6.6 Localisation of Function and Hemispheric Lateralisation: 30-minute Pack

AQA 7182 · about 30 minutes

Total Marks

Name: _____ Date: ____ / ____ / _____

Answer ALL questions.

1 Outline the role of Broca's area in language and describe the typical symptoms of Broca's aphasia as used in localisation of function.

(Total for Question 1 is 3 marks)

2 A split-brain patient is shown the word 'KEY' in the left visual field and the word 'PEN' in the right visual field simultaneously. The patient is asked to name what they saw, and separately asked to pick up the corresponding object by touch with their left hand from a bag. Predict the likely responses and explain how this illustrates hemispheric lateralisation.

(Total for Question 2 is 4 marks)

3 Give one strength and one limitation of using split-brain research as evidence for localisation of function. Each point should be briefly justified.

(Total for Question 3 is 4 marks)

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4 Discuss localisation of function in the cortex. In your answer, refer to split-brain evidence supporting localisation and to case-study evidence that challenges a strict localisation view. Make reasoned judgements about the extent to which the evidence supports localisation of function.

(Total for Question 4 is 12 marks)

5 Outline the method used by Sperry in his split-brain research to investigate hemispheric lateralisation. Include how visual field presentation and callosotomy patients were used.

(Total for Question 5 is 4 marks)

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Mark scheme · 6.6 Localisation of Function and Hemispheric Lateralisation: 30-minute Pack

Question 1

states Broca's area is involved in speech production and the planning of articulate speech cao	**M1**
describes Broca's aphasia: non-fluent, effortful speech with relatively preserved comprehension oe	**A1**
may mention location in left frontal lobe, typically in the inferior frontal gyrus oe	**A1**

Answer: Broca's area, in the left inferior frontal gyrus, is involved in speech production; Broca's aphasia produces non-fluent, effortful speech while comprehension is relatively preserved.

Question 2

predicts that the patient will name 'PEN' only, because the right visual field projects to the left hemisphere which controls speech oe	**M1**
predicts that the patient will be able to pick up the key with the left hand by touch, because the left hand is controlled by the right hemisphere which received the 'KEY' input oe	**A1**
explains this shows language functions are lateralised to the left hemisphere and non-verbal recognition or tactile-guided action can be supported by the right hemisphere oe	**M1**
links to split-brain: without the corpus callosum the right hemisphere's information cannot be named verbally, illustrating functional separation of hemispheres oe	**A1**

Answer: The patient will likely name 'PEN' (right visual field to left hemisphere) but will pick up the key with the left hand when asked by touch; this demonstrates left-hemisphere language dominance and right-hemisphere non-verbal/tactile abilities, made evident by the severed callosal connection.

Question 3

strength: split-brain research provides clear, causal evidence of hemispheric specialisation because the corpus callosum severing isolates processing, allowing direct comparison of hemisphere abilities oe	**M1**
justification: the dissociation between naming and non-verbal recognition is strong support for localisation of language to the left hemisphere oe	**A1**
limitation: split-brain patients are an unusual, clinical population which may limit generalisability to the intact brain oe	**M1**
justification: effects observed in these patients may result from compensatory reorganisation or surgical and pathological history, so findings may not reflect normal brain organisation fully oe	**A1**

Answer: Strength: split-brain studies give strong causal dissociations showing hemispheric specialisation, for example language naming vs non-verbal recognition. Limitation: split-brain patients are atypical clinical cases, so results may not generalise to the intact population and may be influenced by surgery or reorganisation.

Question 4

Level 4 Detailed and accurate knowledge of localisation of function is shown. Arguments for and against localisation are evaluated thoroughly and interactively, including clear consideration of split-brain support and case-study challenges. Discussion is balanced and reaches a reasoned conclusion about the extent of localisation. Specialist terminology is used effectively throughout.	**10-12**
Level 3 Good knowledge of localisation with several accurate points. Evaluation includes both supporting and challenging evidence with some development. Split-brain and case-study evidence are used, though links may be less developed. Conclusion is present but may be less assured. Terminology is used appropriately.	**7-9**
Level 2 Basic knowledge of localisation is present. Evaluation is limited or one-sided. Some evidence is used but may be described rather than evaluated. Application of split-brain or case studies is attempted but lacks depth. Answer may be partially organised.	**4-6**
Level 1 Little relevant knowledge. Evaluation is minimal or absent. Answer may be a list of unconnected points with inaccuracies. Little or no use of relevant evidence.	**1-3**
Level 0 No creditworthy content.	**0**

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Indicative content:

- AO1 content: Localisation of function claims specific cortical areas are specialised for particular functions, for example motor cortex for voluntary movement, somatosensory cortex for bodily sensation, primary visual cortex in occipital lobe for early visual processing, primary auditory cortex in temporal lobe for basic auditory processing, Broca's area for speech production and Wernicke's area for language comprehension.
- AO1 content: Hemispheric lateralisation is part of localisation claims, with language typically lateralised to the left hemisphere in right-handed individuals.
- AO3 support: Sperry's split-brain research shows clear dissociations, such as the left hemisphere being able to name right-field stimuli while the right hemisphere can recognise but not name left-field stimuli, providing causal evidence for specialised functions in different hemispheres.
- AO3 support: Clinical lesion studies and neurosurgical cases, including classic Broca and Wernicke patient reports, link damage to specific cortical regions with predictable deficits, supporting localisation.
- AO3 challenge: Case studies exist that challenge strict localisation, for example patients with extensive damage to presumed critical areas who retain some functions, suggesting distributed processing or redundancy; some language recovery and plasticity observations imply functions are not completely fixed to one small region.
- AO3 challenge: Complexity of tasks such as language and perception often involves networks of regions and interconnections rather than a single cortical spot, so modern views often favour local specialisation within broader distributed networks.
- AO3 methodological considerations: Split-brain and lesion studies provide strong causal inferences but may have low generalisability; case studies are rich and detailed but are not controlled and may reflect individual variation or compensatory reorganisation.
- AO3 synthesis and judgement: Conclude that while substantial evidence supports local specialisation for many basic functions and for lateralised language, higher cognitive functions are likely supported by interacting networks; localisation is a useful and broadly accurate model for many cortical functions, but it should be viewed alongside network and connectivity explanations rather than as an absolute, strictly modular account.

Question 5

identifies split-brain patients (callosotomy) who had their corpus callosum severed to reduce epileptic seizures oe **M1**

describes presenting stimuli briefly to left or right visual field so information initially reaches the opposite hemisphere oe **M1**

states that verbal naming of objects presented to the right visual field (left hemisphere) was usually successful, while naming objects presented to the left visual field (right hemisphere) was impaired oe **A1**

may mention recognition by touch or drawing with the left hand for right-hemisphere input, showing different abilities between hemispheres oe **A1**

Answer: Sperry tested callosotomy patients by presenting images or words briefly to the left or right visual field so only one hemisphere initially received the input; the left hemisphere could name right-field stimuli but the right hemisphere could not name left-field stimuli, though it could often recognise or draw items via the left hand.

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