

Mark Scheme (Results)

June 2011

GCE Psychology (6PS04) Paper 01
How Psychology Works

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June 2011

Publications Code UA028528

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Unit 4: How Psychology Works

Section A – Clinical Psychology

Question numbers	General Instructions
Questions 1 – 4	Marking points are indicative, not comprehensive and other points should be credited. In all cases consider “or words to that effect”. Each bullet point is a mark unless otherwise stated and each point made by the candidate must be clearly and effectively communicated.

Question Number	Question	
1(a)	You have learned about either family therapy or care in the community (Social Approach) as ways of treating mental disorders. Describe one of these treatments/therapies.	
	Answer	Mark
	<p>Answer should focus on what is done, max 1 mark for comments explaining why it is done. No credit for comments that are merely tautological. List - 1 mark, minimum of three</p> <p>Family therapy:</p> <ul style="list-style-type: none"> • Tackles problems arising from relationships by bringing the relevant group together in a safe environment/eq; • Can work with individuals, couples/whole families/eq; • Discussion is used to discover the nature of the problem/eq; • Helps individuals to explore and improve their relationships/eq; • Therapist listens to way individuals express themselves to understand sources of stress/eq; • The increased awareness allows the client to develop understanding about their situation/eq; <p>Care in the community:</p> <ul style="list-style-type: none"> • Care/Treatment is provided while the patient lives in the community, either at home or in sheltered accommodation/eq; • They can call on Community Psychiatric Nurses for support/eq; • Care in the community uses drop-in centres, half way houses, and home medication/eq; (list – 1 mark, minimum of three) • There will be drop-in centres that provide a 24/7 service/eq; • Medication will be self administered for many, though those needing extra support can receive it/eq; • Hospitalisation will only be used as a last resort if the person feels they cannot cope/eq; • Support is provided so clients are able to deal with the environmental factors thought to trigger/exacerbate their mental illness/eq; <p>Look for other appropriate marking points.</p>	(4 AO1)

Question Number	Question	
1(b)	Evaluate the treatment/therapy you have described in (a).	
	Answer	Mark
	<p>Evaluation must relate to the therapy described in (a). If (a) is an incorrect therapy max 2 marks for a correct evaluation of the therapy described in (a). Max 1 for alternative therapy points</p> <p>Family Therapy</p> <ul style="list-style-type: none"> • There is a lack of concrete evidence regarding the effectiveness of FT which reduces credibility/eq; • Often family therapy can end up blaming an individual e.g. the mother as the source of the difficulties/eq; • It has been shown to be effective for couples suffering emotional problems (Johnson 2002)/eq; • Can only be useful as a therapy if those involved are open and willing to act on therapists advice/eq; • Requires honesty from clients as otherwise underlying problems may not become apparent/eq; • Slipp & Kresel (1978) showed level of experience of the therapist is critical if insight treatments are to be effective/eq; <p>Care in the community</p> <ul style="list-style-type: none"> • Potentially improves the quality of life for recipients as they are able to maintain a normal lifestyle(e.g. Trauer et al 2001)/eq; • Symptoms /problems of institutionalisation tend to be reduced as a result of living in the community (e.g. Leff 1997)/eq; • Most patients find living in the community preferable to being in hospital/eq; (1 mark) although others may find the situation challenging/overwhelming/eq; (2 mark) • Chronic underfunding can lead to poor/inadequate provision such as emergency help lines being restricted/eq; • This tends to be locality specific so affluent/urban areas may be fine but poor/rural areas not/eq; • A reluctance to provide and fund adequate hospital beds means some who need admission do not get admitted when necessary/eq; • Poor levels of supervision may mean medication is not taken, leading to dangers for the patient and/or the community/eq; • Coping with a mentally ill person may put strain on families leading to further problems/eq; • If a client's assessment/discharge from hospital has been rushed they may find living in the community very difficult because they are not prepared for it/eq; <p>Look for other appropriate marking points</p>	(4 AO2)

Question Number	Question	
1(c)	<p>A local clinic wants to advertise for lead workers/therapists for their programmes of family therapy and care in the community. The job description might include responsibilities, guidelines for interacting with clients and colleagues, and daily duties.</p> <p>For one of these programmes write a job description for the role of the person/therapist who will be employed to run the programme.</p>	
	Answer	Mark
	<p>Job description should relate to an appropriate level regarding the role/responsibilities</p> <p>Family therapy</p> <ul style="list-style-type: none"> • You will need to focus on interactions between people rather than individuals themselves/eq; • It is important you encourage the family to talk/open up during the meetings/eq; • You may need to encourage quieter members to talk/eq; • Dominant characters may need to be encouraged to listen/eq; • You may need to develop group rules/eq; • Confidentiality/other ethical principles need to be upheld at all times/eq; • You will need a firm grasp of the problems/disorders you may encounter so that you are able to respond appropriately/eq; <p>Care in the community</p> <ul style="list-style-type: none"> • You will need to work within a professional team to support clients so good personal skills are essential/eq; • You will need to learn what the specific needs of a client are including the signs/symptoms of disorders/eq; • You will need to build up trust so that the client is willing to turn to you for support/eq; • It is important to work to the best interests of the client such as realising when and when not to keep confidentiality/eq; • You must be willing to work flexible hours as sometimes a crisis develops and you will be on call/eq; • You may be required to deliver other support such as counselling or checking a client is taking their medication/eq; <p>Look for other appropriate marking points</p>	(3 AO2)

