing about this study in particular. For example, they said that the results from animal studies cannot be used to explain human behaviour but giving no indication that they were writing about this study.

(b) Explain **one** strength and **one** weakness of the study by Olds and Milner (1954).

(4)

Strength

A ~~weak~~ strength of the study was they only used 15 rats, using as little amount of animals as possible. This is a strength as it complies with the ethical guidelines set saying researchers should use as few animals as possible, making the study ethical.

Weakness

One weakness of the study was that they only used 15 male rats. This is a weakness as they only had on average 1 rat for each area of the brain they were looking at. this is a weakness because you can't be sure all rats would have the same reaction to that specific area of the brain being stimulated, lowering generalisability

ResultsPlus
Examiner Comments

Strength

Marks are given for:

- identifying that it only used 15 rats, which is a small number (1)
- the justification that this is ethical because the guidelines say use as few animals as possible (1).

Weakness

Marks are given for:

- identifying that they only used 15 rats, which lowers generalisability, from the beginning and the end of the answer (1)
- the justification that this is because they had on average 1 rat per brain area, so other rats may not have reacted the same way (1).

Total: 4 marks

(b) Explain **one** strength and **one** weakness of the study by Olds and Milner (1954).

(4)

Strength

One strength is that many brain parts were tested such as the hypothalamus and septal areas, some brain areas were also tested more than once which is a strength as it increases the reliability of the results and proves the findings.

Weakness

One weakness of Olds and Milner is that all the rats were killed at the end of the study in order to dissect and examine their brains. This is a weakness as it is a major concern to modern day animal ethics. Furthermore rats are not as generalisable to humans as they have different brain structures

(Total for Question 14 = 6 marks)

ResultsPlus
Examiner Comments

This answer receives 1 mark.

Strength

A mark is given for:

- identifying that some brain areas were tested more than once, which increases the reliability of the results (1).

There is no further justification. How or why does this increase reliability?

Nothing is given for the weakness, because ethically, rats can be killed for research, as long as it is in a humane manner, so this is incorrect.

ResultsPlus
Examiner Tip

Make sure strengths and weaknesses are fully explained, do not just write a term.

Question 15(a)(i)-(a)(ii)

Q15(a)(i)

Those candidates who could follow the formula at the start of the examination paper were able to calculate the standard deviation correctly and gain all four marks. Most who reached the correct calculations had read the instructions and gave their final answer to one decimal place, as requested.

Some candidates did not receive the final mark because they did not square-root their answer.

Q15(a)(ii)

This section was generally not well-answered, with very few candidates understanding that the standard deviation is a measure of dispersion and shows the spread of data from the mean.

Many answers suggested the data indicated which group slurred more words than the other, when this is not what it shows. Others thought it told us about the significance of the data.

15 Grace investigated the effect of alcohol on speech. The participants were split into two conditions:

- Condition A: The participants drank 3 pints of beer
- Condition B: The participants drank no beer.

Grace then asked her participants to read a page of a book out loud. She recorded the number of times each participant slurred a word.

The results for the participants who drank 3 pints of beer are shown in **Table 4**.

Participant	Number of words slurred whilst reading out loud
A	5
B	7
C	2
D	8
E	5

Table 4

(a) (i) Calculate the standard deviation for the number of words slurred by the participants who drank 3 pints of beer using the data in **Table 4**. Show your working out and give your answer to **one** decimal place.

(4)

SPACE FOR CALCULATIONS

$\frac{27}{5} = 5.4 = \text{mean}$

$\sqrt{\frac{\Sigma(x-\bar{x})^2}{n-1}}$

$5 - 5.4 = -0.4^2 = 0.16$
$7 - 5.4 = 1.6^2 = 2.56$
$2 - 5.4 = -3.4^2 = 11.56$
$8 - 5.4 = 2.6^2 = 6.76$
$5 - 5.4 = -0.4^2 = 0.16$

$\frac{21.2}{4}$ $\qquad$ 21.2

$= \sqrt{5.3} = 2.3$

Standard deviation: 2.3

(ii) The standard deviation for the number of slurred words from the participants who drank no beer was 2.1.

Using your answer from 15(a)(i), explain what the two standard deviations tell us about the data from Grace's investigation.

(2)

The standard deviation of 2.3 shows that the participants who had 3 pints of beer slurred more numbers of words than participants who had no beer.

ResultsPlus
Examiner Comments

Q15(a)(i) receives all 4 marks. Q15(a)(ii) receives 0 marks because the standard deviation does not tell us who slurred more words, but how spread out the scores were, from the mean.

ResultsPlus
Examiner Tip

Know what the standard deviation tells us about a given set of data.

15 Grace investigated the effect of alcohol on speech. The participants were split into two conditions:

- Condition A: The participants drank 3 pints of beer
- Condition B: The participants drank no beer.

Grace then asked her participants to read a page of a book out loud. She recorded the number of times each participant slurred a word.

The results for the participants who drank 3 pints of beer are shown in **Table 4**.

