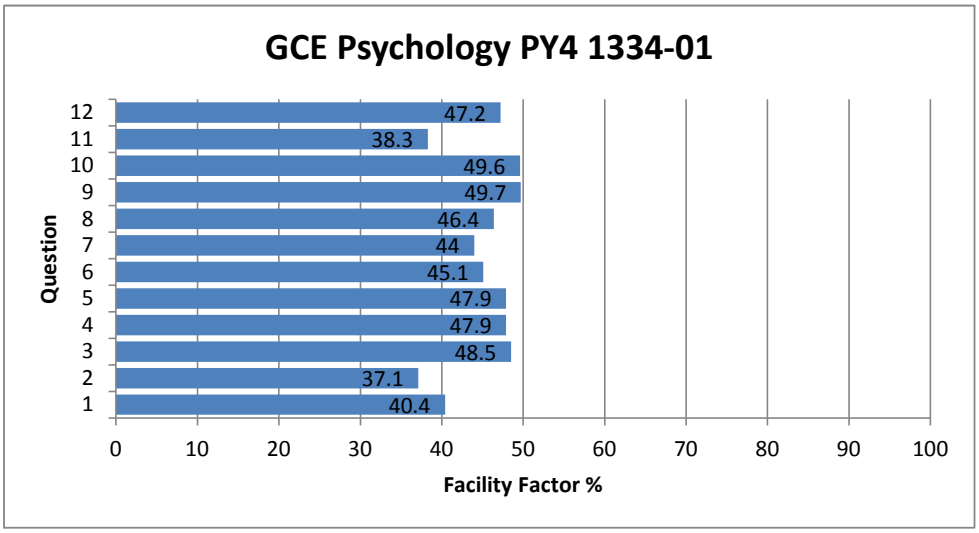
WJEC 2013 Online Exam Review

GCE Psychology PY4 1334-01

All Candidates' performance across questions

Question Title	N	Mean	S D	Max Mark	F F	Attempt %	
A1	1228	10.1	4.9	25	40.4	38.2	
A2	1954	9.3	4.6	25	37.1	60.7	2
B3	1535	12.1	5.4	25	48.5	47.7	
B4	1266	12	5	25	47.9	39.3	4
B5	202	12	5.6	25	47.9	6.3	
B6	141	11.3	4.6	25	45.1	4.4	
B7	924	11	5.2	25	44	28.7	
C8	112	11.6	6.2	25	46.4	3.5	
C9	57	12.4	6.3	25	49.7	1.8	
C10	2299	12.4	5.1	25	49.6	71.4	
C11	68	9.6	6.7	25	38.3	2.1	
C12	2751	11.8	5.1	25	47.2	85.5	12



Answer **one** *question from* **each** *Section and* ***one*** **additional** ***question*** *from* **either** *Section B* **or** *Section C.*

SECTION A: Controversies

Answer **one** *question* **only** *from this Section.*

2. *(a)* Describe what is meant by the concept of 'gender bias' in psychology. [3]

(b) Discuss the nature and extent of gender bias in psychology with reference to psychological knowledge and research findings. [22]

Question number

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2a) The concept of 'gender bias' in psychology means that certain aspects of psychology focus more on one gender than it does of the other. It will ignore the needs and differences of one gender and therefore focus greatly on the other gender. It is commonly known ~~for~~ in psychology that psychologists will focus on males rather than females.

2b) There are many arguments supported by psychologists that show that gender bias in psychology is present to a significant extent. One argument to show this is researcher bias. Researcher bias is significant to a great extent in psychology as it could ~~she~~ alter results and render the data un-reliable. Researcher bias is when the researcher has their own views, prejudices or personal ideas about the study, that could have an effect on the participants (if involved) and therefore the results. Researcher bias also states how if a researcher wants the study to go a certain way or have a particular 'outcome' then they will unfairly try to make this happen. This links to psychology having gender bias as (for example), the psychologist may have traditional views towards men and women and may believe that women are not as valued and generally inferior to men. These prejudices would make a study unreliable and ultimately very unfair. Evidence for researcher bias is that in the study of Gardn and Gardner. the psychologists were extremely keen and anxious for Washoe to succeed with words that any small sign of improvement was altered to an 'amazing' sign of improvement. ~~This stud~~

Question number

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due to the psychologists ~~previous~~ (prior) outlook on the study. This study does not directly link to gender bias, however Gardner and Gardner shows that researcher bias is not always 100% negative.

