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June 2025

Int Advanced Level Psychology WPS04 01

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June 2025

Publications Code WPS04_01_2506_ER

Introduction

The summer 2025 series provided some excellent work. Across the paper, candidate responses showed good understanding of theoretical concepts and key studies.

In terms of Section A, responses showed good knowledge and understanding of their contemporary study, with many candidates able to suggest strengths of that study successfully, enabling them to achieve the majority, if not all, of the marks.

Knowledge of the clinical practical investigation was, in the main, good. However, there was some confusion about the type of practical conducted, with some candidate responses suggesting the collection of primary data, which was not creditworthy. Candidate responses also tended to lack the detail needed to achieve all of the marks. An increased focus on how to write procedures for the practical investigation would be advisable.

The 4-mark strengths and weakness questions still pose a challenge to candidates. In the 2506 series one question was focussed on drug therapy as a treatment for schizophrenia. Most candidate responses showed good knowledge of drug therapy as a treatment and some thoughtful responses were seen.

The major issue that stopped candidate responses achieving the marks their knowledge deserved was the lack of application to the scenario. Candidate responses would often only repeat the words 'drug therapy' or 'schizophrenia' and not provide any further link to the scenario itself.

Generic responses for this type of question will achieve no marks and this was seen frequently. For future series, it is important that candidates are reminded that if a scenario is given prior to a question they need to use the scenario within their response, in order to achieve marks.

Some minor difficulties tend to remain with the long-answer questions, although some improvement in performance was seen. Some candidates still find it difficult to justify their arguments. However, there was a number of responses that did so, and this was reflected in candidates achieving the higher-level mark bands.

The extended open-response question that saw the strongest performance was that which asked candidates to show their knowledge of the neurotransmitter explanation for schizophrenia, worth 16 marks. Many candidate responses showed accurate and thorough knowledge of the explanation, and some were able to produce some thoughtful evaluation, Assessment Objective (AO) 3 points.

Where candidate responses were limited to the lower mark bands this was usually due to evaluation points that were not developed enough to access the higher bands.

The 20-mark question on nature/nurture did highlight some difficulties, with many candidate responses using a significant number of studies but then not really relating them back to the question. For example, candidate responses would give a detailed account of a study and then only state at the end that this shows nature is more important than nurture. These would gain very little AO3 credit for this type of question, where an explanation why this shows one side is more important than the other, is needed.

The 8-mark key question caused some issues, with candidates finding it difficult to understand the demands of the question and what was needed to achieve the AO1 and AO2 marks. Application for AO2 responses was not always evident in responses, and it remains an area that is difficult for candidates. Where generic responses were given, candidates did not achieve highly.

It is recommended that candidates practise application to stimulus material. They need to demonstrate their ability to draw on their understanding of content and show how this would apply in each context.

Overall, candidates performed to a good standard, and should be commended for the hard work undertaken to achieve the results detailed above.

Question 1(a)

This question required candidates to describe the procedure they used in their clinical psychology practical investigation.

This question comprised 4xAO2 marks, therefore reference to the focus of the practical (mental health) or the methodology of the investigation (content analysis) needed to be present in all points, to achieve marks.

When describing their practical candidates responses could gain credit for the following:

- coding ie key words such as depression/mental health etc
- gathering of articles through databases (where from etc)
- choosing most appropriate, such as type/number
- looking through and writing down how many times key words occur
- comparison of data gained
- multiple counters to ensure that there is consistency

Candidate performance on this question was mixed. Although many candidate responses provided detailed descriptions of their practical, many were partially or even fully generic and therefore were unable to achieve the marks.

In addition, some candidate responses suggested that they collected primary data. This was not creditworthy because it did not relate to the clinical practical.

1 In your studies of clinical psychology, you will have conducted a practical investigation.

(a) Describe the procedure you used in your clinical psychology practical investigation.

(4)

As a group we came up with a topic and main keywords we would focus on. As a group we discussed the different media types to analyse, such as news articles and social media pages. Each group member received a designated media and would collect the number of keywords from 5-8 resources. As a group we would ~~proof-read~~ analyse the made observations and create a tally chart for keywords depending on the media type

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Examiner Comments

This response achieves 0 marks.

This is an example of a generic response.

Even though there is content that would be relevant to a content analysis, there is no reference to mental health and so it cannot receive any marks.

Candidates need to ensure that they link each point to the topic of their practical, when describing the procedure of their practical investigation.

1 In your studies of clinical psychology, you will have conducted a practical investigation.

(a) Describe the procedure you used in your clinical psychology practical investigation.

(4)

Firstly, I used online search engines to select media sources & for investigating the how the media portrays depression. I selected two type of sources through typing the key words such as "depression" and "antidepressants". Then I used the Guardian news article and the BBC radio to analyse the clients involved using content analysis. Next, I pre-coded the ~~for~~ themes into "treatment", ~~"stigma"~~ "Stigma" and "personal experiences". Also, I ~~quantified~~ the clients into quantitative data for further comparison.

ResultsPlus
Examiner Comments

This response achieves 3 marks, for:

- using a search engine to find media sources about depression (1)
- key words such as attitudes and depression (1)
- precoding into treatment, stigma and personal experiences (1)

Total: 3 marks

Question 1(b)

This two-mark question required candidates to describe the results of their clinical practical investigation.

This question comprised 2xAO2 marks, which meant a link was needed for each point made.

Candidate responses for this question were pleasing, with many giving sufficient linked detail to achieve the two marks available.

Where candidate responses did not achieve the two marks, it was usually due to a lack of two distinct elements about the results, within their response.

If a candidate response says that: "there were more negative words about mental health used in the rap songs than in the pop songs" then they could achieve one mark.

If the response then went on to suggest the type of negative words that were more prevalent, they could receive the second mark.

(b) Describe the results of your clinical psychology practical investigation.

(2)

We found that participants attitude towards mental health improved over time. More specifically we found that people would visit psychologists for mental health related issues 9% more often than in the year 5 years before while also reporting a higher level of positive experiences from such visits.

(Total for Question 1 = 6 marks)

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Examiner Comments

This response achieves 0 marks.

This is an AO2 question therefore points need to be linked to the scenario.

Unfortunately, this response has no indicator that it is a content analysis. Indeed, the use of the word 'participants' suggests that this is primary data collection ie an interview, therefore it cannot receive any marks.

(b) Describe the results of your clinical psychology practical investigation.

(2)

The Pop song had less amounts of references to depressive attitudes yet the references were more symbolic an less explicit compared to the rap song which had higher references to lack of self-worth and Suicidal thoughts.

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Examiner Comments

This response receives 2 marks.

Marks are given for:

- pop song having fewer references but more symbolic/less explicit references than the rap song (1xAO2)
- extension that rap songs had higher reference to self-worth and suicide (1xAO2)

Note that candidates did not have to have numerical data for 2 marks (although this often makes it easier to receive 2 marks if they do).

This response has two very distinct elements to their description of results.

Question 2(a)

This two-mark question asked candidates to explain why culture may have an influence on the diagnosis of mental health disorders. This question comprised 1xAO1 and 1xAO3 mark.

To achieve the two marks candidate responses needed to:

- identify a reason (AO1)
- justify/exemplify this reason (AO3)

Candidate responses for this question were mixed, with some tending to focus on mental health in general, rather than diagnosis. This limited the marks the response could achieve.

Common creditworthy reasons (AO1) included:

- behaviours some cultures see as normal would not seem normal in others, therefore will affect whether or not a person would go to see a doctor
- doctors will see a person's symptoms based upon their own cultural norms/ethnocentric bias

The AO3 mark could be achieved through an elaboration of their reasons above, or through the use of studies (which was more common), eg:

- hearing voices, which in some cultures is seen as spiritual and others as a symptom of schizophrenia
- studies such as Cooper, which looks at bias, or studies that show a higher prevalence of a disorder in some cultures than others

As stated above, the most common error was not actually linking the response to diagnosis.

Candidates need to make sure their responses not only describe a reason but ensure they can justify that reason through the use of evidence or elaboration.

2 In your studies of clinical psychology, you will have learned about cultural issues in the diagnosis of mental health disorders.

(a) Explain **one** reason why culture may have an influence on the diagnosis of mental health disorders.

(2)

Culture may have an issue in diagnosis as different cultures view certain behaviour differently due to their cultural norms. This is highlighted by Plains Indians who claim to hear the voices of their dead relatives in their heads, and it is even considered to be a spiritual blessing. However, if someone claimed this in other cultures like North America they would probably get diagnosed with schizophrenia.

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This response achieves 2 marks for the:

- reason ie that different cultural norms have different expectations, leading to variations in diagnosis in different countries (1xAO1)
- justification through an example ie the plains Indians hear voices, which is seen as spiritual, but in America they would be diagnosed (1xAO3)

2 In your studies of clinical psychology, you will have learned about cultural issues in the diagnosis of mental health disorders.

(a) Explain **one** reason why culture may have an influence on the diagnosis of mental health disorders.

(2)

Some behaviours might be normal in one culture but abnormal in another culture. Clinician may be culturally biased when diagnosing a patient. They may see the patient's behaviour as abnormal when it's considered normal in the patient's culture.

This response receives 1 mark.

1xAO1 mark for the idea that clinicians may have cultural bias when diagnosing a patient, due to cultural norms

There is no justification/elaboration in this response therefore no AO3 mark can be given.

Question 2(b)

This 2-mark question required candidates to explain one reason why culture may not have an influence on the diagnosis of mental health disorders. This question comprised 1xAO1 and 1xAO3 mark.

