GradeMax



Mark Scheme (Results)

January 2019

Pearson Edexcel GCE
In Psychology (WPS04 01)
Paper 4: Clinical Psychology and Psychological Skills

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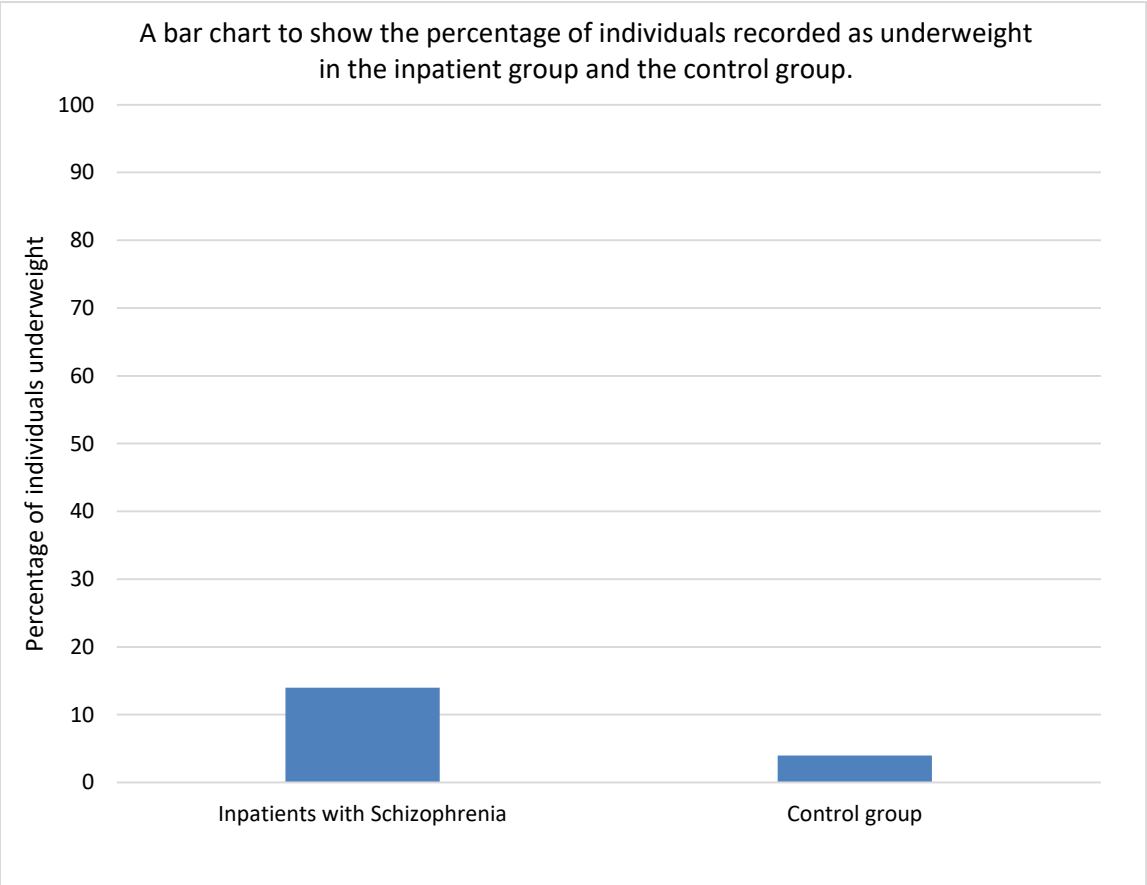
General Marking Guidance

- All candidates must receive the same treatment. Examiners must mark the first candidate in exactly the same way as they mark the last.
- Mark schemes should be applied positively. Candidates must be rewarded for what they have shown they can do rather than penalised for omissions.
- Examiners should mark according to the mark scheme not according to their perception of where the grade boundaries may lie.
- There is no ceiling on achievement. All marks on the mark scheme should be used appropriately.
- All the marks on the mark scheme are designed to be awarded. Examiners should always award full marks if deserved, i.e. if the answer matches the mark scheme. Examiners should also be prepared to award zero marks if the candidate's response is not worthy of credit according to the mark scheme.
- Where some judgement is required, mark schemes will provide the principles by which marks will be awarded and exemplification may be limited.
- When examiners are in doubt regarding the application of the mark scheme to a candidate's response, the team leader must be consulted.
- Crossed out work should be marked UNLESS the candidate has replaced it with an alternative response.

