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Examiners' Report
June 2011

GCE Psychology 6PS04 01

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Introduction

The majority of candidates produced responses indicating good psychological knowledge and excellent preparation for the examination. Centres are clearly using the information provided by publication of examiner reports and mark schemes to target their teaching even more effectively. While this is really good to see it does produce one particular headache for examiners, how to differentiate between the candidate who has learned material well but does not really understand what they are writing about, and the candidate who both knows the material well and has that additional insight that has the potential to take them to a higher level. This paper had several questions designed specifically to try and discriminate in this way and it is inevitable that such questions will continue and may well increase. These tough questions are ones where very few candidates will gain a high mark, a *good* mark will be much lower.

As the synoptic paper it has a higher number of challenging questions than the other units, a good number of candidates demonstrated that they are able to meet this challenge. There were some answers which would not have shamed a finals student at the end of a degree course, such was the calibre of their answers. At the other extreme there were of course candidates who barely responded to any of the questions set. Papers and the way they are marked has to permit the best to shine out as the best, it would be unfair to such candidates to have a pronounced ceiling effect. Therefore it is inevitable that some of the marking decisions may seem tough, however the rationale for these judgements is to allow the best to be seen as the best as well as allowing others to also achieve.

The final essay question retained the feature of a choice between two titles, one 'traditional' and the other where candidates are asked to respond to a scenario, applying their psychological knowledge. This year the application question was much better done than in the previous paper, with more use of psychological theory and, in the better responses, inclusion of research evidence to support their suggestions. One hiccup that was encountered was when candidates had indicated one choice of essay and then written on the other topic. As essays are split into groups according to which box they cross this means an incorrect cross puts the essay into the wrong pool. Clearly everyone works to ensure no candidate is disadvantaged if this happens but centres could help a great deal by reminding their candidates that should they change their mind on the essay topic to remember to change the crossed box as well.

Question 1 (a) (b)

(a)

The most popular of the two therapies was 'care in the community'. A few answers described other therapies (e.g. token economy) thus gaining no credit. In general those who chose to describe care in the community were able to give more detail and therefore access more of the marks available. However answers that focused only on ACT as an example of care in the community were often more limited in their scope. Many answers spent too long focusing on why the therapy was used rather than describing what the therapy does. Marks for 'why' were limited as the question asked candidates to describe the treatment/therapy, not the rationale for it. A comment that will be repeated frequently in this report is that merely identifying something, in this case an aspect of the treatment/therapy, is not sufficient to gain credit when asked to describe or explain. For example stating that care in the community provided sheltered accommodation does not gain the mark until an elaboration such as 'where vulnerable people can stay and their welfare is monitored by support staff' is added. There were also some responses that relied on common sense answers rather than psychological knowledge:

e.g. family therapy is a therapy which involves the whole family.

Again this type of response is unlikely to gain credit whereas a more substantive comment:

e.g. the therapist probes members of the family to discover whether family relationships are making problems worse.

This gains a mark as it demonstrates psychological knowledge rather than just common sense.

(b)

Responses to this question again tended to be better for care in the community than for family therapy. Better responses cited research evidence to support the evaluation points made though sometimes points made tended to be repetitive or very general, thus limiting the marks that could be awarded. A significant minority seemed to produce a 'knee jerk' response when seeing the word evaluation, assuming that their acronym checklist of evaluation points should be applied. Thus such responses somewhat inappropriately made comments regarding reliability, validity and generalisability of the treatment. This clearly demonstrated that, while it can be extremely valuable to teach 'aide memoir' techniques, there are dangers unless the purpose is understood by the user.

This is a very thorough answer to question 1. The clips demonstrate how elaboration and evidence boost marking points to make them very secure.

- 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.

(4)

Care in the Community was developed to treat mentally ill patients in the community to avoid long term hospitalisation and institutionalism. The NHS produced a 'Spectrum of Care', which involves 24 hour sheltered accommodation (patients who cannot live by themselves or with family go to halfway houses, where specialist staff support them mentally and with day to day tasks) and job opportunities in sheltered social firms and cooperative businesses. Because patients would not normally be offered a job due to their condition, they can work in safe environments catered to their special needs. There is also specialist mental health outreach teams which provide counselling, and as a last resort, inpatient hospital care can be provided.

(b) Evaluate the treatment/therapy you have described in (a).