Question Number	Question	
2(a)	Using an example, outline what is meant by validity when diagnosing mental disorders.	
	Answer	Mark
	<p>If no example max 2. Examples must be explained to gain credit. An example may not be enough for a mark but enough to trigger a mark for the explanation that goes with it (to show understanding). Answer may focus on one type of validity elaborated or consider different types of validity.</p> <ul style="list-style-type: none"> • Validity in diagnosis means that the symptoms of the patient match those considered to be present for that disorder/eq; • A client diagnosed with schizophrenia using DSM should have at least two symptoms continuously for at least two months or the diagnosis does not fit the necessary criteria so lacks validity/eq; • Diagnosis is valid if it predicts the course of the illness accurately (1st mark) e.g. if diagnosed as schizophrenic periods of mania should not occur (2nd mark)/eq; • The treatment/therapy put in place after diagnosis should be effective if the diagnosis is valid (1st mark) e.g. antipsychotics should reduce the symptoms of schizophrenia (2nd mark)/eq; • A diagnosis is valid if people who share the same symptoms are given the same diagnosis/eq; • In Rosenhan's study all the pseudo-patients presented with the same symptom yet one of the eight was given a different diagnosis (bi-polar) suggesting that the version of DSM current at the time lacked some validity/eq; <p>Look for other appropriate marking points.</p>	(3 AO2)

Question Number	Question	
2(b)	Using psychological research, evaluate issues in the diagnosis of mental disorders.	
	Answer	Mark
	<p>Reference to psychological research must be made at least once or max 2 marks. Not all points have to refer to psychological research.</p> <ul style="list-style-type: none"> • Successful diagnosis relies on patients being honest and divulging all information to clinicians, something which does not always happen/eq; • The symptom clusters for disorders have some overlap, so not always possible to successfully distinguish between e.g. bipolar disorder and schizophrenia (e.g. Comer, Rosenhan)/eq; • Stereotypes/Expectations held by clinicians/ supported by the phrasing in DSM could create bias meaning some groups are over diagnosed with a particular disorder e.g. Blake 1973/eq; • Lopez (1989) claimed trying to redress cultural bias in DSM by taking cultural beliefs into account can lead to missing some diagnoses as symptoms are dismissed as cultural norms/eq; • This makes it very difficult to judge whether DSM can be used as a valid tool outside the USA/eq; • Even in the USA there are difficulties as Malgady et al (1987) showed that linguistic and cultural differences can create bias in diagnosis of Hispanics in the USA/eq; • Diagnosis may create a sense of relief for the patient as they can move forward once they understand why they feel as they do/eq; • Clinicians may be unwilling to give culturally sensitive diagnoses e.g. schizophrenia in Japan (Sato 2006)/eq; <p>Look for other appropriate marking points</p>	(4 AO2)

Question Number	Question	
3(a)	<p>As part of your course in clinical psychology you will have prepared a leaflet in which you have used secondary data.</p> <p>What is meant by secondary data?</p>	
	Answer	Mark
	<p>An example as elaboration gains credit. Collection of data from published material for a content analysis IS NOT secondary data.</p> <ul style="list-style-type: none"> • Data that have already been collected by someone else/eq; • Data that are second hand gathered by another researcher/eq; • This could be information in the form of a census or an organisation's records/eq; • It may be primary data from other researchers that is re-used for a different purpose/eq; • Evidence/data taken from publications/media such as newspaper articles or TV programmes can be used as secondary data [<i>look for evidence that candidate is referring to data in the article that can be used as secondary data</i>]/eq; • Data that are produced for another purpose such as statistics in a newspaper article/eq; (2 marks) <p>Look for other appropriate marking points.</p>	(2 AO3)

Question Number	Question	
3(b)	Explain one strength and one weakness of using secondary data in psychological research.	
	Answer	Mark
	<p>Two marks each for one strength & one weakness. If more than one strength/weakness mark all and credit the best. Elaboration of strength/weakness for the second mark needs to be clear and sufficiently explained.</p> <p>Strengths:</p> <ul style="list-style-type: none"> • It is cost and time effective (1st mark) as researchers don't need to incur the expenses of data collection for themselves (2nd mark)/eq • Less likely to be ethical issues such as informed consent (1st mark) as the data are not collected from people directly and information is already in the public domain (2nd mark)/eq; <p>Weaknesses:</p> <ul style="list-style-type: none"> • Reliability/validity of the data are unknown(1st mark) so the analysis may be flawed because of some original errors (2nd mark) /eq; • There may be problems with the use of and interpretation of data (1st mark) as the data were initially collected to ask a different question (2nd mark)/eq; <p>Look for other appropriate marking points.</p>	(4 AO3)

