



2010 Psychology

Higher

Finalised Marking Instructions

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Generic Marking Information

Approximate weighting of all questions: Knowledge and understanding – approximately 60% of the mark

Analysis and evaluation – approximately 40% of the mark

Assessment objective	Generic requirements
Knowledge and understanding	<ul style="list-style-type: none">• Accurate, relevant and detailed psychological knowledge is demonstrated.• The information is presented in a coherent manner.• Information is communicated effectively using accurate psychological terminology and formal style.
Analysis and evaluation	<ul style="list-style-type: none">• Analysis of concepts, processes, evidence etc is shown, and/or• Evaluation is balanced and informed.

Generic Marking Information for 20-mark questions.

To award an answer a mark within a given band, all or most of the Generic Requirements for that band should apply.

Mark Band	Generic Requirements
18-20 (A1)	<ul style="list-style-type: none">• Accurate, relevant and detailed psychological knowledge is demonstrated; there is evidence of thorough understanding.• Response is coherent and logically structured; appropriate examples are provided and points expanded.• Integration of knowledge from other relevant areas is shown.• Analysis of concepts, processes, evidence, etc is thorough, and evaluation is balanced and informed.• Information is communicated effectively using extensive and accurate psychological terminology and formal style, following the conventions of the discipline.• Sentence construction and punctuation are good.
14-17 (A2)	<ul style="list-style-type: none">• Knowledge of the topic is accurate, relevant and detailed in the main; material shows clear understanding.• The information is presented in a coherent manner, with use of examples and some expansion of points.• Integration of points from other relevant areas is shown, though may be slightly limited.• The answer is evaluative/analytical, although the balance of evidence may show minor weaknesses.• Information is communicated effectively using accurate psychological terminology and appropriate style, following the conventions of the discipline.• Sentence construction and punctuation should be good.

12-13 (B)	<ul style="list-style-type: none"> • Knowledge of the topic is relevant; it may be slightly lacking in detail, but there is evidence of understanding. • Information is presented in a coherent manner, with some use of examples; expansion of points may be limited. • Integration of knowledge from other areas is shown, but is limited. • Attempts at evaluation/analysis are evident, although a balance of evidence is not always achieved. • Information is communicated effectively using appropriate terminology, and style mainly follows the conventions of the discipline. • Sentence construction and punctuation are reasonable, though a few errors may be evident.
10-11 (C)	<ul style="list-style-type: none"> • Knowledge of the topic is relevant, but lacks detail, or shows slight inaccuracies or miscomprehensions. • Information is presented in a reasonably coherent manner, though use of examples and expansion of points are limited. • Some weaknesses are evident in analysis/evaluation. • Information is communicated reasonably effectively; however, terminology and/or style may lack clarity. • Sentence construction and punctuation are adequate, but a number of errors may be evident.
9 (D)	<ul style="list-style-type: none"> • Knowledge lacks detail and/or shows errors or omissions. • Information is lacking in coherence, limited or irrelevant examples may be provided and points are not expanded or may demonstrate severe limitations. • Major weaknesses may be evident in analysis/evaluation or none attempted. • Effectiveness of communication of psychological information is limited, terminology is lacking and/or style is inappropriate. • Sentence construction and punctuation are weak.
0-8 (NA)	<ul style="list-style-type: none"> • Little or no psychological knowledge is evident. • No analysis or evaluation is shown, and any evidence provided is irrelevant or anecdotal. • Communication of psychological information is ineffective. • Sentence construction and punctuation show major flaws.

