GradeMax



Mark Scheme (Results)

January 2022

Pearson Edexcel International Advance Level in Psychology WPS04
Paper 01: 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.

CLINICAL PSYCHOLOGY

Question Number	Answer	Mark
1(a)	**AO1 (4 marks)** Credit up to **two** marks for an accurate description of a symptom. Credit up to **two** marks for an accurate description of a feature. For example; **Unipolar Depression** • One symptom of unipolar depression is a persistent sadness/low mood (1) which would be present most of the day and nearly every day (1) • One feature is the different forms of unipolar depression such as major depressive disorder (1) which comes and goes in a cycle whereas dysthymic disorder remains constant over at least two years (1). **Anorexia Nervosa** • One symptom of Anorexia Nervosa is low body weight that is at least 15% below expected (1) which is self-induced through avoidance of foods by the patient (1). • One feature is that more women are affected by anorexia nervosa compared to men (1) with between 0.9% and 2.0% of females developing anorexia and 0.1% to 0.3% of males (1). **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
1(b)	**AO1 (2 marks), AO3 (2 marks)** Credit **one** mark for accurate identification of each weakness (AO1) Credit **one** mark for justification/exemplification of the weakness (AO3) For example; **Unipolar Depression** • The cognitive model can be difficult to empirically investigate as it is based on subjective internal affective processes that lead to individuals forming a negative view of themselves (1), so the explanation lacks objective evidence to support that depression is due to cognitive errors that people make about themselves (1). • Cognitive explanations ignore the biological predisposition factors that could influence the onset of unipolar depression (1). Silberg et al (1999) looked at the role of genes and life events in relation to depression, highlighting the diathesis-stress model that depression may be a combination of environment and biology (1). **Anorexia Nervosa** • Social learning explanations can be criticised for ignoring that it is likely to be more than just media exposure involved in anorexia nervosa (1), 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 (1). • Learning explanations ignore biological predisposition factors that can influence the onset of anorexia nervosa (1). 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 (1). **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
2(a)	**AO2 (1 mark)** **One** mark for a correct answer. • 4/5 (1). **Reject all other answers.**	**(1)**

Question Number	Answer	Mark
2(b)	**AO2 (1 mark)** **One** mark for a correct answer. • 10% (1). **Reject all other answers.**	**(1)**

Question Number	Answer	Mark
2(c)	**AO2 (2 marks), AO3 (2 marks)** Credit **one** mark for each accurate interpretation of data (AO2) Credit **one** mark for each conclusion using the data (AO3) For example; • 90% of participants with a diagnosis of anxiety scored high or medium scores on the questionnaire (1) so people with anxiety feel that they do not cope well with day-to-day life events (1). • 3 out of 10 participants without anxiety scored high and medium scores on the questionnaire (1) so people without anxiety can also struggle to cope with day-to-day life events (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
2(d)	**AO2 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate identification of a weakness in relation to the scenario (AO2) Credit **one** mark for justification/exemplification of the weakness (AO3) For example; • Participants may have shown social desirability when answering the questions about coping with life events as they may not want to appear to be unable to cope (1), so the data Mitchell gathers may lack validity as the results about how well people cope may not be a true representation of their real feelings (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
3(a)	**AO1 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate identification of a strength (AO1) Credit **one** mark for justification/exemplification of the strength (AO3) For example; • Family therapy is a more holistic approach as it addresses the social and emotional issues and burdens for the whole family in supporting patients in daily functioning to reduce relapse (1). Pitschel-Walz et al. (2001) found in their meta-analysis an average decrease in relapse rates of 20% for schizophrenic patients whose families attended family therapy interventions (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
3(b)	**AO1 (3 marks), AO3 (3 marks)** Credit **one** mark for each accurate identification point (AO1) Credit **one** mark for justification of each point of analysis (AO3) For example; • Anti-psychotic medication can be quickly and easily administered to patients in tablet, liquid or injection form to help supress hallucinations and delusions (1). Emsley (2008) studied the effect of risperidone finding that in 84% of the patients there was at least a 50% reduction in positive and negative symptoms, which may allow them to then engage in other therapies (1). However, drug therapy is only based on a biological neurotransmitter explanation of schizophrenia and excludes other factors such as the environment or genetics (1). Bustillo et al. (2001) found that Assertive Community Treatment's (ACT) have clear effects on the prevention of relapse and rehospitalisation, so drug therapy may not be sufficient as a treatment on its own (1). Some drugs can have negative side effects for the patients such as dry mouth, weight gain or low blood pressure which require continual monitoring (1). Clozapine and Olanzapine carry a high risk of significant weight gain which can impact on the patient's adherence to their medication programme, ultimately reducing the effectiveness of drug therapy (1). **Look for other reasonable marking points.**	**(6)**

