**Model Essays**

The purpose of this document is to give you an example of a very good essay for each topic that you study in all three papers.

The model essays are not intended to be learnt off by heart but to give you an idea of what is expected for a top band answer.





Try to ACTIVELY read each essahy, perhaps by:

* Annotating / highlighting how paragraphs are linked together
* Annotating / highlighting the structure of A01, A02 and A03
* Annotating and highlighting the balance of A01, A02, A03
* Annotating effective P E E L – Where each part begins
* Turning them back in Snap-Plans that you could use to create your own version.
* Write questions that you would like to be clarified if you don’t understand something
* Draw pictures of key concepts to help you interpret/ remember something

**PAPER 1 TOPICS**

**Social Influence**

(Sourced from Tutor2U some of the evaluation points will be different – feel free to add to your notes)

**Outline and evaluate the authoritarian personality as a dispositional explanation for obedience. (16 marks)**

* Can you identify which is the A01 and A03? Do you think the balance looks right (6+10)?
* Can you annotate the paragraphs to identify PEEL?
* Are the evaluation paragraphs signposted clearly – is it obvious whether the point is a strength or limitation?
* Could you convert this back into a snap plan?

Dispositional explanations for obedience focus on internal (personality) characteristics within humans that contribute to obedience. One particular explanation focuses on the authoritarian personality which was proposed by Adorno. Adorno *et al.* (1950) believed that the foundations for an authoritarian personality were laid in early childhood because of harsh and strict parenting. This creates resentment within the child as they grow up and, since they cannot express it at the time, the feelings are displaced onto others who are seen as ‘weak’ or ‘inferior’. According to Adorno, this personality type is correlated with prejudice and discrimination as well as obedience.

Adorno *et al.* conducted a study using 2000 middle‐class, Caucasian Americans to find out their unconscious views towards other racial groups by developing a number of questionnaires including the F‐scale, which measured fascist tendencies. Those high on the F‐scale were status‐conscious, more obedient to authority figures and showed an extreme submissiveness and respect. They also believed that society requires strong leadership to enforce rigid, traditional values, hence their dispositional preference for obedient behaviour.

There is research support for the authoritarian personality as an explanation for obedience. Milgram and Elms (1966) conducted post‐experimental interviews with participants who were fully obedient in Milgram’s original study, to see if there was a link between high levels of obedience and an authoritarian personality. It was found that the obedient participants scored higher on the F‐scale in comparison to the disobedient participants. Furthermore, the obedient participants were less close to their fathers during childhood and admired the experimenter in Milgram’s study, which was quite the opposite for disobedient participants. It was concluded that the obedient participants in Milgram’s original research displayed more characteristics of the authoritarian personality.

There may be methodological criticisms associated with the measures used to determine authoritarian personality traits. It is possible that the F‐scale suffers from response bias or social desirability, where participants provide answers that are socially acceptable. For example, participants may appear more authoritarian because they believe that their answers are socially ‘correct’ and consequently they are incorrectly classified as authoritarian when they are not. This, therefore, reduces the internal validity of the questionnaire research method used in determining the degree of authoritarianism, suggesting that other factors/explanations may be responsible for obedient behaviour.

Adorno *et al.* came to believe that a high degree of authoritarianism was similar to suffering from a psychological disorder, with the cause lying within the personality of the individual (nature) but originally caused by the treatment they received from their parents at a young age (nurture). Obedient behaviour is, therefore, determined by our socialisation experiences and not a result of free will. However, some psychologists (e.g. humanistic psychologists) would dismiss these claims and argue that humans have the capacity for free will and change and that dispositional explanations for obedience are overly deterministic.

**Memory**

**Discuss what psychological research has shown about working memory. In your answer, refer to theory and/or evidence. [16 marks]**

* Can you identify which is the A01 and A03? Do you think the balance looks right (6+10)?
* Can you annotate the paragraphs to identify PEEL?
* Are the evaluation paragraphs signposted clearly – is it obvious whether the point is a strength or limitation?
* Could you convert this back into a snap plan?