~~Gender bias~~ Researcher bias due to gender bias in psychology is significantly present in psychology today. The most common type of researcher bias is an old ~~traditional~~ medieval view that women are inferior to men. This is extremely unfair and highly unacceptable within psychology. Psychology is very up-to-date and doesn't follow these old prejudices anymore involving women. On the other hand, researchers also tend to be bias ~~to~~ toward men. Also, it is not extremely common to find this within psychology as psychologists are known to be very professional and do not let any prejudices/discrimination to effect study. ~~therefore,~~ Therefore, it is unfair to generalise all researchers to one specific view. *①

Another argument to show that gender bias is highly present in psychology to a great extent is methodological ~~methological~~ bias. This is where the method used when carrying out an experiment/study is bias in some form, which will lead to gender bias. The method of the study could be biased due to its design, or the way it is carried out ~~possibly~~ by the psychologist. Methodological bias can effect ~~the~~ any participants involved, the results and possibly the researcher. For example, the experiment could be designed in such a way (on purpose) that would make the participants alter their behaviour/answers etc and therefore altering

Question number

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the results of the study.

Methodological bias can lead to gender bias in psychology due to the study being possibly designed in the favour of men, or women. If in the study is in favour of men, this can lead to the women of the study feeling not valued and not useful within the study (inferior), and vice versa if the study was in favour of women.

The evaluative points for methodological bias are very similar to those above for researcher bias. Methods used today in psychology are very modern and are aware of gender bias and therefore try to not ignore the individual differences between men and women. On the other hand, it is very difficult for no methodological/researcher bias to occur in psychology as psychology is forever changing with time and society so therefore it is present within some aspects of psychology

① Plus, psychologists that are young are the generation of today therefore they will not share the same view as older people ~~sha~~ with the prejudice of 'men are superior'. Psychologists of today will carry the more modern view that everybody is equal regardless of gender.

However, there are arguments that state that the extent of gender bias in psychology is only to a small extent; the arguments for this are alpha bias and beta bias. Alpha bias is where psychology somewhat ignores individual differences and focuses on the general differences

Question number

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within psychology. The endence for this involves ~~Freuds~~ theory of the id/ego and super-ego. Beta bias is very similar and ignores differences within psychology, with ~~Yonis theory~~ as evidence.

Overall, the nature and extent of gender bias in psychology is to a significant extent as although it aims to ignore individual differences and prejudices, gender bias is very much a part of many aspects within psychology. Some psychologists would even argue that it is crucial for some studies in order to recieve the best and most reliable outcome. ~~However~~ However, ~~psychologists~~ psychology is ever-changing within society to try and prevent gender bias from within psychology.

Answer **one** *question from* **each** *Section and* ***one*** **additional** ***question*** *from* **either** *Section B* **or** *Section C.*

SECTION B: Topics

Answer ***at least*** **one** *question from this Section.*

4. Describe and evaluate explanations relating to the formation of relationships. [25]

Question number

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(4) Sociobiology (SB) is the study of behaviour in terms of evolutionary processes. Sociobiologists like evolutionary psychologists explain behaviour in terms of the adaptive pressures faced by our distant ancestors in the environment of evolutionary adaptation (EEA). Selection pressures acting in the EEA affected men and women differently because of their different parental investments.
Waynforth and Dunbar (1995) studied personal ads and found that men seek young, attractive mates - which signifies fertility and advertise their wealth to attract women. This supports the theory, as it shows that men and women look for different characteristics in a mate.