Participant	Number of words slurred whilst reading out loud
A	5
B	7
C	2
D	8
E	5

Table 4

$\bar{x} = 5.4$

$5 - 5.4 = -0.4 \quad 0.16$

$7 - 5.4 = 1.6 \quad 2.56$

$2 - 5.4 = -3.4 \quad 11.56$

$8 - 5.4 = 2.6 \quad 6.76$

$5 - 5.4 = -0.4 \quad 0.16$

$\Sigma = 21.2$

(a) (i) Calculate the standard deviation for the number of words slurred by the participants who drank 3 pints of beer using the data in **Table 4**. Show your working out and give your answer to **one** decimal place.

(4)

SPACE FOR CALCULATIONS

$$\sqrt{\frac{\Sigma(x-\bar{x})^2}{n-1}} \qquad \sqrt{\frac{21.2}{5-1}} \qquad \sqrt{\frac{21.2}{4}} = \sqrt{5.3}$$

$$= 2.30217$$

Standard deviation: 2.3

(ii) The standard deviation for the number of slurred words from the participants who drank no beer was 2.1.

Using your answer from 15(a)(i), explain what the two standard deviations tell us about the data from Grace's investigation.

(2)

The standard deviation of ~~at~~ participants slurred words from who ~~never~~ drank no ~~beer~~ beer (2.1) was slightly smaller than ~~those~~ who drank 3 pints (2.3) therefore the results are both similarly consistent and the number of slurred words that deviate is similar in both conditions

ResultsPlus
Examiner Comments

15(a)(i) receives all 4 marks.

15(a)(ii) receives 2 marks, for:

- identifying that the results are similarly consistent for both groups (1)
- the justification using both standard deviations (1).

Total: 6 marks

Question 16

The most common explanation was the neurotransmitter explanation of heroin addiction, although several answers were about the genetics of heroin addiction.

The best answers were able to offer an accurate and thorough knowledge and understanding of a biological theory and how it causes heroin addiction. They were able to show knowledge and understanding of the role of a variety of neurotransmitters or genes.

The AO3 was well-developed and logical, with an awareness of the significance of competing arguments. The most common AO3 points involved research that supported, and did not support, the explanation, as well as alternative explanations of heroin addiction.

Weaker answers had limited knowledge and understanding, often just naming neurotransmitters, with AO3 points that showed no development.

16 Assess the effectiveness of **one** biological explanation to account for heroin addiction.

(8)

AO1: opoid agonist: similar, cov to morph
AO1: mu = ↓ GABA = dop
AO1: opoid = painkiller + high
AO1: ~~methadone~~ inc dop VTA → NA
AO3: Diana Martinez D2 & 3
AO3: O & M = ↑ dopt: animal → euphoria
AO3: Methadone ↑ dopt: patch
AO3: X not all who try + proximity

Heroine is an opoid agonist. This converted in the brain to morphine hence binds to our natural opoid receptors (Alpha, beta & mu). This allows it to have the effect our own opoids have: painkilling, a pleasurable sensation. Moreover, when heroin binds to mu receptors (which it binds most strongly to) it causes decrease in GABA levels in the mesolimbic pathway, meaning GABA can't break dopamine levels in it anymore, resulting in increased levels in the mesolimbic pathway (aka reward pathway) so from VTA → NA causing euphoria (a 'high') - also a pleasurable sensation.

A strength of the biochemical explanation to heroin addiction is Diana Martinez found changes in D2 & D3 dopamine receptor activity after Heroin intake. This proves that Heroin does in fact increase dopamine levels in brain (causes more of them to bind to receptors in reward pathways) Hence causing euphoria.

Olds & Milner found that electrical stimulation of reward pathway in rats was pleasurable & reinforcing, causing the rats to be 'addicted' to pressing the lever to get the ESSB (one rat pressed it 1250 in one hour). This explains why heroin addicts seek heroin repeatedly - since it increases dopamine in reward pathway it's pleasurable hence addictive. However, competing argument is since Olds & Milner used animals his results may be ungeneralisable to humans, so may not explain heroin addiction in them as they're more complex & have higher cognition & self assertiveness.

Moreover, biochemical explanation only explains the proximate, not ultimate cause of heroin addiction - ie it doesn't explain why addicts first heroin for the 1st time, which may be explained better by social learning theory (they saw someone do it so they imitated), so it's a reductionist explanation.

However, a strength is it allowed the development of heroin addiction drugs to help addicts abstain, such as methadone (an opioid agonist) which can be eventually decreased in dose to help addicts abstain, so the biochemical explanation is applicable. To conclude the biochemical explanation for heroin addiction is very applicable & valid, however may overlook environmental factors.

(Total for Question 16 = 8 marks)

ResultsPlus
Examiner Comments

AO1: Level 3 - It is accurate but not thorough.

AO3: Level 4 - It has well-developed, logical assessment, with an awareness of the significance of competing arguments and judgements throughout.

The balance between the AO1 and AO3 puts this answer at the bottom of Level 4.