The working memory model (WMM) was proposed by **Baddeley and Hitch (1974)** to account for some of the limitations of the multi-store model. They felt that short-term memory consists of multiple stores and not just one unitary store and that STM is an **active process** (hence working memory).  The **central executive** controls the WMM and directs attention to one of three slave systems. IT has a limited capacity and requires the slave systems to deal with the vast amount of information requiring processing. The central executive is also engaged with decision making and reasoning tasks. The **phonological loop** deals with auditory information and contains the **phonological store** which holds the words you hear and the **articulatory control process** which allows for **maintenance rehearsal** of acoustic information. The phonological loop (PL) has a limited capacity and finds it difficult to process two verbal tasks at once, such as speaking and reading different text at the same time. The **visuo-spatial sketchpad (VSSP)** is used for the planning of spatial tasks. The VSS contains the **visual cache** which stores visual information and the **inner scribe** which deals with spatial relationships and stores the arrangement of objects in the visual field, like the phonological loop, its capacity is limited and will find two visual-spatial tasks difficult to complete.  In 2000, Baddeley added the **episodic buffer** which is a general store for both visual and acoustic information. The purpose of the episodic buffer is to integrate information from the other three components and send information to long-term memory.

One strength of the working memory models comes from **dual task studies.** Gathercole and Baddeley (1993) found that participants had more difficulty doing two visual tasks (simultaneously tracking a moving point of light and describing the letter F) than doing both a visual and verbal task at the same time. This increased difficulty is because both visual tasks compete for the same slave system, whereas when doing a verbal and visual task simultaneously, there is no competition. The evidence indicates that the VSSP and the PL are separate slave systems but also demonstrates the limited capacity of the VSSP. Similarly, **Hitch and Baddeley (1976)** found that participants were slower in a dual task study that involved both the central executive and the articulatory loop, in comparison to a task which just required just the articulatory loop. This supports the idea of multiple components within STM and demonstrates the existence of a separate central executive and articulatory loop, therefore supporting the WMM over its predecessor the multi-store model.

Further support for the WMM comes from case studies. **Shallice and Warrington (1970)** studied a man called KF whose short-term forgetting of auditory information was much greater than his forgetting of visual information. This provides further support to the idea of separate components in STM, indicating a separate component for auditory and visual information. However, using case studies has led to a critique of the idea of a singular central executive. Eslinger and Demasio (1985) reported on a case where a patient had a cerebral tumour removed. He performed well on tests of reasoning, which suggests that his central executive is intact; however he had poor decision-making skills, which suggests that his central executive had sustained some reduced functioning. This suggests that the original concept of the central executive has not been fully explained by the WMM.

There are limitations to the model, little is known about the VSSP in terms of its structure, and some have argued that the visual processing and spatial processing systems are separate. In one study, researchers asked participants whether an object projected on a screen had the same shape as a previous object (a visual task), or was in the same location as a previous object (a spatial task). Patterns in brain activity showed the left hemisphere was active with the visual question, whilst the right hemisphere was active with the spatial question. This is evidence that as they are located in different areas of the brain, the visual-spatial sketch-pad is not a singular system, but two systems dependent on each other. Additionally, Baddeley recognised that although the most important part of working memory is the Central Executive, very little is actually known about it.

When considering the applications of the WMM, the development has led to vast improvements with children who show the symptoms of disorders such as ADHD, dyslexia and dyspraxia. For example, in education, Alloway (2006) suggested a number of methods to help children with ADHD focus on tasks, such as use brief and simple instructions so they don’t forget what they are doing, break instructions down into individual steps and frequently repeat instructions. Such advice just would not have been known if we still considered Atkinson and Shiffrin’s version of a passive and unitary short term store to be valid. With the replacement of its predecessor, the working memory model has had a real impact on the lives of many people with cognitive deficits.

**Attachment**

**Discuss the effects of institutionalisation. Refer to the studies of Romanian orphans in your answer. [16 marks]**

A number of studies have researched the effects of institutionalisation, most recently the ERA project by Rutter and Songua‐Barke who conducted a longitudinal study of 165 children who had spent their early years in a Romanian orphanage. 111 of these children were adopted before two years old, and the others were adopted by four years old. They were compared to a control group of 52 British children. The social, cognitive and physical development of all infants was examined at regular intervals.

