PSYCHOLOGY **9773/01**

Paper 1 Key Studies and Theories **May/June 2019**

MARK SCHEME

Maximum Mark: 60

Published

This document consists of **21** printed pages.

Generic Marking Principles

These general marking principles must be applied by all examiners when marking candidate answers. They should be applied alongside the specific content of the mark scheme or generic level descriptors for a question. Each question paper and mark scheme will also comply with these marking principles.

GENERIC MARKING PRINCIPLE 1:

Marks must be awarded in line with:

- the specific content of the mark scheme or the generic level descriptors for the question
- the specific skills defined in the mark scheme or in the generic level descriptors for the question
- the standard of response required by a candidate as exemplified by the standardisation scripts.

GENERIC MARKING PRINCIPLE 2:

Marks awarded are always **whole marks** (not half marks, or other fractions).

GENERIC MARKING PRINCIPLE 3:

Marks must be awarded **positively**:

- marks are awarded for correct/valid answers, as defined in the mark scheme. However, credit is given for valid answers which go beyond the scope of the syllabus and mark scheme, referring to your Team Leader as appropriate
- marks are awarded when candidates clearly demonstrate what they know and can do
- marks are not deducted for errors
- marks are not deducted for omissions
- answers should only be judged on the quality of spelling, punctuation and grammar when these features are specifically assessed by the question as indicated by the mark scheme. The meaning, however, should be unambiguous.

GENERIC MARKING PRINCIPLE 4:

Rules must be applied consistently e.g. in situations where candidates have not followed instructions or in the application of generic level descriptors.

GENERIC MARKING PRINCIPLE 5:

Marks should be awarded using the full range of marks defined in the mark scheme for the question (however; the use of the full mark range may be limited according to the quality of the candidate responses seen).

GENERIC MARKING PRINCIPLE 6:

Marks awarded are based solely on the requirements as defined in the mark scheme. Marks should not be awarded with grade thresholds or grade descriptors in mind.

Question	Answer	Marks
1	**From the key study on eyewitness testimony by Loftus and Palmer:**	
1(a)	**Explain how the independent variable in Experiment 1 was manipulated.** The independent variable was the verb used to describe the accident in the question asking for the speed estimate. There were five conditions of this variable: smashed, collided, bumped, contacted and hit. 1 mark: partial or unclear answer 2 marks: clear answer	**2**
1(b)	**Explain how the dependent variable in Experiment 1 was measured.** The dependent variable was the estimate of speed in mph 1 mark: partial or unclear answer 2 marks: clear answer	**2**

Question	Answer	Marks
2	**Outline <u>one</u> aim of the further research study by Golan et al. on autism.** The original 'reading the mind in the voice' task (Rutherford et al, 2002) suffered from ceiling effects and some items did not differentiate between the ASC (Autistic Spectrum Conditions) group and the controls. To improve this, the task was shortened and two more foils were added to each of the remaining items, giving four choices in total. This means that one aim of the study was to compare the results from this revised test with the results from the original test. It would also be appropriate to describe the aim of the study as testing the hypothesis that task scores of the AS / HFA group would be significantly lower than those of the control group or the hypothesis that typical females would perform better than typical males who in turn should perform better than individuals with ASC. It would also be appropriate to explain that this study extended the original 'reading the mind in the voice' study or expanded the original research into 'reading the mind in the eyes'. 1 mark: partial or unclear answer 2 marks: clear outline of one aim of the study	**2**

Question	Answer	Marks
3	**Outline <u>one</u> way in which cognitive styles and musical preferences were found to be linked in the key study by Greenberg et al.** Study 1 found that empathy levels are linked to musical preferences. Study 1 examined the links between empathy and musical preferences across four samples. By reporting their preferential reactions to musical stimuli, samples 1 and 2 (*Ns* = 2,178 and 891) indicated their preferences for music from 26 different genres, and samples 3 and 4 (*Ns* = 747 and 320) indicated their preferences for music from only a single genre (rock or jazz). Results across samples showed that empathy levels are linked to preferences even within genres and account for significant proportions of variance in preferences over and above personality traits for various music-preference dimensions. Study 2 found that those who are Type E (bias towards empathising) preferred music on the 'mellow' dimension (R&B/ soul, adult contemporary, soft rock genres) compared to type S (bias towards systemizing) who preferred music on the 'intense' dimension (punk, heavy metal and hard rock). 1 mark: partial or unclear answer 2 marks: clear answer	2