Total: 7 marks

Question 17

This essay assessed all of the AOs.

The best answers were able to offer accurate and thorough knowledge and understanding of systematic desensitisation. There were well-developed logical evaluative points, and candidates used details from the context throughout their answer.

Weaker answers showed limited knowledge and understanding, sometimes focussing on causes of alcohol addiction. Some answers wrote about a different treatment rather than systematic desensitisation. The AO2 in weaker answers often used only the name Humphrey and did not use any of the other details from the context given at the start of the question.

17 Humphrey is addicted to alcohol. He drinks a can of beer as soon as he wakes up and then continues drinking throughout the day, often progressing to stronger alcohol such as bottles of vodka. His friends no longer go out with him or visit him at home due to his alcohol addiction.

Humphrey has lost his job due to being unable to carry out his work effectively because he was drunk. He was recently admitted to hospital as he was found unconscious after drinking. Whilst in hospital, Humphrey suffered withdrawal symptoms because he could not get any alcohol.

Humphrey has decided he wants to address his alcohol addiction and has admitted himself into a clinic which uses aversion therapy.

Evaluate aversion therapy as it could be used with Humphrey.

You must make reference to the context in your answer.

(16)

Aversion therapy is based upon the principles of classical conditioning to remove an undesired behaviour such as alcohol addiction. This is done in a supervised, clinical setting. Disulfiram is administered before the patient takes a sip of alcohol. The patient has to undergo detoxification first for 2 weeks before the therapy. Humphrey is addicted to alcohol & drinks a can of beer as soon as he wakes up & continues drinking throughout the day. Aversion therapy will help him start associating alcohol with nausea so he won't want to drink it. Humphrey was admitted to hospital for being unconscious from drinking & has suffered from withdrawal symptoms meaning he has already detoxed from alcohol & can start aversion therapy. One strength of aversion therapy is supporting evidence from Fawley & Smith who found that aversion therapy is effective for alcoholics in the long term as some abstained for 6 months. This is a strength as it proves aversion therapy is effective

in the long term not just the short term & Humphreys may be able to treat his alcoholism for good. However, a weakness is refuting evidence from Smith who carried out a meta analysis on psychotherapy & found that it was very effective. This is a weakness as psychotherapy may be a better option for treating alcoholics. Furthermore, it helps solve the root cause of alcoholism. ~~Humphreys~~ This may be more effective for Humphreys as he may have had a negative childhood which contributed to his alcoholism.

The disulfiram produces extreme hangover symptoms such as nausea & vomiting. This aims to make the patient associate alcohol with the nauseous response & not want to do it anymore. Disulfiram has no tolerance & the longer it is taken, the stronger its effects. These symptoms can last from minutes to hours. Humphreys has lost his job due to being drunk, aversion therapy can help him stop relying on alcohol & so it doesn't interfere with his daily life such as work. His friends also no longer go out with him or visit him, further showing that alcohol is interfering with his daily life as he can't keep relationships so aversion therapy can help him. One strength of aversion therapy is that it may be paired with counselling which adopts a holistic approach & ~~also~~ deals with physical & psychological symptoms. This is a strength as both factors being treated ~~is more~~ means the therapy is likely to be more effective so patients abstain for longer

& therefore Humphreys can talk about his issues with work & friends. However, one weakness is that aversion therapy produces side effects such as nausea & vomiting. This is a weakness as people such as Humphrey are more likely to drop out & not complete the therapy. ~~Humphreys may drop out due to the side~~

Overall, one strength of aversion therapy is that it is quicker to treat alcoholism than other therapies such as psychotherapy. This is a strength as patients ~~can get~~ will favour this method for being quicker to treat alcoholics & more cost effective. However, one weakness is that ~~this~~ aversion therapy may be criticised for having high social control as the therapist may abuse their power over the patient & force them to comply. This is a weakness as aversion therapy has may be less ethical.

AO1: Level 3 - It is accurate but not thorough.

AO2: Level 4 - Lines of argument are sustained and supported by the application of relevant evidence from the context.

AO3: Level 3 - The arguments are developed, although there is some confusion in the part about psychotherapy.

Overall, this response is placed in Level 3 due to the AO2.

Total: 12 marks

Paper Summary

Based upon their performance in this paper, candidates are offered the following advice:

- When asked an 8-mark extended response essay that 'discusses', remember that there is no need to include AO3
- When asked to 'explain' an improvement, do not write about a weakness of the study. Focus on an improvement and how/why it would improve the study
- When asked to explain a strength or a weakness, ensure the strength/weakness is fully justified to gain the AO3 mark
- For extended response questions that include AO3, ensure the AO3 points are fully developed, to gain the higher levels
- Know what standard deviations tell us about given data.

Grade boundaries

Grade boundaries for this, and all other papers, can be found on the website on this link: https://qualifications.pearson.com/en/support/support-topics/results-certification/grade-boundaries.html

Pearson Education Limited. Registered company number 872828
with its registered office at 80 Strand, London WC2R 0RL.