One effect found was cognitive developmental differences. Taking IQ as an indicator of cognitive function, the Romanian orphans on arrival in the UK had an average of 63, for those adopted after 6 months the average was 45. When the children were assessed at age 4 all of the children had improved however the extent of improvement was vastly different. Those adopted before 6 months showed no significant differences to the control group with an average IQ of 107, the same cannot be said for those adopted after 6 months who continued to lag behind, with an average of 90. Later assessments at age 11 and 16 also showed below average IQ levels, with many of them receiving help from special education needs services.

Similarly the effects of institutionalisation on attachment also varied depending on the age at which the children were adopted. Those children adopted after six months showed signs of a particular attachment style called disinhibited attachment. Symptoms include attention seeking, clinginess and social behaviour directed indiscriminately towards all adults, both familiar and unfamiliar. When assessed aged 6 and later at 11 many continued to display a disinhibited attachment style and found it difficult to maintain peer relationships. In contrast children adopted before 6 months did not show any signs of disinhibited attachment. This difference highlights the long lasting effects on social development for children who spend longer than the first 6 months in institutions that do not enable the formation of healthy attachments.

A strength of Rutter’s findings is that other studies have found similar effects of institutionalisation for example O’Connor (2000) also studied Romanian children exposed to very severe privation and neglect. They found found that Late-placed adoptees (24-42 months) showed significant recovery but had much greater difficulty in achieving good cognitive development, and social development than earlier adoptees (6-24 months). Thus it would appear that Rutter’s suggestions about the effects of institutionalisation are not a one off as they have been replicated elsewhere.

The longitudinal approach used in the ERA has been significant in fully understanding the long term effects of institutionalisation. By assessing the children at varying ages it was possible to find that a number of the negative effects of institutionalisation ‘disappear’ after sufficient time and with suitable high-quality care. This is particularly the case for the majority of those adopted before 6 months, whereas those adopted after 6 months continued to suffer on a number of measures. This methodological strength has meant that erroneous conclusions, such as the effects of institutionalisation are permanent, have been avoided.

Another strength of the ERA is the application of the findings to improving children’s lives. In the past mothers giving up babies for adoption were encouraged to nurse their babies for a significant period of time. However research findings by Rutter et al have changed the process of adoption so that mothers who give a baby up for adoption do so in the first week of birth, so that the children can form a secure attachment with their adoptive families. Therefore research that has found the negative effects of institutionalisation can has benefitted children in similar situations.

**Psychopathology**

**Discuss biological approach to explaining obsessive compulsive disorder (OCD) (16 marks**

* Can you identify which is the A01 and A03? Do you think the balance looks right (6+10)?
* Can you annotate the paragraphs to identify PEEL?
* Are the evaluation paragraphs signposted clearly – is it obvious whether the point is a strength or limitation?
* Could you convert this back into a snap plan?

The biological approach to explaining OCD considers genetic and neural explanations. Genetic explanations suggest that OCD is inherited for example; Nestadt et al (2000) found that first-degree relatives of OCD sufferers had an 11.7% chance of developing the disorder compared to a 2.7% risk in first-degree relatives of patients without OCD. It has been found that there are certain candidate genes linked to OCD for example the COMT gene which regulates dopamine. One variation of the COMT gene results in higher levels of dopamine and this variation has been found to be more common in patients with OCD compared to those without OCD. However, OCD seems to be polygenic.This means that OCD is not caused by one single gene but that several genes are involved. Taylor (2003) suggests that as many as 230 genes may be involved and different genetic variations contribute to the different types of OCD.

Neural explanations for OCD suggest that abnormal levels of neurotransmitters are involved for example, low levels of serotonin. If a person has low levels of serotonin then normal transmission of mood-relevant information does not take place which means mood, and sometimes other mental processes, are affected. For example, when low serotonin levels are experienced by someone with OCD, it can make them more anxious and hyperaware of their environments than usual, resulting in increased OCD-related behaviours such as obsessive hand-washing, counting or organizing.

