Section A: Issues in mental health

Question 1: Outline one historical view of mental illness. [2]

Outline questions require that the main points are concentrated on. <https://ocr.org.uk/Images/231995-the-ocr-guide-to-examinations.pdf>

The 2 marks of the question relate to the 2 focuses of the question:

* 1 mark for an **historical view** (e.g. humourism, demon possession, etc.)
* 1 mark for a statement of how this explains / describes / accounts for **mental illness** (the behaviour is caused by an imbalance of the 4 humours, demon inside the person etc.)

**Example for 2 marks**

Humourism – the mental illness was caused by an imbalance in the 4 humours, such as too much phlegm

**Example for 1 mark**

One historical view of mental illness was demon possession. Trepanning helped to release the demon from the skull*. [2nd mark not present – no link to mental illness made]*

**Example for 0 marks**

Mental illness is caused by irrational thinking or cognitions and can be treated with CBT. *[not an historical view and no link to mental illness made, such as depression]*

Question 2: Outline one way of defining abnormality. [2]

The 2 marks of the question relate to its 2 focuses:

* 1 mark for a **definition** (e.g. failure to function adequately, statistical infrequency, deviation from ideal mental health, deviation from social norms)
* 1 mark for a statement of how this explains / describes / accounts for **abnormality**

**Example for 2 marks**

Failure to function adequately such as behaving in a way that causes observer discomfort.

**Example for 1 mark**

Deviation from social norms – acting in an unusual way. *[The explanation refers to statistical infrequency, rather than the definition given.]*

***Example for 0 marks***

A person is behaving in an abnormal, it does not follow our norms. *[No definition and the development is not specific to a way of defining abnormality in Psychology.]*

Question 3: Discuss the usefulness of the key research by Gottesman et al. (2010). [10]

Discuss questions require that the subject is explored, by looking at advantages / disadvantages <https://ocr.org.uk/Images/231995-the-ocr-guide-to-examinations.pdf>

**Usefulness of Research =** research is useful if it

* **develops** therapies, interventions, preventative action or treatments
* provokes further **research** in the field
* progresses **understanding** beyond previous findings
* is **generalisable** to a wide population
* is **valid** so that results are accurate

**Points which could be raised**

* Gottesman's research is useful for family planning, counselling, health insurance
* Gottesman's research is not useful and even unhelpful, if the research is used to force people not to have children (eugenics and sterilisation).

Up to 2 marks for each of the following:

* A good discussion
* Good use of psychological terminology
* Line of reasoning which is clear and logically structured
* A **range** (two or more) of appropriate evaluation points are considered.
* The evaluation points are **supported** by relevant evidence from Gottesman’s study.

**Example for 10 marks**

Gottesman’s research is very useful as it stimulates discussion and understanding of the role genetic factors play in the mental health. By calculating the concordance rates of schizophrenia and bipolar depression in the parents and their children in Denmark, we can be confident that genetic factors are a significant contributor to these mental illnesses. This is useful as it suggests treatments and applications, such as family planning, genetic counselling and adjustments in health insurance premiums. However whilst this is useful for some people, this is intrusive, socially sensitive and likely to lead to possible prejudice.

Gottesman’s research can be argued not to be useful as it lacks population validity which limits its usefulness in generalising the concordance rates to the target population, which is all people worldwide. By focusing solely on Denmark, which may or may not be an anomaly, and only those who have been hospitalised for their mental health disorder, the sample may not be sufficiently representative of all people and this would suggest that it lacks usefulness due to its cultural bias. However, many would see that a sample size in the millions does have generalisability worldwide.

**Example for 4 marks**

Gottesman’s study is useful because the results can be put to good use in recommending family planning advice, or counselling of parents if and when they want to have children, especially if one or both of them has been diagnosed as having a mental illness. By showing that there is a genetic component in mental illness, Gottesman’s research is useful for helping people to consider whether or not they want to risk this being passed down to their children.

**Example for 2 marks**

The study is useful to stop people having children. If you have had a mental illness then this will probably be passed onto your children.