Question Number	Question	
4(a)	Describe the findings (results and/or conclusions) of the study by Rosenhan (1973) 'On being sane in insane places'.	
	Answer	Mark
	<p>NB. No credit for procedure. There are many findings for this study. Findings from any stage of the study are acceptable but should be accurate and reasonably detailed.</p> <ul style="list-style-type: none"> • Of 8 pseudopatients, 7 were given a diagnosis of schizophrenia and one person was given a diagnosis of manic depression/eq; • 8 pseudopatients were admitted to 12 different hospitals of varying types in five different states in the USA/eq; • The average stay was 19 days though the range was from 7 up to 52/eq; • At discharge the pseudo-patients were given a diagnosis of schizophrenia in remission/eq; • Staff tended to ignore patient requests, invaded privacy and acted in a way that dehumanised patients/eq; • In some cases some of the real patients were suspicious that the pseudopatients were faking it though the staff did not suspect/eq; • 35 out of 118 patients at the first three hospitals recognised the pseudo-patients were not mentally ill/eq; • Normal behaviour of pseudopatients was interpreted in a pathological way by staff e.g. waiting outside the canteen at lunchtime called orally acquisitive behaviour/eq; • Rosenhan concluded staff were unable to distinguish between the sane and the insane/eq; • In the second part of the study the hospital claiming it would be able to identify pseudopatients believed it had done so, though no-one had been sent/eq; <p>Look for other appropriate marking points.</p>	(4 AO1)

Question Number	Question	
4(b)	Evaluate the study by Rosenhan (1973) 'On being sane in insane places'.	
	Answer	Mark
	<p>Practical, ethical, positive and negative points equally creditworthy</p> <ul style="list-style-type: none"> • Clinicians wouldn't expect those presenting as apparently mentally ill not to be so, so wouldn't doubt the report of symptoms/eq; • The pseudopatients did say they heard a voice so there was deception albeit briefly/eq; • Cannot blame staff on wards for interpreting 'normal' behaviour as abnormal as context would suggest that patients are ill and therefore would be behaving in abnormal ways/eq; • The study has high ecological validity as it was conducted within real psychiatric hospitals/eq; • Several different hospitals were used in several different states so there is evidence of some generalisability/eq; • All institutions were within the USA so whether the findings would have been the same in other countries is unclear/eq; • The ability of the pseudopatients to observe and record their experiences enhances the validity of the findings/eq; • Objectivity of the pseudopatients may have been affected as they were unable to leave the institutions when they wanted to/eq; • The diagnosis of schizophrenia in remission which Rosenhan criticises was appropriate as none of the pseudopatients told the clinicians of the deceit/eq; <p>Look for other appropriate marking points.</p>	(5 AO2)

Question Number	Question	
*5	<p>There are many explanations for schizophrenia including biological ones.</p> <p>Describe one explanation for schizophrenia and compare this with one other explanation. Comparisons include considering similarities and/or differences.</p>	
	Answer	Mark
QWC i,ii,iii	<p>Read the entire answer before allocating a level. Avoid awarding marking points.</p> <p>NB <u>one explanation</u> can be a single explanation within an approach such as genetics or social drift in which case the comparison can come from within the same approach, or from a different approach. OR <u>one explanation</u> can be the explanations from within an approach e.g. both genetics and dopamine in which case the comparison must come from a different approach.</p> <p>Any individual answer can only be interpreted in one way, but work to the benefit of the candidate.</p> <p>Indicative content:</p> <p>Explanation</p> <p>Biological</p> <ul style="list-style-type: none"> • Genetics may be a cause of schizophrenia as the incidence in close relatives to sufferers is higher than in the general population • The dopamine hypothesis claims that excess dopamine is a cause of the disorder • This may be because dopamine is more available in schizophrenic brains or because of more dopamine receptors being available • The excess dopamine is thought to be linked to positive symptoms • Enlarged ventricles may also be a factor in causing schizophrenia • The diathesis stress model suggests a predisposition to the disorder merely needs a suitable trigger to cause the disorder <p>Social</p> <ul style="list-style-type: none"> • Social causation theory suggests that people who live with high levels of stress are more vulnerable to schizophrenia • The source of stressors is often found in migrant populations trying to adapt to new ways of living • This is particularly the case if they are in a minority in their new community, or if they are in a vulnerable financial state • The prognosis for those with lower SES is much worse than for those with a higher SES 	

Comparisons

Dopamine and Genetics

- Both the dopamine hypothesis and genetic explanations see the cause of schizophrenia as being biological
- The explanations are complementary as the dopamine levels could be a consequence of the genes
- The genetic argument does not limit itself to faulty levels of dopamine as other brain abnormalities could be the cause of the disorder
- Evidence from e.g. Gottesman showed that whereas the baseline incidence of schizophrenia is 0.55 - 1%, the concordance rate in close family relatives can be up to 48% for identical twins whereas those supported the dopamine hypothesis consider that the development of over activity of dopamine receptors does not need to have a genetic basis
- Evidence from genetic studies (e.g. Hong et al 2001) suggests abnormal gene sequences may be linked to schizophrenia whereas dopamine hypothesis states it is abnormalities in the use of dopamine in the brain that is the cause
- The dopamine hypothesis suggests excessive sensitivity / levels of the transmitter are directly responsible for the development of symptoms whereas those favouring the genetic argument suggest it is a consequence of faulty gene sequencing