Supporting evidence for the neural explanation of OCD comes from Hu (2006) who compared serotonin activity in 169 OCD sufferers and 253 non-sufferers, finding serotonin levels to be lower in the OCD patients therefore supporting the link between low levels of serotonin and OCD. However, an issue with the biochemical explanation is that it is difficult to establish whether low levels of serotonin actually cause OCD, are an effect of having the disorder or are merely associated with the disorder. Causation cannot be inferred as only associations have been identified from the research conducted. Therefore, the biochemical explanation could be seen as limited as no firm conclusions can be made as to whether it does cause OCD.

Perhaps stronger supporting evidence for a biological explanation comes from the large amount of twin and family studies which consistently show that genetic factors are important in developing OCD. For example, Nestadt et al (2010) reviewed previous twin studies and found that 68% of identical twins shared OCD as opposed to 31% of non-identical twins. This study supports the link between genetics and OCD as the concordance rates are higher for MZ twins which shows that genetics must play a role in developing OCD as MZ twins share 100% of their genes whereas DZ twins only share 50%. However, since concordance rates for MZ twins are never 100%, the research does not suggest that other factors cannot play a role. Therefore, perhaps a better explanation could be the diathesis‐stress model whereby a genetic vulnerability is inherited and triggered by a stressor in the environment.

Despite the supporting evidence, biological explanations for OCD have been criticised for being biologically reductionist. They attempt to explain OCD which is a complex human behaviour by reducing its cause to a single gene or neurotransmitter. This is problematic because the biological explanations do not consider the role of cognitions (thinking) or learning in the development or maintenance of OCD and is therefore seen as an overly simplistic explanation.

**Paper 2 Topics**

**Approaches**

* Consider the breakdown of marks? How does this answer organise A01, A02 and A03?
* What do you notice about the A02?
* Can you annotate the P E E L aspects of each paragraph
* What do you notice about how each paragraph is signposted?

Oliver’s parents were very intelligent so there is a good chance that he had inherited the potential to be as intelligent as them. However, his parents died when he was very young and he has been brought up by his aunt who has five other children. Oliver has just started school however he appears to be behind his year group and requires extra support.

**Discuss the Biological approach referring to Oliver’s case in your answer. (16 marks)**

The Biological approach assumes that everything psychological is first biological, meaning that all thoughts, feelings and subsequent behaviours have a physical basis. Therefore understanding brain structure and processes can explain thoughts and feelings, Biological psychologists argue that many characteristics and the underlying physiological differences between individuals are the results of heredity. Which refers to the passing of genes from one generation to the next.

Genes carry the instruction for a particular characteristic such as IQ, but how this characteristic develops partly depends on the interaction of the gene with other genes and how they interact with the environment. This explains the distinction between genotype and phenotype. A person’s genotype refers to their genetic make-up inherited from parents whereas your phenotype is the result of how your genes are impacted by your environment. A persons Phenotype can be seen in their observable characteristics. For example Someone may inherit the genes that code for being tall however their phenotype of actually being tall may be determined by their diet.

Oliver’s parents, being very intelligent, means that Oliver has most likely inherited the genes that allow him to also be intelligent like his parents. However, he was not raised by his parents as they died when he was young. This means that he may not have had the right environment to thrive intellectually resulting in him being behind his year group. This shows how the genotype can be limited by the environment to create the phenotype.

However, there are a few misgivings about the biological approach, for one it is a reductionist approach which means it breaks down behaviour to a simple cause which, in this case it would be Oliver’s genetics that determines his capability for intelligence. This has caused the biological approach to be heavily criticised as it is a too simple explanation for something as complicated as behaviour. Perhaps a more holistic explanation, considering the role of social learning or development of cognition would be more accurate.

On the other hand Reductionism has the major advantage in research. It is possible to research biological explanations of behaviour using the scientific method to conduct experiments to understand behaviour. It does this by establishing variables for testing and controlling them to allow us to be able to name the cause to the effect. For example, if Oliver had a twin, and they were sent to different families, we could test for their concordance rates to determine how much of an impact genetics has on who they are. Experiments such as this increase the validity of the biological approach and the reliability of the studies as there are clear variables to control or change to obtain a result.