Specific Marking Instructions
Section A – Understanding the Individual

A1 Early Socialisation	Question and Specific Content Requirements	Approx Marks weightings: 60% ku – 40% ae	
(a)	<p>Describe and evaluate Ainsworth’s contribution to our understanding of attachment. Refer to research in your answer.</p> <p><i>Ainsworth defined attachment as an affectional tie that binds two people together and endures over time, the emphasis being on the emotional bond.</i></p> <p><i>Her theories are based mainly on her research known as the “strange situation” eg Ainsworth et al (1978). She describes stages of attachment, and types of attachment: Type A = insecure-avoidant, Type B = secure, Type C = insecure-resistant. These types depend on maternal sensitivity/sensitive responsiveness of the parent.</i></p> <p><i>Evaluation should address both her theory(ies) and the underpinning research, eg:</i></p> <ul style="list-style-type: none"> - <i>Theory is based on large body of research evidence</i> - <i>Findings have been replicated, providing further support for the theory, eg van IJzendoorn and Kroonenberg (1988)</i> - <i>Good internal reliability of the strange situation technique due to number of measures used</i> - <i>Laboratory-based therefore well controlled, and can conclude cause-and-effect</i> - <i>Confirmed some aspects of Bowlby’s attachment theory</i> - <i>Cultural bias in her research and theory, eg Grossmann and Grossmann (1991)</i> - <i>Attachment to fathers/other family members may be of different type to mother, eg Main & Weston (1981)</i> - <i>Some infants could not be categorised so Type D was added by Main and Solomon (1986)</i> - <i>Ethical concerns over causing distress to young children.</i> <p><i>A minimum of two correctly-explained evaluative points should be given for full ae marks to be awarded.</i></p>	8	4

(b)	<p>What are the long-term implications for children who have experienced separation, deprivation or privation in childhood? Your answer should refer to research evidence.</p> <p><i>Full credit may be awarded whether candidate writes about all three (separation, deprivation and privation) or focuses on just one.</i></p> <p><i>Distinction may be made between the three concepts, or definition(s) given, eg “separation” is usually brief and has no lasting effects, but “privation” is long-lasting/severe and is likely to have long-term adverse effects.</i></p> <p><i>Several “implications” should be described and supported with evidence, eg: difficulties in relationships, insecure attachment in adulthood; mental health problems/emotional maladjustment/affectionless psychopathy; delinquency; reactive attachment disorder; poor cognitive/language development, etc. Specific problems may be linked to specific causes, eg lack of stimulation/poor cognitive development.</i></p> <p><i>Evaluation/analysis could include limitations of research methodology, eg all studies are non-experimental. Evidence of long-term implications seems deterministic but studies have shown that improved environment reduces ill-effects of previous (de)privation, eg Hodges and Tizard (1989), Triseliotis (1984).</i></p> <p><i>Other possible studies might include: Hazan and Shaver (1987); Goldfarb (1943); Rutter et al (1998); Curtiss (1977) (Genie).</i></p>	4	4
	Alternative points may be credited as appropriate.	12	8

A2 Stress	Question and Specific Content Requirements	Approx Marks weightings: 60% ku – 40% ae	
(a)	<p>Explain the role of the “fight or flight” syndrome in the stress response. Give an example of the fight or flight response in your answer.</p> <p><i>Fight or flight response prepares the body for emergencies, so that we face the threat or flee. It is an adaptive response with an evolutionary basis.</i></p> <p><i>The role of the ANS in fight or flight should be explained, in particular sympathetic arousal, or sympathetic-adrenal-medulla process (SAM): increased heart rate, blood pressure, breathing rate, flow of blood to organs; release of hormones through link with endocrine system. Parasympathetic system returns body to stable internal state. Cognition also plays a part in fight or flight, ie perception of threatening situation, via link with central nervous system.</i></p> <p><i>Fight or flight may be explained/analysed in terms of “acute” stress, compared to “chronic” stress, which is mediated by the hypothalamic-pituitary-adrenal (HPA) process. Alternatively, or in addition, it may be explained as the “Alarm” stage of Selye’s GAS (1950). (NB If the full GAS is described, marks may be awarded for the Alarm stage only.)</i></p> <p><i>Possible examples: frustrated in traffic jam, encounter with a bully at school or in workplace, argument with friend or family member, receiving an unexpected large bill etc.</i></p> <p><i>The ae marks may be awarded for a well-explained example, and/or for reference to supporting research evidence, and/or for analytical treatment of the topic, eg role of cognition, or the adaptive nature of the response. 2 marks should be awarded for each well-explained evaluative/analytical point.</i></p>	8	4

A2 Stress	Question and Specific Content Requirements	Approx Marks weightings: 60% ku – 40% ae	
(b)	<p>Briefly describe and evaluate the transactional nature of stress. Refer to research in your answer.</p> <p><i>Transactional view of stress: stress arises when there is a mis-match between perceived demand and perceived ability to cope. Cognitive appraisal is key, eg Lazarus and Folkman (1984). A person will experience less stress if they have good coping strategies/stress-reduction strategies, as they perceive themselves as better able to cope with demands made on them.</i></p> <p><i>Evaluation/analysis: transactional view may be compared (favourably) with the physiological model (Selye) and engineering model (Cox, 1978). The transactional view provides an explanation of the role of individual differences in stress, ie why the same task causes one person stress but not another of similar ability: reference may be made to Locus of Control (Rotter, 1966), “hardiness” (Kobasa, 1979) etc. Other research may include Lazarus (1999), Beck (1993).</i></p>	4	4
	Alternative points may be credited as appropriate.	12	8