Question	Answer	Marks
4	**Slater used virtual reality to replicate Milgram's experiment.**	
4(a)	**Suggest <u>one</u> strength of the use of virtual reality to study obedience to authority.** Strengths might include; The ability to manipulate variables without ethical issues. The ability to place participants into a range of different situations which might be difficult to do in the real world. High levels of control over the environment / simulations, ensuring that each participant had the same experience. 1 mark: partial or unclear answer 2 marks: clear answer	2
4(b)	**Suggest <u>one</u> limitation of the use of virtual reality to study obedience to authority.** Limitations might include; The fact that participants would know that the authority figure was not real / that the behaviours were not taking place in the real world / no suffering was being inflicted. This could lead to either higher levels of obedience or lower level of obedience but either way would be unlikely to represent obedience in the real world. 1 mark: partial or unclear answer 2 marks: clear answer	2

Question	Answer	Marks
5	**Outline two differences between the studies by Piliavin et al. and Thornberg on bystander behaviour.** • Piliavin was a field experiment / Thornberg was a case study • Piliavin collected quantitative (and qualitative) data / Thornberg collected qualitative data • Thornberg asked directly for participants reasons for helping /not helping / Pilivian did not. • Thornberg studied children / Piliavin studied adults • The participants in Thornberg's study knew the individual needing help / the participants in Piliavin's study did not. • Thornberg collected data from 11 participants / Piliavin collected data from approximately 4450 participants • Thornberg conducted his study in Sweden / Piliavin conducted his study in the US • Thornberg's study was published in 2007 / Piliavin's study was published in 1969 For each difference x 2 1 mark: partial or unclear answer 2 marks: clear answer	4

Question	Answer	Marks
6	**Hazan and Shaver used questionnaires to collect data in their study of romantic love and attachment styles.** **Suggest one advantage of using questionnaires rather than interviews in this research.** Interviews are face to face and people might be more self-conscious and less willing to share information in face to face situation rather than when responding to an anonymous questionnaire as they did in this study. This means that the use of a questionnaire in Hazan and Shaver's research is likely to have led to more detailed / more honest / less dishonest answers. 1 mark: partial or unclear answer 2 marks: clear answer	2

Question	Answer	Marks
7	**Outline what Freud meant by the 'Oedipus complex'.** The key feature of this complex is the boy's desire to have sex with his mother and to kill his father. Occurs during the phallic stage of development, at approximately 3–5 years of age. It would also be appropriate to mention castration anxiety or identification with the father as a means of resolving this complex. 1 mark: partial or unclear answer 2 marks: clear answer	**2**

Question	Answer	Marks
8	**Identify <u>two</u> of the four types of aggression Parke and Griffiths observed in their study in a gambling arcade.** Results identified four types of common aggressive behaviour. These were: (1) Verbal aggression towards the gambling arcade staff: Typically, this involved swearing at staff after a player had lost money on the machine with the staff member being in close vicinity (10.7% of aggressive incidents); (2) Verbal aggression towards the slot machine: Typically, this involved cursing the machine after losing money or the machine not giving them what they expected and/or predicted (38.2% of aggressive incidents); (3) Verbal aggression towards other slot machine players: Typically, this involved gamblers verbally castigating other players particularly if they thought the player was waiting to play on their machine (13.5% of aggressive incidents); and (4) Physical aggression towards the slot machines: Typically, this involved players hitting or kicking the machine, or throwing something at it (37.6% of aggressive incidents). Candidates need only identify two of these by name or by description. 1 mark for each correctly identified / described type of aggression	**2**