(4)

Traver et al (2001) studied a patients a year after they had been discharged from hospital and found that whilst their symptoms were the same, their quality of life improved. Leff (1997) found that schizophrenics in long term sheltered accommodation made more significant progress than those still in hospital. However, often there is a lack of communication between services involved, meaning people may get different advice from different people. There is



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Part a shows how rich, detailed information can be used to answer the question. The impression is of good knowledge well applied. Part b shows good use of research evidence. Findings from two studies are followed by a comment without a source, however the strength of the preceding comments helps as it has created an impression of good knowledge and understanding. In addition this is a well known evaluation.



ResultsPlus Examiner Tip

Always elaborate description points and provide some evidence for evaluation points to make it more likely a point will gain a mark.

- 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.

(4)

Family therapy is a method of group therapy in which a whole family attends. Sessions are typically between 45-90 minutes and on average people have 5-20 sessions. They aim to help families work together to overcome problems they are facing. It doesn't place the blame on one particular member, instead it gives everyone a chance to discuss their problems and listen and understand each other, resulting in a better relationship.

Sessions alter depending on each family, all involve talking and some involve other things, e.g. family therapy with young children may involve drawing and roleplay.



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Examiner Comments

One of the problems with this question was the focus by many candidates on why rather than what.

- 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.

(4)

Family therapy is based on the key assumption that mental illness doesn't affect individuals, the responsibility of caring for a mentally ill person negatively affects the whole family. A family therapist will meet all members of the family (that are willing to be involved) and will observe their relationships, as opposed to focusing on the patient. A family therapist may present situations or arguments (possibly ones previously held by the family) and will aim to show the family more appropriate methods of dealing with these issues. The emphasis is not on placing the blame on any one family member.



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Examiner Comments

This clip shows how the candidate clearly explains what someone may experience if they attend family therapy. However in the first part of part (a) there is more emphasis on why family therapy occurs, only in the second part of the clip does the answer focus on what happens. This is part of an answer that gained full marks, and could have got more if marks had been available.

This answer to part (b) using family therapy shows how, even without citing research valuable evaluation points can be made.

However family therapy it may be detrimental to the family if a particular member feels that they are being blamed/criticized. Also, Family Therapy demands the whole family attend and ~~are~~ are enthusiastic about being there, which is a ~~practical~~ practical concern. Family therapy is not considered a 'stand alone' therapy as it is made up of many forms of treatment, this suggest it may only be ~~possible~~ ^{expected} when accompanied



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Examiner Comments

The first three lines of the clip make two separate but related points. Neither is sufficient on their own to gain a mark, but put together they become creditworthy. In contrast the second part of this clip shows how a well developed point can be rich enough to be awarded a mark



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Examiner Tip

Make sure that points made are either supported with evidence or fully developed so that you gain a mark for your efforts

Question 1 (c)

Many candidates engaged well with this question, entering into the spirit of the question in both the content and style of the response.

This was a 'think on your feet' question, though it was clear from the majority of responses that candidates could engage with the question.

There were some excellent responses to this question with job descriptions including suggestions such as devising and monitoring support programmes and holding case meetings to discuss client progress. Many formatted the question in the style of a 'job spec'. However some responses were unable to apply knowledge of the therapy to what a therapist or lead worker would do, describing the tasks a non-professional care worker may do such as daily cleaning, cooking and shopping or just reiterating the therapy programme.

This question could be answered in several ways. It required the candidates to think what was required for the therapy that they had described in the earlier part of the question.

(c) 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.

For **one** of these programmes, write a job description for the role of the person/therapist who will be employed to run the programme.

(3)

Programme *Family therapy*

The therapist must be able to understand other individuals thoughts, empathise with others who are suffering from mental disorders and help to create a suitable treatment of therapy based around that individual and also their family. They will have to have the right balance between communicating with the family and the individual about private issues, they should try not to be too invasive. They shouldn't cause distress to the patient or operate too much social control. Also they shouldn't discuss patient history as this should be kept in confidentiality.



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This is a really thoughtful answer. The response shows that the candidate has really tried to address the issue of what qualities would be needed to deliver the therapy effectively.