The biological approach is also deterministic meaning that it suggests all behaviour has a cause and does not believe we have free will. This is advantageous for the biological approach as it allows us to use the scientific method to pinpoint the exact causes for behaviour, as a result effective treatments can be developed. For example the use of SSRI’s for the treatment of depression or OCD. . However, the idea that we have no choice over our behaviours is a very negative viewpoint as it suggests we have no control of what we will do, which some critics such as humanists would suggest is a major flaw of the Biological determinism.

**Biopsychology**

**Discuss research into the disruption of biological rhythms. (16 marks)**

There are numerous studies that have investigated the effect of endogenous pacemakers and exogenous zeitgebers and these studies often demonstrate the disruption of biological rhythms.

Research has been conducted to investigate the external cues (exogenous zeitgebers) like light on biological rhythms (e.g. sleep-wake cycle). Siffre (1975) found that the absence of external cues significantly altered his circadian rhythm: when he returned from an underground stay with no clocks or light, he believed the date to be earlier than it was. This suggests that his 24hr sleep-wake cycle was increased by the lack of external cues, making him believe one day was longer than it was and leading to his thinking that fewer days has passed. This study clearly demonstrates how lack of light can disrupt the biological (circadian Rhythm), making days appear longer than they are.

However Siffre’s case study has been the subject of criticism. As the researcher and sole participant in his case study, there are severe issues with potential researcher bias and a lack of generalisability to a wider-population. However, further research by Aschoff & Weber provides additional support for Siffre’s findings. Aschoff & Weber studied participants living in a bunker. The bunker had no windows and only artificial light, which the participants were free to turn on and off as they pleased. Aschoff & Weber found that the participants settled into a longer sleep/wake cycle of between 25-27 hours. These results, along with Siffre’s findings, suggests that the lack of natural light leads to the disruption of biological (circadian) rhythms, highlighting the importance of exogenous zeitgebers on the sleep-wake cycle.

Research has also investigated the importance of endogenous pacemakers on biological rhythms. Morgan (1955) bred hamsters so that they had circadian rhythms of 20 hours rather than 24. SCN neurons from these abnormal hamsters were transplanted into the brain of normal hamsters, which subsequently displayed the same abnormal circadian rhythm of 20 hours, showing that the transplanted SCN had imposed and thus disrupted the pattern onto of the normal hamsters.

However, this research is difficult to generalise because of its use of hamsters. Humans would respond very differently to manipulations of their biological rhythms, not only because we are different biologically, but also because of the vast differences between environmental contexts. Therefore, while this research demonstrates how endogenous pacemakers can disrupt biological rhythms (e.g. the sleep-wake cycle), research examining endogenous factors carried out on animals may be unable to explain the disruption of biological rhythms in humans.

Research methods extended questions are design a study. See your exams skills pack for a model on this type of question.

**Paper Three topics**

**Issues and Debates**

Dancho is a talented and famous musician. He was taught to play the piano by his father who was a concert pianist. From the age of four years Dancho attended a specialist music school where he spent many hours each day practising the piano.

In a recent TV interview Dancho said, ‘My earliest memories are of notes and melodies, so music is a part of me. To hear the applause in the concert hall is what I live for. Even if I wanted to stop playing, I could not.’

**Discuss two or more types of determinism. Refer to the case of Dancho as part of your discussion (16 marks)**

This is a genuine answer given by a student in an exam. So there may be some room for improvement. However AQA examiner gave this answer a **top band mark**.

* What do you notice about the way the A02 is embedded? How does the student make it very explicit?
* How does the student use their knowledge from other topics?
* How is the A03 achieved?

Determinist theories suggest that our actions and behaviours are pre-decided due to our thoughts, biology or past experiences. Theories that take this view argue that free will does not exist and we have no choice in any behaviour we conduct.