Candidate responses showed the full range of marks for this question, with many finding this a more straightforward question to answer than Question (Q) 02(a).

Most candidate responses focussed on the use of diagnostic tools such the Diagnostic and Statistical Manual of Mental Disorders (DSM)/International Classification of Diseases (ICD), with stronger responses linking this to the idea that newer versions are more culturally sensitive.

Where candidate responses did not achieve the two marks, it was primarily due either to a lack of detail about their reason, or not using evidence to support their reason.

(b) Explain **one** reason why culture may not have an influence on the diagnosis of mental health disorders.

(2)

A neurological reason to a mental health disorder can impact a person significantly regardless of their culture. Such as high levels of dopamine causing hallucinations or other positive symptoms in a patient, explaining why ~~~~ culture does not influence in the diagnosis.

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Examiner Comments

This response achieves 0 marks.

There is no rewardable material because the reason behind a disorder does not answer the question.

(b) Explain **one** reason why culture may not have an influence on the diagnosis of mental health disorders.

(2)

Culture may not have an influence on diagnosis due to standardised and universal diagnostic tools. Lee (2006) found that the DSM was just as affective in diagnosing Koreans with ADHD as it is effective in diagnosis in America, and other most populations, showing that there are no cultural influence, due to the use of universally used diagnostic tools.

(Total for Question 2 = 4 marks)

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Examiner Comments

This response achieves 2 marks for the:

- reason ie the use of standardised and universal diagnostic tools (1xAO2)
- justification through evidence ie Lee, which is accurate (1xAO3)

Question 3(a)

This 4-mark question required candidates to describe the procedure for their chosen contemporary study. This question comprised 4xAO1 marks.

A full range of marks was seen for this question, with some contemporary studies performing more strongly than others.

- Where candidate responses described Ma, Quan and Lui they achieved the majority of the marks available. The responses showed excellent knowledge about the sample numbers, the distribution of questionnaires, and the tracking of IP addresses
- Hans and Hiller was the most common contemporary study seen, although responses gave slightly less detail than Ma, Quan and Lui. Some candidate responses were confused regarding whether Randomised Control Trials (RCT)s were used or not, so would often achieve marks for the number of articles and the coding protocols only. Meaning 2 was the most common mark
- Responses that described Becker et al generally did not achieve many of the marks available. Candidate responses would be confused about numbers in each sample, and other procedure points, and therefore often only achieved one mark for the use of the Eating Attitudes Test 26 (EAT-26) questionnaire
- Reichel et al was not seen frequently and was the least common of all the contemporary studies

Candidates need to ensure that their response is specific to the study they are describing. Vague and generic procedural points will not achieve marks.

3 In your studies of unipolar depression **or** anorexia nervosa, you will have learned about one of the following contemporary studies in detail:

- Hans and Hiller (2013)
- Ma, Quan and Liu (2014)
- Becker et al. (2002)
- Reichel et al. (2014)

(a) Describe the procedure for your chosen contemporary study.

(4)

Chosen contemporary study

Hans and Hiller (2013)

Hans and Hiller (2013) conducted a meta analysis study on whether symptoms are similar between [redacted] patients. A mental analysis is collecting multiple types of data and evaluating an average out of your analysis findings. They used multiple websites to gather information from different resources from around the world.

ResultsPlus
Examiner Comments

This response achieves 0 marks.

There are no specific details about the study in this response so it cannot achieve any marks.

3 In your studies of unipolar depression **or** anorexia nervosa, you will have learned about one of the following contemporary studies in detail:

- Hans and Hiller (2013)
- Ma, Quan and Liu (2014)
- Becker et al. (2002)
- Reichel et al. (2014)

(a) Describe the procedure for your chosen contemporary study.

(4)

Chosen contemporary study

Ma, Quan and Liu (2014)

The study included a sample of 538 university students in China, with a mean age of 19.4 years.

Each student completed 3 scales: Core Self-Evaluation Scale, Multidimensional Scale of Perceived social support, Zung Self-Rated Depression Scale.

The scales gave information about the participants' self-evaluation, social support level and depression.

Statistical calculations were performed on the data to see if there were relationships between the 3.

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Examiner Comments

This response achieves 2 marks, for the:

- correct sample size (538) (1)
- scales named correctly (1)

There were no further marks for the extra information about what the questionnaires measured because that is the same as the names given earlier.

3 In your studies of unipolar depression **or** anorexia nervosa, you will have learned about one of the following contemporary studies in detail:

- Hans and Hiller (2013)
- Ma, Quan and Liu (2014)
- Becker et al. (2002)
- Reichel et al. (2014)

(a) Describe the procedure for your chosen contemporary study.

(4)

Chosen contemporary study

Ma, Quan and Liu, (2014)

① They used pre-existing scales such as core self evaluation scale (CSES) to measure the participants. ② They gained informed consent before participants taking part in the online questionnaire survey. ③ They used volunteer sample of 538 university students (281 women + 257 men) online by forums using hyperlink distribution. ④ There was no time limited to complete the questionnaire, but the IP address was checked to ensure every participant only compete once. ⑤ There was no compensation for the online survey questionnaire.

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Examiner Comments

This response achieves 4 marks for the:

- use of pre-existing scales such as the Core Self-Evaluations Scale (CSES) (at least one needed to be named to receive the mark) (1)
- correct number (538) of the sample (1)
- checking of the IP address to ensure only completed once (1)
- distribution by hyperlink to complete online (1)

A very effective response.

Question 3(b)

This 4-mark question required candidates to explain two strengths of their chosen contemporary study.

This question comprised 2xAO1 and 2xAO3 marks.

To achieve the 4 marks available candidate responses needed to:

- identify a strength (x2)
- justify/elaborate on the strength identified (x2)

Candidate responses on this question were mixed. Some candidate responses showed excellent knowledge of the studies and were therefore able to identify the two strengths needed.

Where candidate responses did not achieve the majority of marks it was due to responses that were generic in nature, and where the study could not be identified for which a strength was being suggested. For example, many candidate responses would explain about standardised procedures that could apply to any of the contemporary studies.

The most common creditworthy responses seen were:

- the use of pre-tested questionnaires, which would make the study more reliable
- that the questionnaire used objective/quantitative data that could be compared and analysed (this needed to be linked specifically to a study)
- the exclusion of RCTs in Hans and Hiller
- the exclusion of Cognitive Behavioural Therapy (CBT) where people attended half or less of the sessions, making it more representative of real life
- the coding protocols used by Hans and Hiller
- the use of comparisons before and after TV was introduced (Becker et al), which allowed surety that the Independent Variable affected the Dependent Variable.

(b) Explain **two** strengths of your chosen contemporary study.

(4)

1 All the questionnaires used had been tested and had established validity construct validity, which increases the validity of the results as they measured what they were supposed to measure.

2 The sample was huge, which made the results generalisable to a huge Chinese population, so the results are representative.

This response achieves 1 mark for the idea of tested questionnaires establishing construct validity.

This response is the minimum that was required.

"Tested" is the difference between 0 and 1 marks.

Question 4(a)

This 4-mark question required candidates to explain two strengths of Varsha using drug therapy for her schizophrenia. This question comprised 2xAO2 and 2xAO3 marks, therefore a link to the scenario was necessary at least once in each strength.

The full range of marks was seen in responses for this question. Many candidate responses showed excellent knowledge about drug therapy and were able to apply this knowledge to the question well. Where candidate responses did not achieve most of the marks it was usually due to generic responses that would achieve no marks.

Creditworthy responses for the AO2 marks included:

- the speed in controlling symptoms, which may mean she returns to normal functioning and can leave the house
- that they will work quickly to reduce her hallucinations and delusions
- that drug therapy will work more quickly than family therapy, especially if she will not leave the house
- they require less motivation than family therapy, which may be a good thing, due to her lack of motivation

4 Varsha has been experiencing hallucinations and delusions. She also struggled to leave the house. Varsha was admitted to hospital where she was diagnosed with schizophrenia. Varsha was given drug therapy by the doctors to help reduce her symptoms.

Varsha's symptoms are now controlled, and she is being discharged from hospital. The doctors have prescribed Varsha the same drug therapy which she has to take once a day.

(a) Explain **two** strengths of Varsha using drug therapy for her schizophrenia.

(4)

1 Drug therapy is effective as ~~only 8% of patients on drugs experienced relapse compared~~ to 17/18 drugs lowered symptoms of schizophrenia compared to placebo.

2 Drug therapy doesn't require internal motivation unlike family therapy or CBT, making it easier to administer and faster to have positive effects for the patient.

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This response achieves 0 marks.

Although there is some rewardable material in relation to drug therapy there is no link to the scenario here, therefore the response cannot gain any credit.

4 Varsha has been experiencing hallucinations and delusions. She also struggled to leave the house. Varsha was admitted to hospital where she was diagnosed with schizophrenia. Varsha was given drug therapy by the doctors to help reduce her symptoms.

Varsha's symptoms are now controlled, and she is being discharged from hospital. The doctors have prescribed Varsha the same drug therapy which she has to take once a day.

(a) Explain **two** strengths of Varsha using drug therapy for her schizophrenia.

(4)

1 Drug therapy (anti psychotics) regulate dopamine levels in the pre-frontal cortex so they reduce Varsha's positive symptoms. While she was antipsychotics she won't have any more hallucinations or delusions. This increases applicability of drug therapy in real-world situations. since it 'improves Varsha's quality of life.

