

Examiners' Report
June 2012

GCE Psychology 6PS04 01

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June 2012

Publications Code UA032846

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Introduction

This Unit contains Clinical psychology, which because of its scope is very synoptic in nature, along with the Issues and Debates section, which is purely synoptic. As such the paper draws on the entire course and candidates need to prepare for this examination by revising material from all units.

There is a tendency of some candidates to not match the amount of time, effort and words written to the number of marks available. This is commented upon under specific questions but it should not be necessary for candidates to need additional sheets of paper for their answers unless either they have made a mistake and crossed out all or some of an answer or they have large hand writing that means extra paper is needed. Extra plain space is often left at the bottom of a question; this is there to be used as 'overflow space' and should be used instead of extra paper if needed. Candidates who type their scripts tend to have even more problems judging the correct amount to write for an answer. It may be useful for such candidates, as they go through the paper, to keep a note of the number of lines or the word count for a question. A typical A2 description question worth four marks will have about 12 lines, the anticipation is that the relevant points can all be made in about 60 words, i.e. using 8-10 lines of 'average' sized writing and all the lines for large writing. This would be 4 lines in most typed scripts. Candidates who write excessively long answers to questions are at a major disadvantage as they run out of time. This paper is one where, if candidates know their material, they will be able to continue writing until the very end of the examination. Consequently if a candidate spends longer than needed on an early question they will be liable to run out of time towards the end.

Overall there were many excellent responses to questions on the paper and many candidates demonstrated good knowledge and understanding in their answers. It is clear that the majority of candidates had been well prepared by their teachers in terms of exam technique as well as the knowledge they had gained about psychology over the duration of their course.

Question 1 (a) (b)

The choice of study here made a great difference to the ease with which responses were able to gain marks. The 1988 Goldstein study was both popular and in general well done with many candidates gaining full marks. A smaller number, though often equally successfully, used the 1999 Goldstein study, less successful in accruing marks were those responses featuring one of the Gottesman studies. It was common for responses to include the aim of the study; far too many weaker responses gave results and conclusions that received no credit.

The evaluation of the study in part (b) produced a wide range of marks with the best responses gaining full marks while many received only one or two.

Evaluation points that are poorly explained, undeveloped, contradictory or over general in their scope do not gain credit. To be creditworthy an evaluation must be specific to the study, clearly relevant and correctly developed. Examples of inappropriate evaluations include when a study is criticised for the sample size being too small when earlier in the same evaluation it had been praised for having a large sample, there may be a very sophisticated point to make about the relative merits of a sample, but such simple dichotomies do not do the issue justice and are best avoided. Similar issues arise regarding the nature of where the sample has been drawn from, the structure of the sample and the consequent issue of generalisability. The ability to be able to generalise from a study to the wider population has relatively little to do with whether the sample was large or small, whether it was from a particular location or from a particular social group per se. Answers that showed an understanding of concepts such as generalisability being the ability to use a smaller scale model to say something useful about the wider population rather than merely being a microcosm of the wider population are the ones where higher marks were achieved. Such subtle distinctions can be hard to grasp, but given how good psychology teachers are at exploiting real world analogies, this is perhaps an area for some new creativity.

SECTION A: CLINICAL PSYCHOLOGY

Answer ALL questions.

You are advised to spend approximately one hour on Section A.

- 1 You have studied research into psychological disorders, including schizophrenia.
- (a) Describe the procedure of **one** study you have learned about that investigated schizophrenia.
- (Do not use Rosenhan's (1973) study as this did not investigate the disorder of schizophrenia.)

(4)

In Goldstein's study in 1988, he took a sample of ~~189~~ 199 male and females aged between 18-45 years and used the DSM that ~~diag~~ diagnosed them with schizophrenia. None of the participants had previous organic brain or drug problems. Once discharged from the psychiatric hospital they returned to their families to live with. The participants were followed for 10 years by researchers. When re-diagnosed with a later version of the DSM, 169 were re-diagnosed with schizophrenia leaving 30 said to be misdiagnosed. In order to see how serious the participants schizophrenia was researchers looked at the number of re-hospitalisations the patient had had and the number of days the patient had to stay at the hospital.



ResultsPlus Examiner Comments

This description gained full marks.

The first two sentences were irrelevant to the procedure and the third sentence was unhelpful. Starting at 'In 1970 ...' the rest of the answer gave more than enough for all four marks. There were five well developed points made that were both accurate and pertinent.



ResultsPlus Examiner Tip

Keep points made sharp and focused, try to make one more point than the number of marks available - an 'insurance policy' mark - just in case.

(b) Evaluate the study for which you have described the procedure in (a).

(4)

The study was longitudinal and therefore could have suffered attrition. However, no participants dropped out of the study so this was not a problem. Moreover, the sample used was large with 199 participants involved. This increases the generalisability of the study. However, one could argue that the study cannot be applied to schizophrenics who do not live with their families so this decreases generalisability. Furthermore, 9% of women have their first schizophrenic episode after the age of 45 and the age range does not take this into account. Therefore, the study is not representative of this fact.



ResultsPlus Examiner Comments

This part b gained full marks and showed how well used evaluations can gain credit.

This showed a good example of where a well-judged counter argument could gain credit. The answer considered the ability to generalise due to a large sample. It could be argued that as the final sample was not 199 but 90 the numbers are inaccurate; nonetheless the point was well made. The counter argument that despite its size the sample may not be typical of schizophrenics was then used. The answer made the point relevant to the study by considering the difference between this sample, where the schizophrenics returned to a home with a family member, and the experience of many other schizophrenics. This was an example of where a counter argument works when done well.



ResultsPlus Examiner Tip

If using a counter argument (one where opposite views are being expressed) make sure the points are expressed in a way that makes them both creditworthy by avoiding contradictions.