One type of determinism is biological determinism, which is the view that all our actions are due to chromosomes and hormones and so is pre-determined by genetics. Examples of this can be seen in areas such as forensics where having low MAOA and CDH14 led to an increased chance of committing offending behaviour. This can be seen in one study where out of a sample of convicted men, around 2.5% had low MAOA and CDH14, however they accounted for almost 50% of the crimes committed. This therefore shows that there is evidence to support the idea of determinism.

In terms of Dancho, his father was a concert pianist, which may mean that the phenotype of being musical is in his genes, which he gained from his father. Perhaps this is due to epigenetics where a gene for musical talent was ‘switched on’ for his father when he learned how to play the piano, and this was passed down to Dancho. Even though biology does appear to play a factor in this, it is highly unlikely that it is solely down to biology. This can be seen with many twin studies where MZ twins don’t have a 100% concordance even though they all share the same genes. This is therefore a limitation of biological determinism as there must be a third factor, for example environment.

This leads into environmental determinism, which is favoured by behaviourists, and this is where our past experiences shape our future behaviour through aspects such as reinforcement. This would explain why MZ twins aren’t 100% concordant, as environment would have an influence too on shaping the individuals differently. A strength of environmental determinism is that there is evidence to support it with examples such as phobias, for example in one study a young child heard a loud crash whenever he saw a white rat, and as this was repeated he began to associate the fear with the noise with the rat. This meant that this past experience led to the phobia of rats, supporting environmental determinism.

In Dancho’s case he attended a school from a young age, where music was taught and practice encouraged. By being in this environment it would have shaped his behaviour so that he continues to play the piano as he associates it with experiences from the school, perhaps even from the positive reinforcement (both direct and indirect) he and his peers received from playing the music they made. However, by removing free will from this it suggests that Dancho had no choice in how his future work occurred and so may be a limitation as it removes any form of free will from our lives.

Psychic determinism is the third form of determinism and this is where the concept of free will is only an illusion and all choices are made by our unconscious. In Dancho’s case this would be from his id, which works on the selfish principle, wanting the applause in the concert hall and so demanding that he continues to receive this.

The biggest limitation of all forms of determinism is that it is socially sensitive, for example if there was found to be a ‘criminal gene’, this would pose huge issues for the criminal justice system as rehabilitation would be difficult and poses the question of what should society do with people with the gene. Therefore, determinism is a difficult factor within psychology and may have wider negative impacts.

**Gender**

**Outline and Evaluate Gender Schema Theory (16 marks)**

Cognitive Explanations of Gender explain the development of Gender as being a product of internal mental processes. Martin and Halverson explained gender development in terms of schemas: organised clusters of information about gender-appropriate behaviour. Children develop these schemas from their interactions with other people. For example, children will learn what toys and what clothes are appropriate for each gender. These schemas enable children to understand masculine and feminine behaviour. Children are most interested in the schemas appropriate for their own gender. Girls focus on feminine schemas while boys focus on masculine schemas; in both cases these are called the in-group schemas. From an early age, children focus on the ingroup schemas and avoid behaviours which belong to the outgroup schemas. This theory can explain why children hold very fixed gender attitudes over time. This occurs due to the child’s selective attention; it is because they ignore any information they encounter that is not consistent with ingroup information. For example, if a boy sees a film with a male nurse this information is likely to be ignores because the man is not behaving consistently with the ingroup schema. Therefore, the boy does not alter his existing schema.

There is a large amount of research to support the view that gender stereotypes are acquired before constancy. Martin and Little found that children under the age of four showed no signs of gender constancy, but did display strong gender stereotypes about what boys and girls were permitted to do. This shows that they acquire information about gender roles before Kohlberg suggested, in line with gender schema theory. The concept of schemas is also supported by research which shows that while children do not pay more attention to consistent schemas, they remember them better. Martin and Halverson found that when children were asked to recall pictures of people, children under six recalled more of the gender-consistent ones (such as a male fire-fighter) than the gender-inconsistent ones (e.g. a male nurse). The research therefore supports the important role of Schema in the development of gender identity.