2 ~~[illegible]~~

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This response achieves 1 mark for the:

- strength of reducing Varsha's symptoms of hallucinations and delusions, improving her quality of life (1xAO2)

There is no further rewardable credit in this response.

4 Varsha has been experiencing hallucinations and delusions. She also struggled to leave the house. Varsha was admitted to hospital where she was diagnosed with schizophrenia. Varsha was given drug therapy by the doctors to help reduce her symptoms.

Varsha's symptoms are now controlled, and she is being discharged from hospital. The doctors have prescribed Varsha the same drug therapy which she has to take once a day.

(a) Explain **two** strengths of Varsha using drug therapy for her schizophrenia.

(4)

1 One strength of drug therapy is that they work relatively quickly. This will allow varsha to leave the house quickly and also allowed varsha to be discharged from the hospital. Therefore, it reduces the need for hospitalisation.

2 Another strength is that it will be effective at treating varshas positive symptoms such as delusions. Singham (2011) found that chlorpromazine and risperidone reduced positive symptoms in a sample of 103 schizophrenics in India.

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This response achieves 3 marks for the:

- idea that it will work quickly and allow her to leave the house and be discharged (1xAO2)

There is no AO3 mark because this is purely descriptive and not a justification.

- drug will be effective at reducing symptoms such as delusions (1xAO2)
- evidence given to support this (1xAO3)

Question 4(b)

This 4-mark question required candidates to explain two weaknesses of Varsha using drug therapy for her schizophrenia. This question comprised 2xAO2 and 2xAO3 marks, so there needed to be some link to the scenario in each of the weaknesses identified.

Candidate responses showed the full range of marks for this question, although the responses that achieved 3 or 4 marks were in the minority.

Most candidate responses focussed on the problems of side effects, which was creditworthy. However, many of these responses were generic and therefore could not achieve any marks. This was the case for many good responses, which was unfortunate.

Creditworthy points for the AO2 weakness included:

- the drugs may cause severe side effects, which will lead to Varsha stopping taking them, meaning her hallucinations will return (most common response)
- the drugs only control the symptoms of schizophrenia so as soon as she stops taking them her hallucinations and delusions will return
- because Varsha is suffering from negative symptoms such as social withdrawal (not leaving the house) then she may not be motivated to take the tablets each day

The AO3 points often came from evidence produced. However, there were some very creditable candidate responses that elaborated their weakness in great detail, which were well worth the marks available.

AO3 creditworthy points included:

- responses that detailed the side effects that may occur such as low blood pressure, which may put her back in hospital
- evidence from Rosa's study about 50% compliance (most common AO3 point)
- effectiveness of drug therapy alone versus with family therapy due to needing to look at causes, not only symptoms

(b) Explain **two** weaknesses of Varsha using drug therapy for her schizophrenia.

(4)

1 Varsha may ~~exper~~ have low adherence to drug-therapy as ~~her~~ side effects such as weight gain & nausea may ~~cause~~ be intolerable as found by Rosa et al that only 50% of patients fully complied in taking antipsychotics as the side effects were intolerable. So Varsha may not alleviate her hallucinations & delusions

2 Drug therapy is not a standalone treatment for Varsha as ~~drugs~~ only alleviate her hallucinations of schizophrenia which may not be understood by her parents.

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This response achieves 2 marks, for the:

- side effects being found intolerable so may not alleviate her symptoms (1xAO1)
- linked evidence from Rosa that 50% only are fully compliant with treatment (1xAO3)

There is a further point regarding drug therapy not being a standalone treatment.

Although this last point is linked it is too vague: there would need to be something more specific about the link between drugs and therapy, for example.

(b) Explain **two** weaknesses of Varsha using drug therapy for her schizophrenia.

(4)

1 One weakness of Varsha taking drug therapy is that it is only effective if she remembers to take the pills. Rosa suggested that only 50% of patients took administered treatment. Therefore, Varsha may forget or not want to take her medication which would lead to her hallucinations returning which is not helpful for recovery.

2 Additionally, it is possible that Varsha experiences negative side-effects such as confusion, weight gain and low blood pressure. In the worst cases, it could result in death. These side-effects could negatively harm Varsha and prevent her from continuing treatment which could result in her having to return to hospital.

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This response achieves 4 marks for:

- Varsha forgetting or not wanting to take medication, leading to return of symptoms (1xAO2)
- the accurate evidence from Rosa (1xAO3)
- the possible side effects that may occur such as weight gain and low blood pressure (1xAO2)
- the justification that this could lead to Varsha not continuing treatment and returning to hospital(1xAO3). This returning to hospital is the necessary link for this part

Question 5

This 6-mark question required candidates to analyse one non-biological explanation of their chosen mental health disorder (anorexia or depression). This question comprised 3xAO1 and 3xAO3 marks.

To achieve the marks available for this question candidate responses needed to:

- identify a point of analysis (knowledge) about the non-biological explanation
- justify the point of analysis through exemplification, or the use of evidence

Candidate responses for this question were mixed. They showed that this style of question is still challenging, with responses often achieving half-marks or fewer.

The major reason for this is an imbalance between the AO1 and AO3 skills within the response. Some candidate responses gave a very comprehensive and detailed account of their chosen non-biological explanation (AO1) but very little justification in order to achieve the AO3 marks.

Other candidate responses detailed a number of studies that supported or refuted their chosen non-biological explanation but did not support this with their knowledge of the theory. It is worth noting that the use of studies can be classed as AO1 or AO3, depending on how the response is written.

If responses gave theoretical details such as:

- attributes, quotes, irrational thought patterns/negative schema for depression
- the issue of rôle models in the western media/importance of social learning theory for anorexia

then this is AO1. If the response then goes on to support these points with evidence, AO3 would be given.

Candidates could also have alternative theories for AO1 such as:

- genetic predisposition or serotonin for depression
- genetics for anorexia

Candidates need to ensure that their responses have a balance of AO1 and AO3 points for 'analyse' questions: there is a maximum of 3 marks available for each skill.

5 In your studies of clinical psychology, you will have learned about one of the following mental health disorders in detail:

- Unipolar depression
- Anorexia nervosa

Selv, World, Future

Analyse **one** non-biological explanation for your chosen mental health disorder. Becks cog triad (6)

Chosen mental health disorder

Unipolar depression

One non-biological explanation for unipolar depression includes negative thought Patterns and Processing. This is described in Beck's Cognitive triad as negative views about Yourself, the future and the world. These thoughts include damaging opinions about one self, for example "I have no purpose", ~~the~~ These thoughts lead to mental stigma, where the person eventually develops unipolar depression.

This explanation includes a treatment, CBT, which was created with the purpose of removing these negative thought Processes. Hans and Hellers (2013) meta-analysis showed that CBT is effective in treating the non-biological explanation for unipolar depression, however drop out rates were fairly high, suggesting it is a demanding process.

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This response achieves 3 marks for the:

- idea of negative thought patterns and processing (1xAO1)
- triad with examples (1xAO1)
- evidence from Hans and Hiller showing that CBT is an effective treatment for depression to tackle these negative thought processes (1xAO3)

5 In your studies of clinical psychology, you will have learned about one of the following mental health disorders in detail:

- Unipolar depression
- Anorexia nervosa

cognitive

Analyse **one** non-biological explanation for your chosen mental health disorder.

(6)

Chosen mental health disorder

Unipolar Depression

One non-biological explanation for depression is eg faulty cognition As referenced by Beck's negative triad, faulty cognition can lead to a negative self-schema in which an individual has a negative perception of themself ~~which~~ that can lead to feelings of guilt and worthlessness. As evidenced by Bothwell who found that guilt and worthlessness were primary symptoms of Depression. The 'negative triad' also suggests that a negative self-perception can be influence one's perception of the environment which can lead to depressed individuals biasing of stimulus pessimistically. This is supported by Perez who found those with depression, when listening to sad music, paid attention to the sad lyrics which supports the role of negative attention in depression. The cognitive explanation revolves around faulty thought-processes which is dependent on cognitive errors and a disruption in the internal working model. Since the explanation revolves around internal processes, this explanation is thus difficult to empirically and objectively observe as data is often based on subjective (self-report) research

This response achieves 6 marks for:

- negative perception of self (1xAO1)
- linked to the evidence presented (1xAO3)
- the negative perception of stimuli (1xAO1)
- linked to evidence presented by Perez (1xAO3)
- this faulty thinking being internal processes (1xAO1)
- these being difficult to test empirically(1xAO3)

A good response and well worth the 6 marks achieved.

Question 6

This 16-mark extended response required candidates to evaluate whether the function of neurotransmitters is a complete explanation of schizophrenia. This question comprised 6xAO1 and 10xAO3 marks, therefore the emphasis within this essay is on the evaluation.

The range of marks seen on this question was very much skewed towards the mid-to-lower range. There was a minority of candidate responses that achieved the 12 to 16 mark range but more often candidate responses achieved 6-10 marks on this question.

Many candidates showed accurate and thorough understanding of the neurotransmitter explanation and were also able to evaluate it reasonably well. At the lower end of the marks allocated, the responses largely consisted of descriptive points giving details about the explanation, but then had quite limited, and often generic, AO3 evaluative points.

With this question being heavily weighted to AO3 in the levels-based mark scheme, responses that provided more AO1 than was necessarily required, appeared to lack focus on the AO3 element of the question and so lost marks.

Candidates should remember that the AO3 skill has a higher weighting on this question and therefore more attention needs to be paid to this, rather than only describing the explanation.