Question	Answer	Marks
9	**Describe the procedure used in the key study by Windheim et al. on body dysmorphic disorder (BDD).** The participants were asked to sit in front of a dressing table mirror at a standardised distance of 40 cm (this distance had been determined through a pilot to be the distance at which people would position themselves if they were checking the overall appearance of their face and hair). The same mirror was used for all participants to rule out any confounding effects of different types of mirrors. Participants were asked to gaze into the mirror twice: once for 25 s (the short duration condition) and once for 10 min (the long duration condition). These conditions were counterbalanced. They were told to gaze in the mirror like they "normally would" but to stay at the same distance. After each duration condition the participants were asked to fill in the MG-CARS (Mirror gazing: Cognition and Affect Rating Scale) which measured six items (Appearance-related distress, General focus of attention, Facial attention, Certainty about appearance, Urge to look into the mirror and Urge to avoid looking into the mirror. 1 mark for each appropriate piece of information × 4	**4**

Question	Answer	Marks
10	**From the key study by Rhodes et al. on biological attraction:** **Suggest why the perfectly symmetrical faces were preferred over the less symmetrical faces.** Evolutionary biologists have proposed that a preference for symmetry would be adaptive because symmetry is a signal of health and genetic quality. Biologists suggest that facial symmetry is attractive because it may signal mate quality and there is substantial evidence to suggest that asymmetry is linked with chromosomal abnormalities and that facial symmetry levels correlate with emotional and psychological health. 1 mark: partial or unclear answer 2 marks: clear answer	**2**

Question	Answer	Marks
11	**Outline the GAS (general adaptation syndrome) model of stress.** GAS is the three-stage process that describes the physiological changes the body goes through when under stress originally proposed by Hans Selye. Selye identified these stages as alarm, resistance, and exhaustion. 1 mark: partial or unclear answer 2 marks: clear answer	**2**

Question	Answer	Marks
12	**Dement and Kleitman studied nine participants in their study on sleep and dreaming.** **Explain why such a small sample may be considered sufficient for this type of research.** Because this is studying biological processes and it can be assumed that they will be the same / similar for all participants. Because of the intensive nature of the research – would not have been practical to study large numbers. Because of the amount of data collected from the five participants – as this was confirmed by the additional four participants we can assume that these patterns would be found in much larger samples. 1 mark: partial or unclear answer 2 marks: clear answer	**2**

Question	Answer	Marks
13(a)	**Describe research into the topic of 'learning aggression'.**	**10**
	Candidates are likely to include (some of) the following information. **Background theory:** The Behaviourist perspective. Classical conditioning, e.g. Pavlov. Operant conditioning, e.g. Skinner. Social learning theory, e.g. Bandura. **Key study:** Bandura, A, Ross, D and Ross, S A (1961) Transmission of aggressions through imitation of aggressive models. Journal of Abnormal and Social Psychology, 63, 575–582. Bandura conducted a laboratory study to investigate the effect of exposure to an aggressive model. The participants were 72 children from a local nursery, 36 boys and 36 girls with a mean age of 4 years and 4 months. They were matched on their pre-existing aggression which had been rated on 4, 5-point scales by the experimenter and a nursery school teacher. There were eight experimental groups, each which 6 subjects and a control group of 24 subjects. The experimental groups were • Boys with a male aggressive model • Boys with a female aggressive model • Boys with a male non-aggressive model • Boys with a female non-aggressive model • Girls with a male aggressive model • Girls with a female aggressive model • Girls with a male non-aggressive model • Girls with a female non-aggressive model Children were tested individually. While the child played in one corner of the room, the model acted in a rehearsed manner in the other corner. In the aggressive condition, the model displayed both physical and verbal aggression to a 5 foot Bobo doll. In the other condition, the model ignored the Bobo doll and played quietly with other toys. The child was then subjected to a mild level of aggression arousal (being shown desirable toys and then told that they couldn't play with them). They were then taken to another room containing a number of aggressive and non-aggressive toys including a 3 foot Bobo doll. The child was in this room for 20 minutes during which time his/her behaviour was observed through a one way mirror. Three measures of imitation were obtained, Imitative physical aggression, imitative verbal aggression, imitative non-verbal responses. The observers also recorded any other physical and verbal aggression shown by the child. The results showed that the children in the aggressive condition reproduced a lot of the physical and verbal aggression used by the model, whereas children in the non-aggressive and control conditions showed virtually none of this behaviour. The results also showed that boys imitated more physical aggression than girls. **Further research:** Holmes, M R (2013) The sleeper effect of intimate partner violence exposure: long-term consequences on young children's aggressive behaviour. Journal of Child Psychology and Psychiatry, 54(9), 986–995.	