Moreover, the difference in parental investment means that women's reproductive success can be maximised by having a few well looked after children - whereas, mens reproductive success increases by frequently mating with fertile partners. One research study which supports this view is Buss (1989) who found cross-cultural similarities between women's desire for wealthy men and men's desire for young, fertile women, in all 37 samples studied - which is an indication that men value increased fertility and women value financial stability.

The facts of parental investment lead us to predict that, both men and women may have evolved to prefer certain characteristics in a mate - where men value fertility in a mate and women value wealth and power.
There have been various studies which suggest that men universally seek characteristics in a mate that signify fertility.

Question number

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However, there is an alternative view that there are other features which are universally related as attractive - as put forward by the babyface hypothesis. This hypothesis suggests that adults have evolved to prefer 'baby' features - ensuring we care for our young and ensuring the survival of all in evolutionary terms.

Physical characteristics are important in attraction, because of their evolutionary significance. People who are physically attractive tend to possess characteristics which in some way guarantee also breeding success. Physical attractiveness contributes to the halo effect: attributing other positive characteristics to good-looking people. Physical attractiveness is advantageous to some, as it leads to attractive people gaining lighter criminal sentences (Stewart, 1980). And it also leads to students who are considered to be more attractive in gaining more marks (Landy and Sigall, 1974).
On the other hand, Sigall and Ostrove, 1975 found that, female criminals whose crimes related to their attractiveness were judged more harshly. Therefore, showing that the halo effect does not occur in every case and good-looking people do not get away with things so easily.

Another theory considered when discussing the formations of relationships is the Social Exchange Theory (SET) - which was proposed by Thibaut and Kelley, 1959 (T&K). They suggested that commitment to a relationship depended on the 'profits' being greater than the 'costs' - compared to SB, which explained the formation of relationships in terms of evolutionary processes.

Question number

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T≠K also proposed four stages to the development of a relationship, which ~~are~~ are: sampling/bargaining commitment and institutionalisation.

In support of this theory, Rusbult and Martz (1995) used the notion of exchange to explain why some women stay in abusive relationships. They argued that when investments are high and alternatives are low, this is considered to be a profitable situation and a woman may decide to stay in a relationship – despite the 'cost' of abuse. This shows that SET can be applied to many types of relationships.
Further support comes from Morelich et al. (2008) who surveyed 267 US students and found that sex has associated 'profits' e.g. intimacy and associated 'costs' e.g. unwanted sex. This supports the theory as it was found that sex is used as a means to reduce ~~costs~~ the costs in a relationship.
However, there is a clear disregard for certain relationships e.g. family – we cannot choose which family we want; which makes the cost-benefit approach null in this manner, as we cannot decide to leave one family for one we consider to be better.

T≠K also proposed a 'comparison level' (CL) – which is the standard against which all our relationships are judged – and also helps us judge whether someone can offer us something better or worse than we might expect from another. Furthermore, if our 'comparison level for alternatives' judges a new potential relationship to be more profitable than our current one, then we should leave our current partner.

Question number

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Supporting evidence comes from Simpson et al. (2007) who surveyed people and found that they rated people of the opposite sex as less attractive if they had a partner – which shows that their current partner still met their comparison level.

On the other hand, CL's does not explain why people leave relationships without an alternative, therefore, it could be deemed as unhelpful at times.

Furthermore, certain situations are disregarded e.g. arranged marriages, as the girl/boy cannot compare the person their going to marry with another.

Finally, Walster et al. proposed the matching hypothesis – we seek the closest match to our own attractiveness level.

There have been various research studies which suggest otherwise. For example: Walster et al (1966) conducted a blind date study and found that students preferred a partner who was more attractive than them. But the reason for this could be because, the interaction amongst them was brief and they may not have been thinking about the long term.

However, Walster followed up on the participants and found that they were more likely to have began dating someone who was of a similar attractiveness level to themselves.