Question 2 (a) (i)

The specification was very clear in identifying the need to prepare a leaflet for a *particular* audience, consequently the 'general public' or similar unspecific terms were not deemed an appropriate target audience. There was also a problem later in the answer if neither in this section, nor later, was any disorder or key issue identified. This made it impossible to judge the suitability of the material described for the target audience.

There was concern over some of the choices of target audience. A leaflet for children under five, irrespective of the content would be of minimal value as such young children are unlikely to be able to extract a message about mental health issues from a leaflet without the support and assistance of an adult or older child. Similarly it should be questioned whether a leaflet for GPs is relevant. Candidates would benefit from being guided by their teachers towards a more discrete and appropriate audience.

A clearly identified target audience made the whole question easier to write and answer.

2 During your study of clinical psychology you studied a key issue. You also produced a leaflet relating to this key issue.

(a) (i) Who were the target audience for your leaflet?

(1)

A parent of someone suffering with
anorexia nervosa



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Examiner Comments

This was a lovely discrete audience for the leaflet allowing the candidate to develop other sections of the question more effectively.

Question 2 (a) (ii) (b)

This was the first time a question had been asked about the practical component of the Clinical topic. As with such questions on other parts of the specification there was concern, based on the nature of the responses, that a small number of centres did not complete these practicals. This was because a small number of candidates struggled to provide pertinent information. The most successful responses were about leaflets targeted at either a recently diagnosed person or their immediate family or at a specific age group with a specific and named disorder. When this was done for questions a(ii) and a(iii) that asked about the intended outcome and a reason for the choice of material were usually well done though some struggled to keep to one elaborated reason. The question asking candidates how they gathered their secondary data was poorly answered with few achieving more than two marks out of 4. Many responses spent time explaining what secondary data was, most merely listed sources. Better responses clearly identified two or three sources and explained how the material was extracted, said something about how decisions were made on what to include or exclude and may have added something about amalgamating data sources.

There was concern where candidates had identified and used a key issue and target audience that did not fit within the spirit of the specification, for example autism. As this was the first time such a question has been asked if the issue could be encompassed by DSM then it was accepted, however the intention is that key issues should fall within the material covered by the clinical part of the specification. This means that should a similar question be asked in the future issues such as autism would not be deemed acceptable; issues must fall within those relevant to the content of the clinical section of the specification.

This answer started with identifying a discrete audience then made each section relevant to the audience of parents of someone suffering from Anorexia nervosa.

(ii) Outline the intended outcome of your leaflet.

(2)

I intend to inform the parent of the logistics of anorexia nervosa in order to improve their understanding so in turn they would find it easier to support and help their child.

(iii) Explain **one** reason why you used the material you did for the content of your leaflet.

(2)

The main reason I used sympathetic language was to help and advise parents rather than being blunt in my information. ~~This may~~ ~~ke~~ The parents are likely to be upset themselves so by being as sympathetic and helpful as I can it may encourage and help the parents

(b) When you created the leaflet described in (a) you will have used secondary data.

Explain how you gathered your secondary data.

(4)

The main source I used was the internet, from here I gathered data on previous leaflets that have been used ~~to~~ for parents whose child has anorexia. From this ~~reason~~ it helped me make decisions like what type of language to use. I also gathered data from websites with regard to the illness itself and how the course of treatment and disorder is laid out. I also gathered data from studies that have been completed so that I could inform the parents on logistics e.g. concordance rates in twins and the course of the illness.



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Examiner Comments

The intended outcome was appropriate and the rationale behind the outcome ensured that (ii) gains full marks (2/2). This was then further developed in (iii), they have kept to one reason as required but elaborated, again 2/2. In part (b) there were several sources from which information was collected. Importantly in this response there is evidence of decisions made and reasons for the choices. This ensured that the answer gained 3 out of 4 marks.



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Examiner Tip

When undertaking the clinical practical:

- do identify a particular and specific audience
- avoid over broad categories or contentious groups such as small children or doctors
- it would probably work best if teachers guide choices more firmly in some cases
- do identify a specific disorder that will be tackled
- ensure the audience and the disorder match
- consider whether the target audience would benefit from the suggested content.

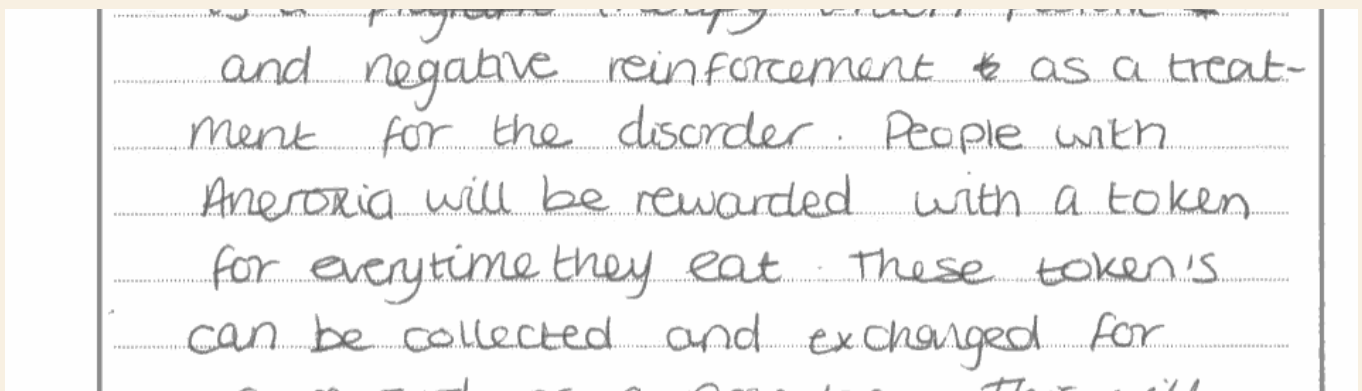
Question 3

There were similar numbers of responses for token economy and systematic desensitisation. In general those who chose token economy did less well on part (a) but better on part (b) than those who selected systematic desensitisation where the tendency was reversed.