Question	Answer	Marks
13(a)	Abstract Background: Children who have been exposed to intimate partner violence (IPV) experience a wide variety of short-term social adjustment and emotional difficulties, including externalizing behavioural problems such as aggression. While children are affected by IPV at all ages, little is known about the long-term consequences of IPV exposure at younger ages. Because early experiences provide the foundation for later development, children exposed to IPV as an infant or toddler may experience worse negative outcomes over time than children never exposed. Methods: Using the National Survey of Child and Adolescent Well-Being (NSCAW), latent growth curve modelling was conducted to examine whether early IPV exposure occurring between birth and age three (n = 107), compared with no exposure (n = 339), affects the development of aggressive behaviour over 5 years. This modelling allowed for empirical exploration of developmental trajectories, and considered whether initial social development trajectories and change over time vary according to early IPV exposure. Results: Children who were exposed to more frequent early IPV did not have significantly different aggressive behaviour problems initially than children who were never exposed. However, over time, the more frequently children were exposed between birth and 3 years, the more aggressive behaviour problems were exhibited by age eight. Conclusions: Results indicate a long-term negative behavioural effect on children who have been exposed to IPV at an early age. An initial assessment directly following exposure to IPV may not be able to identify behaviour problems in young children. Because the negative effects of early IPV exposure are delayed until the child is of school age, early intervention is necessary for reducing the risk of later aggressive behaviour.	

Question	Answer		Marks
13(a)	Definition of terms is accurate and use of psychological terminology is comprehensive. Description of knowledge (theories / studies) is accurate, coherent and detailed. Understanding (such as elaboration, use of example, quality of description) is very good. The answer is competently structured and organised (global structure introduced at start and followed throughout). Quality of written communication is very good.	8–10 marks	
	Definition of terms is mainly accurate and use of psychological terminology is competent. Description of knowledge (theories / studies) is mainly accurate, coherent and detailed. Understanding (such as elaboration, use of example, quality of description) is good. The answer has adequate structure and organisation. Quality of written communication is good.	6–7 marks	
	Definition of terms is basic and the use of psychological terminology is adequate. Description of knowledge (theories / studies) is often accurate, generally coherent and has some detail. Understanding (such as elaboration, use of example, quality of description) is reasonable. The answer has some structure or organisation. Quality of written communication is good.	4–5 marks	
	Definition of terms and use of psychological terminology is occasional or absent. Description of knowledge (theories / studies) is sometimes accurate, sometimes coherent and has some detail. Understanding (such as elaboration, use of example, quality of description) is occasionally evident. The answer has minimal structure or organisation. Quality of written communication is adequate.	1–3 marks	
	No answer or irrelevant answer	0 marks	

Question	Answer	Marks
13(b)	**Evaluate research into the topic of 'learning aggression'.**	**12**
	Candidates may use a variety of evaluation issues in their response (most likely will be issues relating to experiments, observations, ethics, the reliability and validity of conclusions, usefulness and applications, issues such as nature – nurture etc) but should also focus on the contribution made to the wider area learning aggression in order to access top band marks. This is most likely to be achieved through a discussion (even a brief one) of issues arising from this work and how later research has built on this.	