In conclusion, I think that the matching hypothesis is the most realistic theory – as we tend to go for someone who is similar to us in attractiveness or less to avoid rejection

Question number

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and decrease insecurities etc. To support my view Walster and Walster (1969) replicated the original blind date study but allowed students to meet beforehand and found that students expressed the most liking for those who were of similar attractiveness to themselves.

Answer **one** *question from* **each** *Section and* ***one*** **additional** ***question*** *from* **either** *Section B* **or** *Section C.*

SECTION C: Applications

Answer ***at least*** **one** *question from this Section.*

12. Describe and evaluate **two** treatments for schizophrenia. [25]

12. Schizophrenia is a mental illness, a condition which affects a person's mind and behaviour, which causes a person to loose touch with reality. It is classified as a psychotic disorder in the DSM version 5 which is a diognostic manual containing informaiton and symptoms for many different mental illnesses including Schizophrenia. Schizophrenia has two types of characteristics or symptoms known as posative and negative symptoms. Posative symptoms reflect a distortion or excess of normal behaviours such as hearing voices or having halucinations, seeing things which are not really there. Negative symptoms reflect a flatterning or lack of particular characteristics such as lowered emotional responces or lack of motivation.

Many treatments exist for this disorder including physiological and psychological treatments. Physiological treatments are bassed on the idea that mental illnesses are caused by biological factors where as psychological treatments are bassed on the idea that mental disorders are results of changes in the way a person thinks or fells.

A common physiological treatment for Schizophrenia is known as chemotherapy. This is the treatments of a mental illness using psychoatctive drugs, chemical which affect a person' behaviour and mind. The biological approach, the bassis for this therapy, states that our behaviour is a result of biological factors such as chemical inbalences with in the brain. It states that Schizophrenic symptoms are caused by an excess level of a particular chemical called Dopermine in the brain. therefore any chemicals which lower this dopermine quantity with in the brain should reduce the symptoms of Schizophrenia.

Chemotherapy uses 2 types of drugs, the old type and the new type, in order to treat Schizophrenia. The old type act by reducing the levels of Dopermine where as the new type act by reducing the levels of both Dopermine and another chemical known as Serotonin. These drugs have been shown to be effective at treating the posative symptoms of Schizophrenia when compared ot a placebo. This effectivness is shown by the fact that it is th emost common therapy used for treating mental illnesses with over 1 quater of all drugs given by the NHS bieing for mental diorders including Schizophrenia.

However Chemotherapy does have issues. for example the durgs only treat the symptoms of the condition rahter than the cause. this means that the symptoms may reappear later in a person's life. Another issue is the fact taht

psychoactive drugs may cause harmfull side effects which could put pationts at risk. In addition not all people with Schizophrenia will respond in the same way to the drugs given to them which indicates that chemotherapy is not 100 percent effective.

Dispite this Chemotherapy has been shown to be more effective than antoher physiological treatment known as Electro Convulsive therapy or ECT which was often used in the past. this is abssed on the idea that people who suffered from epilepsy and who experienced seasures were unable to get symptoms of Schizophrenia. Therefore causing a seasure by applying eleectrods to the person's temples anforhead and passing an electric current through them should cure Schizophrenia. However unlike Chemotherapy this treatment has serious ethical concerns such as the fact that any damage done to the person's brain cannot be reversed where as any biochemical changes caused by chemotherapy can be changed back with other treatments. therefore Chemotherapy has affectivly replaced ecT. In addition to this ECt only treats the symptoms of Schizophrenia rather than the psychological cause.

For this reason psychological treatments for Schizophrenia were created. These include Cognative Behavioural therapy or CBT. this is bassed on the idea of the cognative approach which states that our behaviour is a result of the activity of various mental processes such as memory and perception. This approach discribes our mind in terms of a computer. Information is taken in through our senses, process by the mind, and our behaviour is the output. It has been suggested that Schizophrenia is a result of faulty or irational processing within the mind. This idea was supported by Thrith who conducted a sutdy involving 2 groups of particiapnts, an experimental group

of Schizophrenics and a control group. He asked them to name as many different types of fruit as they could. The experimental group couldn't name as many as the control group. this suggested atht their condition was a result of faulty processing.

