

2011 Psychology

Higher

Finalised Marking Instructions

© Scottish Qualifications Authority 2011

The information in this publication may be reproduced to support SQA qualifications only on a non-commercial basis. If it is to be used for any other purposes written permission must be obtained from SQA's NQ Delivery: Exam Operations.

Where the publication includes materials from sources other than SQA (secondary copyright), this material should only be reproduced for the purposes of examination or assessment. If it needs to be reproduced for any other purpose it is the centre's responsibility to obtain the necessary copyright clearance. SQA's NQ Delivery: Exam Operations may be able to direct you to the secondary sources.

These Marking Instructions have been prepared by Examination Teams for use by SQA Appointed Markers when marking External Course Assessments. This publication must not be reproduced for commercial or trade purposes.

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	 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	 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	• Accurate, relevant and detailed psychological knowledge is demonstrated; there is evidence of thorough understanding.
(A1)	 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	Knowledge of the topic is accurate, relevant and detailed in the main; material shows clear understanding.
(A2)	 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)	 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)	 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)	 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)	 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)	Discuss the positive and negative aspects of day care for young children. Your answer should refer to relevant research evidence.	8	4
	A definition or description of day care should be given. Types of day care: nurseries, childminders, workplace crèches. Day care refers to care by employed persons rather than by family or friends. Positive and negative aspects should be considered in relation to, for example, cognitive and/or social/emotional development.		
	• cognitive development: some evidence of lower verbal ability, reading and maths skills (eg Ruhm, 2000). Other evidence of improved school performance (eg Andersson, 1992) and generally better cognitive development (eg Burchinal et al, 2000).		
	 social development: some evidence of poorer social skills (eg NICHD, 2001 – aggression); some evidence of better social skills (eg Clarke-Stewart et al, 1994 – cope better with peers). 		
	Effects are often moderated by factors such as quality of care, length of time spent in day care per day/week, family's socio-economic background.		
	Two marks may be awarded for each evaluative strength or weakness given. A minimum of two evaluative points should be given for full marks.		
(b)	Describe and evaluate one research study that has investigated attachment.	4	4
	You should use a different study from any referred to in your answer to question (a) above.		
	Possible studies could include eg Ainsworth et al (1978); Schaffer and Emerson (1964); Sroufe et al (1999)		
	Alternative points may be credited as appropriate.	12	8

A2 Memory	Question and Specific Content Requirements		Approx Marks weightings: 60% ku – 40% ae	
(a)	 Discuss encoding, duration and capacity in STM and LTM. Your answer should refer to research evidence relevant to one of these processes. Encoding (acoustic, visual, semantic), duration and capacity should be described in relation to both STM and LTM. Research evidence could include: Peterson and Peterson (1959) – duration/STM Conrad (1964) – encoding/STM Baddeley (1966) – encoding/STM Miller (1956) – capacity and chunking/STM and LTM Bahrick et al (1975) – duration/LTM Brandimote et al (1992) – encoding/LTM 	8	4	
(b)	 Describe and evaluate one research study that has investigated forgetting. You should use a different study from any referred to in your answer to question (a) above. Possible studies could include eg Waugh and Norman (1965) – trace decay due to limited duration, or displacement due to limited capacity; Underwood (1957) – displacement; Baddeley and Hitch (1977) – interference; Godden and Baddeley (1975) – cue/context-dependency; Hardman (1998) – cue/state-dependency; Murdoch (1962) – displacement. 	4	4	
	Alternative points may be credited as appropriate.	12	8	