It was important in this question that responses reflected the type of role requested, i.e. a lead worker/therapist. The managerial aspect of the role is evident here. Clearly in many occupations it is necessary to do other tasks from time to time, many recognised this by commenting on the need to be flexible, however 'pitching in' to help out is different to a core duty. It was important that responses reflected this.

field of mental health.
Applicants must be able to enforce and
over-see the management and effectiveness
of the ~~for~~ work being done, such as
judging housing, rehabilitation and getting



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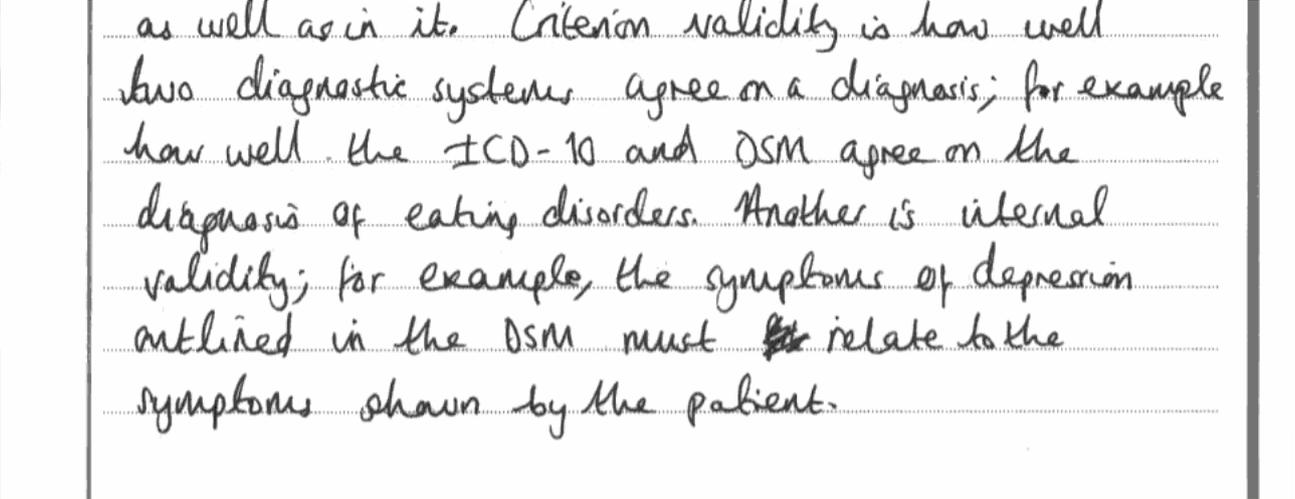
While some aspects of this answer are rather general it clearly identifies that this is a lead worker/therapist rather than an assistant as the managerial tasks and broader understanding that would go with those roles are evident.

Question 2 (a) (b)

(a) There were a number of responses where reliability was described rather than validity as requested by the question. This is a perennial problem and one that is difficult to solve as separating out the two concepts can be very tricky. There were also a good number of responses that gave a very basic definition, not even related to mental disorders such as 'it's when something does what it says it does'. Such basic general responses do not receive credit. Unfortunately some excellent answers limited their marks by failing to include any form of example. This means there were relatively few responses gaining full marks for this question.

(b) There were many good responses to this question. Many were able to cite research to substantiate a reliability point, a validity point and a cross cultural issue in diagnosis, for the most part evidence was used effectively though some expended too much effort on describing the study rather than focusing on the findings needed to back up the point being made. Several candidates used Rosenhan's study here, not always correctly. It may be worth emphasising during teaching that Rosenhan's study found that diagnosis was generally reliable, the problem was that the diagnoses made were not valid.

This response shows how by following a simple strategy the candidate can garner a very good mark



as well as in it. Criterion validity is how well two diagnostic systems agree on a diagnosis; for example how well the ICD-10 and DSM agree on the diagnosis of eating disorders. Another is internal validity; for example, the symptoms of depression outlined in the DSM must ~~be~~ relate to the symptoms shown by the patient.

(b) Using psychological research, evaluate issues in the diagnosis of mental disorders.

(4)

Cooper et al found that New York psychiatrists were twice as likely to diagnose patients in a clinical videotaped interview with schizophrenia whereas British psychologists were more likely to diagnose the same patients with depression. This shows poor inter-rater reliability ~~is~~ between British and New York psychiatrists in diagnosing disorders. Nichelle et al found that the Great Ormond Street system ~~had~~ ~~greater~~ ~~applied~~ made more accurate diagnosis of eating disorders in children than the DSM. This study has application in showing the DSM has poor criterion validity in diagnosing eating disorders.