It has been suggested that Schizophrenic symptoms are caused by irrational thoughts. These are in tern caused by experiences of symptoms caused by biological factors. for example when a person with Schizophrenia first experiences voices in their mind they turn to tohers to validate whehter this is ral or not. When they are not given a valid responce the person belives that the other people are hding the truth, an irational faulty beliefe.

CBT endevours to change these irational or faulty beliefes into more rational ones and thus relieve some of the symptoms by treating the cause of Schizophrenia. During CBT the client and therapist discuss ways of countering any irational beliefs htat the client may have. For example the client may believe that they are being followed all the time. the therapist may ask them if there is any evidence for this, countering the irational beliefe. As well as this the therapist may set behavioural asignments for the client, a kind of homework which allows them to improove their day to day functioning. For example a Chizophrenic may be asked to try and ignore other people whilst walking in town and not to believe that they are being watched.

CBT has been shown to be effective when it come to treating many mental disorders including Schizophrenia. the organisaiton known as NICE recomends it as the best treatment for this condition. CBT has been shown to be more effective than another psychological treatment known as Token Economies. This is bassed on the idea put forward by the behaviourist

approach that if a behaviour is rewarded a person will be more likely to repeat it. This therapy, which was often used in mental instituations, involves giving tokens to people wiht Schizophrenia every time they perform a deisred behaviour. These tokens can then be cashed in for some sort of reward. Allthough thi behaviour is effective It only treats the symptoms of Schizophrenia and not the cause. CBT in comparison does treat the cause of the condition. In addition Token Economies is a more effective therapy in group situations and doesn't focus on the indevidual. for this reason it was soon repleced by cBT.

In conclusion allthough there are many different treatments for Schizophrenia none of them alone can treat both the cause and the symptoms. It has been suggested by March taht a combination of both CBT and psychoactive drugs can help treat both aspects of Schizophrenia. March found that a group of particiapnts who were treated with both therapies when compared to a group who were just treated with cBT were less likely to relaps and showed a more significant reduction of symptoms than did the CBT only group. This supports the idea that a combinaiton of therapies may be more effective than any one of them alone in terms of treating Schizophrenia.

12)

There are a variety of treatments of schizophrenia of both physiological and psychological nature.

One of the most commonly used physiological treatments of schizophrenia is antpsychotic medication. The development of these medications derive from the dopamine hypothesis which suggests that schizophrenia is caused by excessive levels of the neurotransmitter dopamine. There are two common types of anti-depressant medications; typical and atypical antipsychotics. Typical medications such as chlorpromazine were the first type to be developed and are able to reduce the positive symptoms of schizophrenia such as hallucinations. The target the dopamine receptors, arguably more specifically the D2 dopamine receptors. Theoretically typical antipsychotics appear to be an effective method of treatment however there are many criticisms of such treatments for example Liberman et al argue that they are only effective for 30% of patients and furthermore Hill et al found that 30% of those who take such medications develop tardive dyskinesia, which is irreversible in 75% of cases, therefore demonstrating serious side effects. In addition they are not a comprehensive treatment because they ignore negative symptoms such as flat effect for example chlorpromazine only effectively treates a third of schizophrenics which are those who suffer from positive symptoms, while just moderately treating an additional third which are those who suffer from both positive and negative symptoms, while failing to treat the remaining third of schizophrenics which are those who suffer from negative symptoms. There are also potentially fatal side effects for example 1% of those who take typical antipsychotics develop neuroleptic malignant syndrome which can be fatal. However despite many criticisms of such treatments, they have treated some sufferers and provided a basis on which further physiological treatments could be developed.