Some creditworthy AO1 points included:

- excess dopamine leads to positive symptoms/increased activity in the mesolimbic pathway, leads to positive symptoms
- increased dopamine in subcortical/limbic reasons of the brain leads to positive symptoms
- less dopamine activity in the mesocortical pathway/low dopamine activity in the prefrontal cortex leads to negative symptoms
- imbalance of dopamine in the brain can lead to schizophrenic symptoms
- low levels of glutamate can lead to positive and negative symptoms
- low levels of glutamate can be linked to increase in number of dopamine receptors (D2), which leads to the excess causing symptoms

Some creditworthy AO3 points included the:

- rôle of alternative theories such as genetics and brain structure
- fact that injecting rats with amphetamines will lead to Sz symptoms
- fact that it is reductionist because it does not take into account non-biological reasons/genetic explanations for Sz
- use of evidence to support the neurotransmitter explanation, such as Carlsson/Wong/Krystal

6 Evaluate whether the function of neurotransmitters is a complete explanation of schizophrenia.

(16)

The main theory that attributes schizophrenia to the function of neurotransmitters is the Dopamine hypothesis. The Dopamine hypothesis suggests that a high level of dopamine produced by the brain, or high amount of dopamine receptors present in key areas of the brain are the cause of schizophrenia. That theory can be showcased best by how taking amphetamines which increase dopamine in the brain, is able to cause effects similair to symptoms of schizophrenia showcasing a relation between dopamine and schizophren

However, a part of the theory which the Dopamine hypothesis fails to address is the question of which causes which. Does schizophrenia cause high dopamine or does high dopamine cause schizophrenia. The theories failure to address such a fundemental question results in it losing some validity. We must also recognize how the dopamine hypothesis fails to address other explanations of schizophrenia such as genetics, which suggests that schizophrenia is determined by a collection of genes, meaning

that the dopamine is an incomplete explanation. On the other hand, we must recognize that the theories reliance on the concept of neurotransmitters, which is a theory that has widly been accepted in biology and is commonly used for the production of medicine like SSRIs, helps give the dopamine hypothesis some extra validity by extension of consisting of such a valid theory. Also worth noting how drugs like Chlorpromazine are able to offer relief to patients with schizophrenia which means that since a drug based on the dopamine hypothesis is able to treat people by blocking dopamine receptors it means that by extension the dopamine hypothesis has some basis in reality.

To sum up, while the dopamine hypothesis is quite incomplete, it does have a strong standing in reality due to its many applications making it a very valid explanation of schizophrenia but one that still needs a lot of development.

This response reaches Level 1.

AO1: some accurate but brief information about dopamine hypothesis, therefore Level 1

AO3: some evidence for dopamine ie amphetamines, other explanations, use of medication, therefore top Level 1/bottom Level 2

This is a Level 1 essay but at the top due to the stronger AO3.

Level 1

Total: 4 marks

6 Evaluate whether the function of neurotransmitters is a complete explanation of schizophrenia.

(16)

The function of neurotransmitters can help explain schizophrenia through an ~~over-excited~~ over-production of dopamine. Dopamine is a neurotransmitter that is involved in attention, perception and cognition in the PFC. Therefore an over-production can lead to over-stimulation of the brain which can cause a stimulus to be attributed with more meaning than in reality, thus leading to hallucinations or delusion (seeing or hearing things that aren't there. This is supported by Iverson, who found that in post-mortems, there was a higher rate of dopamine in those with schizophrenia The neurotransmitter explanation can be researched though the use of objective, empirical testing methods such as postmortems and brain scans which are scientific measures. This is supported by Wong who found that those with schizophrenia had a higher density of D2 receptors. The mesolimbic pathway is associated with positive symptoms. The mesocortical pathway has been found to be associated with the mesocortical pathway. It has been argued that an increase in D2 receptors is associated with an increase of severity of positive symptoms. Either neurotransmitter

fire too much or too often. This is supported by the development of drug treatement for schizophrenia (such as Clozopine) which aims to block D2 receptors from firing and reduces positive symptoms. D1 receptors are assosiated with negative symptoms such as alogia and the loss of pleasure and difficulty in movement that impair schizophrenic individuals abilities.

However, the neurotransmitter explanation for schizophrenia is reductionistic as other explanations, such as genetic, have also been researched.

The gene NGR1 has been assosiated with the inheritance of Schizophrenia. As supported by Kendler, first-line relatives to those with schizophrenia are 18× more likely to develop the disorder Furthermore, Krystal found that ketamine (a drug that affects a number of different neurotransmitters) also induces schizophrenic symptoms which suggests dopamine is not the only one involved. Additionally depolie studied the effect of apomorphine which increases the firing of D2 receptors and found that it didn't actually induce schizophrenic symptoms thus suggesting that other factors can help explain the cause of Schizophrenia.

As opposed to the role of neurotransmitters, genetic influence can be researched by the use of concordance rates which assess the role of gene inheritance in the development of the disorder. For example, Gottesman found the concordance rate for Monozygotic twins was 58%. Suggesting that genes play a role which reinforces that neurotransmitters are not the only explanation of schizophrenia. However, Since the concordance rate was not 100% it can be inferred that genes aren't completely the reasoning behind the development of schizophrenia which suggests other factors, such as neurotransmitters will also have an effect.

However, in accordance with treatment aetiological fallacy, neurotransmitter explanation cannot be deemed as the sole cause ~~as it relies~~ since just because drug treatement works, does not explain ~~why~~ the actual cause of the disorder.

In conclusion, neurotransmitters do have an affect and correlate with schizophrenia but other factors also affect this.

ResultsPlus
Examiner Comments

This response reaches Level 2.

AO1: some accurate information about the dopamine hypothesis, different pathways and link to symptoms, receptors but lacks depth at times, therefore the top of Level 2

AO3: some supporting evidence such as Iverson, scientific methodology, Wong, effective treatments, alternative explanations such as genes, Gottesman, therefore the top of Level 2. It lacks a little depth for Level 3.

This is a solid Level 2 essay. Both AO1 and AO3 meet all the requirements for Level 2 but lack a little depth for Levels 2 and 4. It remains in Level 2 but at the top.

Level 2

Total: 8 marks

Candidates need to ensure they they provide enough evaluative points to enable them to achieve the highest band.

Candidates need to remember that there is a greater emphasis on AO3 evaluation than AO1 knowledge on this question, so need to weight their response accordingly.

6 Evaluate whether the function of neurotransmitters is a complete explanation of schizophrenia.

(16)

An imbalance of neurotransmitters is said to cause schizophrenia, particularly the dopamine-hypothesis which suggests that too low levels of dopamine (hypodopaminergia) in the prefrontal cortex is said to cause symptoms. Futhermore, hyperdopaminergia in the mesdimbic pathway, which is responsible for motivation and learning is said to cause positive symptoms such as delusions and hallucinations. Moreover, the mesocortical pathway, which is responsible for cognitive processes may lead to negative symptoms such as avolition, alogia and the blunted affect if there is a dopamine imbalance. Ketamine, a drug, blocks glutamate receptors and the low levels of this neurotransmitter is also said to lead to schizophrenia symptoms. Finally, the NRG-1 gene that is in charge of activation of certain neurotransmitters such as glutamate may have a dysfunction meaning schizophrenic symptoms may appear.

Randrup and Mukvard (1966) injected rats with amphetamines which increased their dopamine levels and found that this lead to increased aggression. This suggests that dopamine does affect mood and behaviour and is likely able to explain schizophrenia in humans.

Bird et al (1979) found that post mortems of people who had

schizophrenia showed they had increased dopamine in their brains, thus providing objective, reliable evidence that dopamine may lead to schizophrenia tendencies.

~~Pahoun et al (2007) found~~ Wong et al (1986) found ~~that~~ that schizophrenic patients had an increase of dopamine receptors after conducting a PET scan thus suggesting that high levels of dopamine does explain schizophrenia.

Of course, Krystal et al (1974) argue that dopamine isn't the only neurotransmitter that can explain schizophrenia, because actually, glutamate led to a higher chance of psycosis, thus arguing this neurotransmitter may have a more important role than the dopamine hypothesis.

Dépatie and Lal (2001) further supports this by providing people with apomorphine (which increases dopamine levels) only to found none of the participants showed any signs of schizophrenia. This further reduces the significance of dopamine as an explanation.

Gotterman and Shields (1966) found that monozygotic twins had a concordance rate of 42% compared to the 9% concordance rate of dizygotic twins. This suggests schizophrenia is better explained by genetic makeup which is further supported by Nicher et al (2018) who says it is 79% due to genes.

Petersen and Mortensen (2006) argue the diathesis-stress model, suggesting that schizophrenia is caused by living in a busy, stressful city with bright lights and loud noises,

thus arguing it is external factors that causes symptoms.

~~Lastly~~, Futhermore, it is argued that a negative family life and bad home dynamic may cause schizophrenia. Vaughn and Leff (1976) found that family therapy, which is used to treat schizophrenia, can lead to 48% chance of relapse if the family views the treatment and disorder negatively. This is a further argument of how external stimuli can lead to schizophrenia as well as relapse.

Nonetheless, Meltzer et al (2004) found that antipsychotic drugs like haloperidol are effective in reducing symptoms and work immediately within six weeks, suggesting that this disorder is caused by biology and more specifically, neurotransmitters because if not, medication wouldn't be so effective.