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Examiner Comments

This candidate leaves nothing to chance, every point made is accompanied with an example related to mental disorders. Criterion validity has a particularly rich example which means it gains two marks and a third mark for the internal validity. In part b the evidence is used well, the findings are given, then what this means is clearly explained.



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Examiner Tip

Always develop a point thoroughly to ensure it gains credit

Question 3 (a)

While there were only a small number of responses that failed to gain any marks for this question there were many that only scored one of the two marks available. Marks were limited for one of two reasons. Firstly the responses that gave a basic definition such as data that has been previously gathered by another researcher, secondly the responses that gave an inappropriate elaboration. Typical of such inappropriate elaborations were those that gave content analysis as an example of secondary data, which it is not, or who cited potential sources of secondary data as the internet or newspapers. Given such sources can produce both primary and secondary data some qualification is needed to be sure the candidate understands the nature of secondary data.

While this question is only for two marks many missed out on the second mark through lack of elaboration.

3 (a) As part of your course in clinical psychology you will have prepared a leaflet in which you have used secondary data.

What is meant by secondary data?

(2)

Secondary data is a 2nd hand analysis of
primary data in order to answer a ^{different} ~~different~~ question
from that in the ^{original} ~~origi~~ research.



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Examiner Comments

This is a very succinct answer. Two marks in under two dozen words!

Question 3 (b)

This was generally a well answered question with many responses identifying an appropriate strength and an appropriate weakness. However a significant number of responses failed to gain all four marks as they did not explain the the answer sufficiently. That secondary data is quicker and cheaper to obtain than primary data is not an explanation in itself, what is required is to explain why it is quicker and cheaper. This type of question is likely to be marked more rigorously in future examination series with no credit being given for identifying the strength/weakness at all.

This example uses the most popular strength and weakness and does it very clearly.

(b) Explain one strength and one weakness of using secondary data in psychological research.

(4)

one strength of using secondary data in psychological research is that it's cheap. As the research has already been carried out, researchers don't need to spend money conducting their own research; it's already available to them. However, one weakness of using secondary data is that it may not be valid. As the content was intended for a different purpose this may affect the validity & credibility of you using them for the aim of your research.



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Cost saving as a strength is elaborated as to why it is a strength. Similarly the weakness is appropriately elaborated.

Question 4 (a)

As this is a study that centres must cover during the course it is not surprising that there were many excellent answers, with relatively few responses producing inappropriate material (e.g. procedure). However, because it is studied in detail it is expected that responses will be reasonably detailed and accurate. It was disappointing to see errors such as 'all pseudo-patients were diagnosed with schizophrenia'. Currently such questions will receive a mark once a reasonably accurate and specific point is made. Marks may also be awarded if there are a number of poorly developed, somewhat inaccurate but nonetheless relevant points made. It is possible that in the future it may be necessary to modify such questions further to avoid a ceiling effect on marks. Teachers and lecturers can add the weight of the examination report to their voices when reminding candidates that a study in detail means precisely that.

- 4 (a) Describe the findings (results and/or conclusions) of the study by Rosenhan (1973) 'On being sane in insane places'.

(4)

Rosenhan's pseudo-patients were kept in institutions for an average of 19 days, the shortest stay being 7 days and the longest 52. He found that 7/8 pseudo-patients were diagnosed with schizophrenia in remission, and 35 out of 118 other patients in three of the hospitals were suspicious of the pseudo-patients. He concluded that the staff and doctors could not determine the sane from the insane, and so therefore DSM may not be a valid method of assessing mental health.



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The first mark comes for the range and mean length of stay for the pseudo-patients, the second mark for the information on their diagnosis. (Obviously this is not quite right as it wasn't in remission till they were discharged). There is a third mark for the suspicious patients comment, again shows good detail. The final sentence has a mark for the first conclusion then the second conclusion on whether DSM is valid for assessing mental health is worthy of a mark but slightly weak as it doesn't give the relevant version of DSM. Given that the diagnosis comment was not quite correct this boosts an 'iffy' 4 to a very secure full mark answer.