Systematic desensitisation responses almost always contextualised the response into the treatment of phobias. In contrast a significant minority of responses that described token economy failed to link its use to a clinical setting, referring exclusively to prisons and schools. In both cases description of the therapy was most likely to get full marks if the response gave a reasonably full step by step guide to the therapy, better responses were also likely to identify the underpinning principles. Many responses use an example to enhance an answer, usually a worthwhile strategy; however it is worth reminding candidates that examples need to be appropriate.

The evaluation of the therapy was in general done well with very few not linking the therapy to Magda as requested. It would have been nice to see more use of research evidence in the responses, though this was not required to gain full marks. There was an improvement on the quality of the evaluation of effectiveness, there was some very good use of the evidence from the courses using systematic desensitisation run by two of our major airlines to illustrate how quick and relatively economic such courses can be. Two specific issues were evident here that affected a very small number of candidates. The first was the ambiguity of the wording of Magda's 'mental health issues', this was inevitable as the specification allows choice on both the therapy and on the second disorder, it would have only been possible to specify schizophrenia, a decision which would have unfairly advantaged one choice of therapy, therefore in the interests of fairness when choice is available within the specification it is inevitable that the wording of the questions will need to be left slightly open. It may be advantageous for centres to explain this to candidates so they are aware that such phrasing is there to allow them to use whichever disorder or therapy they have learned about. The second was the preamble which introduced Magda and her therapist's recommendation for a behavioural therapy; this was followed on a new line with the specific instruction to evaluate the therapy described in part (a). A small number of candidates ignored this instruction and described or in some cases evaluated CBT. Candidates need to be reminded to read the entire question before attempting their response.

Steps of the process of, in this case, token economy were the most efficient way of gaining marks.



(b) Magda has mental health issues and has been recommended therapy by her psychiatrist. Her psychiatrist has suggested that she would benefit from a behavioural therapy.

Evaluate the treatment/therapy you described in (a) with reference to Magda's mental health issues.

(5)

Token economy can change specific behaviour with positive reinforcement, so Magda can experience reward's while she is being treated for her mental issue. However Token economy shouldn't be used to stop people from getting their everyday needs, such as food / water. ~~Peop~~ Magda should also not be stopped from having her basic privleges, which is a ^{this is} disadvantage of the therapy, because if you start giving magda her basic privleges, without her earning them, she will get use to receiving privleges without doing the desired behaviour that we want her to do. Token economy can also be seen as being manipulative and may pressure Magda into doing something she is not psycially or emotionally ready to do, just to get the reward.



ResultsPlus Examiner Comments

Two clear comments on the concept of the use of tokens and their subsequent exchange for primary reinforcers gained 2 marks for part a.

Part (b) made three relevant points but there was a lot of peripheral material gaining no credit.



ResultsPlus Examiner Tip

Token economy along with systematic desensitisation is learned at AS level then reprised in Clinical. Make sure the details are fluent to ensure good marks.

- 3 (a) You have learned about **either** systematic desensitisation **or** the token economy programme as treatments/therapies within the Learning Approach.

Describe **one** of these treatments/therapies as it is used in clinical psychology.

(4)

Systematic desensitisation is a treatment which has research to support its effectiveness for treating specific phobias. In clinical psychology, someone with a spider phobia, for example, will ~~work~~ work with the therapist to develop a treatment hierarchy for their phobia. This typically begins with looking at a word or image, looking at e.g. a plastic spider and holding it, having a spider in the room, looking at the spider and eventually holding the spider. The patient is taught to do these all in a calm manner using taught relaxation techniques.

SD is otherwise a good treatment for phobias but not other mental health issues which Magda may have. Magda is unlikely to drop out from SD because unlike other treatments, e.g. flooding, the participant is taught to remain calm at all times so treatment is not stressful. S.D. is also good because it can be done in a short space of time - e.g. if Magda was afraid of spiders she may be referred to London Zoo's 'Friendly Spider' programme which lasts only a day but claims to have 97% success rates.



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Examiner Comments

This answer showed the candidate clearly knew the therapy well, however the answer failed to spell out each step clearly so the description gained only two marks. The evaluation points made were relevant, but only three made, so three marks.

In the description there was a lot of peripheral detail that could not gain credit then insufficient detail in the important parts directly related to the therapy.

It was nice to see a reference to one of the therapy courses commercially available that used systematic desensitisation.



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Examiner Tip

Make sure you know the steps of the learning therapies so that they can be described in reasonable detail.

Question 4

The most popular disorders used in this question were anorexia nervosa, phobias and unipolar depression. Candidates who selected bipolar disorder and OCD were most likely to find it difficult to make three clear points about an appropriate explanation. There was a tendency for some responses to range too wide and too generally, for example giving biological explanations that included a selection from genes, brain structure, brain function, hormones and neurotransmitters. While often aspects are interlinked such as the possibility that it is a genetic issue that underpins a brain structure problem, a scattergun approach is best avoided as the response lacks coherence and is in danger of ceasing to be one explanation.

Though the description was generally done well the evaluation often fell by the wayside. Many of the points made were superficial and underdeveloped and the majority of comparisons were not comparisons. Many responses prefacing a description of an alternative explanation with a phrase such as 'on the other hand', thus failing to explain why this was a relevant comparison.

Anorexia was a popular choice and social learning theory one of the three most likely explanations along with biological and psychodynamic explanations.