Despite the evidence supporting gender schema theory, some studies appear to show that children act in a gender-typical way before they have developed gender schemas. Eisenberg *et al.* found that 3 to 4 year olds justified their gender-specific choice of toys without reference to gender stereotypes. The children did however refer to stereotypes when referring to what other children would play with. This seemingly contradicts gender schema theory's predictions as it suggests Children’s own behaviour is not directly shaped by Gender but they just rely on these to make sense or predictions of the behaviour of others. The direct role of Schemas in Gender development therefore can be questioned. Being aware of gender stereotypes and having the relevant schemas does not necessarily mean that our behaviour  will match them. For example, adults can be fully aware of gender expectations, yet choose not to follow them. There is therefore little understanding of how gender-linked conceptions are actually converted into behaviour

This theory also struggles to account for gender differences in behaviour and therefore demonstrates Gender Beta Bias. Bussey and Bandura found that girls are more willing to do masculine activities than boys are to do feminine activities, yet boys' and girls' schemas were the same. Thus, the development of gender schemas may be different for each gender. This may be due to social stigma: masculine traits and activities are seen as more desirable, and thus girls are more likely to have or perform them. This suggests Gender Schema should be considered alongside other approaches to Gender such as the Social learning theory to provide a more incomplete explanation and understanding of behaviour.

**Schizophrenia**

Discuss the reliability and validity of the diagnosis of Schizophrenia (16)

* What do you notice about the structure of this essay that makes it different to others?
* How is research used in an essay like this?
* How are key terms embedded throughout the essay
* What is A01 and what is A03?

One issue related to the classification and diagnosis of schizophrenia is reliability. This refers to the consistency of a measuring instrument, such as the DSM or ICD that is used when classifying and diagnosing schizophrenia. Reliability can either be measured in terms of inter-rater reliability, which is the extent to which two or more independent assessors give a similar diagnosis, or in terms of test-retest reliability which is the extent to which the tests used to deliver these diagnoses are consistent over time. Although it has been claimed that the DSM and ICD 10 are reliable, evidence shows that the reliability is low when assessed by inter-rater reliability. For example Elie Cheniaux (2009) found in the same 100 patients psychiatrist one diagnoses 26 using the DSM compared to 13 patients diagnosed by psychiatrist two. It was similar for the OCD with 44 (psychiatrist one) and 24 (psychiatrist 2). This is evidence for poor reliability of both systems and is a weakness of the diagnosis of Schizophrenia. However evidence suggests that the DSM is actually a more reliable system with Soderberg (2005) finding an 80% concordance compared to 60% for the ICD which shows a difference in the reliability of the systems. It is suggested that as the DSM has much more specific outline for their symptoms, this accounts for the increased reliability. This is supported by evidence that shows that the reliability of both systems has improved as the systems are updated and made more specific and focused.

Another issue concerning both classification and diagnosis of schizophrenia is validity. Validity is the extent to which we are measuring what we are intending to measure; in the case of schizophrenia it concerns how accurate the diagnosis is. One standard way to assess validity of diagnosis is criterion validity; do different assessment systems arrive at the same diagnosis for the same patient? Looking at the results from the Cheniaux et al. study previously mentioned we can see that schizophrenia is much more likely to be diagnosed using ICD than DSM. This suggests that schizophrenia is either over-diagnosed in ICD or under diagnosed in DSM. Either way, this is poor validity- a weakness of diagnosis.

Validity can also be assessed using predictive validity- if diagnosis leads to successful treatment, then diagnosis is seen as valid. Mason et al. (1997) tested the ability of 4 different classification systems of diagnosis to predict the outcome of the disorder (over a 13 year period) in 99 schizophrenic patients. They found more modern classification systems had high predictive validity, especially if only symptoms that lasted at least 6 months were considered. This suggests that predictive diagnosis has improved over time, as classification systems have been updated. However, the predictive validity of diagnosis can be argued to be low because there is too much variety in the outcomes of schizophrenia. For example, Birchwood & Jackson (2001) argue that 20% of schizophrenics recover and never have another episode, but 10% are so affected they commit suicide. These differences in symptoms and outcome make it very difficult to establish the validity of the diagnosis systems.