Lastly, ~~Zhao et al (2016)~~ Bagnall et al (2003) compared typical to atypical antipsychotic drugs and found that the second generation ones, such as risperidone and clozapine, are more effective in treating schizophrenia because they treat dopamine, glutamate and serotonin, suggesting that the more neurotransmitters are targeted, the more relief the schizophrenic patient will have because their symptoms are in fact caused by neurotransmitters.

Overall, though there are many factors that may lead to schizophrenia such as genes or environment, the fact that the

antipsychotic drugs work so well suggests it comes down to neurotransmitters what best explains symptoms.

ResultsPlus
Examiner Comments

This response reaches the top of Level 3.

AO1: accurate and at times thorough information about neurotransmitters ie dopamine linked to the different pathways and symptoms, links between glutamate and ketamine, therefore Level 3

AO3: supporting evidence provided ie Randeep, Bird, Krystal, alternative explanation and evidence for genes, environmental, therefore the top of Level 3

This is a solid Level 3 essay and close to Level 4. To achieve Level 4 the AO3 needs more judgements, and more depth at times.

Level 3

Total: 12 marks

ResultsPlus
Examiner Tip

Weight your response according to the marks available for the different AOs.

Question 7(a)

This 3-mark question required candidates to describe how Leena could have used an fMRI brain scan for her research.

This question comprised 3xAO2 marks, therefore a link to the scenario needed to be present in each point. This link could be something specific to the topic area being studied such as aggressive/non-aggressive stimuli **and/or** the specific process of fMRI scanning.

Many candidate responses produced mostly generic answers and therefore did not achieve the majority of the marks.

Comments such as the following would not achieve any marks:

- Need to lie still
- Use of screens for different stimuli
- Compare results between two groups

The other common error in responses was that many suggested that a glucose tracer was used for fMRI scan, which is not correct.

Creditworthy responses included:

- precautions such as pacemakers/claustrophobia
- having the eight participants lie down in the scanner
- showing different stimuli (with specific examples of aggressive/non-aggressive)
- the blood flow showing when the amygdala has high levels of activity (amygdala was enough for a link because it was in the scenario)

7 Leena is researching aggression. She has decided to use an fMRI brain scanning technique to research the functions of the brain (brain activity) when processing emotional information. Leena gathered a sample of eight adults and asked them to complete a questionnaire to rate their aggressiveness.

Leena then planned to show them aggressive and non-aggressive stimuli during an fMRI brain scan and record the responsiveness of their amygdala.

(a) Describe how Leena could have used an fMRI brain scan for her research.

(3)

Leena can place her patients on ~~the~~ flat table and ~~get~~ guide it into the fMRI scanner. The scanner uses magnets which draw blood to the ~~head~~ brain. Leena can use ~~images~~ colour images / videos as to where there is a higher presents of blood flow in the brain and how much energy is being transferred in areas such as the amygdala.

ResultsPlus Examiner Comments

This response achieves 1 mark.

There is no mark for the lie flat on bed because there is no specific information about the study (ie the number of participants).

A mark is given for:

- using the images of energy/blood flow to the brain to see energy in amygdala (amygdala in scenario so enough for a link) (1xAO2)

Candidates need to ensure that each of their points in a procedure question is linked to the topic area that they are researching.

7 Leena is researching aggression. She has decided to use an fMRI brain scanning technique to research the functions of the brain (brain activity) when processing emotional information. Leena gathered a sample of eight adults and asked them to complete a questionnaire to rate their aggressiveness.

Leena then planned to show them aggressive and non-aggressive stimuli during an fMRI brain scan and record the responsiveness of their amygdala.

(a) Describe how Leena could have used an fMRI brain scan for her research.

(3)

She would put the participants in an FMRI scan and she change the stimuli. She would observe the amygdala and the more red the colour is the higher the activity in the brain region. Also she would need to chect if any of her participants have claustrophobia or medical diseases that for example require a pacemaker because this would make the unable to do an fMRI scan.

ResultsPlus
Examiner Comments

This response achieves 2 marks for the:

- changing in colours showing the level of activity in amygdala (1xAO2)
- reference to needing to check whether or not any participant has pacemaker etc because this would mean they could not have an fMRI scan (1xAO2)

Question 7(b)

This 2-mark question required candidates to explain one strength of Leena using an fMRI scan for her research. This question comprised 1xAO2 and 1xAO3 mark.

To achieve the two marks on this question candidate responses needed:

- an identification of a strength linked to the scenario
- a justification/elaboration of the strength

Candidate responses for this question were pleasing. The main reason why candidate responses did not receive full marks was due to generic responses, which meant that a number of very strong responses did not achieve any marks. It is worth noting that the words 'stimuli', 'emotional response' are not enough for a link, which was the case for many responses.

The most common creditworthy responses were:

- the objectivity of the data
- scientific credibility

Where candidate responses gained marks, often they would receive the first mark but not the second.

(b) Explain **one** strength of Leena using an fMRI brain scan for her research.

(2)

One of fMRI's are completely extremely safe compared to other scanning methods as they don't use actual radioactive matter to scan; this many patients may have been worried due to concerns of safety, so the high safety of the fMRI can set their minds at ease and ensure that their emotional brain activity is not affected by factors other than the IV (such as worries of the scans safety), ensuring less effect from confounding variables and improving internal validity

ResultsPlus
Examiner Comments

This response achieves 0 marks.

Emotional brain activity is not enough for a link in this response, therefore it cannot be credited.

Note: if this response had been linked it is an acceptable answer and would have achieved 2 marks.

Candidates need to ensure they know the difference between AO2 and AO3 points, to ensure their responses can access all of the marks.

(b) Explain **one** strength of Leena using an fMRI brain scan for her research.

(2)

It is factual, scientific evidence that would show exactly which areas of the brain are stimulated when aggressive stimuli is presented. It is not subjective. fMRI brain scan would show any changes in amygdala.

ResultsPlus
Examiner Comments

This response achieves 1 mark for:

- it being scientific evidence, which shows how the brain is stimulated when aggressive stimuli are presented (1xAO2)

No further marks are given because the subsequent points are further AO2 points, rather than an exemplification for AO3.

Question 7(c)d

Q07(c)

This 4-mark question required candidates to calculate a Spearman's rank correlation coefficient based on a given set of data. This question comprised 4xAO2 marks.

Candidate responses for this question were pleasing, with many showing excellent ability to calculate the statistical test accurately.

It is worth noting that if a candidate response gave the correct answer they automatically achieved the four marks. Where the right answer is not given then any correct working out would be given marks.

The most common error in responses for Q07(c) was that many candidates gave 0.595 as their answer (without the minus sign) and therefore they would only achieve three marks.

Q07(d)

This 1-mark question required candidates to determine whether the results achieved were significant. This question comprised 1xAO2 mark.

Candidate responses to this question were pleasing, with the vast majority of responses achieving the mark available. Where candidate responses did not achieve the mark it was due both to the critical and calculated value not being given.

The other common error was responses that gave the incorrect critical value.

It is worth noting for this question that if candidate responses used their actual value from Q07(c) correctly in this part, they would gain credit.

Leena wanted to see if there was a relationship between amygdala responsiveness and the self-rated aggression scores. She totalled the scores from the questionnaires, with a score of 0 being no aggression and 10 being high levels of aggression. Amygdala responsiveness was scored from 0, very little activity, to 10, high activity.

(c) Calculate the Spearman's rank correlation coefficient for the data gathered by Leena by completing **Table 1**.

The formulae and statistical tables can be found at the front of the paper.

You must show your working out and give your answer to three decimal places.

(4)

Self-rated aggression scores	Rank 1	Amygdala responsiveness	Rank 2	*d*	d^2
2	1	7	7	−6	36
5	3	4	4	−1	1
6	4.5	4	4	0.5	0.25
8	7.5	2	1	6.5	42.25
3	2	8	8	−6	36
7	6	3	2	4	16
6	4.5	4	4	0.5	0.25
8	7.5	5	6	1.5	2.25
				Total for d^2	134

Table 1

Space for calculations

$\frac{804}{804}$

$1 - \frac{6(134)}{8(8^2-1)}$ $\frac{804}{8(63)}$

Spearman's rank correlation coefficient −0.5

(d) Determine, with reference to the data, whether Leena's results are significant at $P \leqslant 0.05$ for a two-tailed (non-directional) test.

The critical values table can be found at the front of this paper.

(1)

ResultsPlus
Examiner Comments

This response achieves 3 marks for Q07(c).

Although the final answer is incorrect all the working out prior to this is correct, therefore they can achieve 3 marks.

No credit is given for Q07(d).

Total: 3 marks

Leena wanted to see if there was a relationship between amygdala responsiveness and the self-rated aggression scores. She totalled the scores from the questionnaires, with a score of 0 being no aggression and 10 being high levels of aggression. Amygdala responsiveness was scored from 0, very little activity, to 10, high activity.

(c) Calculate the Spearman's rank correlation coefficient for the data gathered by Leena by completing **Table 1**.

The formulae and statistical tables can be found at the front of the paper.

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(4)

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3	2	8	8	-6	36
7	6	3	2	4	16
6	4.5	4	4	0.5	0.25
8	7.5	5	6	1.5	2.25
				Total for d^2	134

Table 1

Space for calculations

$1 - \frac{6 \times 134}{8(64-1)}$ → 804

63

$1 - \frac{804}{504}$

Spearman's rank correlation coefficient -0.595

(d) Determine, with reference to the data, whether Leena's results are significant at $P \leqslant 0.05$ for a two-tailed (non-directional) test.

The critical values table can be found at the front of this paper.

(1)

As the critical value is 0.738, and the calculated is 0.595, it is not significant as the critical exceeds the calculated.