Biological and Social

- Heston study showed environment is not necessarily a cause as children of schizophrenic mothers developed the disorder even when raised in adoptive families contradicting the ideas from social causation which sees the environment as a key cause
- Evidence from treatment with anti-psychotic drugs supports the view that excessive availability of dopamine is implicated in the positive symptoms of schizophrenia, however as dopamine levels in the brains of schizophrenia prior to onset are unknown other factors such as stress could trigger the disorder with dopamine merely being a symptom
- Whereas genetics arguments suggest that schizophrenia is inherited evidence from the social approach suggests that people are more vulnerable if they experience tougher environments
- Both the genetic explanation for schizophrenia and social causation would argue that increased vulnerability will be shared across family members
- Both explanations see the schizophrenic as a victim of circumstances, one because inherited factors are the underlying cause, the other because the circumstances of birth cause the vulnerability that leads to its development. So in neither explanations is the schizophrenic responsible for their illness

Look for other appropriate marking points.

Level	Mark	Descriptor
Level 0	0	No rewardable material.
Level 1	1-3	<p>Candidates will produce brief answers, making simple statements, showing some relevance to the question.</p> <ul style="list-style-type: none"> • Only description or comparison present • Still likely to apply to schizophrenia, but may be general <p>Little attempt at the analytical/evaluation demands of the question. Lack of relevant evidence. The skills needed to produce effective writing will not normally be present. The writing may have some coherence and will be generally comprehensible, but lack both clarity and organisation. High incidence of syntactical and/or spelling errors.</p>
Level 2	4-6	<p>Either description done very well and little/no comparisons OR vice versa OR both done but limited.</p> <ul style="list-style-type: none"> • Description should be appropriate though it may be brief • Comparisons may be implicit, there may be little or no research cited. Comparison points will tend to be basic. <p>Limited evidence will be presented. Range of skills needed to produce effective writing is likely to be limited. There are likely to be passages which lack clarity and proper organisation. Frequent syntactical and/or spelling errors are likely to be present.</p>
Level 3	7-9	<p>Candidates' answers will show good knowledge with understanding of the focus of the question and will include some explicit comparisons.</p> <ul style="list-style-type: none"> • Explanation done well • Both similarities and differences are likely to be attempted, with at least one comparison elaborated. Some use of evidence <p>Points made may not be fully treated critically though there may be some evidence of judgement and of reaching conclusions where this is relevant. Use of a range of evidence. The candidate will demonstrate most of the skills needed to produce effective extended writing but there will be lapses in organisation. Some syntactical and/or spelling errors are likely to be present.</p>
Level 4	10-12	<p>Candidates will offer a response which is relevant and focused on the question, and addresses the main issues contained in it. Both injunctions are done very well</p> <ul style="list-style-type: none"> • Explanation thorough & wide ranging • Comparisons are likely to include both similarities and differences. If only similarities or differences then should show excellent breadth and depth. There will be some good use of evidence to substantiate the points made <p>There will be evidence of reasoned argument and of judgement when relevant to the question. The analysis will be supported by accurate factual material, which is relevant to the question. Good use of evidence. The skills needed to produce convincing extended writing in place. Good organisation and clarity. Very few syntactical and/or spelling errors may be found. Excellent organisation and planning. Given time constraints full marks must be given when the answer is reasonably detailed even if all the information is not present.</p>

Section B: Issues and Debates

Question numbers	General Instructions
Questions 6 – 8	Marking points are indicative, not comprehensive and other points should be credited. In all cases consider “or words to that effect”. Each bullet point is a mark unless otherwise stated and each point made by the candidate must be clearly and effectively communicated.

Question Number	Question	
6(a)	Describe the main features of observations as a research method.	
	Answer	Mark
	<p>An example can gain credit if it enhances the answer, however it must be appropriate – e.g. a study where observation is the primary research method, not a subsidiary technique - max 1 mark</p> <p>Features are those aspects which define observation as a method as opposed to other research methods. The answer should give a clear indication of the nature of the method.</p> <ul style="list-style-type: none"> • Categories of behaviour are decided upon by the researchers usually by running a pilot study/eq; • These categories need to be clearly explained so that others can code the behaviour observed/eq; • Observation may be overt or covert, in the former case participants will know they are being watched /eq; • Participants in overt observations are likely to have given consent whereas those in a covert observation may not /eq; • The observer may be a participant in the group or watch from outside the group, e.g. become a member of a gang and participate in their activities/eq; • If more than one researcher is involved coding of behaviours will be standardised between researchers by using practice items and correlating results/eq; • Observations may be totally naturalistic or be a structured observation where the situation is contrived in order to highlight a particular behaviour/eq; <p>Look for other appropriate marking points.</p>	(4 AO3)

Question Number	Question	
6(b)(i)	Explain one weakness of observations as a research method.	
	Answer	Mark
	<ul style="list-style-type: none"> • If the categories decided upon are not appropriate for the situation being studied the analysis will have no value/eq; • This could be because the categories are not clearly distinguished from each other/eq; • Participants who are aware they are being observed may display demand characteristics (1st mark) producing behaviour that is different to normal because they act in the way they think they are expected to/eq; (2nd mark) • If several researchers are coding the information they may have low agreement on the categorisation/eq; • E.g. One person's view of the degree of violence needed to count as a violent act may be different to another's/eq; <p>Look for other appropriate marking points.</p>	(2 AO3)