A3 Memory	Question and Specific Content Requirements	Approx Marks weightings: 60% ku – 40% ae	
(a)	<p>Describe and evaluate the “Working Memory” model of memory. Refer to research in your answer.</p> <p><i>The model should be fully described. Proposed by Baddeley and Hitch (1974), it features three components which account for different kinds of processes within STM: central executive, visuospatial sketchpad and phonological loop which includes the phonological store and the articulatory process. Two tasks can be carried out at the same time as long as they use different components. Diagrams should be awarded marks as appropriate but should supplement text, rather than replace it. Examples may gain credit.</i></p> <p><i>Evaluation may include:</i></p> <ul style="list-style-type: none"> • <i>Supporting evidence comes mainly from dual-task studies, eg Hitch and Baddeley (1976).</i> • <i>The theory counters some weaknesses of the multi-store model, eg explains several different types of memory in STM; it also explains the word-length effect (Baddeley, 1975).</i> • <i>Support from studies of individuals with brain damage, eg Trojano and Grossi (1995).</i> • <i>A considerable amount of evidence supports the phonological loop and the visuospatial sketchpad but the central executive is under-researched.</i> • <i>The theory has useful practical applications, eg helping children with reading difficulties (Gathercole and Baddeley, 1990).</i> 	8	4
(b)	<p>Describe and evaluate the Loftus and Palmer (1974) research study which investigated eyewitness testimony.</p> <p><i>A description of the Loftus and Palmer (1974) research should be provided, including all or most of: aim, method/procedure, participants, findings.</i></p> <p><i>Evaluation points may include:</i></p> <ul style="list-style-type: none"> • <i>conclusions from the study, eg influence of post-event information/leading questions</i> • <i>support from later research, eg Loftus et al (1978); Lindsay (1990)</i> • <i>challenged by some later research, eg Bekerian and Bowers (1983); Yuille and Cutshall (1986)</i> • <i>evaluation of methodology, eg poor ecological validity, possible demand characteristics</i> • <i>application of findings/implications for practice, eg study has led to real-life research; police should avoid leading questions when taking witness statements.</i> 	4	4
	Alternative points may be credited as appropriate.	12	8

Specific Marking Instructions

Section B – Investigating Behaviour

B Investigating Behaviour	Question and Specific Content Requirements	Approx Marks weightings: 60% ku – 40% ae	
(a)	<p>This was correlational research. Suggest:</p> <p>(i) a one-tailed hypothesis for this study; (ii) a null hypothesis for this study.</p> <p>(i) <i>The more time spent on driving lessons the more confident people are in passing their driving test; OR there is a positive relationship between the amount of time spent on driving lessons and confidence in passing the test.</i> (ii) <i>there is no relationship between the amount of time spent on driving lessons and confidence in passing the test.</i></p>	<p>2 2</p>	<p>0 0</p>
(b)	<p>Describe the main features of correlational research design.</p> <p><i>At least four of the following:</i></p> <ul style="list-style-type: none"> <i>Aims to discover a relationship (not a difference) between two variables</i> <i>Not a research method as such but a means of data analysis</i> <i>Usually used in non-experimental methodologies</i> <i>Can show direction of relationship (positive/negative)</i> <i>Can show strength of relationship</i> <i>Data are usually presented on a scattergram</i> <i>Data can be statistically analysed to provide a co-efficient, between -1 and +1.</i> 	4	0
(c)	<p>In this study, the researchers obtained mainly quantitative data. How might they have obtained qualitative data?</p> <ul style="list-style-type: none"> <i>Include open-ended items in the questionnaire</i> <i>Interviews</i> <i>Focus groups</i> <i>Observation</i> <p><i>Full credit may be awarded for one method with expanded description, OR for two or more methods simply named.</i></p>	2	0