A3 Stress	Question and Specific Content Requirements		Approx Marks weightings: 60% ku – 40% ae	
(a)	Discuss origins of stress, including environmental sources and individual differences. Your answer should include relevant research evidence. Description of effects of factors such as overcrowding, temperature, noise, workload, job strain	8	4	
	etc, could be given. Individual differences such as gender and/or personality could be considered in relation to variations in stress susceptibility. Transactional nature of stress may be given as an explanation of individual differences. Research evidence could include eg Calhoun (1962); Glass et al (1969); Freidman and Rosenman (1974); Rotter (1966); Kobasa (1979); Taylor et al (2000). Optimism vs Pessimism Greer (1992).			
(b)	 Describe and evaluate one research study that has investigated biological processes in stress. You should use a different study from any referred to in your answer to question (a) above. Possible studies could include eg Selye (1936); Taylor et al (2000). Studies that focus on biological processes in stress and illness may gain credit, eg Brady (1958); Kiecolt-Glaser et al (1984); Evans et al (1997). 	4	4	
	Alternative points may be credited as appropriate.	12	8	

Specific Marking Instructions Section B – Investigating Behaviour

B1 Investigating behaviour	Question and Specific Content Requirements		Approx Marks weightings: 60% ku – 40% ae	
(a)	What is the dependent variable in this study?	1	0	
	Whether patients suffered a second heart attack within a year, or not			
(b)	Describe the experimental design in this study.	2	0	
	Independent groups/measures; participants are in separate groups, each group making up a different condition of the independent variable.			
(C)	This study was a natural experiment. Describe the main features of a natural experiment.	3	0	
	Some change is deliberately brought about by, for example, a school or a government. It might be a new reading scheme in a primary school; the old and new reading schemes are in effect the two conditions of the independent variable and children's reading progress would be the dependent variable.			
	However, these are naturally occurring variables, not manipulated by researchers. In a natural experiment there is little control of other variables, and cause-and-effect conclusions should not be drawn. A natural experiment is unlikely to be replicable. It is a type of field experiment.			
	Most of the above should be given, for 3 marks. Although only KU marks are available, AE can be credited as KU.			

(d)	Explain why a natural experiment was an appropriate choice of method for this study.	0	2
	A natural experiment was appropriate because a lab experiment would have been less ethical, eg it would be unethical to randomly assign some people to the control group where no healthy lifestyle programme was available.		
	It was carried out in a "real life" natural context therefore there was good ecological validity; less artificial than a lab experiment.		
	2 marks may be awarded either for one point explained in detail, or for two points given in less detail.		
(e)	Describe and evaluate one non-experimental method that could have been used to study the progress of heart attack patients.	4	4
	One from: Survey by questionnaire; interviews; observation; case study. Method should be fully described and at least two evaluative points given.		
	Full marks may be awarded whether the candidate answers on the basis of the scenario alone, or on the chosen method in general.		
(f)	Explain how ethical codes were developed, as a result of certain research studies such as those by Milgram and Piliavin.	2	2
	Such studies gave rise to ethical concerns, which should be outlined. As a result of these (and other wider concerns over wellbeing of humans in any kind of research), the American Psychological Association and British Psychological Society (1978) established ethical principles as guidance for research by psychologists. These codes are regularly updated, and all major professional psychological associations have adopted similar codes.		
	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		s weightings: - 40% ae
	Describe and evaluate ways in which prejudice may be reduced. Your answer should refer to relevant research evidence.	12	8
	In your answer you may wish to include:		
	 a definition of prejudice; description of two strategies for reducing prejudice; evaluation of these strategies including research evidence; any other relevant points. 		
	Definition of prejudice as an attitude that may involve thinking, feeling and acting in a favourable or unfavourable way towards a group or its individual members, or other relevant definition.		
	Reduction of prejudice – at least two strategies from: contact hypothesis/integration (eg Deutsch and Collins 1951, Pettigrew and Tropp 2000); equal status contact (eg Cook 1978, 1985); socialisation and education (eg Aronson et al, 1978; Brown 1995), superordinate goals/intergroup co-operation (eg Sherif et al, 1954).		
	Though prejudice reduction has been demonstrated in research, findings often do not generalise beyond the research setting; social norms are deep-rooted and difficult to change; groupings into categories may be impossible to avoid in human societies.		
	Evaluation and analysis may be demonstrated in various ways, including: research evidence supporting or challenging the strategies; methodology of relevant research, including ethical concerns; usefulness/effectiveness in terms of practical applications, etc.		
	Alternative points may be credited as appropriate.	12	8