Question Number	Question	
6(b)(ii)	Explain how the weakness you have explained in (b)(i) could be put right.	
	Answer	Mark
	<p>If (b)(i) is blank but (b)(ii) suggests correcting an appropriate & identifiable weakness then full credit may be given. If the weakness in (b)(i) is incorrect but is a methodological issue relating to observations and is correctly remedied in (b)(ii) then max 1 mark</p> <ul style="list-style-type: none"> • A pilot study to try out the categories would enable researchers to check their appropriateness/eq; • They could then be modified to ensure they are alright/eq; • Using observations in a public place where people expect to be observed means they do not need to know/eq; • But because it is a familiar location behaviour is likely to be normal/eq; • It may be better to do covert observations where participants do not know they are being observed/eq; • This is likely to produce more natural behaviour increasing validity/eq; • Prior to conducting the research tests where all the researchers code the same piece of behaviour need to be done/eq; • Then results can be correlated to test for inter rater reliability/eq; <p>Look for other appropriate marking points.</p>	(2 AO3)

Question Number	Question	
7(a)	<p>A study was conducted into sleep deprivation in rats. The aim of the study was to see what happened if a rat was not allowed to sleep.</p> <p>Each experimental rat was paired with a control rat. Every time an experimental rat fell asleep they were woken up by being pushed into water. At the same time the control rat was pushed into water whether it was asleep or awake.</p> <p>The experimental rats that had been deprived of sleep suffered from many health problems and all died within a few weeks. The control rats however remained healthy.</p> <p>The researchers concluded that lack of sleep caused the health problems and death of the experimental rats, and this suggests that humans would suffer if they did not get enough sleep.</p> <p>Evaluate this study in terms of reliability, validity and generalisability.</p>	
	Answer	Mark
	<p>Max 3 marks if only one issue (R,V or G) addressed, max 5 marks if two issues addressed. All points must relate at least implicitly to the stimulus material, no credit for general points on R,V or G. No credit for ethical points</p> <p>Reliability</p> <ul style="list-style-type: none"> • As the control rats were dunked into the water at the same time as the experimental rats any effects from going into the water were controlled for, meaning that both rats of a pair had the same amount of potential distress/eq; • We have no way of knowing whether the rat pairs were really matched with each other so there could have been differences in vulnerability to sleep deprivation/eq; <p>Validity</p> <ul style="list-style-type: none"> • It may not be sleep causing the illness and deaths, it could be the stress caused by being dunked in the water when asleep as the control rats would be more prepared if they were awake whereas experimental rats were always asleep /eq; • Sleep deprivation caused health problems so it is reasonable to assume that the health problems were the primary cause of death. However if the rats' health could be maintained sleep deprivation alone may not cause death/eq; <p>Generalisability</p> <ul style="list-style-type: none"> • Just because sleep deprivation causes death in rats does not mean it can be generalised to humans as there are many differences between the species (1 mark) It may be that a similar study using primates would produce results that are more likely to be generalisable to humans (2nd mark)/eq; • Humans can understand the situation as it can be explained to them and therefore may be more able to cope/eq; • Evidence from case studies suggests voluntary sleep deprivation does not have such detrimental effects/eq; • It is unclear if sleep deprivation that did not entail constantly getting wet would have similar effects, even on rats/eq; <p>Look for other appropriate marking points.</p>	(6 AO3)

Question Number	Question	
7(b)	Describe ethical issues that researchers should take into account when undertaking psychological research using animals.	
	Answer	Mark
	<p>Ethical issues relating to human participants gain no credit Max 1 for stating at least three ethical guidelines/principles for use of animals (e.g. need Home Office Licence; use minimum number; ...). Each guideline/principle can be credited on its own if applied / explained / elaborated / an issue.</p> <ul style="list-style-type: none"> • Researchers have a duty of care and must ensure animals are not harmed unnecessarily/eq; • Animals must be kept in conditions appropriate for that species in terms of space/food/social requirements (any appropriate elaboration)/eq; • A species that is endangered should not be used unless it is research to directly benefit that species/eq; • The minimum number of animals necessary to gain valid results should be used/eq; • The benefit of likely findings should be weighed against any potential harm or distress to the animals and only if the likely benefits outweigh the costs should research be conducted (2 marks)/eq; <p>Look for other appropriate marking points.</p>	(4 AO3)

Question Number	Question	
8(a)	What is meant by ethnocentrism (ethnocentric bias) in psychological research?	
	Answer	Mark
	<p>An example can gain credit if it enhances the answer, max 1 mark</p> <ul style="list-style-type: none"> • Ethnocentrism is using one's own culture as the benchmark to judge the behaviour of those in other cultures/eq; • It means psychologists ignoring the views, values, language or culture of another society when conducting research/ interpreting findings/eq; • The predominant view in psychology has been white, male and mainly from the USA so creating bias towards other groups who share different values/eq; • Generalising the findings of a study/studies from one culture to all cultures without qualification can be seen as ethnocentric/eq; • For example views about the signs and symptoms of mental disorders in DSM are based on white male experiences/eq; • Work on Ainsworth's attachment types demonstrated that other cultures did not have the same balance as USA because they did not necessarily value the same things in their children/eq; <p>Look for other appropriate marking points.</p>	(3 AO1)