ResultsPlus
Examiner Comments

This response achieves full marks (4,1) for Q07(c) and Q07(d).

Part (c) has the correct answer, therefore automatically receives the marks (4)

Part (d) has the correct critical value and calculated value and states it is not significant (1)

Total: 5 marks

Question 8

This 4-mark question required candidates to explain one strength and one weakness of using an independent groups research design. This question comprised 2xAO1 and 2xAO3 marks.

To achieve the marks available for this question the response needed to:

- identify one strength and one weakness in relation to independent groups
- justify the strength and weakness identified

For the strength, the most frequent response was related to the minimisation of order effects. However, to obtain the second mark here, candidate responses needed to say why this is a strength in relation to the results. This was that the aim is measured without extraneous variables/that it will increase validity because performance will not get worse as a result of repeating the task.

The common error on this question was that candidate responses would explain a weakness of repeated measures, rather than a strength of independent measures. Comparisons were creditworthy as long as the strength was to do with independent measures.

In terms of the weakness, the most common creditworthy response was the issue of individual differences/participant variables. Candidate responses were more likely to receive the second mark for the weakness, by suggesting the type of variables that would affect results such as age/gender etc.

8 Explain **one** strength and **one** weakness of using an independent groups experimental/research design.

Strength

Independent groups design allows the researcher to manipulate the independant and dependant variables. Allowing the researcher to Identify ~~cause~~ in differences in results in different variables. Allowing for ~~effe~~ valid results to be found.

Weakness

The different groups can often have completely different characteristics which doesn't ~~allowing~~ allow us to identify if the results were found only due to the manipulated conditions or due to differences in characteristics. Leading a low validity of the results found.

No marks are given for the strength because repeated measures would do exactly the same, therefore not a specific strength of independent measures.

This response achieves a mark for the weakness, for:

- the idea of different groups having different characteristics. (1xAO1)

Something more detailed than just stating the word validity is needed to achieve the AO3 mark here.

Total: 1 mark

8 Explain **one** strength and **one** weakness of using an independent groups experimental/research design.

Strength

One strength of using an ~~participant~~ independent group design is lack of order effect/demand characteristics. As participants only take part in ~~each condition~~ one condition, this eliminates the possibility of fatigue / lack of energy for participants. In addition, they are less likely to guess the aim of the study due to this as they are only in one condition and therefore don't ~~show~~ demand characteristics / affect the validity of results.

Weakness

Independent groups design is ~~not~~ can be extremely impractical to conduct due to it being extremely costly and time-consuming. This is due to the fact that researchers need two sets of different participants which can take me lots to find especially if it's a very specific aim and ~~specific study~~ needs certain types of participants e.g. ~~patients~~ inpatients ~~with~~ with schizophrenia who are rare! In addit (Total for Question 8 = 4 marks)

the need for twice as many participants also makes the experiment ~~extended~~ much more expensive to conduct and may not be possible if there is a need for two many participants.

ResultsPlus
Examiner Comments

This response achieves 4 marks for:

Strength

- the idea that participants only take part in one condition of the experiment (1xAO1)
- this would eliminate the possibility of order effects such as fatigue, which may affect the validity of the results (1xAO3)

Weakness

- the fact it can be more impractical due to needing more participants (1xAO1)
- this could be an issue with hard-to-get participants such as schizophrenia in-patients (1xAO3)

Total: 4 marks

Question 9(a)

This 4-mark question required candidates to describe how Shardul can use a semi-structured interview to gather quantitative and qualitative data.

This question comprised 4xAO2 marks, therefore there needed to be some link to the scenario in each point that was made.

Candidate responses for this question were mixed. There were some very good responses in relation to the methodology given. However, some were partially or totally generic and therefore could not achieve the marks available.

The other common error in responses to this question was that the procedure only resulted in quantitative or qualitative data, when the question asked them to produce both. Candidate responses could not achieve full marks if only one type of data was produced.

The majority of candidate responses achieved two marks for examples of possible open and closed questions. Ethical issues were able to achieve a mark but they had to be linked to the scenario.

In procedure questions, candidates need to ensure that all points were linked to the topic area in the scenario, to achieve all of the marks.

9 Shardul is investigating whether people feel happier on sunny days compared to rainy days. He decides to use a semi-structured interview to gather his data.

(a) Describe how Shardul can use a semi-structured interview to gather quantitative and qualitative data for his investigation.

(4)

He could have some predetermined close-ended questions in order to gather quantitative data for example "which is your prefered day a sunny day or a rainy day". She could also have some predetermined open-ended questions in order to gather qualitativedat for example "Describe you perfect day". After the predetermined quastions he could ask some more personal question in orde to gather more in depth qualitative data. finally, he must do a thematic analysis for his qualitative data

ResultsPlus
Examiner Comments

This response achieves 2 marks for:

- closed-ended questions such as 'Which is your favourite, sunny or rainy?' (1xAO2)
- open-ended questions such as 'Describe your perfect day' (1xAO2)

The rest of the response is generic, therefore no more credit can be given.

Total: 2 marks

9 Shardul is investigating whether people feel happier on sunny days compared to rainy days. He decides to use a semi-structured interview to gather his data.

(a) Describe how Shardul can use a semi-structured interview to gather quantitative and qualitative data for his investigation.

(4)

Shardul can obtain informed consent from his sample of people prior to conducting interviews into emotions and weather. He would create a standardised intial question about the emotions felt on sunny and rainy days that he would ask to all his participants. He would also think of ~~a~~ close-ended questions such as 'do you prefer rainy or sunny days?' to collect quantitative data on emotions and weather. He would also think of open~~e~~ ended questions such as 'How do you feel on rainy days?'. He would ask these questions, in addition to asking questions that are tailored to his participants' responses about feeling happgier on sumy days or rainy days.

This response achieves 4 marks for:

- getting informed consent (linked to scenario) (1xAO2)
- initial question about emotions felt on sunny and rainy day (1xAO2)
- closed-ended questions such as 'Do you prefer rainy or sunny days' to collect quantitative data (1xAO2)
- open-ended questions such as 'How do you feel on rainy days' (1xAO2)

This response could also have had a mark for the idea of tailoring questions to responses about feeling happier on sunny days.

Total: Max 4 marks

Question 9(b)

This two-mark question required candidates to explain one reason why Shardul chose to gather primary data for his investigation.

The question comprised 1xAO2 and 1xAO3 mark, which meant that there needed to be some link to the scenario in the candidates response.

To achieve 2 marks candidate responses needed:

- to identify a strength of primary data linked to the scenario
- a justification/elaboration of the stated strength

Candidate responses for this question showed the full range of marks. By far the most common response was the idea that the data will be specifically tailored to Shardul's aim. Often, candidate responses would then go on to suggest that this would increase the validity of his results because it would represent his aim. Other creditworthy responses were being able to tailor questions to represent his aim.

In terms of the justification mark, a comparison to secondary data was creditworthy, ie there may be some flaws to secondary data as long as the AO1 mark comes from a strength of primary data and not just a weakness of secondary data.

(b) Explain **one** reason why Shardul chose to gather primary data for his investigation.

(2)

By collecting first-hand raw data, it makes the results of his investigation more accurate and credible since he collects the data himself.

ResultsPlus
Examiner Comments

This response receives 0 marks.

This response is generic and therefore cannot be given any marks.

(b) Explain **one** reason why Shardul chose to gather primary data for his investigation.

(2)

Shardul is able to collect more ~~reta~~ valid data as using primary research, he can specify his interview questions to sunny days and rainny days. This would be more direct and specific to his aims, making his research more valid than if he used secondary data.

ResultsPlus
Examiner Comments

This response achieves 2 marks for:

- Shardul being able to specify his interview questions to be about sunny/rainy days (1xAO2)
- this ability (to specify questions) will obtain more valid data because it will be more specific to his aim than secondary data would be (1xAO3)

Total: 2 marks

Question 10

This question is an unseen 8-mark synoptic essay, formulated around a key question for society.

This question requires candidates to discuss the key question of whether children should learn a second language in the early years of their development.

Candidates were required to use concepts, theories and/or research studies to achieve the AO1 content for this question, with AO2 application requiring them to develop points from the scenario material given.

AO1 could include:

- knowledge about language acquisition and second language learning such as
- Chomsky – universal grammar, Language Acquisition Device (LAD), critical period
- operant conditioning – Skinner, rewards and punishments, no critical period
- Vygotsky/Piaget and language

AO2 could include:

- application of that AO1 knowledge to the scenario given and what the above means for second language development
- the idea that rewards are used throughout life and can aid language use at any time
- that the apps that help people learn language use rewards such as emojis, stickers, noises, colours etc
- the study by Scovel suggests a critical period and this is supported by Chomsky, which suggests language learning needs to be early on
- that adults do learn languages later on ie university students are way above 12. GCSE and A level students can become proficient in a second language etc, therefore perhaps Skinner is more correct

Candidate responses to this question showed the full range of marks. The AO1 content in responses was stronger than the AO2 and often this meant that 4 or 5 marks were the most common marks given.

10 One key question for society is whether children should learn a second language in the early years of their development.

Scovel (1988) explained that the 'critical period hypothesis' is the idea that language is best learned during a child's early years, and that after about 12 years old, there are difficulties in the ability to acquire a new language.

However, others have suggested that language is acquired through a process of rewards and the use of imitation, which encourage the correct use of language. This applies to the first and second languages people learn throughout their lives. Individuals can learn a second language through the use of online programs and apps.