Question Number	Answer	Mark
1(a)	**AO1 (2 marks)** Credit up to **two** marks for an accurate description For example; • 333 inpatients diagnosed with schizophrenia using the DSM-IV-TR (1) from different psychiatric hospitals in Japan (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
1(b)	**AO1 (2 marks)** Credit up to **two** marks for an accurate description For example; • Nutritional status was operationalised as total protein, cholesterol (1), triglyceride, and fasting plasma glucose levels (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
1(c)	**AO1 (2 marks)** Credit up to **two** marks for an accurate conclusion given For example; • Overweight/obesity was similar between the inpatients with schizophrenia and the healthy control group (1), and the risks related to overweight/obesity are alike for inpatients with schizophrenia to the general population (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
1(d)	**AO2 (3 marks)** Credit **one** mark for appropriate **title**. Credit **one** mark for appropriate **labelling of axes**. Credit **one** mark for correct **plots**. For example;  **Look for other reasonable marking points.**	**(3)**

Question Number	Answer	Mark
2	**AO1 (2 marks), AO2 (2 marks), AO3 (2 marks)** Credit **one** mark for each accurate identification (AO1) Credit **one** mark for each accurate application to scenario (AO2) Credit **one** mark for exemplification/justification (AO3) For example; • Drugs such as antipsychotics will help reduce positive symptoms of schizophrenia (1) so they would stop the auditory hallucinations of the voices that Craig is hearing (1) as they block the reuptake of dopamine which is considered to play a part in schizophrenic symptoms (1) • Treatment using drugs can be effective within a relatively short time of a few weeks (1) so should reduce Craig's delusional symptoms so he can return to a more stable lifestyle around other people quickly (1). Meltzer et al (2004) found that drugs such a haloperidol reduced some positive and negative symptoms within a 6-week period of taking the drug (1). **Look for other reasonable marking points.** **Answers must relate to the scenario.**	**(6)**

Question Number	Answer	Mark
3	**AO1 (2 marks), AO3 (2 marks)** Credit **one** mark for accurate identification of each strength (AO1) Credit **one** mark for justification of each strength (AO3) For example; **Unipolar depression** **Hans and Hiller (2013)** • Their findings suggested that routine CBT for outpatients with depression is effective (1), providing application of the findings to treatment programmes that can help reduce the symptoms of depression (1). • The use of a meta-analysis of 34 studies about the use of CBT means they compared data from a large range of evidence (1) which increases the reliability of the conclusions stating CBT is effective with outpatients (1). **Ma, Quinn and Liu (2014)** • A series of self-evaluation reports, such as the CSES, were used to ask about aspects like self-esteem and social support (1) which produces valid data as people can give their personal experiences of depression which represents the disorder realistically (1). • They used a large sample of 538 university students, including 281 females and 257 males which was representative (1) so the results and/or conclusions can be generalised effectively to the effects of social support for university students of both genders (1). **Anorexia Nervosa** **Becker et al (2002)** • The respondents completed a standardised 26-item eating attitudes test (EAT-26) about binge eating and purging behaviour (1) which gives retest-reliability as the questionnaire can be used and reused to measure eating attitudes in all respondents (1). • An open ended, semi-structured interview with 30 respondents who showed disordered eating behaviours gathered more in-depth data (1) which increases the validity of the findings by allowing respondents to explain their behaviours in a more personalised and detailed way (1).	**(4)**

3 cont'd	**Reichel et al (2014)** • They had 36 participants in both the experimental and control group, and matched them on education level and age (1) which would help to eliminate individual differences and participant variables to increase the internal validity of the study (1). • 36 images were selected from a large pool of 8000 and were shown to a pilot group of 100 healthy female volunteers to be scored for underweight/aversion (1) which eliminated any experimenter bias from the selection/scoring of images to ensure that the images were ranked objectively (1). **Look for other reasonable marking points.**	