Question 4: Outline the cognitive explanation of mental illness. [5]

There are 2 focuses in the question:

* The **cognitive** explanation (up to 3 marks)
	+ Internal mental processes / thoughts / cognitions are important in understanding behaviour
	+ Humans are like information processors, with information being inputted, processed and outputted.
	+ The output or behaviour is due to the mental processing which occurs.
* How this explains / accounts for **mental illness** (up to 3 marks)
	+ Cognitive triad of depression
	+ ABC model of mental illness
	+ Cognitive biases in specific phobias, such as negative appraisal bias, attentional bias

**Example for 5 marks**

1. Individuals who suffer from mental illness have distorted and irrational thinking.
2. The thinking (process) causes the output (behaviour) to be abnormal.
3. The input (activating event / experience) is irrelevant.
4. It is the way you think about the problem rather than the problem itself which causes the mental illness.
5. Individuals can overcome mental illness by using more appropriate cognitions.

**Example for 3 marks**

Cognitions are the cause of behaviour. Humans are like information processors, with information being inputted, processed and outputted. The output or behaviour is due to the cognitions which occur. *[No reference to mental illness]*

**Example for 1 mark**

Your thoughts and brain activity impact your wellbeing. The prefrontal cortex and ventral striatum cause the thoughts which cause the illness. *[Reference to brain activity and structure are not relevant to the cognitive explanation]*

Question 5: Discuss one strength and one weakness of the cognitive explanation of mental illness. [6]

**How the marks are awarded for each evaluation point:**

* 1st mark: accurate point is stated
* 2nd mark: and explained using a value judgement
* 3rd mark: in the context of mental illness

**Examples of points which could be raised: Strengths**

* Research it is based on is scientific & provides accurate unbiased data.
* Research it is based on produces quantitative data
* Useful – lots of practical applications in changing the cognitions

**Examples of points which could be raised: Weaknesses**

* Reductionist - ignores other causes of behaviour
* Usually studied through laboratory experiments which may lack mundane realism and ecological validity
* The only way to study mental processes is through self-report or the behaviours that are shown because of it.

**Example for 6 marks**

A strength of the cognitive explanation of mental illness is that there is a lot of evidence to support the view that maladaptive thinking contributes to maladaptive behaviour and so the transformation of abnormality can occur through focusing on changing the thoughts into more adaptive and useful ones. For example, disputing the negative views about the self, world and future shown in the cognitive triad of depression during CBT will lead to more effective cognitions and behaviours.

However, it cannot be identified whether the disordered cognitions are the result or the cause of the abnormality, so transforming the thoughts may not eliminate or cure the behaviour. For example, disputing the negative views about the self, world and future shown in the cognitive triad of depression during CBT may be palliative, rather than curative.

Question 6: Discuss the extent to which explanations of mental illness are socially sensitive. [10]

Socially Sensitive explanations are characterised as those that are

* Subject to social norms
* Controversial
* Able to shape the law / policy
* Risks stereotyping and prejudice

Up to 2 marks for each of the following:

* A good discussion
* Good use of psychological terminology
* Line of reasoning which is clear and logically structured
* Two or more explanations of mental illness are considered (any from: the Medical Model in general or specifically biochemical, genetic, brain abnormality explanations; Alternatives to the Medical Model in general or specifically the behaviourist, cognitive, psychodynamic explanations).
* The evaluation points are **supported** by relevant evidence / examples of mental illness.

**Example for 10 marks**

Socially sensitive research and explanations have the potential to have a negative impact on specific groups of people or society in general. Any explanation of mental illness could have a negative impact on those who have a mental illness, because it labels the person, so it is socially sensitive to a greater extent.

Explanations from the Medical Model, such explaining that mental illness is caused by biochemical imbalances, genes and / or brain abnormality, are socially sensitive as it could lead to the law being changed or shaped. If depression or schizophrenia was believed to be caused by an imbalance of neurotransmitters, the application would be that a person must take medication to correct the imbalance. This is an issue because being forced to take medication for your abnormal behaviour can be seen as unethical (as seen in Rosenhan’s study). Psychiatrists such as Szasz see the use of labels, such as ‘mentally ill’ as a way of pathologising people whose behaviour we do not like or cannot explain. This is a problem because the labels are being used for political not helpful reasons.