(d)	<p>State one strength of qualitative data.</p> <p><i>One from:</i></p> <ul style="list-style-type: none"> • <i>Provides rich, in-depth information</i> • <i>Data possibly unobtainable by other means</i> • <i>More valid/authentic representation of people's experiences</i> • <i>Less reductionist than quantitative data.</i> 	0	2
(e)	<p>State whether the relationship shown in the scattergram is positive or negative, and explain your answer.</p> <p><i>Positive (1 mark); pattern rises from bottom left to top right; OR, as one variable increases, the other also increases (1 mark).</i></p>	0	2
(f)	<p>The scattergram shows a strong correlation. How would a weak correlation differ in appearance?</p> <p><i>The points would be more widely scattered, rather than narrowly clustered, though a linear pattern would still be seen.</i></p>	2	0
(g)	<p>Explain one ethical concern that might arise in this study.</p> <p><i>One from:</i></p> <ul style="list-style-type: none"> • <i>Participants should not be caused harm/distress. Their personal feelings/thoughts should be treated sensitively, as they may already be anxious about failing the test</i> • <i>Questionnaire items should not infringe people's privacy</i> • <i>Data should be treated confidentially</i> • <i>...or other relevant ethical concern.</i> <p><i>For the full 2 marks to be awarded, the answer should explain relevance to this specific study.</i></p>	0	2

(h)	<p>Explain one limitation of this study.</p> <p><i>One from:</i></p> <ul style="list-style-type: none"> • <i>Researchers should not conclude that there is a cause-and-effect relationship</i> • <i>Biased sample due to self-selection</i> • <i>Biased sample – questionnaire available only to those with online access</i> • <i>Variation in quality of instructors – lack of control</i> • <i>Some participants may have had extra practice as well as lessons – lack of control</i> • <i>Problems of self-report data, eg social desirability, demand characteristics</i> • <i>Validity and reliability of questionnaire may not have been established</i> • <i>Questionnaire was long, so participants may have become bored, leading to less authentic answer ...etc</i> 	0	2
	Alternative points may be credited as appropriate.	12	8

Specific Marking Instructions
Section C – The Individual in the Social Context – Social Psychology

C1 Prejudice	Question and Specific Content Requirements	Approx Marks weightings: 60% ku – 40% ae	
	<p>With reference to research, describe and evaluate the nature of prejudice. In your answer you may wish to include:</p> <ul style="list-style-type: none"> • A definition of prejudice with examples <p><i>Prejudice: pre-judging someone without evidence to support the judgement.</i> <i>Prejudice often includes:</i> <i>Stereotyping – fixed and usually simplistic generalisation about a group/class of people</i> <i>Discrimination – behaviours, usually negative, towards members of a group and which are unfair in comparison to other groups.</i> <i>Likely examples: racism, ageism, sexism, heterosexism etc.</i></p> <ul style="list-style-type: none"> • Cognitive, affective and behavioural aspects of prejudice <p><i>The cognitive aspect of prejudice refers to our beliefs about a person or group – often a stereotype.</i> <i>The affective aspect refers to our emotions/what we feel about a person or group – often negative, eg hostility, hatred.</i> <i>The behavioural aspect refers to how we act towards a person or group – often some form of discrimination, ie target group is treated unfavourably.</i></p> <ul style="list-style-type: none"> • Evaluation of research evidence on the nature of prejudice <p><i>Research evidence may be evaluated/analysed in terms of support or otherwise for the concepts described above, and/or in terms of methodological strengths and weaknesses of the studies, or other evaluative criteria.</i></p> <p><i>Possible research: La Pière (1934) (racism); Adorno et al (1950) (racism); Tajfel (1970) (racism); Cuddy and Fiske (2002) (ageism); Cohen (1981) (stereotyping based on occupation); Hegarty (2002) (heterosexism); Swim et al (2001) (sexism).</i></p> <p><i>2 marks should be awarded for each correctly explained evaluation point, up to a maximum of 8 marks.</i></p>	12	8
	Alternative points may be credited as appropriate.	12	8