Question Number	Question	
8(b)	<p>Ethnocentrism can affect the way researchers interpret their findings.</p> <p>Assess how ethnocentrism may influence the conclusions of psychological research.</p>	
	Answer	Mark
	<ul style="list-style-type: none"> • Until recently there was little recognition of issues of ethnocentrism so much early research needs to be revisited as the original conclusions may not be valid now/eq; • Different cultural experiences mean what is seen as an issue in one culture may be viewed differently in another E.g. hearing voices is interpreted as a clinical symptom of schizophrenia in N America & Europe but ancestors or God communicating with you in other societies. This may mean that findings from one culture do not apply to another because understandings are different (2 marks)/eq; • Evidence suggests though some findings may be culture specific the underlying issues are the same, so schizophrenics in cultures where hearing voices is viewed as acceptable do have other bizarre behaviours that mark the individual out/eq; • Some research such as Milgram’s obedience study has been looked at cross culturally and found to produce similar conclusions in both genders and in many different places/eq; • The strange situation is an example of research that shows large differences according to the culture being studied, suggesting that comments on attachments are unlikely to be universal/eq; • Though cognitive functioning is generally seen to be similar in all societies the ability to assess such functioning may still be culturally specific/eq; • Judgements about attachment types found in the strange situation are based on the norms from N America, leading to bias against parental relationships in other cultures/eq; • Collectivist cultures value co-operation whereas individualistic cultures value competitiveness. This leads to different views on sportsmanship and achievement/eq; • Psychologists have tried to use the concepts of etic and emic (anthropology) to highlight the difficulties, however whether an etic approach can be neutral is controversial/eq; • Although a few researchers in the past have shown strong ethnocentrism (e.g. Eysenck on IQ) most try to be as culturally neutral as possible/eq; (1st mark) However it is probably impossible for someone to know whether they are being ethnocentric or not/eq; (2nd mark) <p>Look for other appropriate marking points.</p>	(6 AO2)

Question Number	Question	
*9 (a)	Describe the contributions to society of the Cognitive and Psychodynamic Approaches, and compare the two approaches in terms of their scientific status.	
	Indicative content	
QWC i,ii,iii	<p>Read through the whole answer before attempting to award any marks.</p> <p>Go to the content levels and award a mark appropriate to the content and quality of the answer.</p> <p>Once the content mark has been awarded refer to the structure levels and award those marks separately</p> <p>Descriptions</p> <p>NB: Contributions to society are more obvious from cognitive psychology – this should be borne in mind when judging balance</p> <p>Cognitive approach</p> <ul style="list-style-type: none"> • Cognitive therapy has been used to treat mental disorders such as depression by challenging faulty thinking (accept CBT)/ • This approach to therapy allows people to challenge their own way of thinking/ • The cognitive interview has been developed to assist police officers in gaining fuller and more accurate witness statements • By being more aware of memory processes officers are more likely to understand the importance of not using leading questions/ • Use of reconstructions to try and jog people’s memories for a crime relies on cue dependency theories • Understanding of cognitive development has allowed schools to provide more appropriate learning environments for children • Research into cue dependency problems helped improve the recovery of information from divers working on the oil rigs in the North Sea <p>Psychodynamic approach</p> <ul style="list-style-type: none"> • The introduction and development of psychoanalysis has opened the way for talking therapies as opposed to medical approaches • Many people have benefitted from the insights developed as a result of psychoanalysis • The explanations of gender development emphasises the importance of identification with the same sex parent • The importance of parental relationships in developing a healthy personality in young children originated with Freud • Freudian concepts about unconscious desires have been exploited by advertising agencies • Freud’s recognition of the use of defence mechanisms as a way of coping with unpleasant or threatening circumstances has enabled people to better deal with their anxieties 	

Comparisons

- The cognitive approach uses objective scientific methods such as experiments whereas the psychodynamic approach is more subjective and less rigorous/
- The use of the case study in the psychodynamic approach makes scientific rigour harder as there is little opportunity to compare results and produce a common standard. In contrast the cognitive approach tends to use experimental methods where data will be collected from many participants
- The use of psychodynamic therapies is now well established as a means of helping people though it still tends to lack verifiable evidence. In contrast cognitive therapies have evidence from studies assessing their effectiveness
- Understanding of the mind in the cognitive approach uses objectively collected evidence to support concepts such as STM & LTM whereas the psychodynamic approach holds unsubstantiated beliefs on the structure of the personality and mind
- Research by cognitive psychologists produces quantitative data that can be analysed using statistical tests whereas the qualitative evidence produced in psychodynamic research is not able to be tested in this way so lacking scientific status
- The insights gained by psychodynamic therapists are subjective and unable to be tested whereas cognitive therapists use objective measures to assess effectiveness of therapy
- Psychodynamic theorists argue that children develop their gender identity through the resolution of the Oedipus complex, which is a tautological argument whereas the cognitive approach argues that children learn their gender roles through learning and cognition which can be tested for cultural/social variations
- Assertions by the psychodynamic approach concerning unconscious explanations are not testable whereas the same phenomenon can often have an externally verifiable cognitive explanation
- Because cognitive explanations can be tested their reliability and validity can be assessed whereas the psychodynamic approach tends to be so idiosyncratic that it is common for example for different therapists to explain the same phenomenon in different ways, so there is little reliability and therefore validity is dubious
- Both use the case study, the cognitive approach to investigate brain damaged patients (e.g. Clive Wearing) to understand how the mind functions, the psychodynamic approach those with mental disorders to understand abnormality (e.g. Anna O)

Look for other appropriate marking points.