The genetic explanation of mental illness is also highly socially sensitive as it could lead to policies being made which will negatively impact a significant proportion of people. Identifying specific genes or general concordance rate for the inheritance of mental illness (like schizophrenia in Gottesman’s correlational research) could lead to policies which force people not to have children (eugenics and sterilisation). This is an issue because the genetic explanation is just correlational, yet can lead to policies which cause significant distress to some.

Section B: Option 1: Child Psychology

Question 7a: Using the research by Barkley-Levenson et al. (2014), explain the relationship between brain development and risk taking behaviour. [10]

**How the question is marked: Level 4 requires**

AO1 5 marks

* Good knowledge and understanding (e.g. use of key terms)
* Accuracy (e.g. being correct, not confusing / conflating items)
* Detail (e.g. use of key terms, results of the study)

AO2 5 marks

* Application of K&U to the question (answering the question exactly, not responding to a different one, like ‘detail everything you know about Barkley-Levenson)
* Finding of the study is evidence that suggests hyper activation of reward circuitry (ventral striatum) response in adolescence may be a normal response
* This could be linked with the lack of development of the pre-frontal cortex
* A well-developed line of reasoning (e.g. connectives).
* which is clear and logically structured (e.g. paragraphs).
* The information presented is relevant (e.g. no waffle or material that is not used).
* and substantiated (e.g. referring to studies and/or fine detail).

**Example for 10 marks**

Barkley-Levenson’s aim was to investigate the influence of brain development on risk taking behaviour. They compared the risk taking of 19 adults and 22 adolescents on a gambling task while having an fMRI scan. They were presented with a number of different gambles which had a 50% chance of gaining the amount shown on one side of a spinner and a 50% probability of losing the amount shown on the other side. The study found that the higher the Expected Value (EV) of the win, the more likely adolescents were to gamble compared to adults. The researchers found that these results correlated with greater activation of part of the brain called the ventral striatum, which is sensitive to rewards, in the adolescents. Bar-L concluded that the adolescent brain places greater value on potential rewards than adults.

The under-developed adolescent brain is linked to risk taking because it is not fully mature. Brain imaging showed decreased activity in the amygdala, which controls fear. Adolescents take more risks, because there is no fear of consequences of their behaviour. The medial prefrontal cortex which is responsible for memory and decision making is not thought to fully develop until our mid-20s and its under development would explain risk taking behaviour in young people. They do not think through the consequences of behaviour and do not have the memory skills to see that it has been a problem in the past. Teenagers’ brains have hyper activation in the ventral striatum which is reward circuit of the brain. This means that the adolescent brain is very sensitive to rewards. Brain development explains that adolescents are more likely to engage in risk tasking that may be advantageous to them (giving them a greater feeling of reward).

Question 7b: Discuss methodological issues involved in research into pre-adult brain development. [15]

Examples of methodological issues which could be raised:

* Method: fMRI scanning, self-reports
* Sample and sampling method: need to have control and comparison groups, ethnocentrism
* Reliability: controlling for right handedness, age, gender, etc.
* Ethics: informed consent, protection from harm (risk taking behaviour)
* Validity: population validity, ecological validity

**How the question is marked: Level 4 requires**

**AO1 2 marks**

* + - Good knowledge and understanding (e.g. use of key terms)
		- Accuracy (e.g. being correct, not confusing / conflating items)
		- Detail (e.g. use of key terms, results of the study)

**AO3 13 marks**

* At least 3 points of analysis / evaluation
* Organised (e.g. use of paragraphs)
* Well developed (e.g. points are sustained, rather than multiple points being given)
* Explicitly related to the context of the question (every part / sentence links to pre-adult brain development)
* Effective use of examples where appropriate
* Valid conclusions (e.g. every paragraph is concluded to show why the point matters)
* Well-developed line of reasoning (e.g. logical structure to the whole answer, evidence of planning in the response)
* The information presented is relevant and substantiated (e.g. every part links to the question, nothing is generic).