4 You have studied one disorder from the following list:

- unipolar depression
- bipolar depression
- phobias
- obsessive compulsive disorder
- anorexia nervosa
- bulimia nervosa.

Choose **one** disorder from the list.

Disorder anorexia nervosa

(a) Outline **one** explanation for your chosen disorder.

(3)

Anorexia nervosa can be explained by the social learning theory. This theory is when someone, ^{through} observation and imitation, picks up behaviours from a figure who is usually of the same gender and has some sort of importance or authority over the person. In the example of anorexia nervosa, a young girl may look up to a high fashion model who could be a size zero, and see that as an ideal way to look and admire to be like that.



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Examiner Comments

Two very good points made regarding the principle tenets of the theory. However the additional elaboration was insufficient for a third mark. The addition of a comment such as 'so receiving compliments themselves which would reinforce the behaviour' (i.e. showing the *link* through to operant conditioning) or a comment on seeing the fashion model rewarded for their looks (vicarious reinforcement) would have secured the third mark.

(b) Using research evidence, evaluate the explanation you have outlined in (a). In your answer make **at least one** comparison with a different explanation for the disorder you are using.

(4)

The monoamine hypothesis is supported by the fact that anti-depressant drugs that ~~increase~~^{increase} levels of monoamines work in treating depression, but research has found that when ^{people &} animals are given drugs that ~~increase~~^{decrease} levels of monoamines doesn't induce depressive symptoms putting the theory into doubt. Ingram ~~found~~ found that 50% of people on antidepressants still have ~~severe~~^{depressive} symptoms, which is hypothesis now causing depression and drugs that ~~are~~ increase monoamine levels don't always work it puts theory into doubt. ~~Yet~~ It is also hard to say that low levels of serotonin is a cause of depression and not ~~just~~ simply caused by depression. In comparison to the cognitive model of depression by Beck who felt that negative schemata and faulty thinking ~~are~~^{are} the cause of unipolar depression the monoamine is more scientific as levels such as monoamine levels are objective measurements ~~are~~ and are more scientific and reliable than measures of faulty thinking which can be hard to measure objectively.



ResultsPlus Examiner Comments

Unipolar depression was also a popular choice in the question. This evaluation gained full marks.

This response was a model of how to get it right. The support from drug therapy then the counter argument were correct and clearly made, with supporting evidence from research as requested in the question. The thorny problem of the possible direction of causality was also creditworthy and finally there was a superb comparison with the cognitive explanation.



ResultsPlus Examiner Tip

A systematic approach to an evaluation is likely to garner more marks as when writing the candidate can 'tick off' the points as they go through. However if using an acronym as an aid it is important to remember that not all evaluation issues are relevant in all circumstances.

Question 5

Most responses used the statistical and social norms definitions (the two in the specification). There were a few candidates who were aware of other definitions such as failure to function and used this as an evaluation of the other two. There were a small number of candidates who produced a description and evaluation of the DSM as a definition of abnormality. The majority of candidates linked the answer to Dr Padawi, though a few very good answers limited themselves to Level 2 (see mark scheme) through a failure to mention the link at all.

The descriptions of the statistical norm tended to be good though there was a tendency for an overlong description of the normal distribution curve to be made and all too often it was not linked to abnormality. The evaluation of this definition was often patchy with comments about the arbitrary cut-off point being seen as good or bad but rarely both. The judgement of whether a statistical extreme was desirable or not was also raised, similarly the inadequacy of the definition to cope when a disorder such as depression becomes more frequent in a society. However it was rare to find an essay that used more than one evaluation.

In contrast although the social norms definition tended to be extremely brief the elaboration and evaluation tended to be lengthy often commenting about the nuances of culture, historical change, age, gender and context in normative values. Often examples used were not related to clinical issues, which they ought to be. Comments on the use of the social norms aspect of defining abnormality to control a population were rare. Many criticised the definition for being culture bound having just described it as being capable of taking cultural variation into account.

*5 Dr Padawi wishes to explain to a group of hospital volunteers how psychiatrists try to make decisions about abnormality. Dr Padawi decides to start by explaining how abnormality is defined.

Describe and evaluate **two** definitions of abnormality. In your answer you must refer to how Dr Padawi might explain definitions of abnormality to the volunteers.

(12)

The two ~~explanations~~^{definitions} of abnormality are deviation from the statistical norm and deviation from the social norm.

Deviation from the statistical norm uses quantitative data to determine whether someone is abnormal or not.

Average statistics of behaviour is plotted on a Normal distribution curve which shows us how frequent or rare a behaviour is. This definition says that if a behaviour is rare then it is more likely to be abnormal.

On the normal distribution curve if someone is 2 standard deviations above or below the frequent behaviour it is considered as abnormal. Dr Padawi could explain this to the volunteers by drawing a normal distribution curve and showing on the distribution curve where some common mental disorders will be on this curve to demonstrate how it works.

One strength of this definition of abnormality is that it is an objective measure. This means that it is purely based on numerical statistics and so therefore it is not open to interpretation and so it cannot be affected by ~~the~~ subjectivity.

This also means that it is a scientific way of defining abnormality and so may be more valid.

One weakness of this definition of abnormality is that it overlooks the issue of desirability. Some 'disorders' are more desirable than others but yet are seen as abnormal. An example of this is IQ. It is rare for people to have very high IQs but having a high IQ is desirable but yet on the normal distribution curve it would be classed as abnormal.

Another weakness of this definition is that some disorders are becoming more frequent, for example, depression. If a behaviour is becoming more frequent this means that it will no longer be seen as statistically rare and so won't be classed as abnormal anymore.

One other weakness ~~is~~ ^{is} that a person could be one statistical deviation over the norm but yet still need help. This means that there will be people who have mental disorders and need help but yet because they are not deemed as 'abnormal' they won't receive any.