Atypical anti-psychotics such as clozapine are a more recently developed form of antipsychotic medication. These antipsychotics treat both positive and negative symptoms, while also providing fewer side effects. Atypical antipsychotics target both the dopamine and serotonin rececptors, although Kapur and Remmington argure that they only target the D2 dopamine receptors. Jeste et al demosntrated that there were fewer side effects of such treatments for as they found that while 30% of those who take typical antipsychotics develop tardive dyskinesia, only 5% of

those who took atypical antipsychotics developed the disorder. although many studies that report fewer side effects are conducted by pharmaceutial companies who are therefore biased and are motivated by selling their producting, thus rendering them more likely to report inaccurate accounts of side effects for example Lieberman et al argue that atypical antipsychotics do not produce fewer side effects and found that 75% of patients drop out of these treatments after just 18 months. This was supported by a meta-analysis conducted by Leucht et al who found that atypical anti-psychotics were only moderately superior to typical antipsychotics. In addition others have reported them to have dangerous side effects for example Leslie and Rosenheck argue that they cause the development of type 2 diabetes, although it could be counter-argued that those individuals who developed diabetes were already vulnerable to the development of the condition. However some studies report positive side effects for example Harvey et al found that risperidone improved cognitive functioning, therefore demostrating positive side effects of atypical antipsychotics while additionally demonstrating the influnce of cognition on schizphrenia.

Alternatively psychological treatments may be used to treat schizophrenia. One of the most common psychological treatments of schizophrenia is cognitive behavioural therapy (CBT). CBT involves a practitioner helping a schizophrenic to attach non-psychotic meanings to their paranoid delusions and usually takes place over 5-20 sessions. A homework diary is also usually helped to help identify paranoid delusions and negative though patterns, while also acting as a prop to remind the individual to maintain positive though patterns. CBT is a useful treatment because it is able to treat both positive and negative symptoms of schizophrenia, however it is limited by the fact that it is usually ineffective during a psychotic breakdown. Kingdon and Kirschen argue that CBT is not appropriate for all for example they found in a study of 142 schizophrenic patients that psychiatrists were often reluctant to use CBT because they felt that patients would not engage in the treatment, often those who were elderly, therefore demonstrating that CBT is not appropriate for all which limits the extent to which it is a useful treatment. However Drury et al found that CBT in combination with antipsychotics reduce recovery time by 25-50%, thus suggesting that it is a useful treatment while in additino Kulpers et al found that the treatment in combination with antipsychotics produced lower drop out rates.

There are many forms of CBT that may be used to treat schizophrenia such as cognitive enhancement therapy (CET). CET involves focusing on verbal learning ability along with neurocognitive training in for example attention or perception, in order to reduce schizophrenic symptoms. In addition social cogntitive training may be used which involved focusing of social issues such as non-verbal communiation of maintaining conversations, which aims to treat the negative symptoms of schizophrenia such as flat effect, the need for which was demonstrated by Frith and Done who administerd a verbal fluency task to participants where they were asked to provide as many responses as possible to a question such as 'Name as many types of tree as you can' and cound that schizophrenics suffering fomr negative symptoms performed to a comparatively poor standard, therefore demonstrating the need for social cognitive training amongst schizophrenics. Hogarty et al argued that it is a useful treatment in reducing schizophrenic symptoms and found that it increased the probaility of patients gaining employment, therefore suggesting that it is a useful

method. However many studies that support the use of CET are conducted on white males and therefore the use of the treatment may be low in the extent to which it is generalizable because the studies that suggest that it is useful are low in population validity. It may also be difficult to directly ascertain the extent to which CBT treatments are useful because many patients have already been involved in physiological treatments, therefore making it difficult to measure the usefulness of CBT independent of physiological treatments. CBT treatments are also limited in that they are only able to treat the symptoms of schizophrenia, while biological treatments are able to treat the origins of the disorder.

In conclusion it appears that both physiological and psychological forms of treatment are effective in the treatment of schizophrenia, although a combination of both treatments may be the most useful method for treating schizophrenia.