Discuss the key question of whether children should learn a second language in the early years of their development. You should use concepts, theories and/or research studied in your psychology course.

You **must** make reference to the context in your answer.

(8)

According to ~~the~~ Chomsky, the LAD is inherent in all children and is the leading aid in language development. This suggests that there is ~~not~~ no ~~not~~ significant need for ~~a~~ a child to learn a second language in early childhood, as the LAD remains as a cognitive tool throughout our lives. ~~Tha~~ Despite this, ~~a~~ a case study on a ~~a~~ hearing child raised by deaf parents showed that despite listening ~~and reading~~ to radios and TV shows, he struggled to develop coherent or cohesive language skills until he ~~then~~ started working with a speech therapist. This suggests that

language is not inherent to every individual.

The role of social interaction is greatly emphasised by linguists, as people may encourage the correct linguistic features and discourage anything ~~unfamiliar~~ unneeded. This is ~~to be~~ backed up by Skinner's ~~operative~~ operant conditioning theory, suggesting language is learned through positive or negative reinforcement. This suggests that it is possible to learn a second language at any age, as long as reward is involved, such as game-style ~~of~~ language apps. Despite this, it is theorised that certain phonetic sounds which we are able to pronounce in early childhood are dismissed, and eventually forgotten if they are unfamiliar to a ~~native language~~ caretaker's ~~to be~~ native language, ~~while~~ such as the lack of the guttural 'r' in English which is present in languages such as French. The decay of certain phonetic sounds may pose an issue in learning languages which include those sounds.

ResultsPlus
Examiner Comments

Marks are given for:

AO1: some accurate knowledge about Chomsky (although some inaccuracies about whether that means language learning should be earlier). Use of case studies: Skinner. Level 2

AO2: some reference to rewards and imitation but not a lot of the scenario used. Level 2, bottom.

Level 2 but due to the weaker AO2 it remains at the bottom of the level.

Total: 3 marks

10 One key question for society is whether children should learn a second language in the early years of their development.

Scovel (1988) explained that the 'critical period hypothesis' is the idea that language is best learned during a child's early years, and that after about 12 years old, there are difficulties in the ability to acquire a new language.

However, others have suggested that language is acquired through a process of rewards and the use of imitation, which encourage the correct use of language. This applies to the first and second languages people learn throughout their lives. Individuals can learn a second language through the use of online programs and apps.

Discuss the key question of whether children should learn a second language in the early years of their development. You should use concepts, theories and/or research studied in your psychology course.

You **must** make reference to the context in your answer.

(8)

Chomsky's theory suggests children have an innate Language Acquisition Device (LAD) which helps and construct them learn language faster. He suggests the critical period of learning language is upto the start of puberty and the LAD to help us contains knowledge of universal grammar. Skinner's theory suggests children learn language through reinforcements and punishments where if rewarded, the word is repeated. Primary reinforcers like food encourage language learning for basic communication to melt survival needs. Social Learning Theory (SLT) suggests that behaviour could be imitated through observations, from media and paying attention. Universal Grammar in the LAD helps construct language

Ps Scovel (1988) explained the 'critical period hypothesis' that language is best learned during a child's early years which is until ~~ext~~ about 12 years old, this is explained by Chomsky's theory of ~~innate / DD of innate~~ the critical period of learning so children should learn a second language in early years of development. Language can also be acquired through a process of rewards which encourage the correct use of language as Skinner suggests rewards would encourage language learning, hence children don't have to learn a second language in early years, and can learn later by being rewarded to encourage learning. Individuals can learn a second language through the use of online programs and apps as ~~suggested~~ explained by the SLT that people can pay attention, ~~ret~~ and imitate the language from media through retention, reproduction and motivation hence suggesting children could learn a second language later in life. Scovel (1988) suggests that after 12 there is difficulties in the ability to acquire a new language, ~~however~~ this is explained by Chomsky's concept of Universal Grammar that helps construct language from previously heard words so second language should be learned in early

years of development.

In conclusion as skinner's theory and SLT suggest children may learn language later in life so it isn't necessary to learn it in their early years of development.

ResultsPlus
Examiner Comments

This response receives marks for:

AO1: some accurate knowledge about Chomsky, Skinner, Social Learning Theory (SLT). Critical period. This covers most of what is on the mark scheme and is at the bottom of Level 4.

AO2: slightly weaker. Scovel is linked back to Chomsky, which is accurate and also linked back to the question in terms of language development. Skinner and rewards also linked back to the question but just needs a little more detail for Level 4.

This response reaches the top of Level 3 but is very close to being a Level 4. The weaker AO2 keeps it at the top of Level 3.

Total: 6 marks

Question 11

This 20-mark extended open-response question required candidates to assess whether nature is more influential on human behaviour than nurture. This question comprises 8xAO1 marks and 12xAO3 marks.

This question demonstrated a broad range of marks, with some candidates showing some good AO1 understanding of nature/nurture although at times it was slightly list-like. The AO3 assessment was a stronger element in responses, which was, of course, preferable, due to the heavier weighting of AO3 on this question.

Creditworthy responses for AO1 included:

- knowledge of what is meant by nature v nurture
- what diathesis-stress means
- explanations of behaviour that fall down on either side ie biological being nature/social and learning explanations based on nurture, and psychodynamic having some of both
- assessment of studies such as Gottesman, Raine, Bowlby for nature/evolutionary
- assessment of studies such as Milgram, Bandura, Becker and Watson and Rayner for nurture

Where candidate responses did not achieve the higher levels, it was due to detailed procedures from studies being discussed without actually linking back to nature or nurture.

Responses that achieved the higher marks will:

- talk about a theory (such as agency theory)
- use studies that may support this theory (such as Milgram)
- discuss what this means for the nature v nurture argument
- then refute this with other theories/studies on the other side of the debate

Some form of judgements will be present throughout the response.

11 Assess whether nature is more influential on human behaviour than nurture.

(20)

Social learning theory explains that criminal acts can be due to observations of others during a criminal act. For example form watching a criminal movie. Bandura and Ross and Ross (1932) found out that children tend to imitate aggressive behaviour.

Social psychology ~~Conformity~~ explains that people might conform due to ~~them~~ others behaviour. Moscovicy found that females will conform and follow the majority. People will observe what others do and behave according to it and follow the behaviour of the majority.

Raine found out that insane criminals had a diffrent size of amygdala compared to the sane ~~crim~~. This shows that biological structure of the brain can have an influence on human behaviour, in this case the insane criminals showing more agressive behaviour.

Bowlby (1944) e suggested thet mother depreviation had an effect on the child in adolesent and ~~eau~~ could cause deligency. This shows thet mother s ~~depr~~ presense being a important part of the development of someones emotional and social ~~and~~ development.

Genny was a girl that ~~where~~ r did not learn life skills at a early at her childhood, this caused her to have difficulty learing language at later years. this shows thet the ~~ek~~ environment you grow up it can determine your behaviour

~~this~~ In conclusion both nature and nurture do play a role in humen development and result in a specific human behaviour

ResultsPlus
Examiner Comments

Marks are given for:

AO1: some basic knowledge about nature v nurture, explanations of behaviour ie SLT, conformity, Raine, Bowlby. Low Level 2

AO3: basic, with only some judgements about how theories relate to the debate, and the use of Genie (sp) Top Level 1/Low Level 2

Level 2, but at the bottom as suggested by the AO1 and AO3

Total: 5 marks

Candidates should remember that their points need to relate back to the question being asked and not just 'list' studies.

11 Assess whether nature is more influential on human behaviour than nurture.

(20)

The nature vs nurture debate has been an ongoing arguement in the field of psychology for decades, and there are various studies suggesting that nature wins, and vice versa:

To begin, there are multiple theories in psychology with a biological basis, suggesting that human behaviour is a result of a biological predisposition. An example of this is aggression. Several studies have been conducted to find that aggression could be ~~a~~ the result of low serotonin and high dopamine. Additionally, many psychologists have said that having high testosterone can also ultimately lead to aggression, ~~suggest~~ potentially claiming that men are more likely to be aggressive than women. However, this can be interpreted as deterministic as it claims that males are ~~perhaps~~ pre-disposed to having aggression, due to high levels of testosterone, when that case could be ~~some~~ wrong, as it ignores ~~etc~~ cultural and individual differences.

Moreover, studies of depression have also been based around the nature side. This is ~~shown by a~~ suggested by the monoamine depletion hypothesis, suggesting low levels of the neurotransmitters serotonin and noradrenaline have resulted in depression. This theory was further supported by the psychologist Francis et al (1999) who investigated the reduction of tryptophan on patients who were previously diagnosed with depression but are currently in remission. Tryptophan is an essential substance for creating serotonin, and Francis found that a reduction in tryptophan ~~was~~ ~~created~~ resulted in depressive symptoms in those with

pre-diagnosed depression, in comparison to the healthy patients, suggesting those with depression are vulnerable to the fluctuation of Serotonin. Although this is a biological interpretation of depression, a study by Mariana et al (2014) suggested that low levels of serotonin were a result of depression and not a cause. This was done by silencing the TPH2, which is an essential substance for converting tryptophan into serotonin in mice. She found that there were no depressive symptoms shown on the mice, ultimately suggesting that serotonin is not a cause of depression. This study also suggests that depression could be the result of other factors that are not with the ~~nature~~ nature argument. A theory study by Beck et al (1967) supported the nurture side, by stating that ~~the~~ maladaptive functioning and negative thinking caused depression, and he called this the cognitive triade. He suggested that if humans had a negative cognitive triade, they were more likely to develop depression than those with a positive cognitive triade. This shows that human behaviour cannot only be explained by nature, but nurture plays a role too.