Question Number	Answer	Mark
4 (a)	**AO1 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate identification of strength (AO1) Credit **one** mark for exemplification/justification of strength (AO3) For example; • The DSM contains specific criteria for abnormalities that are used by all clinicians so diagnosis should be the same regardless of clinician (1). Brown et al. (2001) tested the DSM-IV for mood and anxiety disorders and the same diagnosis was made by different interviewers, showing consistency and reliability (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
4 (b)	**AO1 (2 marks), AO3 (2 marks)** Credit up to **two** marks for accurate identification (AO1) Credit up to **two** marks for exemplification (AO3) One similarity **and** one difference is required for full marks. For example; • Statistical infrequency ignores individual experiences of abnormality while failure to function is more holistic (1). Statistical infrequency only considers behaviours that are infrequent, unlike failure to function which considers personal distress/suffering (1). • They both enable professionals to determine a need for support and help (1). Failure to function can identify individuals demonstrating a maladaptiveness/danger to self, and statistical infrequency identifies those 2SD from the norm who may need help (1). **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
5(a)	**AO1 (1 mark), AO2 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate identification of ethical issue (AO1) Credit **one** mark for accurate use of ethical issue in relation to the scenario (AO2) Credit **one** mark for accurate exemplification of ethical issue (AO3) For example; • One ethical issue would be protecting participants from harm (1). Mariana will be observing individuals with mental health issues as they may be more vulnerable than other individuals (1) so she should be prepared to prioritise the inpatient's wellbeing over her research and stop her observation to protect her participants (1). **Look for other reasonable marking points.** **Answers must relate to the scenario.**	**(3)**

Question Number	Answer	Mark
5(b)	**AO2 (2 marks), AO3 (2 marks)** Credit **one** mark for accurate identification of strength/weakness in relation to scenario (AO2) Credit **one** mark for justification of strength/weakness (AO3) **Strength** • The inpatients will be behaving in their usual/natural way as they would be unaware they are being observed (1) which will give the study high ecological validity as it will represent the normal experiences of inpatients in a mental health hospital (1). **Weakness** • Mariana could misinterpret the behaviour she observes as she cannot clarify what she sees with any of the inpatients or ask why they did a particular behaviour (1) which may result in subjectivity in the findings as the interpretations could be biased towards Mariana's aims of her research (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(4)**

Question Number	Indicative Content	Mark GradeMax
6	**AO1 (6 marks), AO3 (10 marks)** **Unipolar Depression** **AO1** • The cognitive model assumes depression is due to cognitive errors that people make about themselves (a negative view of themselves) • It is the result of a faulty pattern of thought/irrational thinking • People with depression have a negative schemata and distorted processing of information • The cognitive triad suggests depression is a result of a negative view of self, the world and the future • A negative self-concept involves how people see themselves and what they think about themselves in relation to the outside world • Irrational/faulty thinking may result in having negative cognitive biases, such as overgeneralisations based on limited evidence. **AO3** • Cognitive models of depression can be difficult to scientifically evidence as they are based on internal affective processes, thus the explanation lacks reliable evidence of how negative thinking actually works. • Perez et al. (1999) used sad music to test negative thinking and found that the depressed group paid significantly more attention to the unhappy words indicating more attention to unhappy stimuli as a negative attention bias. • Weissman and Beck (1978) investigated the thought processes of patients with depression using a Dysfunctional Attitudes Scale (DAS) and found evidence for negative schemas. • Bothwell and Scott (1997) found that faulty thinking and errors in cognitive processing, especially with needing approval and low self-esteem linked with the symptoms of depression. • Watkins and Baracaia (2002) found that knowing more about mental processes helped to reduce relapse in those with depression and helped to stop them stop over thinking, showing thoughts were linked to depression. • Alloy and Abramson (1999) undertook a longitudinal study of those with depression to evaluate Beck' s schema theory and found that students with negative thought patterns were more at risk from depression. • Silberg et al (1999) looked at both the role of genes and recent life events in relation to depression, highlighting the diathesis-stress model and that depression may be a combination of cognitive and biological predisposition. • Kendler et al. (1995) studied MZ and DZ twins and the onset of depression; they found that genetic risk was an important factor along with stressful life events, so the cognitive explanation may not fully account for depression. • If antidepressants are a successful treatment, then it could be concluded that a lack of serotonin is a biological cause of unipolar depression, not faulty thinking. • Hollon et al. (2002) reported that CBT performed well in controlled trials, suggesting a change in cognitive thinking patterns aids depression and supporting the explanation that it is cognitively based. **Look for other reasonable marking points.**	**(16)**