C2 Social relationships	Question and Specific Content Requirements	Approx Marks weightings: 60% ku – 40% ae	
	<p>With reference to research, describe and evaluate variations in contemporary relationships. In your answer you may wish to include:</p> <ul style="list-style-type: none"> • A definition of relationships <p><i>Involves two people who interact regularly over a long period of time and whose behaviour is interdependent; friendships and couples; mutual affection; romantic love; exclusive commitment.</i></p> <ul style="list-style-type: none"> • A description of cross-cultural differences and/or same-sex relationships and/or mediated relationships <p><i>Candidates may gain full credit for addressing one of these types of variation, or two, or all three.</i></p> <p>Cross-cultural differences: <i>all relationships exist in a social/cultural context which may vary over time and place. In psychological research and theory there is a western bias, eg: emphasis on the concept of romantic love and free choice of partner; in non-western cultures there may be greater emphasis on economic factors and family status, and less individual choice, as in arranged marriages. Geographical factors, eg choice is limited in rural populations with little mobility. Comparison of individualist and collectivist cultures. Monogamy and polygamy.</i></p> <p>Same-sex relationships: <i>increased research recently; greater social acceptance in some cultures (including UK), eg civil partnerships, equality legislation.</i> <i>Comparison with heterosexual relationships: similarities and differences, eg economic theories apply to both, but there may be greater equity in same-sex couples; fewer same-sex couples co-habit. People in homosexual relationships may suffer stress due to stigma and discrimination.</i></p> <p>Mediated relationships: <i>these are initiated and develop online through chatrooms, dating websites, social networking sites, interactive games. They may be purely virtual, or involve direct online contact, and may lead to offline contact. Such relationships are influenced by, eg: reduced cues; deindividuation/anonymity; fear of threat from paedophiles. May benefit shy or isolated people.</i></p>	12	8

	<ul style="list-style-type: none"> • Evaluation of research evidence <p><i>Research evidence may be evaluated/analysed in terms of support or otherwise for the concepts described above, and/or in terms of methodological strengths and weaknesses of the studies, or other evaluative criteria.</i></p> <ul style="list-style-type: none"> • Evaluation of research evidence on cultural differences in relationships. <p><i>Possible studies: Moghaddam et al (1993), Dion and Dion (1993), Gupta and Singh (1982), Fiske (2004).</i></p> <ul style="list-style-type: none"> • Evaluation of research evidence on same-sex relationships. <p><i>Possible studies: Kitzinger and Coyle (1993), Huston and Schwartz (1995), Bee (1994), Fletcher (2002).</i></p> <ul style="list-style-type: none"> • Evaluation of research evidence on mediated relationships. <p><i>Possible studies: Griffiths (2000), Williams (2000), Duck (1999), Young (1999).</i></p>		
	Alternative points may be credited as appropriate.	12	8

C3 Conformity and Obedience	Question and Specific Content Requirements	Approx Marks weightings: 60% ku – 40% ae	
	<p>With reference to research, describe and evaluate strategies for resisting social pressure/coercion. In your answer you may wish to include:</p> <ul style="list-style-type: none"> • A definition of social pressure/coercion; <p><i>Strong influence exerted by others on an individual to make them alter their thoughts or behaviour. Examples may gain credit, eg messages from advertisers, peer groups, politicians, religious cults etc.</i></p> <ul style="list-style-type: none"> • Description of two or more strategies, eg moral reasoning, and/or questioning motives of others, and/or disobedient models, <p>Moral reasoning: Kohlberg (1969) suggested that children progress through three levels/six stages of moral reasoning related to cognitive development. Those in the higher stages were more likely to resist social pressure, due to independent, internalised moral thinking, including awareness of one's own values. Resistance skills training may aid this process (Hansen and Graham, 1991). Moral development is enhanced by certain child-rearing styles, eg authoritative parenting (Baumrind, 1967).</p> <p>Disobedient models: people are more likely to resist if they observe others resisting (eg Milgram, 1974). A large crowd tore down the Berlin Wall in 1989, in spite of threat from armed guards, after a small number of people started attacking it. "Whistle-blowers" are sometimes highlighted in the media, and may encourage resistance to pressure, eg US soldier who exposed Abu Ghraib abuse.</p> <p>Questioning motives of others: children in particular can be vulnerable to manipulation for example by advertisers. They can be helped to develop "healthy scepticism", ie to understand motives of "persuaders" such as advertisers, peer groups, religious cults or extreme political groups, and so resist pressures to buy/join (eg Furnham, 2002; Austin and Johnson, 1997; Linn et al, 1982). Resistance skills training and/or normative education may be effective. Influence of TV adverts on children is reduced by parental involvement/interaction with child.</p> <p>Other possible strategies:</p> <p>Taking responsibility for one's own actions: role of empathy and guilt; agentic state v. state of autonomy/ personal responsibility (Milgram, 1974). Personal moral control may be increased through training/ education or psychotherapy (Shapiro, 2006).</p>	12	8