Question Number	Answer	Mark
4(a)	**AO2 (2 marks)** Credit up to **two** marks for accurate description in relation to Figure 1. For example; • Abnormality would be when someone is at least 2 standard deviations away from the mean score (1) which means they are outside of the 95.5% normal population range (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(2)**

Question Number	Answer	Mark
4(b)	**AO1 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate identification of a weakness (AO1). Credit **one** mark for justification/exemplification of the weakness (AO3) For example; • Statistical infrequency only tells us where someone falls in a population distribution but does not help with understanding the ways abnormality may affect someone (1), so there is limited application for describing the course of a disorder and the impact it may have on an individual's life experiences (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
5	**AO2 (4 marks)** Credit up to **four** marks for an accurate description of the procedure for the clinical practical investigation. For example; • In three out of four articles, negative themes such as 'danger to others' and 'danger to self' occurred more often than positive themes (1). The two most negative articles were tabloid media reports of people with mental health issues committing criminal offences (1). We concluded that the mainstream media emphasises the negative stereotypes of mental health issues (1) whereas sources from specialist organisations like 'Mind' present positive attitudes to mental health issues (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.** **Must relate to clinical practical (content analysis that explores attitudes to mental health).**	**(4)**

Question Number	Indicative Content	Mark
6	**AO1 (6 marks), AO3 (10 marks)** **AO1** • Schizophrenia has been explained as an imbalance of neurotransmitters such as dopamine and glutamate. • Positive symptoms are associated with the mesolimbic pathway and negative symptoms with the mesocortical pathway. • Hypodopamine plays a role in regulating perception, cognition and attention in the pre-frontal cortex with overactive PFC associated with delusions in people with schizophrenia. • The number of neurotransmitter receptors for dopamine have been found to be higher in schizophrenic patients. • Ketamine blocks the glutamate receptors and induces schizophrenic symptom-like psychotic states and changes in cognitive function. • The NRG-1 gene has a role in expression and activation of glutamate and other neurotransmitter receptors. **AO3** • Carlsson et al. (2000) found that hyperdopaminergia and hypoglutamatergia may play a role in schizophrenia. • Explanations about the role of dopamine in schizophrenia are strengthened by objective, scientific evidence such as Bird et al. (1979) who found that post-mortems of schizophrenic patients showed high levels of dopamine in the brain (1). • Phenothiazine drugs block dopamine receptors and result in a reduction in schizophrenia symptoms, which could be evidence that dopamine plays a role in schizophrenia. • Wong et al. (1986) who carried out PET scans on schizophrenic patients finding an increased density of dopamine receptors which could lead to increased reuptake of dopamine. • Dépatie and Lal (2001) found that apomorphine, which stimulates dopamine receptors, did not result in schizophrenia symptoms, suggesting that dopamine may not be the cause of schizophrenia. • Aarsland et al (1999) found that treatments for Parkinson's disease (L-dopa) that increase dopamine production result in schizophrenia symptoms (hallucinations/delusions) suggesting dopamine features significantly in schizophrenia. • Amphetamine drugs were found by Krystal et al. (2005) to increase the concentration of dopamine in the synaptic gap, but only produce the positive symptoms of schizophrenia, so dopamine may not explain all symptoms of schizophrenia. • Krystal et al. (1994) found glutamate NMDA receptor antagonists such as ketamine can induce a broader range of symptoms that resemble aspects of psychoses, particularly schizophrenia and dissociative states, so dopamine may not be the only neurotransmitter involved. • Gottesman (1991) found that there was a 48% chance of having schizophrenia if a person had a MZ twin with schizophrenia, so neurotransmitters alone may not be a full explanation of the disorder. • Concordance rates are not 100% in MZ twin studies, so research from a diathesis-stress model that includes environmental triggers would be a more holistic method to research the range of causes of the disorder. **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)