	Cont'd	

Question Number	Indicative Content	Mark GradeMax
6 cont'd	**AO1 (6 marks), AO3 (10 marks)** **Anorexia Nervosa** **AO1** • Anorexia nervosa is an eating disorder that is more commonly diagnosed in girls rather than boys. • Disproportional gender diagnosis of anorexia nervosa may reflect westernised ideal/unrealistic body images of women in the media. • Young people, often girls, pay attention to the idealisation of 'thin' women by the western media. • The media presents ideal weight role models that are observed by individuals who then try to imitate the ideal weight. • A concern about gaining weight becomes a conditioned phobic response, irrational fear associated with an anxiety attached to consuming any food. • Operant conditioning explains anorexia nervosa through positive reinforcement (pleasure) at seeing own body as thin, therefore it may not be media but intrinsic positive reinforcement. **AO3** • There is evidence that the role models in the media do not represent normal female body weights, with Barlow & Durand (1995) finding that over half of contestants in a 'Miss America' beauty contest were 15% or more below expected body weight. • Becker et al. (2002) found that exposure to western television increased eating disordered behaviours in Fijian girls, suggesting idealised body weight role models play a role in the onset of anorexia nervosa. • Keel and Klump (2003) conducted cross-cultural research, finding that anorexia nervosa is actually found in all of the cultures, but the frequency increases proportionally to the degree of the influence of western ideals. • Groesz, Levine and Murnen (2002) completed a meta-analysis of 25 studies and found that body dissatisfaction increased after exposure to media images of thin women. • It is likely that there is more than just media exposure involved in anorexia nervosa, as Eysenck & Flanagan (2000) highlight that virtually all young women in the West are exposed to the media, only 3-4% of them develop an eating disorder. • Reichel et al. (2014) found less startle responses but increased arousal responses to emancipated body images by anorexic participants, therefore suggesting there is a pleasure reward associated with starvation. • Biological explanations argue that anorexia nervosa is a genetic predisposition where risk increases if first-degree relatives have the disorder. • Holland et al (1984) found that if an MZ twin had anorexia nervosa, then the concordance rate was 55%, supporting a genetic relatedness of the disorder. • SLT would suggest that familial members can act as role models, therefore in the evidence of maternal or MZ/DZ twin concordances it could be that the individual with anorexia nervosa was observed and imitated. • Causation may be neurotransmitters, not learning, as Kaye et al. (2005) found that PET scans showed fewer serotonin receptors in the brains of people with eating disorders. **Look for other reasonable marking points.**	**(16)**

Level	Mark	Descriptor
AO1 (6 marks), AO3 (10 marks) Candidates must demonstrate a greater emphasis on evaluation/conclusion vs knowledge and understanding in their answer. Knowledge & understanding is capped at maximum 6 marks.		
	0	No rewardable material.
Level 1	1-4 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) A conclusion may be presented, but will be generic and the supporting evidence will be limited. Limited attempt to address the question. (AO3)
Level 2	5-8 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Candidates will produce statements with some development in the form of mostly accurate and relevant factual material, leading to a superficial conclusion being made. (AO3)
Level 3	9-12 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning leading to a conclusion being presented. Candidates will demonstrate a grasp of competing arguments but evaluation may be imbalanced. (AO3)
Level 4	13-16 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical evaluation, containing logical chains of reasoning throughout. Demonstrates an awareness of competing arguments, presenting a balanced conclusion. (AO3)

Question Number	Answer	Mark
7(a)	**AO2 (2 marks)** Credit up to **two** marks for an accurate hypothesis • There will be a difference between the amount of food intake in grams that rats consume when sleep deprived and not sleep deprived (2). • There will be a difference between the amount of food intake that rats consume when sleep deprived (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(2)**