C2 Social relationships	Question and Specific Content Requirements	Approx Marks 60% ku –	
	Discuss social and cultural variations in contemporary relationships. Your answer should refer to relevant research evidence.	12	8
	In your answer you may wish to include:		
	 a definition of social relationships; explanation of a social and a cultural variation in relationships in modern society; evaluation of these explanations including research evidence; any other relevant points. 		
	Definition of relationships; research focuses mainly on romantic attachments and marriage. Diversity of contemporary relationships.		
	 Two from: Same-sex relationships: similarities and differences compared to heterosexual relationships, eg in terms of power in relationships, attitudes to fidelity etc. Kitzinger and Coyle (1995); Bee (1994); Huston and Schwartz (1995). Cultural variations in relationships occur both across different cultures and within the same culture at different times. Fromples may include arreaged marriagene importance of 		
	 culture at different times. Examples may include arranged marriages; importance of economic factors; limited choice of partner in small communities; romantic love in western cultures. Duck (1999); Moghaddam et al (1993). Relationships formed/maintained via the internet; benefits and dangers of online relationships. Griffiths (2000), Williams (2000). 		
	These are relatively recent areas of research therefore findings are limited as yet. Evaluation and analysis may be demonstrated in various ways, including: research evidence supporting or challenging the topic; cultural/ethnocentric biases; methodology of relevant research, including ethical concerns; etc		
	NB "Social" and "cultural" should be treated as interchangeable, ie candidates should not be penalised if they describe a cultural variation as "social", and vice versa.		
	Alternative points may be credited as appropriate.	12	8

C3 Conformity and Obedience	Question and Specific Content Requirements		s weightings: - 40% ae
	Describe the nature of conformity and analyse some of the factors involved. Your answer should refer to relevant research evidence. In your answer you may wish to include:	12	8
	 description of the nature of conformity; description of factors involved in conformity; analysis/evaluation of research evidence relevant to factors in conformity; any other relevant points – chosen research must be relevant to the question. Definition of conformity; description of compliance and internalisation, normative and informational social influence. Factors may be individual eg self esteem, gender, intelligence, personality (eg Crutchfield, 1954; Eagly and Carli, 1981). Situational factors may include task difficulty, perceived expertise of others, group cohesiveness, size of majority etc (eg Asch, 1955, 1956). Cultural factors may include differences in societal levels of conformity eg Williams and Sogon (1984), Smith and Bond (1993; 1998). Minority and majority influence may be compared (eg Moscovici et al, 1969). Evaluation and analysis may be demonstrated in various ways, including: research evidence supporting or challenging the factors; cultural variations; methodology of relevant research, including ethical concerns, etc. 		
	Alternative points may be credited as appropriate.	12	8

C4 Atypical behaviour	Question and Specific Content Requirements	Approx Marks 60% ku –	
	Discuss the behaviourist approach and one other approach to explaining psychological disorders. Your answer should refer to relevant research evidence.	12	8
	In your answer you may wish to include:		
	 description of behaviourist approach and one other approach explaining psychological disorders; evaluation of these explanations; 		
	reference to relevant research evidence;		
	 any other relevant points – Chosen research must be relevant to the question. 		
	The behavioural model is based on the principles of learning theories, classical and operant conditioning. According to this model, abnormal behaviour is acquired in the same way as all other behaviour (conditioning).		
	The symptoms of psychological disorders arise because an individual has learned self-defeating or ineffective ways of behaving. For example, people who complain of feeling depressed may receive positive reinforcement for their complaints if their friends and family express sympathy and pay more attention to them. Punishment for early childhood sexual activity may result in adult anxieties over sexuality. Since all behaviour is learned maladaptive behaviour can be unlearned using the same principles of classical and operant conditioning.		
	Evaluation: The fact that classical symptoms can be simulated under lab conditions does not prove that they are ordinarily acquired in this way in everyday life.		
	The model provides a very mechanistic view of people as puppets controlled by the strings of the environment. It makes no allowance for the role of personality, consciousness or free will in behaviour.		