Level	Mark	Descriptor
Level 0	0	No rewardable material.
Level 1	1-3	<p>Candidates will produce brief answers, making simple statements, showing some relevance to the question.</p> <ul style="list-style-type: none"> • Contribution(s) to society by one approach only described <p>OR</p> <ul style="list-style-type: none"> • There will be a very limited attempt to make appropriate comparisons
Level 2	4-6	<p>Candidates answers are likely to lack balance and may have some elements either missing or weak.</p> <ul style="list-style-type: none"> • Contribution(s) by one approach described well, an attempt made to describe contribution(s) by the second approach • Attempted comparison of the two approaches <p>OR</p> <ul style="list-style-type: none"> • An attempt made to describe contribution(s) by both approaches • Comparison of the two approaches is done well <p>OR</p> <ul style="list-style-type: none"> • Contribution(s) by one approach described very well, an attempt made to describe contribution(s) by the second approach • No comparisons made <p>OR</p> <ul style="list-style-type: none"> • Contribution(s) by both approaches described well • No comparisons made <p>OR</p> <ul style="list-style-type: none"> • Contribution(s) by one approach described well • Comparison of the two approaches is done well <p>OR</p> <ul style="list-style-type: none"> • Contribution(s) by one approach attempted • Comparison of the two approaches is done very well
Level 3	7-9	<p>Candidates' answers will show some good knowledge with understanding of the focus of the question and answer both injunctions well.</p> <ul style="list-style-type: none"> • Contributions by both approaches described well, (one or more from each approach) may be a trade off between breadth and depth and one approach may be in more detail than the other • Some appropriate comparisons will be made though they are likely to be limited in scope (e.g. only methodological) <p>OR</p> <ul style="list-style-type: none"> • Contribution(s) from one approach is done well and the other approach lacks both breadth and depth, but the approaches are compared explicitly and appropriately.
Level 4	10-12	<p>Candidates will offer responses that are relevant and focused on the question, and address the main issues contained in it very well.</p> <ul style="list-style-type: none"> • Contributions to society from both approaches will be very well described, at least one from each approach. Balance breadth and depth within each approach so if more than one contribution in an approach less depth needed. • Comparisons will be explicit and based on a variety of scientific criteria such as methodology, objectivity & reliability

Structure levels

Guidance – 6AO2 marks rewarding structure and focus of description and evaluation using two approaches.

Level	Mark	Descriptor
Level 0	0	No rewardable material.
Level 1	1-2	<p>Response lacks focus and structure. Points are disparately made with little cohesion and flow. Some appropriate use of terminology.</p> <p>Little attempt at the analytical/evaluation demands of the question. The skills needed to produce effective writing will not normally be present. The writing may have some coherence and will be generally comprehensible, but lack both clarity and organisation. High incidence of syntactical and/or spelling errors</p>
Level 2	3-4	<p>Response is generally focused and cohesive but may be lacking in some evaluation and judgement as some points may be irrelevant to the overall structure.</p> <p>Points made are unlikely to be fully treated critically though there may be some evidence of judgement and of reaching conclusions where this is relevant. Use of some evidence. The candidate will demonstrate most of the skills needed to produce effective extended writing but there will be lapses in organisation. The response is presented in a legible style using appropriate terminology. Some syntactical and/or spelling errors are present.</p>
Level 3	5-6	<p>Response is coherent, well structured and focused</p> <p>The skills needed to produce convincing extended writing in place. Good organisation and clarity. Very few syntactical and/or spelling errors may be found. Excellent organisation and planning. Given time constraints full marks must be given when the answer is reasonably detailed even if all the information is not present.</p>

Question Number	Question	
*9 (b)	<p>Montbretia Lodge Nursing Home has several residents who are unable to live at home, but who still have lively, active minds and strong views. This can make this group of residents difficult to manage as they often disagree with staff, refuse to co-operate when told to do so and behave in ways that staff view as disruptive. The staff have asked the nursing home manager to help them implement psychological strategies to ensure the residents are more likely to do as they are told.</p> <p>Describe strategies based on psychological theory that the staff might consider using to gain control over the residents' behaviour, and assess both the practical and ethical implications of such strategies.</p>	
	Indicative content	
QWC i,ii,iii	<p>Read through the whole answer before attempting to award any marks. Remember this is an 'unseen' essay.</p> <p>Go to the content levels and award a mark appropriate to the content and quality of the answer.</p> <p>Once the content mark has been awarded refer to the structure levels and award those marks separately</p> <p>Description (working on the principle that it may be desirable to change such behaviour)</p> <ul style="list-style-type: none"> • A token economy programme could be implemented so that residents who were more co-operative got more privileges and/or treats • For example it may be that those who are not awkward get taken out on an extra day trip • They may try and reward co-operative behaviour and ignore awkward behaviour as it may be the attention that the residents crave • The nurses could try and increase the motivation of the residents to be cooperative by offering incentives as external motivators or thanking the residents when they are cooperative so improving intrinsic motivation • If the staff used punishment strategies they may be inclined to remove e.g. the opportunity to have a choice of activities to act as a disincentive • Anger management techniques such as modelling behaviour on 'good' residents may be tried • Staff could talk to the awkward residents, try to identify what makes them uncooperative and work with them to bring this dissatisfaction under control using anger management techniques • Sedative drugs may be prescribed to make the individuals more compliant with the staff • ECT may be considered as a means of enforcing compliance 	