Discussion is comprehensive. Range of points is balanced. Points are competently organised. Selection of points is explicitly related to the assessment request and demonstrates impressive psychological knowledge. *Candidates who do not make explicit reference to the contribution of this study to the wider area will not be able to be awarded marks in this band.* Effective use of supporting examples from unit content. Quality of argument (or comment) arising from points is clear and well developed. Analysis (valid conclusions that effectively summarises issues and arguments) is evident. Evaluation is detailed and understanding is thorough.	10–12 marks
Discussion is very good. Range of points is good and is balanced. Points are well organised. Selection of points is related to the assessment request and demonstrates competent psychological knowledge. Good use of supporting examples from unit content. Quality of argument arising from points is often clear and well developed. Analysis (key points and valid generalisations) is often evident. Evaluation is quite detailed and understanding is good.	8–9 marks

Question	Answer		Marks
13(b)	Discussion is good. Range of points is limited and may be imbalanced. Points are organised. Selection of points is often related to the assessment request and demonstrates good psychological knowledge. Limited use of supporting examples from unit content. Quality of argument arising from points is limited. Analysis (key points and valid generalisations) is sometimes evident. Evaluation is detailed and understanding is limited.	6–7 marks	
	Discussion is sufficient. Range of points is partial (may be positive or negative only). Points are occasionally organised into issues / debates, methods or approaches. Selection of points is sometimes related to the assessment request and demonstrates basic psychological knowledge. Partial use of supporting examples from unit content. Argument arising from points is acceptable Analysis (key points and valid generalisations) is occasionally evident. Evaluation has adequate detail and understanding is acceptable.	4–5 marks	
	Discussion is basic. Some points are evident and may be either positive or negative. Points are not always organised into issues / debates, methods or approaches. Selection of points may be peripherally relevant to the assessment request and psychological knowledge is occasionally evident. Some or no use of supporting examples from unit content. Argument arising from points is discernible or not present. Analysis (key points and valid generalisations) is rare or not present. Evaluation has meagre detail and understanding may not be evident.	1–3 marks	
	No answer or irrelevant answer	0 marks	

Question	Answer	Marks
13(c)	**Suggest how you would conduct a new study into this topic <u>and</u> explain how your suggestion extends our understanding of this topic.** The study could be based entirely on the 'further research' identified on the specification or it could be based on that and/or any research from the 'explore more' section or it could be based on any relevant research surrounding this area that the candidate has explored. It could even be suggestions that the candidates themselves make based on their knowledge of the key study and theory in this area.	6

Suggestion of alternative is appropriate and well described Explanation of how this would extend our understanding is thorough.	5–6 marks
Suggestion is appropriate. Explanation of how this would extend our understanding is reasonable.	3–4 marks
Suggestion is reasonably appropriate. Explanation of how this would extend our understanding is basic.	1–2 marks
No or inappropriate suggestion	0 marks

Question	Answer	Marks
14(a)	**Describe research into the topic of 'diagnosing abnormality'.** Candidates are likely to include (some of) the following information. **Background theory**: Definitions of abnormality including deviation from the norm and deviation from ideal mental health. The classification of mental disorders. **Key study: Rosenhan, D (1973) On being sane in insane places.** The aim was to test the hypothesis that psychiatrists cannot reliably tell the difference between people who are sane and those who are insane. The main study can be described as a participant observation with the pseudo-patients recording their observations and experiences. Eight sane people (pseudo-patients) were admitted to 12 different hospitals, in five different states in the USA. There were three women and five men. These pseudo-patients telephoned the hospital for an appointment, and arrived at the admissions office complaining that they had been hearing voices. They said the voice, which was unfamiliar and the same sex as themselves, was often unclear but it said 'empty', 'hollow', 'thud'. The pseudo patients gave a false name and job, but all other details they gave were true. After they had been admitted to the psychiatric ward, the pseudo patients stopped simulating any symptoms of abnormality. The pseudo patients took part in ward activities, speaking to patients and staff as they might ordinarily. When asked how they were feeling by staff they said they were fine and no longer experienced symptoms. Each pseudo patient had been told they would have to get out by their own devices by convincing staff they were sane. The pseudo patients spent time writing notes about their observations. Initially this was done secretly although as it became clear that no one was bothered the note taking was done more openly. None of the pseudo patients was detected and all but one were admitted with a diagnosis of schizophrenia and were eventually discharged with a diagnosis of '*schizophrenia in remission*'. The pseudo-patients remained in hospital for 7 to 52 days (average 19 days). Although they were not detected by the staff, many of the other patients suspected their sanity (35 out of the 118 patients voiced their suspicions). The pseudo patients' normal behaviours were often seen as aspects of their supposed illness. For example, nursing records for three of the pseudo patients showed that their writing was seen as an aspect of their pathological behaviour. 'Patient engages in writing behaviour' and queuing for lunch was seen as characteristic of an oral-acquisitive syndrome. In four of the hospitals the pseudo patients carried out an observation of behaviour of staff towards patients that illustrate the experience of being hospitalised on a psychiatric ward. The results were compared with a university study. In the university study, nearly all the requests were acknowledged and responded to unlike the psychiatric hospital where the pseudo patients were treated as if they were *invisible*.	10