Question Number	Answer	Mark
7(b)	**AO2 (6 marks)** Credit up to **two** marks for **each** description in relation to the scenario. For example; • Refinement would mean Louis considered how to conduct the experiment on rats with minimal pain (1) such as using the bell to disturb sleep instead of electric shocks (1). • He would have made sure he provided a suitable habitat for the rats in both conditions (1) and that the 25g of food was an adequate amount to maintain a healthy weight (1). • Reduction requires Louis to use as few rats as possible in his experiment, so he used only nine (thirteen in total) rats (1) which would be the minimum needed to reliably test sleep disturbance and appetite (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(6)**

Question Number	Answer	Mark
7(c)	**AO2 (2 marks), AO3 (2 marks)** Credit **one** mark for accurate identification of each improvement in relation to scenario (AO2) Credit **one** mark for exemplification/justification of each improvement (AO3) For example; • Louis could set the disturbance buzzer to go off every ten minutes to make sure the rats do not sleep for an hour (1). This would increase the reliability of any findings that sleep disturbances did affect the appetite of the rats (1) • The study could be conducted during the night instead of the day time as rats are nocturnal (1). This would increase the validity of the experiment as the appetite of the rats would be measured in a more normal context (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(4)**

Question Number	Answer	Mark
8	**AO2 (2 marks)** Credit **one** mark for each point identified For example; **Statistical Test** / **Level of measurement** Spearman's Rank test — **Ordinal data** Wilcoxon Signed Ranks test — **Ordinal data** **Look for other reasonable marking points.**	**(2)**

<table>
<tr><th>Question Number</th><th>Answer</th><th>Mark</th></tr>
<tr><td>9(a)</td><td>
AO2 (4 mark)

Credit one mark for accurate completion of O-E column to two decimal places

Credit one mark for accurate completion of (O-E)^2 column two decimal places

Credit one mark for accurate completion of (O-E)^2/E column to two decimal places

Credit one mark for correct chi-squared to two decimal places = 0.24

<table>
<tr><th></th><th></th><th>Observed</th><th>Expected</th><th>O-E</th><th>(O-E)^2</th><th>(O-E)^2/E</th></tr>
<tr><td>Boys</td><td>Water</td><td>8</td><td>7.19</td><td>0.81</td><td>0.66</td><td>0.09</td></tr>
<tr><td></td><td>Fizzy soda</td><td>14</td><td>14.81</td><td>-0.81</td><td>0.66</td><td>0.05</td></tr>
<tr><td>Girls</td><td>Water</td><td>9</td><td>9.81</td><td>-0.81</td><td>0.66</td><td>0.07</td></tr>
<tr><td></td><td>Fizzy soda</td><td>21</td><td>20.19</td><td>0.81</td><td>0.66</td><td>0.03</td></tr>
<tr><td colspan="5"></td><td>Chi squared =</td><td>0.24</td></tr>
</table>
Look for other reasonable marking points.
</td><td>(4)</td></tr>
</table>

<table>
<tr><th>Question Number</th><th>Answer</th><th>Mark</th></tr>
<tr><td>9(b)</td><td>
AO2 (2 marks)

Credit up to two marks for an accurate description

• The results for the test are not significant (1) as the calculated value of 0.24 is lower than the critical value of 3.84 (1).

Look for other reasonable marking points.
</td><td>(2)</td></tr>
</table>

Question Number	Indicative Content	Mark
10	**AO1 (4 marks), AO2 (4 marks)** **AO1** • Prejudice is having a negative perception of another person based on a perceived difference or characteristic. • Group conformity means people will behave in the same way as the majority group in a situation. • Minority influence is when the behaviours or views of a small group/individual change the actions of a larger group. • Social learning theory suggests that pro-social behaviour can be learned through the imitation of role models. **AO2** • Prejudiced beliefs could explain why people of the same-race offered help more often to same race confederates but not to other race confederates. • When no-one helped the confederate, it could demonstrate a majority influence from a non-helping group influencing others. • The intervention of a model helper could act as a minority influence and change the views of passers-by making them likely to intervene. • The model helper could be a role model, and so those around had observed their helping behaviour and imitated them. **Look for other reasonable marking points.**	**(8)**