PSYCHOLOGICAL SKILLS

Question Number	Answer	Mark
7(a)	**AO1 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate identification of how to overcome order effects (AO1) Credit **one** mark for justification/exemplification (AO3) For example; • A researcher could use counterbalancing by placing two sets of participants into alternating groups of each condition such as AB and BA grouping (1) which prevents participants from becoming tired when completing each of the conditions and reduce the impact of fatigue effects confounding results of the research (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
7(b)	**AO1 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate identification of how to overcome social desirability (AO1) Credit **one** mark for justification/exemplification (AO3) For example; • A researcher could make the participants aware that their identities will be kept anonymous in their research so they are aware they will not be named (1) which can help limit the likelihood that they would give answers that fit social norms and values to present themselves in a more favourable light (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
8(a)	**AO2 (1 mark)** Credit **one** mark for giving an accurate closed question in relation to the scenario (AO2) For example; • How many hours per week do you spend playing violent video games? Less than 5; Between 5 and 10; More than 10 (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(1)**

Question Number	Answer	Mark
8(b)	**AO2 (1 mark)** Credit **one** mark for accurately identifying the sampling technique from the scenario (AO2) For example; • Opportunity sampling (1). **Look for other reasonable marking points.**	**(1)**

<table>
<tr><th>Question Number</th><th>Answer</th><th>Mark</th></tr>
<tr><td>8(c)</td><td>

AO2 (4 marks)

Credit one mark for a correct completion of column d
Credit one mark for a correct completion of column d²
Credit one mark for a correct substitution into the equation
Credit one mark for a correct answer to three decimal places = 0.643

For example;

<table>
<tr><th>Score for aggression out of 20</th><th>Rank 1</th><th>Score for exposure to media violence out of 20</th><th>Rank 2</th><th>d</th><th>d²</th></tr>
<tr><td>9</td><td>4</td><td>10</td><td>4</td><td>0</td><td>0</td></tr>
<tr><td>15</td><td>7</td><td>13</td><td>6</td><td>1</td><td>1</td></tr>
<tr><td>14</td><td>6</td><td>18</td><td>8</td><td>-2</td><td>4</td></tr>
<tr><td>8</td><td>3</td><td>5</td><td>1</td><td>2</td><td>4</td></tr>
<tr><td>19</td><td>8</td><td>14</td><td>7</td><td>1</td><td>1</td></tr>
<tr><td>3</td><td>1</td><td>7</td><td>2</td><td>-1</td><td>1</td></tr>
<tr><td>11</td><td>5</td><td>9</td><td>3</td><td>2</td><td>4</td></tr>
<tr><td>4</td><td>2</td><td>11</td><td>5</td><td>-3</td><td>9</td></tr>
<tr><td colspan="5">Total for d²</td><td>24</td></tr>
</table>

$1 - \frac{6\Sigma\, d^2}{n(n^2-1)} = 1 - \frac{144}{8(64-1)} = 1 - \frac{144}{504} = 1 - 0.286 =$ 0.714

Look for other reasonable marking points.

</td><td>(4)</td></tr>
</table>

Question Number	Answer	Mark
8(d)	**AO2 (2 marks)** Credit up to **two** marks for an accurate interpretation in relation to the scenario (AO2). For example: • 0.714 shows a positive correlation between exposure to media violence and aggression (1) which can be considered as a strong relationship between aggression and media violence as 0.714 is close to 1 (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(2)**

Question Number	Answer	Mark
8(e)	**AO2 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate identification of a weakness in relation to the scenario (AO2). Credit **one** mark for justification/exemplification of the weakness (AO3) For example; • Daisy's correlational research only looks at co-variables and cannot establish cause and effect between exposure to media violence and aggression (1). The data only indicates a relationship, not whether one leads to the other, so Daisy cannot draw conclusions about the impact of media violence on someone's levels of aggression (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(2)**

Question Number	Answer	Mark
9(a)	**AO2 (4 marks)** Credit up to **four** marks for an accurate description in relation to the scenario. For example: • Wayne could position himself in an area of the street where he cannot be seen by the people who are walking down the street, but he can see the elderly lady (1). The elderly lady could be given a signal to drop her shopping each time Wayne is ready to observe the responses of the people on the street (1). He could use a tally chart to record the gender of each person who helps the elderly lady pick up her shopping and the people who walk past her (1). He could make notes on other characteristics of the helper, such as their age, whether they were alone or with others, or what they did after they had helped pick up the shopping (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(4)**