The other definition of abnormality is the deviation from the ~~social~~ ^{social} norm. This definition says that there is ~~unspoken~~ ^{unspoken} rules within society and these have been

taken to be the 'social norms'. If a person goes against these social norms by acting or behaving in a different way to which most people ~~behave~~ behave then they are seen as abnormal. Dr Padawi could explain this to the volunteers by drawing a diagram of ^{a group of} people who all act in the same way and then one person who acts differently who would be considered 'abnormal'.

One weakness of this definition of abnormality is that it may see non-conformists or eccentric people as abnormal. This means that they will be classed as abnormal but they just want to be different and so this definition gives nobody individuality.

Another weakness is that it can be seen as a form of social control. We have to be careful who makes these 'social norms' within society as if they are being formed by people with power they could use this to gain social control.

One strength of this definition is that it enables us to easily 'spot' people who may require help but don't want to ask for it or even don't realise they need help. This means that people can be effectively treated as we can identify their 'abnormality' through society.



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Examiner Comments

This essay fulfilled all the required components of the question very well. Two definitions were described and evaluated successfully and the link to Dr Padawi and the hospital volunteers was used. This meant that the essay was placed in the top level - Level 4. However the lack of balance between the two definitions pushed the mark to the bottom of the level rather than the top so 10 marks.

The statistical norm was defined accurately and in detail and the link to Dr Padawi was established immediately with the notion of drawing a normal distribution graph. There was a very thorough evaluation of this definition encompassing objectivity, desirability, frequency and the arbitrariness of the cut off point. The same pattern was followed for social norms, but the candidate in each case covered points in less detail than for the statistical norm. Nonetheless this was an excellent answer with both strengths and weaknesses of the definitions considered.



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Examiner Tip

In an essay such as this where two things have to be described and evaluated aim to split time and effort as equally as possible between them so that the essay is balanced.

Question 6 (a)

There were many well elaborated responses to this question, though a significant minority of candidates failed to develop an idea for the second mark. For example the response may indicate that being able to demonstrate a cause-effect finding made it scientific but with no indication as to a factor that would allow this to come about.

then produces a hypothesis and
empirical data is gained through
senses + hypothesis is amended. This
is the hypothetico-deductive model which
Karl Popper suggested science should
adhere to.



ResultsPlus Examiner Comments

The elaboration was evident here ensuring that the answer gained both marks available.

The candidate identified the experimental method of hypothesis testing and amendment as well as the role of empirical data in this process. Then the candidate showed their understanding by adding the reference to the hypothetico-deductive model and Popper.



ResultsPlus Examiner Tip

If you do use technical terminology in an answer make sure you use it effectively - this answer shows that the candidate understands the terms.

Question 6 (b)

The evaluation of the Psychodynamic approach as being unscientific was in general well done. There was a tendency in some cases to make dogmatic assertions, such as it is impossible to measure certain aspects of the theory. Supporters of the psychodynamic approach would dispute such assertions so it was better to modify comments to terms such as being difficult. Better responses tended to include comments regarding the difficulties involved when the theory relies heavily on abstract concepts and subjective interpretation.

(b) Olaf has been told not to use the Psychodynamic Approach.

Explain why the Psychodynamic Approach is often seen as unscientific.

(4)

Psychodynamic approach looks at the mind and the unconscious which are not measurable meaning you cannot conduct an experiment with a manipulated IV to get a measurable DV meaning it is considered unscientific. The psychodynamic approach is also not falsifiable as behaviour is unique to separate situations and therefore one exception to a theory is not enough to disprove the entire theory. It is also very holistic and states 'the whole is more than a sum of the parts' which is considered less scientific than the reductionist view (described above). Case studies provide most of the evidence and are considered not scientific due to only regarding one person so are not replicable. so



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Examiner Comments

Although this started with the somewhat dogmatic assertion that the mind and unconscious cannot be measured (something which adherents to the psychodynamic approach dispute, preferring to view it as difficult) the answer redeemed itself by then citing the IV-DV principle. The falsifiability comment was well made though the holistic one was somewhat erroneous. There was a great deal of confusion among candidates regarding the concepts of holism and reductionism. The final point on the problems associated with the use of case studies was valid and clearly made.



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Examiner Tip

Try to understand the reductionist-holistic issue not as opposing views but more as approaching the same problem from opposite directions. The holistic approach wishes to understand the whole person but will do so by also looking at the component parts. In contrast the reductionist view begins with the component parts in order to better understand the bigger picture, it does not preclude integration. Thinking of it as a philosophical top-down bottom-up debate may help.

Question 6 (c)

The biological approach was the most popular choice as a scientific approach with a few cognitive and learning approach responses and even fewer opting to use the social approach. Level of popularity and success at accruing marks tended to coincide. Less good answers failed to use knowledge effectively. There was a frequent tautology of an approach being scientific because it used scientific methods. Clearly such assertions do not gain credit, candidates need to explain both how and why to gain the marks.

(c) You have studied several different approaches to psychology as part of your course.

Identify **one** psychological approach **other than** the Psychodynamic Approach and explain why it is considered scientific.

(4)

Approach Biological Approach

The Biological approach is considered scientific because it provides physical scientific evidence in the form of PET scans, MRI's and post mortem studies. Drugs have been proven to alter behaviour, manipulate brain chemistry and treat illnesses. For example, Mørchup and Munkvad's study on using drugs to raise dopamine levels in rats to provide scientific evidence for a biological cause of schizophrenia. Biological approach can provide concurrent validity by having lots of evidence supporting the same conclusion, such as brain scans, drugs. Biological experiments have standardised procedures and can be replicated to check reliability of the findings, making it very scientific.



ResultsPlus Examiner Comments

This response gained full marks. It used terminology appropriately and underpinned assertions with relevant evidence.