Culture bias is another issue and concerns the tendency to over-diagnose members of other cultures as suffering from schizophrenia. In Britain, for example people of Afro-Caribbean descent are much more likely than white people to be diagnosed as schizophrenia. They are also more likely to be confined in secure hospitals than white schizophrenics. Research by Cochrane (1977) reported the incidence of schizophrenia in the West Indies and Britain to be similar, at around 1%, but that people of Afro-Caribbean origin are 7 times more likely to be diagnosed with schizophrenia when living in Britain. Considering the incidence in both cultures is very similar this suggests that higher diagnosis rates are not due to a genetic vulnerability, but instead may be due to a cultural bias. This suggests a lack of validity in diagnosing schizophrenia cross-culturally and one suggestion why this may be is ethnic differences in symptom expression are overlooked or misinterpreted by practitioners.

**Forensics**

Discuss the ways of measuring crime. (16 marks)

* What do you notice about the structure?
* Which paragraphs are A01 and which are A03?
* Is each PEEL paragraph simply a strength OR weakness?

The most common measure of crime are official statistics which is data those compiled by official bodies: the police and criminal justice system Collectively. Police recorded crime is simply the data of all the instances of crime that are reported to the police or when the police observe or discover an offence. The data is given for any one year on various crimes for example the number of robberies, violence versus non-violent crime, driving offences, sexual offences etc.. these statistics are taken from the police computer systems they do not constitute the crimes that are eventually proven guilty, just the ones recorded.

A strength of official statistics is that they give an indication of whether crime is increasing or decreasing and allow geographical areas to be compared, since regional police authorities return their own statistics and therefore can be used to direct resources and funding. However, there are many sources of bias in these. In order for the police to record a crime, a number of other things must happen. Someone must notice and they must decide that a crime has occurred. For example, if a vehicle owner notices that the wing mirror of their car has gone, they might regard this as accidental or as the result of vandalism. If they decide that it is a crime, they must then make the decision to report it to the police. This may not happen for all sorts of reasons: it might be too much bother, they may be scared of the consequences of reporting and so on. If they inform the police, it is up to the police to determine whether a crime has occurred. They may decide that there is no crime to investigate or that a crime has occurred but that no action is possible. Due to all of these human decisions police crime figures tend to underestimate the true extent of crime, referred to as the dark figure of crime.

An alternative approach to measuring the extent of crime is to take a sample of the population and ask them about their experiences of crime, Data from such victim surveys is also published in official statistics. Provided the sample is sufficiently large and representative, this approach may avoid some of the biasing factors that affect data from police and criminal justice system. In The UK the largest of such a survey is the Crime Survey of England and Wales (CSEW), which is a face-to-face victimisation survey in which people resident in households in England and Wales are asked about their experiences of a range of crimes in the 12 months prior to the interview. Respondents to the survey are also asked about their attitudes towards different crime related issues, such as the police and the criminal justice system and perceptions of crime and anti-social behaviour.

Victim Surveys such as the CSEW produce estimates of the crime rate that are substantially higher than official figures demonstrating the biases outlined above. The fact that Victim surveys are independent of the police means that obstacles such as fear of reprisals or not wanting to bother the police about something trivial are removed, and therefore reveal more of the ‘dark figure’ of crime. However victim surveys are still a self-report method and so rely on a victim’s memory of events, detection of a crime having occurred and willingness to report victimization. This may not happen, particularly victims that feel a sense of shame or humiliation, such as victims of sexual offences, especially male victims. In addition, despite the large sample, there are particular groups that are not included in the sample such as the homeless, who are perhaps at a greater risk of experiencing victimisation that the general population. Therefore while Victim Surveys may give a better estimate of crime, there may be some crimes that are still not included in the data.

By combining both police recorded crime and data from victim surveys it is possible to gain a better understanding of the extent of crime, however there is still a major issue with regards to victimless crimes such as Drug abusers or some anti-social behaviours that do not directly impact on an individual and thus are not detected. Similarly White Collar and Corporate crime such as tax evasion or embezzlement are not routinely detected and therefore are less likely to be included in crime data. The use of offender surveys can potentially uncover more trivial crimes such as drug abuse however this alternative measure would not be suitable for revealing white collar or corporate crime.