Evaluation (given the suggestions described these points can either support a social control model or argue for the right of individuals to remain individuals) It is likely that candidates will address both practical and ethical issues.

- Token economies can be very practical as the staff would need very little training to be able to implement it successfully
- Token economies are generally quite straightforward to implement and oversee so results may be quite rapid
- However it may be seen as wrong to discriminate against a group of residents in terms of privileges merely because they wish to disagree about things
- Identifying the reasons for refusing to cooperate could be a better strategy as then any programme of action can be more closely targeted/can remedy the problems and not the behaviour
- Ignoring disruptive behaviour if it distresses the other residents may not be a practical proposition even though it may be best from the point of view of changing behaviour
- If the awkward residents feel they have justifiable reasons for their behaviour, techniques to manage their behaviour are likely to be fruitless anyway
- Furthermore if the residents perceive themselves as having justifiable reasons then it is unethical to ignore these views as residents do not give up their rights when entering a nursing home
- Sedating residents merely to make them compliant breaks many ethical guidelines/it merely masks the problem rather than solving it
- Drugs used in this way are merely a chemical cosh with no attempt to understand the issues
- ECT used in these circumstances could be seen as a punishment and as such is unethical
- There is also no evidence that it will improve behaviour in fact it might lead to brain damage
- Treatments that humiliate residents are seen as unacceptable by most of society as they infringe human rights
- Rather than trying to change the independent behaviour of the residents the staff should utilise this by asking them for their suggestions on improving the home, this uses the principles of superordinate goals (Sherif)

Look for other appropriate marking points.

Level	Mark	Descriptor
Level 0	0	No rewardable material.
Level 1	1-3	<p>Candidates will produce brief answers, making simple statements, showing some relevance to the question.</p> <ul style="list-style-type: none"> • Brief description of one or two psychological strategies may contain some inaccuracies • Any attempt at assessment will be largely commonsense with no evidence of psychological knowledge
Level 2	4-6	<p>Candidates will produce statements with some development in the form of application, with limited success. May not link directly to the source material.</p> <ul style="list-style-type: none"> • At least two strategies well described • Little or no assessment of the issues <p>OR</p> <ul style="list-style-type: none"> • Identification only (no description) of psychological strategies • A good attempt at assessing both the practical and ethical issues <p>OR</p> <ul style="list-style-type: none"> • One strategy described well, may mention a second strategy • Some assessment of either the practical and/or ethical issues
Level 3	7-9	<p>Candidates' answers will show some good knowledge with understanding of the focus of the question and will include appropriate assessments. Reference will be made to the scenario at least once.</p> <ul style="list-style-type: none"> • At least two psychological strategies described in reasonable detail (OR one in more detail than the other, balance breadth and depth) • Appropriate practical and ethical issues addressed • Some content will be contextualised within psychological theory and applications
Level 4	10-12	<p>Candidates will offer a response which is relevant and focused on the question, and address the main issues contained in it. Reference will be made to the scenario at least once.</p> <ul style="list-style-type: none"> • At least two psychological strategies are described in good detail • Assessment will include appropriate practical and appropriate ethical issues addressed well • Content will be contextualised within psychological theory and applications

Structure levels

Guidance – 6AO2 marks rewarding structure and focus of description and evaluation using two approaches.

Level	Mark	Descriptor
Level 0	0	No rewardable material.
Level 1	1-2	<p>Response lacks focus and structure. Points are disparately made with little cohesion and flow. Some appropriate use of terminology.</p> <p>Little attempt at the analytical/evaluation demands of the question. The skills needed to produce effective writing will not normally be present. The writing may have some coherence and will be generally comprehensible, but lack both clarity and organisation. High incidence of syntactical and/or spelling errors</p>
Level 2	3-4	<p>Response is generally focused and cohesive but may be lacking in some evaluation and judgement as some points may be irrelevant to the overall structure.</p> <p>Points made are unlikely to be fully treated critically though there may be some evidence of judgement and of reaching conclusions where this is relevant. Use of some evidence. The candidate will demonstrate most of the skills needed to produce effective extended writing but there will be lapses in organisation. The response is presented in a legible style using appropriate terminology. Some syntactical and/or spelling errors are present.</p>
Level 3	5-6	<p>Response is coherent, well structured and focused</p> <p>The skills needed to produce convincing extended writing in place. Good organisation and clarity. Very few syntactical and/or spelling errors may be found. Excellent organisation and planning. Given time constraints full marks must be given when the answer is reasonably detailed even if all the information is not present.</p>

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Order Code UA028582 June 2011

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