**Example of 15 marks**

Plan

* Method and tasks used
* The tasks used and ethics
* Samples and their validity

A methodological issue with research into pre-adult brain development is the type of research method chosen. Whilst a lot of the research has focused on self-reports, which can be affected by social desirability bias as participants may over or under report their risk taking, the research by Barkley-Levenson used fMRI scanning to see the activity in different areas of the brain when given a risk taking task. This is helpful as you cannot fake the brain activity, which means that the research has greater reliability. The control of the procedure gives the research internal reliability and having standardised procedures means that the results are comparable and allows for replication by other researchers, increasing external reliability. However, research which uses fMRI scans can cause participants discomfort and panicked if they have not experienced it before, which may affect the activity in areas of the brain, such as the amygdala (fear) and pre-frontal cortex (memory), as well as being an ethical issue of protection from harm.

In addition, research into pre-adult brain development may use tasks to assess risk-taking behaviour which are also seen to be unethical. This is because they use tasks, such as the gambling scenario in Barkley-Levenson’s study, which may encourage risk-taking behaviour outside of the study. In Barkley-Levenson’s study this was significant as they were rewarded with real money. By presenting a task which includes a behaviour which is undesirable, research may be accused of not protecting their Ps from harm, which is significant when it is considered that the Ps have to be adolescents.

Furthermore, the samples used in research on pre-adult brain development (which need to be adolescents), is another methodological issue. Researchers must ensure that healthy individuals are selected and that factors such as right handedness, age and gender are highly controlled. This can be time consuming and difficult to achieve, which means that often the samples will be quite small, so the research will lack population validity, as it will be difficult to generalise to the target population (all adolescents worldwide). Also, to show ‘development’, samples need to include pre and post adolescents (young children and adults), which is problematic to achieve. Barkley-Levenson lacked a pre-adolescent group and without this it is impossible to say whether their findings only occur in adolescents.

Question 7c: Max has just passed his driving test and often breaks the speed limit. He enjoys driving fast and even a police warning has not stopped him. Max’s parents have tried to punish him for this behaviour but their interventions have not been successful. Outline one strategy that a psychologist could use to reduce Max’s risk-taking behaviour. [10]

**How the question is marked: Level 4 requires**

* Good psychological knowledge and understanding (e.g. use of key words and not just common sense ideas)
* Application to the question, which is explicit, accurate, and relevant (shown through making the strategy link to the story)
* A well-developed line of reasoning (e.g. use of connectives).
* which is clear and logically structured (e.g. paragraphs).
* The information presented is relevant (e.g. no waffle or material that is not used).
* and substantiated (e.g. referring to studies and/or fine detail).

A strategy that the psychologist could use is a Graduated Driver Licencing Schemes (GDL). In the first few months, Max’s parents could make sure that Max always has one of them in the car when Max is driving. Peden showed that the longer it takes an adolescent to drive unsupervised, the less risky their driving behaviour. Rather than having a P plate to show that he has passed his test, it could be to indicate that he has a parent with him. Being supervised is the most significant action to prevent risk-taking behaviour.

Teenagers are much more likely to carry out risky behaviours when in a group, so not allowing Max to drive with passengers of his own age for some time will help while his brain develops a sense of responsibility. Peer pressure increases the reward of taking risks, making the risk seem more worth it to take, so not allowing Max to have passengers of his own age will help.

The psychologist could also encourage Max’s parents to ban Max from driving the car between 10pm and 5am. This is because using the car in the evenings can make the rewarding part of a risky situation even more appealing, increasing activation of the ventral striatum. Lastly, including a ‘black box’ car which affects the insurance rate or a speed limiter, which stops the car going over a specific speed will help to stop Max speeding because limiting opportunities for risk taking, can help to reduce negative outcomes.

Section B: Option 2: Criminal Psychology

Question 8a: Using the research by Memon and Higham (1999), explain how evidence is collected from witnesses and suspects. [10]

**How the question is marked: see Q7A**

**Example for 10 marks**

Memon and Higham’s research was a review essay which aimed to analyse issues and research surrounding the Cognitive Interview. The essay was separated into 4 sections. Section 1 = effectiveness of components of the CI technique, where they found the most effective technique was context reinstatement as it allowed more to be remembered due to accessing context dependent cues. Section 2 = comparison of interviews. To judge whether the CI is good, they need to compare it to other interviews which use context reinstatement and rapport building. Section 3 = measuring memory. This needs to go beyond number of correct items recalled and also consider whether it helps the person to reveal detail more accurate and detailed information even if it is embarrassing. Section 4 = quality of training. M&H concluded that for CI to be used successfully, the police need to have intensive (2 day) training by experienced colleagues.