However the model is based on theory which is precise and testable. A number of clinical syndromes have been created in controlled conditions using the principle of conditioning thereby suggesting that mental disorders could develop in this way.		
The use of these principles has been effective in treating certain specific disorders.		
Research: Leslie, 2002; Garrett, 1996; Ferguson, 2001; Tolman, 1948.		
Other approaches may include: The psychodynamic model based on Freud's Theory. Freud argued that the forces responsible for behaviour occur mostly at the unconscious level. Behavioural disorders are symbolic expressions of unconscious conflicts between the ID, EGO and SUPEREGO. When this conflict is excessive, defence mechanisms become overused, seriously distorting reality and leading to self defeating behaviour. Before people can effectively resolve their problems, they need to become aware that the source of these problems lies in childhood.		
Evaluation: There is little satisfactory evidence that Freud's patients were "cured" by the use of psychoanalysis. There are no clear guidelines for predicting whether someone may eventually show abnormal behaviour. A good theory should be predictive.		
Freud helped us to appreciate that psychological conflict is a universal experience and only leads to abnormal functioning when conflict becomes excessive. Freud did a great deal to remove the idea of demons. He argued for a respectful attitude toward and humane treatment of the mentally ill.		
Research: Farcher, 1996; Scodel, 1957; Zeldow, 1995; Stevens, 1995.		
Cognitive – Behavioural Model – the model seeks to include the role of cognitive factors such as thoughts, feelings and beliefs on behaviour. According to this model, the individual is an active processor of information, and it is the way we perceive, anticipate and evaluate events rather than the events themselves which has the greatest impact on behaviour.		
	 syndromes have been created in controlled conditions using the principle of conditioning thereby suggesting that mental disorders could develop in this way. The use of these principles has been effective in treating certain specific disorders. Research: Leslie, 2002; Garrett, 1996; Ferguson, 2001; Tolman, 1948. Other approaches may include: The psychodynamic model based on Freud's Theory. Freud argued that the forces responsible for behaviour occur mostly at the unconscious level. Behavioural disorders are symbolic expressions of unconscious conflicts between the ID, EGO and SUPEREGO. When this conflict is excessive, defence mechanisms become overused, seriously distorting reality and leading to self defeating behaviour. Before people can effectively resolve their problems, they need to become aware that the source of these problems lies in childhood. Evaluation: There is little satisfactory evidence that Freud's patients were "cured" by the use of psychoanalysis. There are no clear guidelines for predicting whether someone may eventually show abnormal behaviour. A good theory should be predictive. Freud helped us to appreciate that psychological conflict is a universal experience and only leads to abnormal functioning when conflict becomes excessive. Freud did a great deal to remove the idea of demons. He argued for a respectful attitude toward and humane treatment of the mentally ill. Research: Farcher, 1996; Scodel, 1957; Zeldow, 1995; Stevens, 1995. Cognitive – Behavioural Model – the model seeks to include the role of cognitive factors such as thoughts, feelings and beliefs on behaviour. According to this model, the individual is an active processor of information, and it is the way we perceive, anticipate and evaluate events rather than 	 syndromes have been created in controlled conditions using the principle of conditioning thereby suggesting that mental disorders could develop in this way. The use of these principles has been effective in treating certain specific disorders. Research: Leslie, 2002; Garrett, 1996; Ferguson, 2001; Tolman, 1948. Other approaches may include: The psychodynamic model based on Freud's Theory. Freud argued that the forces responsible for behaviour occur mostly at the unconscious level. Behavioural disorders are symbolic expressions of unconscious conflicts between the ID, EGO and SUPEREGO. When this conflict is excessive, defence mechanisms become overused, seriously distorting reality and leading to self defeating behaviour. Before people can effectively resolve their problems, they need to become aware that the source of these problems lies in childhood. Evaluation: There is little satisfactory evidence that Freud's patients were "cured" by the use of psychoanalysis. There are no clear guidelines for predicting whether someone may eventually show abnormal behaviour. A good theory should be predictive. Freud helped us to appreciate that psychological conflict is a universal experience and only leads to abnormal functioning when conflict becomes excessive. Freud did a great deal to remove the idea of demons. He argued for a respectful attitude toward and humane treatment of the mentally ill. Research: Farcher, 1996; Scodel, 1957; Zeldow, 1995; Stevens, 1995. Cognitive – Behavioural Model – the model seeks to include the role of cognitive factors such as thoughts, feelings and beliefs on behaviour. According to this model, the individual is an active processor of information, and it is the way we perceive, anticipate and evaluate events rather than