	<p>Minority influence: a minority can influence a majority and produce a change of mind, ie “conversion”, eg Moscovici et al (1969). Example: suffragette movement in the early 20th century eventually won votes for women. Conditions for conversion are consistency, flexibility, commitment, relevance (Moscovici, 1985).</p> <p>Assertiveness training: can be applied in the workplace (eg Dunham, 1989) and in personal relationships.</p> <ul style="list-style-type: none"> • Evaluation of research evidence on such strategies. <p>Research evidence may be evaluated/analysed in terms of support or otherwise for the concepts described above, and/or in terms of methodological strengths and weaknesses of the studies, or other evaluative criteria. Some research relates to all or most strategies: eg Milgram (1974); Hansen and Graham (1991) – resistance skills training and normative education, the latter being more effective in resisting peer pressure in substance abuse.</p> <p>Moral reasoning: Kohlberg (1969) – criticised by Linn and Gilligan (1990). Baumrind (1967)</p> <p>Disobedient models: Milgram (1974) – people more likely to resist if a confederate disobeyed; Gamson et al (1982) – a minority of spontaneous rebels swayed the group. But Mandel (1998 – Reserve Police Battalion 101) – dissenting minority did NOT influence the 80% majority. Zimbardo et al (1973) – in spite of rebels, the majority continued to conform. (Evidence from “minority influence” may also be relevant here).</p> <p>Questioning motives of others: Liebert and Sprafkin (1988), Furnham, (2002); Austin and Johnson, (1997); Linn et al (1982)</p> <p>Taking responsibility for one’s own actions: Milgram, (1974), Shapiro (2006)</p> <p>Minority influence: Moscovici et al (1969), Nemeth et al (1974), Moscovici (1985). (Evidence from “disobedient models” may also be relevant here).</p> <p>Assertiveness training: Dunham (1989), Edelman (1993).</p>		
	Alternative points may be credited as appropriate.	12	8

Specific Marking Instructions
Section C – The Individual in the Social Context – Psychology of Individual Differences

C4 Atypical behaviour	Question and Specific Content Requirements	Approx Marks weightings: 60% ku – 40% ae	
(a)	<p>Describe and evaluate the medical and cognitive behavioural therapies used in the treatment of eating disorders OR depression. In your answer you may wish to include:</p> <ul style="list-style-type: none"> • Descriptions of the medical and cognitive behavioural approaches to therapy <p><i>Medical: views atypical behaviour as expression of some underlying biological disorder, possibly genetic. Therapies are therefore biological/somatic, eg drugs, ECT, neurosurgery.</i></p> <p><i>Cognitive behavioural approach: atypical behaviour is seen as arising from negative, distorted, irrational understanding and thoughts about self/others/the world. CBT therefore aims to change thinking patterns and associated behaviours.</i></p> <ul style="list-style-type: none"> • Brief description of the main symptoms of eating disorders OR depression <p><i>Eating disorders – two or more of the following:</i> <i>The two most common disorders are anorexia nervosa (AN) and bulimia nervosa (BN).</i> <i>AN: primarily a female disorder which usually has its onset in adolescence. Persistent attempts to achieve abnormally low body weight by reducing food intake. Symptoms/DSM criteria may be outlined.</i> <i>BN: variation of AN, but more common, and older age of onset. Periods of binge eating followed by purging, ie laxatives or vomiting. Unlike AN, BN sufferers tend to maintain normal body weight. Symptoms/DSM criteria may be outlined. Some claim these are not different disorders but variations of the same one (Mitchell and McCarthy, 2000).</i> <i>Obesity: causes are generally agreed to be mainly cultural (in the west), ie availability of food, and pressure to consume (Moghaddam, 2002).</i></p>	12	8