Question Number	Answer	Mark
9(b)	**AO2 (1 mark), AO3 (1 mark)** Credit **one** mark for accurate identification of a strength in relation to the scenario (AO2). Credit **one** mark for justification/exemplification of the strength (AO3) For example: • The behaviour observed would be natural as the males and females on the busy street would be in their day-to-day environments (1) which increases the validity of his findings about pro-social helping behaviours as his results would represent male and female behaviour in real life contexts (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(2)**

Question Number	Indicative Content	Mark
10	**AO1 (4 marks), AO2 (4 marks)** **AO1** • The central executive is responsible for attention and supervision of the slave systems according to working memory model (Baddeley and Hitch, 1974). • The central executive deals with environmental stimuli and controls delegation of this to visual, spatial, and auditory processing systems. • The medial temporal lobe includes the hippocampus which has been found to be involved in memory functioning. • The case of HM demonstrated that damage to the MTL hippocampal region could result in an inability to form new long-term memories. **AO2** • Becker's (1988) research may explain that a dysfunction in central executive delegation processes could explain a loss of concentration by Alzheimer's patients. • Memory impairments associated with poor encoding could be a result of the central executive being unable to process environmental stimuli to the correct sub-system. • The medial-temporal lobe is involved in memory and decreased activation could impair memory causing the Alzheimer's symptoms. • Schwindt and Black (2009) looked at scientific evidence of reduced activity in the MTL which could explain how Alzheimer's onset begins with brain functioning impairments. **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
10	**AO1 (8 marks), AO3 (12 marks)** **AO1** • Some early psychology research did cause unnecessary distress to people/animals as the guidance was not enforced in the same way as it is now. • Animal research in the UK is governed by the Scientific Procedures Act (1986) so it should be conducted with consideration for the animals. • Animal researchers require licences to make sure they are given good conditions to live in so they do not suffer and are well looked after. • Research with people in the UK has to meet the BPS Code of Ethics and Conduct (2009) so people are safe and protected from mistreatment. • Respect must be shown to human participants during research so their needs should always be met before the aims of the study. • Human participants should not be caused distress or harm in research where there could be an alternative, such as case studies or secondary data gathering methods. • Human participants have the right to withdraw themselves or their data from research that they are involved in. • The case of HM can be considered unethical as he would never have fully understood his role in research due to his memory failure so did not give informed consent. • Milgram (1963) caused distress to participants by prompting them to continue with the electrocution task. **AO3** • Developments in ethical practices mean that studies like Watson and Rayner (1920) can never be repeated, although the outcomes of these have built psychological understanding, there is now no need to replicate unethical research. • Harlow (1958) was criticised for cruelty to monkeys in his research into attachment, this was unnecessary but did generate a public awareness of animal cruelty in society, so raised awareness. • Rats have been used to study symptoms and treatments of schizophrenia by causing brain lesioning or dopamine imbalances intentionally, this has led to successful drug treatments for people with schizophrenia, so the benefit to human society has outweighed the way the animals have been treated. • Singer (1975) claims that it is wrong to do to animals things that we would not do to humans, such as intentional brain lesioning, he calls this speciesism and considers it to be a type of discrimination, just like racism or sexism, so ethics should be more stringent for animal experimentation. • Skinner studied pigeons and attempted to train them to carry missiles during WWII, this is unethical as the animals would have been sent to their deaths, however during the time of war it was considered acceptable to attempt to use animals in this way. • Bowlby (1944) studied maternal deprivation using a case study of juveniles, this was ethical as he did not create any artificial condition to cause deprivation, therefore research can take place without the need to cause any harm to participants, so outcomes can be achieved alongside ethical considerations. • During Zimbardo et al.'s (1973) prison experiment, 'prison guards' began to subject their 'prisoners' to various degrees of psychological torture to such an extreme that the experiment had to be stopped after just six days, so some psychological research has caused significant harm and distress that do not meet ethical considerations. • Bandura (1961) exposed primary-age children to an adult violently abusing a Bobo both physically and verbally and then observed whether the children repeated this behaviour, unethically teaching violence and aggressive behaviours to vulnerable participants. • Even though HM was studied over his entire lifetime without ever providing fully informed consent, the outcomes have given society a better understanding of the functions of human memory. • Breaching guidance about harm was necessary by Milgram (1963) as without this he would not have been able to explain obedience to authority, so the distress was outweighed by the benefit to society. **Look for other reasonable marking points.**	**(20)**

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)