In contrast to many responses the first sentence identified why PET scans etc are scientific, because they provide physical evidence. This was not a very strong argument, objective data would have been better. The next two sentences on drug research and the evidence from Randrup and Munkvad was a very strong, rich and detailed point. The point on concurrent validity was well made and accurate as was the final point on the scientific nature of the methodology used.



ResultsPlus Examiner Tip

Avoid tautology in answers there is no credit for saying an approach is scientific because it uses scientific methods. Such a statement explains nothing.

Question 7

Most candidates spotted this was a nature nurture question and addressed this issue. This was an unusual question in asking candidates to be succinct and to give a balanced argument, something which proved a challenge to many. A blank page had been left opposite the response page so candidates could plan their answer. With few exceptions responses fell into three categories. Firstly there were those who wrote a very good resumé of one side of the nature nurture debate only to discover they had almost run out of space and so hurriedly added a couple of sentences on the opposite view, thus leaving the response very unbalanced. Secondly were those who maintained a balance but concentrated on defining nature and nurture so did not get around to illustrating their answer with any examples. Finally some responses focused on a series of examples at the expense of both balance and any argument about the merits of the two views.

The question also asked for the response to embrace a journalistic piece. In essence this meant keep it brief, keep it to the point and keep it snappy. Most candidates wrote in a full length, discursive essay style. There is a worthwhile skill in writing effectively and succinctly. It did not matter whether the journalistic element was 'Telegraph', 'Sun' or local rag in style; some acknowledgement of this component was needed to achieve full marks.

- 7 During her work experience at a local newspaper the editor asks Sophia to write an article using her psychological knowledge. The headline of the article reads:

Does someone's upbringing make them who they are?

Write a brief article giving both sides of the argument. In your answer use examples from **at least two** areas of psychology to illustrate your argument.

(5)

The nature nurture debate has been going for decades with is it our biology who makes us us or is it what we learn during childhood? do we develop a personality or are we born with one. The learning approach to psychology states that yes we do acquire our personality through our childhood. We associate with the person we want to be like and then copy them and their characteristics. This is similar to the oedipus complex in the psycho-dynamic approach. The learning approach states that we chose someone of higher status and then copy them in order to be alike to them. This could mean that someone might dress like their favorite band or act like their favorite celebrity in order to gain pleasure. This supports the idea that our environment changes us.

The other explanation is that we are born like this and don't develop a personality. The biological approach has proven that brain chemistry plays a big part in who we are. Some people are just born more violent than others. For example, post mortems on murders and depressed people show that there is a difference in brain chemistry. This would support the idea that our personality is simply down to the chemicals and neurotransmitters in our brain.

(Total for Question 7 = 5 marks)



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Examiner Comments

This answer embraced the spirit of the question as well as its demands and gained all five marks. The candidate engaged with the style of an article in the first sentence then a second sentence established the topic that had been selected for the article. There was then a nurture argument centred around social learning theory followed by the contrasting biological argument of brain chemistry. It was succinct and fulfilled all the requirements of the question, hence full marks.

Question 8 (a) (i)

There were some excellent and imaginative responses on practical aspects of the study. Suggestions such as whether observers may miss something because they were looking at a book, problems with avoiding counting an observation twice, the appearance of the confederates, how busy the library was, time of day, whether people came in as a member of a group and even where the radiators were positioned if the weather was cold were all issues that were raised and usually very well explained. There were some responses that addressed ethical issues; these could not gain credit unless the ethical issue had a direct bearing on a practical issue that the researchers needed to take into account. There were also candidates who merely identified practical issues already dealt with in the stimulus material, such as how many tables and seats were being used, again this would not be credited.

It was possible to gain full credit in this question by relying on standard practical issues that a good study will take into consideration. These are the type of issues that will have been raised on numerous occasions in relation to the evaluation of studies within the specification.

- (a) (i) Explain practical issues the researchers might have taken into account when carrying out the study described in the box on page 18.

(4)

One practical issue is that participants entering the library may know someone already in the library and therefore would automatically sit with them.

Another issue is that a participant may seat themselves in a particular seat as that is where they normally sit or they wish to be nearer the bookshelves as they ~~are~~ need to continually go back and forth to the bookshelf.

Also if all the seats are taken, participants may have no choice but to sit themselves at a particular table or seat. Even though if they had the choice this would not be where they sat.

Also if a participant did not like a particular person in the library, they would seat themselves away from that person.



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Examiner Comments

This was a superb answer. Four clear practical issues, each was clearly explained, so full marks given.

Question 8 (a) (ii)

Most candidates were able to answer the question on ecological validity well, putting their response into the appropriate context of the question. The small number who opted for low ecological validity did not usually do as well as those who selected high ecological validity. A small number, again, failed to read the question and attempted to do both.

A nicely contextualised response.

- (ii) The researchers worked hard to address issues such as ecological validity when designing the study described in the box on page 18.

Explain **either** how the study might be said to have high ecological validity **or** how the study might be said to have low ecological validity.

(2)

High ecological validity because students are in their natural environment (library). They are also unaware that they are being observed and that they are in the study, so natural behaviour should be observed.



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'Unaware they are being observed' plus 'so natural behaviour should be observed'. Two marks awarded for a clear justification for selecting high ecological validity.



ResultsPlus Examiner Tip

Try to ensure that short questions expand the answer enough by the use of terms rather than by lengthy explanations. This is a good example of this skill. Alternative, supplementary comments could have been that it would be unlikely that there would be contamination by demand characteristics or that the behaviour observed is likely to be realistic and representative of real life.

Question 8 (b)

The final part of this question asked the candidates to design a naturalistic study as a follow up to the one they had been given. There was a very wide range of ability to engage with this question with some, having answered the first two parts, abandoning this section completely. Some candidates failed to discriminate between a naturalistic and structured observation, a structured observation could not achieve full marks.