Question	Answer	Marks
14(a)	Table 1: Responses of staff towards pseudo patients' requests	

Response	Percentage making contact with patient	
	Psychiatrists	Nurses
Moves on with head averted	71	88
Makes eye contact	23	10
Pauses and chats	2	4
Stops and talks	4	0.5

In the secondary study, staff of a teaching and research hospital, which was aware of the first study, was falsely informed that during the next three months one or more pseudo patients would attempt to be admitted into their hospital. Staff members were asked to rate on a 10-point scale each new patient as to the likelihood of them being a pseudo patient.

The table shows that many patients of the hospitals regular intake were judged to be pseudo patients. For example, around ten per cent of their regular intake were judged by one psychiatrist and another staff member to be pseudo patients.

Table 2: Judgement of all admissions patients as to the likelihood that they are pseudo patients

Number of patients judged	193
Number of patients confidently judged as pseudo patients by at least one staff member	41
Number of patients suspected by one psychiatrist	23
Number of patients suspected by one psychiatrist AND one other staff member	19

Rosenhan claims that the study demonstrates that psychiatrists cannot reliably tell the difference between people who are sane and those who are insane. The main experiment illustrated a failure to detect sanity, and the secondary study demonstrated a failure to detect insanity. Rosenhan explains that psychiatric labels tend to stick in a way that medical labels do not and that everything a patient does is interpreted in accordance with the diagnostic label once it has been applied.

Question	Answer	Marks
14(a)	**Further research: Wilson, C, Nairn, R, Coverdale, J and Panapa, A (2000) How mental illness is portrayed in children's television. The British Journal of Psychiatry, 176(5), 440–443.** Abstract **Background** There are no published studies concerning the depiction of mental illness in children's television programmes. **Aims** To determine whether mental illness was depicted in children's television. **Method** Sample of one complete week of children's television (57 hours, 50 minutes; 128 series episodes: 69 cartoon animations, 12 non-cartoon animations, 47 real life) provided for children under the age of 10 years. Disclosure analysis of portrayals of mental illness through repeated viewings identified patterns in the use of linguistic, semiotic and rhetorical resources. **Results** Of the 128 episodes, 59 (46%) contained one or more references to mental illness, predominantly in cartoons ($n=47,80\%$) compared with other episode types ($X^2=17.1$, d.f.=2,$P<0.05$). Commonly occurring terms such as 'crazy' ($n=28$), 'mad' ($n=19$) and 'losing your mind' ($n=13$) were employed to denote loss of control. The six consistently mentally ill characters were almost entirely devoid of admirable attributes. **Conclusion** Young viewers are being socialised into stigmatising conceptions of mental illness.	

Question	Answer		Marks
14(a)	Definition of terms is accurate and use of psychological terminology is comprehensive. Description of knowledge (theories / studies) is accurate, coherent and detailed. Understanding (such as elaboration, use of example, quality of description) is very good. The answer is competently structured and organised (global structure introduced at start and followed throughout). Quality of written communication is very good.	8–10 marks	
	Definition of terms is mainly accurate and use of psychological terminology is competent. Description of knowledge (theories / studies) is mainly accurate, coherent and detailed. Understanding (such as elaboration, use of example, quality of description) is good. The answer has adequate structure and organisation. Quality of written communication is good.	6–7 marks	
	Definition of terms is basic and the use of psychological terminology is adequate. Description of knowledge (theories / studies) is often accurate, generally coherent and has some detail. Understanding (such as elaboration, use of example, quality of description) is reasonable. The answer has some structure or organisation. Quality of written communication is good.	4–5 marks	
	Definition of terms and use of psychological terminology is occasional or absent. Description of knowledge (theories / studies) is sometimes accurate, sometimes coherent and has some detail. Understanding (such as elaboration, use of example, quality of description) is occasionally evident. The answer has minimal structure or organisation. Quality of written communication is adequate.	1–3 marks	
	No answer or irrelevant answer	0 marks	