Alternative points may be credited as appropriate.	12	8
Research: Nye, 2000; Thorne, 1992; Carlson, 1997; Wilson, 1996.		
Evaluation: Humanistic approach does not lend itself to scientific enquiry and therefore cannot be proved or disproved. It relies heavily on self report. The approach does not take into account past experiences or the developmental aspect of behaviour/personality. They make no attempt to predict how people will behave. Has contributed greatly to therapeutic approaches to mental health problems. The approach opened up the concept of therapy to psychologists and not just psychiatrists.		
Humanistic psychology is considered to be PHENOMENOLOGICAL, stressing the importance of how the individual perceives reality as being crucial to understanding their behaviour. Each person has a different view of reality of the world in which they live and of the reality of themselves. Total belief in free will – only the individual can explain the meaning of a particular behaviour and is the "expert" not the therapist. The approach stresses if people feel that they have to act in particular ways in order to be accepted and respected by others (these responses are conditional on meeting certain criteria) – they develop poor self esteem to the extent that it can lead to psychological disorders. The placing of conditions of acceptance of others forces them to seek approval in ways that cause significant damage. Acceptance and emotional support need to be given freely to foster "WHOLESOMENESS" in the individual. The role of self-actualisation for the individual which involves them seeking the fulfilment of potential. There should be a harmony between our self concept and our own positive feelings.		
Research: Clark, 1996; Butler, 2005; Newmark, 1973; Kendal, 1998.		
Evaluation: Some theorists, especially psychoanalysts argue that the approach neglects the influence of the unconscious in abnormal functioning and therefore still tends to treat symptoms rather than causes. The model exaggerates the role of cognitive factors whilst ignoring emotional factors eg intense fear is not caused simply by cognition. The model is narrow, only looking at specific cognitions rather than being holistic. However the model focuses on an essential element of being human, our thinking processes, as the main contributor to both normal and abnormal behaviour. It lends itself to testing. There is a considerable body of evidence showing that people often do exhibit the assumptions and specific thoughts that contribute to abnormal functioning.		

C5 Intelligence	Question and Specific Content Requirements	Approx Marks weightings 60% ku – 40% ae	
	Describe and evaluate the uses of IQ testing in education and/or employment and/or military organisations. Your answer should refer to relevant research.	12	8
	 In your answer you may wish to include: a definition of IQ and description of IQ testing; use of IQ testing in at least two types of organisations from: education, employment and/or military organisations; evaluation of the uses of IQ testing; any other relevant points. 		
	A definition of IQ should be provided; distinction could be made between intelligence and IQ. Description may include spatial, numerical and verbal items. Examples of IQ tests might be given eg Stanford-Binet Test (1905); British Army Recruitment Battery (BARB); Wechsler scales (1944, 1958, 1981). At least two uses of IQ testing should be described from education, employment or military		
	organisations. Evaluation of the uses of IQ testing could relate to: validity, reliability, standardisation, cultural bias, labelling; self-fulfilling prophecy. Research evidence might include: Rosenthal and Jacobsen (1966); Gould (1981); Sternberg (1998); Gottfredson (2003).		
	Alternative points may be credited as appropriate.	12	8

[END OF MARKING INSTRUCTIONS]