Evidence is collected from witnesses using interviews, which should have some form of context reinstatement, to ensure that the witness can use the context dependent cues to support their memory recall. There are a range of interview styles used, such as the standard interview, cognitive and PEACE techniques. M&H have shown that the best of these use context reinstatement and rapport building. The interviews used to collect evidence can last for a significant amount of time, as M&H have shown that memory should be operationalised in terms of what the process allows and supports the witness / suspect to say, rather than just the number of correct items recalled. Lastly, evidence from witnesses and suspects should be collected by a person trained in the interview techniques, by an experienced colleague, rather than a university lecturer, and for a significant amount of time

Question 8b: Discuss the free will - determinism debate in relation to research into the collection of evidence from witnesses. [15]

**How the question is marked: see Q7B**

**Example for 15 marks**

Determinism is the view that free will is an illusion, and that our behaviour is governed by internal or external forces over which we have no control. This then means that behaviour is predictable. Collecting evidence from witnesses using interviews could be seen as deterministic because the way in which the questions are presented in an interview will determine whether the response is valid. Loftus and Palmer showed how leading questions can change the output of behaviour. Knowing that leading questions and post-event information will determine the answers and the usefulness of the evidence collected from witnesses means that the police may want to consider carefully what types of questions are posed, depending on whether the person is a witness or a suspect. However, some may argue that PEI will not change the person’s memory as witnessing a crime is accompanied by significant distress.

While determinism is the view that a person has no control over our behaviour, there are varying degrees of determinism, including environmental, hard and soft determinism. Environmental determinism shows how the physical environment and society around a person will determine the behaviour shown. The focus on context reinstatement in police interviews aims to access this, by drawing on the context dependent cues when the information was inputted, such as the weather, sights and smells. If the environment determines the behaviour, identifying and replicating the environment, helps to jog the memory. However, much of the detail surrounding the circumstances of the memory when it was inputted may not have been paid attention to, so it is now definite that drawing on the context will enable a person to give a fuller description of the event.

Free will is the idea that we can play an active role and have choice in how we behave. The assumption is that individuals are free to choose their behaviour and are self-determined. For example, people can make a free choice as to whether to commit a crime or not. Therefore, a person is responsible for their own actions, and it is impossible to predict human behaviour with any precision. Needing to have so much rapport building during police interviews with witnesses suggests that people are choosing whether or not to please the interviewer with the amount of detail being recalled, even if this is an unconscious choice.

Question 8c: After reading Memon and Higham (1999), the head of the Metropolitan Police Service concluded that ‘interviewers differ in their ability and motivation to conduct a good interview’. What strategy/ies for police interviews might a psychologist suggest to the head of the Metropolitan Police Service? [10]

**How the question is marked: see Q7C**

The psychologist could recommend that the MPS should conduct witness interviews using the PEACE interviewing framework. This is because everyone who conducts these interviews has to be trained thoroughly in how to do them, so there would be more consistency in the MPS.

The first stage in the PEACE technique is planning and preparation, such as planning the list of points that need to be proved for an offence to have been committed, how to overcome barriers such as language barriers, or vulnerable witnesses. This may not address the police’s motivations in the interview, but it will help there to be consistency in the different interviewing abilities.

The next stage in the PEACE technique is engage and explain: to develop rapport and explain interview processes and procedures. Having a relaxed interviewee will help the police officer to be more motivated as we like people who are like us.

After the interviewee has given an account, the PEACE technique has the 4th stage which is closure. This is when the interviewer ensures that the interview ends well so that the witness is comfortable to speak again in the future. This is helpful to motivate the police officers so that they feel useful and gives them a sense of authority over the interviewee.

The last stage of the PEACE technique is to evaluate what was said and how the interviewer performed during the interview. Having the chance to be self-reflective will help the interviewers to perform as well as they can and will give them greater motivation to do so.