	<p>Depression: <i>A disorder of mood or affect. Symptoms/DSM criteria may be outlined – emotional, motivational, cognitive and somatic problems, eg sadness, loss of interest, lack of self-esteem and sleep disturbance.</i></p> <ul style="list-style-type: none"> • Evaluation of each type of therapy, including research evidence. <p>Eating disorders – medical approach: <i>Drugs: Appetite enhancers, anxiolytics, and anti-depressants may stabilise, and may make psychological therapies feasible, but on their own they only treat symptoms rather than any underlying problem. Hypothalamic dysfunction, disturbed hormonal regulation, abnormalities of neurotransmission may be involved in both AN and BN (Holland, 1988; Kendler, 1991). SSRIs are effective to some extent (supports origins in neurotransmitter dysfunction).</i></p> <p>AND</p> <p>Eating disorders – CBT approach <i>CBT derives from behaviour therapy, psychoanalysis and cognitive approaches. Cognitive restructuring attempts to change cognition as a means of changing maladaptive emotions and behaviour (Wessler, 1986). Most available evidence of effectiveness for treating eating disorders relates to Beck's CBT (1993). UK's National Institute for Clinical Excellence (NICE, 2004) recommends CBT for BN.</i></p> <p>OR</p> <p>Depression – medical approach <i>Anti-depressant drugs are commonly used: MAOIs, tricyclics and SSRIs. MAOIs are effective for about 50% of patients (Thase et al, 1995). Tricyclics are less successful. SSRIs have been found to be more effective than placebo (Joffe et al, 1996). ECT is reported to be effective but there are concerns over side-effects and ethical issues (eg Comer, 2004).</i></p> <p>AND</p> <p>Depression – CBT approach <i>CBT has been found to be as effective as anti-depressants (eg DeRubeis et al 2005), but this depends on a high level of therapist expertise. It teaches people skills and coping strategies that help them to cope with their life problems, ie an advantage over biological treatments. Beck (1993), and later outcome studies, suggest CBT is very effective for depression, and less confrontational than Ellis' RET (1962, 1973).</i></p> <p><i>General evaluation of therapy outcome studies may also gain credit, eg they assume validity and reliability of classification and diagnoses; difficult to eliminate client expectations/placebo effects when testing therapy effectiveness (Mair, 1992); all therapy effectiveness is mainly due to non-specific factors common to all therapies (Frank, 1973), etc.</i></p>		
	Alternative points may be credited as appropriate.	12	8

C5 Intelligence	Question and Specific Content Requirements	Approx Marks weightings: 60% ku – 40% ae	
(a)	<p>Explain the nature/nurture debate in relation to intelligence. Refer to research evidence in your answer. In your answer you may wish to include:</p> <ul style="list-style-type: none"> • Definition of intelligence <p><i>The ability to acquire information, to think and reason well and to adapt to the environment; to grasp the essentials in a situation and respond appropriately.</i></p> <ul style="list-style-type: none"> • Explanation of the nature/nurture debate, including interactionist views <p><i>The debate over the extent to which intelligence is influenced by genetics or by the environment. Nature and nurture are both essential; the two interact and are interdependent. Nature affects nurture, eg “niche picking”; nurture affects nature, eg brain functions, and genes, are affected by experience (eg Mirnics et al, 2001). Concept of reaction range (Gottesman, 1963).</i></p> <ul style="list-style-type: none"> • Evaluation of research evidence on the nature/nurture debate in intelligence. <p><i>Research evidence may be evaluated/analysed in terms of support or otherwise for the concepts described above, and/or in terms of methodological strengths and weaknesses of the studies, or other evaluative criteria.</i></p> <p>Twins studies – MZ twins reared separately (same genes, different environment) are compared with DZ twins reared together (same environment, different genes) to gauge relative contributions of genes and environment, eg Bouchard and McGue (1981), Pederson et al (1992). Although separated MZ twins show a high correlation, supporting genetic influence, they have often been reared in very similar ways and may not have been totally separated.</p> <p>Adoption studies – improvements have been found in IQ of working-class children adopted into middle-class families, supporting environmental influence (eg Scarr and Weinberg, 1976); however, Plomin et al (1997) found adopted children become MORE like their biological parents as they grow older.</p> <p>Deprivation/enrichment studies: IQ increase in orphans given mother substitutes (Skeels and Dye, 1939, and Skeels, 1966). Pre-school projects, eg Headstart, Abecedarian project. The Flynn effect may be due to environmental enrichment/improved living conditions for whole societies.</p>	12	8

	<p>Biological evidence: Chorney et al (1998) found genetic differences between extremely high-IQ children and average-IQ children.</p> <p>General evaluation points: virtually all studies use IQ as the measure of intelligence, so are subject to the many limitations of IQ testing.</p>		
	Alternative points may be credited as appropriate.	12	8

[END OF MARKING INSTRUCTIONS]