Furthermore, theories in social psychology primarily focus on the nurture side of interpretation. This is suggested by studies on obedience by both Milgrom (1963) and Burger (2009). The ~~the~~ replication of Milgrams study by Burger is also significantly important, as many assumed Milgrams study was not generalisable due to the use of only male participants, however, when Burger replicated the study using both males and females, he found no significant difference in the levels of obediance between both genders, which shows that obediance is biologically determined, as it is more to do with environmental factors - nurture.

On the other hand, studies and theories with schizophrenia are highly biologically interpreted. This is suggested through the dopamine hypothesis, where it is said that the hyperdopaminergia ~~(high levels~~ (excess levels of dopamine in the mesolimbic pathway) and hypodopaminergia (a deficit of dopamine in the pre-frontal cortex) are ~~the cause of sch~~ are factors in a developing positive and negative symptoms of schizophrenia. Additionally, Gottesman et al, conducted a meta-analysis of 40 European countries to identify the role of genetics in the development of Schizophrenia: ~~and~~ He found the more genes shared, the higher the concordance rate of developing schizophrenia, such as 9% concordance rate ~~w~~ between siblings, 17% concordance rate between dizygonic (DZ) twins, and 48% concordance rate between monozygotic (MZ) twins, suggesting that genetics play a role. However, ~~this can also~~ due to the concordance rate being 48%, and not 100%, suggests that factors like the environment also ~~play a role~~ have an effect on schizophrenia, which is why genetics is a weak link as it ignores other aspects like social, and environmental factors.

In similiar vein, Learning theories are also based around nurture over nature, and suggest how human behaviour is learnt via the surrounding. This is suggested by Albert Bandura's social learning theory which suggests that people learn behaviour by imitating a role model. This was evidenced by the experiment of Bandura's Bobo Doll, where children were told to observe adults hitting a bobo doll, and then the children were placed in a room with the doll, to observe their behaviour. The majority of the children showed aggressive learnt behaviour.

Overall, while nature can explain human behaviour on its own, and nurture can explain certain behaviours, it is important to consider the interactionist theory, and acknowledge that behaviour can be learnt through both nature and nurture.

ResultsPlus
Examiner Comments

Marks are given for:

AO1: some accurate knowledge of nature v nurture in relation to behaviour. A description of theories, definitions of nature/nurture/diathesis-stress. This response discusses biological theories of aggression to support nature, cognitive theories of depression to support nurture, role of social psychology and learning theories in our understanding of nurture explanations. Top Level 3

AO3: This response has a number of studies linked to the debate ie Francis, Mariano, Beck, Milgram. Low Level 3

This response feels a little list-like especially with the AO3.

This means it is a Level 3 essay but not at the top, due to the AO3 being slightly weaker.

Total: 10 marks

11 Assess whether nature is more influential on human behaviour than nurture.

(20)

A big debate in psychology is whether a person's attitudes, thoughts and behaviours come as a result of their genetics (nature) or their environment (nurture). Nature refers to the innate and inherent aspects of an individual that can explain their behaviour, such as a faulty gene. While Nurture refers to the factors in an individual's development or current environment that can explain their behaviour, such as imitating a role model's behaviour (SLT).

It can be argued that nature is more influential on human behaviour that nurture. This is because Raine used radioactive PET scans to determine whether ~~eggg~~ violent criminals who pleaded NGRI had different brain activity than non-violent controls. They found that compared to controls, the criminals had higher levels of activity (glucose metabolism) in their right amygdala - responsible for 'fight' trigger, while being low levels of activity in their left hippocampus and Pre-frontal cortex - responsible for self-regulation and control. ~~con~~ This concluded that violent criminals had more aggressive tendancies due to 'nature' - ~~th~~ ~~incre~~ different levels of activity in Brain regions linked to aggression. ~~inhum~~ This suggests that nature is more influential on human behaviour.

However, ~~nurture~~, it can also be argued that aggression can be influenced by an individuals 'nurture'. This is because Bandura's Bobo

don study investigation the role of the effect of a role model on children's learning aggressive behaviour. They had a role model demonstrate kicking and hitting the Bobo doll. The children then successfully observed the aggressive behaviour, retained the behaviour, were motivated to repeat it, and reproduced the aggressive hitting and kicking when given the chance. This shows that children can learn aggressive behaviour through 'nurture' - social learning theory. This suggests that nurture is more influenced than nature on human behaviour.

A second argument for why nature is more influential than nurture on human behaviour can be seen from the biological explanation of Anorexia (AN). The LH in the brain is responsible for sending out hunger signals which make an individual hungry for food. The VMH is responsible for sending out satiety signals which make an individual feel 'full'. Thus a dysfunction of this (low LH, High VMH) can lead to AN symptoms such as the lack of desire to eat or even feeling disgust towards food. Thornhill & Saunders altered the levels of LH (made lower) and VMH (made higher) in rats and found that those with low LH are less that those with high LH (vice versa for VMH). This show that AN behaviour and symptoms can be explained through 'nurture' - levels of LH and VMH in an individuals brain. This suggests that nature is more influential that nurture on human behaviour.

However it can be argued that nurture has a bigger influence on AN than nature. This is because Becker investigated the

effect of western ~~the~~ media on ~~girls~~ adolescent Fijian ~~g~~ school girls. They brought western TV and media which depicted western beauty standards (slim figures) to a community of Fijian who's beauty standards for women were of a bigger size. After the experiment concluded, they found that An thoughts such as 'desire to lose weight' and 'fear of food' increased over 16%. It was even reported that some girls, when interviewed, said: "I want to look like them (western beauty role models) ... I want their body.". This show that An ~~is~~ can be learnt through 'nurture' - vicarious reinforcement when slim models in western media were praised for their bodies. This suggests that nurture is more influencial than nature on human behaviour.

A third argument for why nature is more influencial than nurture on human behavior can be seen from the Language Acquisition ~~Device~~ Device theory in language learning. The theory posits that every child is born with this innate language device that stores ~~universal~~ all universal grammar rules thus enables us to learn ~~any~~ ~~one~~ languages. This LAD is innate and thus the theory ~~[illegible]~~ states that ~~we~~ children can learn any language in the world using their LAD. This shows that ~~language learning~~ ~~ca~~ language learning can be explained through 'nature' - the inherent universal grammar we are born with. This suggests that nature is more influencial than nurture on human behaviour.

However, it can be argued that nurture has a higher influence on

language learning than nature. This is because of Vygotsky's zone of proximal development (ZPD) which theories that children can learn language through being taught by a 'more knowledgeable other'. The ZPD is what a child can do with the help of the MKO, that what they are cannot do themselves (in this case a new language). This theory is supported by the case study of 'Genie', who due to a lack of a MKO, failed to develop any language skills. After she was found at 8, she was still unable to learn a language highlighting the need to learn through a MKO. This show that language learning can be explained through 'nurture' - learning through scaffolding techniques based on ZPD theory. This suggests that nurture is more influential than nature on human behaviour.

In conclusion, it is evident that both the roles of nature and nurture are important in all aspects of psychology. It is this important to because of reductionist theories / studies which isolate nature and nurture, and instead look to holistic ones that acknowledge both their roles in human behaviour.

ResultsPlus
Examiner Comments

This response receives marks for:

AO1 knowledge and understanding and AO3 assessment is very much intertwined in this essay.

The response shows accurate and mainly thorough knowledge about the debate, use of Raine (as AO1 in this case) leading on to AO3 link to the debate in question.

This is the same for the AO1 knowledge of SLT, linked to Bandura's study and how this links to the nurture debate.

The response also shows knowledge of both side of the debate for anorexia and language acquisition, always linking back to the question.

AO1: Level 5

AO3: Level 5, bottom, due to the lack of detail and judgements at times

Because AO3 is weighted heavier, this remains at the bottom of Level 5.

Level 5

Total: 17 marks

Paper Summary

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

- Ensure thorough understanding of the key command words used in each question, the requirements for each one, and the distinctions between these. This is especially important in terms of 'describe' and 'explain' in shorter questions
- Within extended open responses, give balanced responses and exemplify points, which lead to making informed conclusions or judgements (where appropriate) in relation to the question content
- AO3 evaluation/assessment is still the weakest part of extended open responses so further practise on this type of question would be of benefit to candidates. Use of the variety of past papers is recommended
- The 'key question' essay still causes difficulties. Make sure candidates apply AO1 understanding of the appropriate areas of psychology to the context in the given scenario; do not merely replicate the information in the scenario
- Marks were often lost due to responses being generic, rather than a lack of knowledge. Remember that if the question is asking for use of the scenario, then responses should link to that scenario explicitly
- Remember that a name is not enough to apply a response to a scenario; in addition, do not just 'lift' from the question because this will also not be seen as being linked to the scenario
- When expanding points, the use of evidence and supporting/contesting concepts will aid in exemplifying knowledge and understanding, as appropriate
- Focus on the specific direction of the question to avoid going off-topic, particularly in the extended essay questions
- The 6-mark analyse question continues to cause difficulties. Thorough understanding of the expectations of this command word is needed, especially in relation to how points of knowledge can be justified. Often, most of the AO1 marks available would be achieved on this question, but very few of the AO3 marks
- Remember to include the minus sign when giving an answer for a statistical test, and include both the critical and calculated value when looking at significance. Omitting them will lose marks

Grade boundaries

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