Many responses merely transposed most of the ideas already given in the stimulus material to a different library adding some information about methods of collecting and logging data, again limiting themselves on the number of marks available.

The best responses showed both an understanding of the way an observation may be conducted and some grasp of the issues that may arise when designing the study. There were a good number of outstanding responses showing a real engagement with the question. Favourite locations were public transport, parks, various types of eating establishments and cinemas. The use of CCTV or mobile phones to log information showed good awareness of practical aspects of a study, as did issues such as when to undertake the observation and for how long.

*(b) As a follow-up to the structured observation, the researchers decide to conduct a naturalistic observation on the distance apart from strangers that people choose to sit.

Explain how the researchers might plan to carry out such an observation.

Possible practical factors that may be considered include choice of location, sample, type of data and means of collecting data. There are other factors. No credit will be given for ethical issues.

(6)

Researchers could conduct a naturalistic observation on the tube any study the distance strangers sit apart from each other. If researchers got on at the beginning of the line they could see the difference between a quiet and a busy tube and see if people chose to sit further away when the tube was quiet. My sample would be the general population although it would probably be ^{consisting} consistent of more working people as they are representative of people who get the tube. I would ~~category~~ create categories into which the behaviour

would fit:-

- sat next to the person when other seats available
- sat as far away from a person as possible
- chose to stand even though seat was available from not close to anyone
- chose to stand even though there was a seat but it was inbetween two people

The type of data I would collect would be quantitative data and I would stand in the middle of a tube observing natural behaviour.

Practical factors I would have to consider would be that no-one was aware I was observing their behaviour. A tube is somewhere where people commonly observe other people's behaviour so this shouldn't be an issue. Also I could telly on my phone to make people unaware I was categorising their behaviour. However, this would be time-consuming and I would only have a small sample of one carriage so if I got more researchers to help me collect my data this would mean I could get a larger sample size.



ResultsPlus Examiner Comments

This response really engaged well with the question. There were a significant minority of responses that were of this calibre. The candidates were clearly engaging with the question and coming up with interesting ideas. The study did not have to work and be error free to gain full marks.

The location, sample, distance criteria and data collection are all tackled with a degree of competence. For an examination answer this was superb and gained full marks.



ResultsPlus Examiner Tip

Don't be afraid of 'having a go' at such questions, they are often easier to score marks on than you may think.

Question 9 (a)

This was the more popular of the two essay questions. Marks were often limited to Level 2 due to a shortfall on either the descriptive or the evaluative component of the essay.

The question required a description of three or more ethical guidelines. A single sentence identifying an ethical guideline is not a description; it is at best an outline. Some responses insisted on giving a brief resumé of all the guidelines rather than a fuller description of three. Elaboration of a guideline could be achieved in a variety of ways, some candidates who used examples from the studies they were intending to use as the evaluation component mixed up the two tasks ending up either with a brief description and a good evaluation or a very good description and almost no evaluation. In these cases examiners mark to the benefit of the candidate, but it is a reminder that candidates do need to keep the various components of an essay in mind during writing.

Knowledge of ethical guidelines was frequently flawed. The distinction between consent and informed consent was often ignored while very few mentioned concepts such as presumptive consent. Often answers limited the notion of deception to a lack of information being forthcoming at the point when consent is requested and omitted the fundamental issue of intentional deception as an integral part of the study.

The requirement to assess the ethical aspects of two or more studies was not done well. The most popular studies were Milgram and Hofling with many also using Rosenhan, Zimbardo, Watson and Rayner, as well as Godden and Baddeley. Many responses merely described the study illustrating the breaches of ethical guidelines. Better responses were able to consider the effect of a breach of an ethical guideline on the participants, any justification for such a breach, occasionally a potential way of remedying the situation and very rarely whether an alternative strategy may have been possible. It was extremely rare to see an essay address the wider implications of ethical issues. Considering that the payment of participants may have created a feeling of obligation in a participant to stay is one such wider implication. Another is whether the ethical issue with Milgram's study was less the intentional deception, potential harm and lack of informed consent to the study really being undertaken, and more that having started the study and seen the devastating effect on participants he continued to repeat the procedure on 40 participants, and on multiple batches of other participants in the variations, when smaller numbers would just as easily have demonstrated the point.

Knowledge of relevant studies was usually good though there were assertions made about consent in particular where the author(s) have never published the information so it is not possible to say whether consent of any sort was gained.

There were several demands in this question. Candidates were not always successful in balancing these various components. In this essay the elements were all present and in suitable detail.

Chosen Question Number: Question 2(a) Question 2(b)

An ethical guideline that must be followed during human experimentation is protection from harm, if a study may endanger the person and put them at risk of physical or psychological problems then the study should not take place. This is because a researcher has to take full responsibility for any damage caused to a person, and do all they can to try and reverse the damage. If by accident the ppt is not protected from harm then the researcher must be ready to provide any medical help that the ppt requires. Another ethical guideline is confidentiality.

This would of caused psychological damage to the twins, and didn't protect them from harm. Some have argued that as a result of the study the twins committed suicide however others would say that it was because they were depressed which their family history has a lot of.

Brown et al, protected his patients from harm because they only had to be interviewed and fill in questionnaires. This is not in anyway



ResultsPlus Examiner Comments

The first clip gave a good description of the first ethical guideline selected, protection from harm. Firstly there was a definition then this was expanded to meet the requirement of a description. The candidate then went on to give a similar level of treatment to confidentiality and debriefing.

This response used Money's study, Brown's study on depression and Rosenhan. The second clip showed how a study was assessed for its impact on the participants, in this case the Reimer twins.