Question	Answer	Marks
14(b)	**Evaluate research into the topic of 'diagnosing abnormality'.**	**12**
	Candidates may use a variety of evaluation issues in their response (most likely will be issues relating to experiments, observations, ethics, the reliability and validity of conclusions, usefulness and applications, issues such as nature – nurture etc) but should also focus on the contribution made to the wider area learning aggression in order to access top band marks. This is most likely to be achieved through a discussion (even a brief one) of issues arising from this work and how later research has built on this.	

Discussion is comprehensive. Range of points is balanced. Points are competently organised. Selection of points is explicitly related to the assessment request and demonstrates impressive psychological knowledge. *Candidates who do not make explicit reference to the contribution of this study to the wider area will not be able to be awarded marks in this band.* Effective use of supporting examples from unit content. Quality of argument (or comment) arising from points is clear and well developed. Analysis (valid conclusions that effectively summarises issues and arguments) is evident. Evaluation is detailed and understanding is thorough.	10–12 marks
Discussion is very good. Range of points is good and is balanced. Points are well organised. Selection of points is related to the assessment request and demonstrates competent psychological knowledge. Good use of supporting examples from unit content. Quality of argument arising from points is often clear and well developed. Analysis (key points and valid generalisations) is often evident. Evaluation is quite detailed and understanding is good.	8–9 marks
Discussion is good. Range of points is limited and may be imbalanced. Points are organised. Selection of points is often related to the assessment request and demonstrates good psychological knowledge. Limited use of supporting examples from unit content. Quality of argument arising from points is limited. Analysis (key points and valid generalisations) is sometimes evident. Evaluation is detailed and understanding is limited.	6–7 marks

Question	Answer		Marks
14(b)	Discussion is sufficient. Range of points is partial (may be positive or negative only). Points are occasionally organised into issues / debates, methods or approaches. Selection of points is sometimes related to the assessment request and demonstrates basic psychological knowledge. Partial use of supporting examples from unit content. Argument arising from points is acceptable Analysis (key points and valid generalisations) is occasionally evident. Evaluation has adequate detail and understanding is acceptable.	4–5 marks	
	Discussion is basic. Some points are evident and may be either positive or negative. Points are not always organised into issues / debates, methods or approaches. Selection of points may be peripherally relevant to the assessment request and psychological knowledge is occasionally evident. Some or no use of supporting examples from unit content. Argument arising from points is discernible or not present. Analysis (key points and valid generalisations) is rare or not present. Evaluation has meagre detail and understanding may not be evident.	1–3 marks	
	No answer or irrelevant answer	0 marks	

Question	Answer	Marks
14(c)	**Suggest how you would conduct a new study into this topic <u>and</u> explain how your suggestion extends our understanding of this topic.** The study could be based entirely on the 'further research' identified on the specification or it could be based on that and/or any research from the 'explore more' section or it could be based on any relevant research surrounding this area that the candidate has explored. It could even be suggestions that the candidates themselves make based on their knowledge of the key study and theory in this area. <table><tr><td>Suggestion of alternative is appropriate and well described. Explanation of how this would extend our understanding is thorough.</td><td>5–6 marks</td></tr><tr><td>Suggestion is appropriate. Explanation of how this would extend our understanding is reasonable.</td><td>3–4 marks</td></tr><tr><td>Suggestion is reasonably appropriate. Explanation of how this would extend our understanding is basic.</td><td>1–2 marks</td></tr><tr><td>No or inappropriate suggestion</td><td>0 marks</td></tr></table>	6