Level	Mark	Descriptor
AO1 (4 marks), AO2 (4 marks) Candidates must demonstrate an equal emphasis between knowledge and understanding vs application in their answer.		
	0	No rewardable material
Level 1	1–2 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) Provides little or no reference to relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2)
Level 2	3–4 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Discussion is partially developed, but is imbalanced or superficial occasionally supported through the application of relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2)
Level 3	5–6 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning. Candidates will demonstrate a grasp of competing arguments but discussion may be imbalanced or contain superficial material supported by applying relevant evidence from the context (scientific ideas, processes, techniques and procedures (AO2)
Level 4	7–8 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical balanced discussion, containing logical chains of reasoning. Demonstrates a thorough awareness of competing arguments supported throughout by sustained application of relevant evidence from the context (scientific ideas, processes, techniques or procedures). (AO2)

Question Number	Indicative Content	Mark
11	**AO1 (8 marks), AO3 (12 marks)** **AO1** • Ethnocentrism is when researchers use their own view of behaviour and impose this as a standard across all cultures when researching. • Emic research takes a personalised, individual starting point for research where etic research begins from the researcher perspective. • Psychologists can try to ensure their research has cultural relativism. • Nomothetic laws of universality tend to ignore the effects of culture on how behaviours may differ across them. • Cross-cultural research has been conducted to test the universality of some explanations of behaviour like attachment. • Biological explanations of human behaviour, such as the dopamine hypothesis, are based on objective research that is not affected by culture. • Socialisation from early infancy is underpinned by social norms and values that are culturally specific so individual differences affect research. • Poor representativeness of cultural differences in participant samples can limit research findings. **AO3** • Using emic methodological approaches, such as unstructured interviews/participant observation, can limit imposed cultural norms in research and allow psychologists to allow for cultural variants in their research. • Etic research will result in failing to consider cultural differences in research therefore cultural issues will impact on the outcomes of research. • An idiographic approach can view behaviour from a personal participant level to increase the validity of research outcomes and increase the cultural relativism of the findings. • Becker et al. (2002) found the increase of western television culture changed the eating behaviours of girls in Fiji, thus the impact of culture should be considered in psychological research. • Van iZendoorn and Kroonenberg (1988) found there were attachment differences across and within cultures, so cultural issues do have a significant impact on the validity of research. • Studies such as Cassiba et al. (2013) replicate research methods from northern American use of the SSP and found that the outcomes did not reflect the cultural norms of Italian child rearing. • In cases, such as schizophrenia, it is likely that dopamine plays a part universally in schizophrenia, but how the symptoms are perceived or experienced may reflect cultural differences. • Being socialised in a particular culture may lead to value-laden interpretations of behaviours of individuals, such as operationalising social aggression of twins in Brendgen et al. (2005). • Gretchen Brandt refused to obey orders at 210v in the research conducted by Milgram (experiment 8) having experienced growing up in Nazi Germany, therefore culture may affect obedience research. • Where studies have culturally biased samples, such as Bartlett (1932) using just British participants, the results may not be valid beyond the culture studied, limiting the usefulness of the research findings.	**(20)**

	Look for other reasonable marking points.	

Level	Mark	Descriptor
AO1 (8 marks), AO3 (12 marks) Candidates must demonstrate a greater emphasis on assessment/conclusion vs knowledge and understanding in their answer. Knowledge & understanding is capped at maximum 8 marks.		
	0	No rewardable material.
Level 1	1–4 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) Generic assertions may be presented. Limited attempt to address the question. (AO3)
Level 2	5–8 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Candidates will produce statements with some development in the form of mostly accurate and relevant factual material, leading to a generic or superficial assessment being presented. (AO3)
Level 3	9–12 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning, leading to an assessment being presented which considers a range of factors. Candidates will demonstrate understanding of competing arguments/factors but unlikely to grasp their significance. The assessment leads to a judgement but this will be imbalanced. (AO3)
Level 4	13–16 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a logical assessment, containing logical chains of reasoning throughout which consider a range of factors. Demonstrates an understanding of competing arguments/factors but does not fully consider the significance of each which in turn leads to an imbalanced judgement being presented. (AO3)
Level 5	17–20 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical assessment, containing logical chains of reasoning throughout. Demonstrates a full understanding and awareness of the significance of competing arguments/factors leading to a balanced judgement being presented. (AO3)

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