These two examples show how candidates could successfully consider the effect of a study's ethics on the participants.

Milgram did fully debrief the participants after the study and they were given the right to withdraw. Although debriefing the participants was good and they could withdraw their results, this did not protect them from the distress that many of the participants suffered from taking part in the experiment. They thought they had hurt or even killed another human and this

part. Perhaps the most unethical thing about Bandura's study is that it harmed the children. It taught some of them aggressive behaviour which may cause them to be aggressive in future life and so will affect them negatively.



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Examiner Comments

In both of these clips the candidate was able to use their knowledge of the study to then consider the impact of the study on the participants. This was probably the easiest way to assess the impact of the ethical aspects of a study.



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Examiner Tip

Dissect an essay question so you are sure you know what component skills are required. A quick plan at the start is time well spent ensuring you get all the necessary components into the answer.

Question 9 (b)

As always the 9b question is challenging because it is unusual and perhaps therefore not surprisingly is less popular than 9a. Nonetheless the spread of marks and the mean demonstrated that this question was done every bit as well as 9a. Most responses used the stimulus material as a prompt, which was permissible. Too often the emphasis was placed on contributions to society rather than an understanding of why harm happens in society. The best responses firmly anchored the essay on the concept of harm from the start of the essay, using this to drive the essay at every point. This strategy enabled candidates to bring in relevant theories and supporting studies as well as considering real life examples which could be explained by such material. Most popular theories were agency theory and social identity theory; some included realistic conflict, charismatic leadership and learning theories.

Often, when using a study or theory linked to harm, candidates became waylaid by evaluating the study or theory as a piece of research rather than how adequate it was in helping society understand why harm happens.

Issues of blind obedience were popular as exemplars of how harm happens. This essay explained it really well.

The social approach can help explain how blind obedience and hence why people have the potential to harm others if ordered to do so. Milgram's 1963 study found that 100% of people pressed a switch causing 330V to be exerted on another participant. 65% went all the way to 450 as the experimenter were asked to do so by an authority figure. A strength of Milgram's 1963 study support is that it took place in a lab setting with many controls put in place so it was without extraneous variables. This therefore allowed the formation of cause and effect conclusions that the obedience was in direct cause of the authority figure. This led to the formation of Milgram's agency theory which stated that in the right situation any one could be an agent to an authority figure, despite any moral strain they were feeling. This helped explain this explains how in the army people will obey as they are in a context where saying 'no' is not an option, they are trained to be agents. Therefore this explains what army troops murdered 350 civilians when directed to do so by officers. A strength of the Milgram's Agency Theory is that it helps to explain wider social issues. For example in WWII why those in the army carried out the

gassing of jews (the holocaust), with understanding why people obey we can begin to understand why people can go against their morals.

A weakness of using Milgram's study is because it was a lab study, meaning it took place in a lab setting which is unnatural to participants. Therefore it lacks ecological validity as the setting may have caused them to obey, not the authority figure.

However field studies, eg. Hiding have found evidence of people obeying in their natural environment. He found nurses would obey and unknown doctor over the phone and give an overdose of an unknown drug to a patient. This study has ecological validity.

The criminological approach addresses the problems with eye witness testimony (EWT) and ^{explains} how errors in EWT can occur and cause prosecution of innocent individuals.

One problem with EWT is reconstructive memories caused by the information perceived from the event and the information supplied ^{witnesses} after. This can lead to ~~participants~~ believing they have seen something when they had not. Quill and Cutshall's field study into EWT looked at real witnesses from a real crime. They found that 3-4 months after the crime, information given during interviews was 85% accurate. This suggests reconstructive memories can cause some error, but not a lot.

Misleading questions have also been found to cause inaccurate testimonies, where the way a question is worded can create a desired response. Loftus and Palmers lab study found that when the word 'smashed' was used when concerning car car accident, participants were more likely to say there was glass, over the word 'hit'. However Yuille and Cutshall found using their real witnesses, 10/13 times they were unaffected by misleading questions concerning a yellow panel in a car.

Another concern is stress and anxiety affecting memories. The Yerkes-Dodson model suggests that some stress can increase the amount remembered, but too much



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Examiner Comments

There was a nice progression from the harm concept, through the brief description of Milgram's research as the basis for agency theory and onto the use of agency theory as the description of why harm happens. This was then developed well, through the use of agency theory to explain real life incidents, the criticism of agency theory because Milgram's study was a lab study but its re-elevation on the back of Hofling's field study.

This essay used social learning to good effect. The elements of the essay are similar, but used in a different order, though just as effectively as in the previous essay.

Rideouts study showed that children are now watching 24-36 hours of television a week, while another study showed that 60-80% of television programs contain an aspect of aggression. This aggression can then lead to harm. As a study showed in a town that had no television, once it was introduced aggressive acts in a playground increased.

effect. Bandura also had evidence that children will imitate the aggressive behaviour of an adult showed to them on a television when given a choice. This shows that harm can be caused by the observation and imitation of aggression that has been witnessed.



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The first clip showed a good development from a description (not shown) of the principles of social learning theory to its application in understanding harm. In the second clip having given the theory, the real life evidence from the Rideout study the essay returns to the lab based evidence to show the underpinning of objective research.



ResultsPlus Examiner Tip

Remember to develop arguments, ideally combine theory with objective, reliable lab based evidence and evidence from a more real world source, either a field study or a real life exemplar. This gives your argument far more punch.

Paper Summary

Based on evidence from this paper candidates should ensure that they:

- tailor the amount written for a question to the number of marks available
- tailor the amount written to the space given in the booklet
- limit the amount of time they spend on each question so that completing all the questions is possible
- take care to match answer content to the question asked
- use psychological knowledge rather than commonsense psychology
- are able to explain technical terminology rather than just use the words.

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