Question 4 (b)

In general this was a well answered question with many responses showing an excellent level of knowledge and understanding. Nonetheless there were relatively few responses that were able to gain all the marks available, three marks being the most typical mark, this was because points were either not developed sufficiently or were evaluating DSM, not the study. There was evidence of some points having been learned and reproduced without comprehension. Some points were sufficiently incorrect to suggest a fundamental lack of understanding, e.g. identifying and evaluating the study in terms of the pseudo-patients being the participants.

In contrast to question 1b where the evaluation prompts tended to hinder rather than help this was a question where the prompts clearly helped candidates.

(b) Evaluate the study by Rosenhan (1973) 'On being sane in insane places'.

(5)

Because of the range of hospitals used, the study can be said to be generalisable (12 hospitals in 5 different US states). Since there was 8 patients in 12 hospitals, the study was repeated several times and always gave the same results. Because of this replicability, the study can be seen as reliable. Apart from giving a few false details to protect their confidentiality and claiming to hear voices at the start, the rest of the information and behaviours of the patients is true as they were acting as themselves in the hospital, which makes the study more valid.

However, the validity can be compromised by the fact that the study was based on lies. It is perhaps unsurprising that the patients were diagnosed as having schizophrenia as hearing voices is a common and main symptom, and that the nurses 'found' pseudo-patients as they were told they would be there. The study may not also be applicable nowadays as since the study was conducted hospital practices have changed and there is now more focus on care in the community than there was in the 1970s.



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This answer gives a series of well developed and accurate points. Generalisability, reliability and validity are all competently covered in the first paragraph. It is always pleasing to see higher order evaluation, where an evaluation point itself is evaluated, as in the second paragraph. This is a particularly rich and detailed comment and worth more than a single mark. The applicability of the research today is relevant, though perhaps not a very strong point, however it is sufficient to ensure this answer gains full marks.



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A good strategy is to see if an evaluation point can itself be evaluated - this can work as elaboration, or if there is enough to say even gain an extra mark.

Question 5

This could be answered by using two explanations from the same approach (e.g. genetics and dopamine hypothesis) or by using explanations from different approaches. In general those who chose the latter route found it easier to accumulate enough material to gain a good mark. The most popular explanation was the biological approach, some only considered dopamine or genes, others used both as 'a biological explanation'. The comparison explanation was likely to be either cognitive or social with relatively few from either the learning approach or the psychodynamic approach. The greatest problem with this question was that a very large number of responses having given one explanation for schizophrenia as requested then proceeded to give a second explanation before going into the comparison. This was not required, was unnecessary, wasted valuable time and detracted from the final answer. Many answers that included a second description produced a very short comparison section, so limiting themselves to a maximum of 6 marks (level 2) and had a page of often excellent description which got no credit.

Of the various individual explanations offered in response to the question the dopamine hypothesis was done best, followed by the genetic and cognitive explanations. In both cases the explanation was usually well detailed and included evidence for the explanation, which in this type of question can gain credit as part of the explanation. The least successful explanation tended to be 'social breeder'. It is clear that most candidates do not understand the explanation at all, those who instead had learned the same material as 'the social explanations of social drift and social causation' were likely to produce a much clearer and better structured explanation. Social explanations were the least likely to include any evidence from research.

There were relatively few responses that produced good comparisons. Comparisons tended to be fairly brief and often made assertions with no supporting evidence. Comparison points were often limited to the nature-nurture aspects of the explanation, might include a comment on the methodology and rarely implications for treatment.

Some responses showed clear evidence for a preprepared essay. Typically one explanation was described then evaluated, this was then followed by a second explanation also described and evaluated. Such responses show the disadvantage of this strategy, particularly as examination papers increasingly ask questions with a different slant.

In this essay the initial choices of which explanation to describe and which to compare it with should be done with care. The explanation needs to be one that can be done in enough detail to ensure a good standard of description. The comparison choice needs to be able to provide enough comparison points and sufficient elaboration to fulfill this aspect of the essay.

dopamine in the mesolimbic pathway is said to result in positive symptoms of schizophrenia, whilst too much in the mesocortical pathway produces negative symptoms. These symptoms could also be the result of slow re-uptake of dopamine receptors or not enough receptors present. The dopamine hypothesis is supported by studies into drug therapy for schizophrenics, as the drugs often use antagonists which reduce the



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This clip from a description of the dopamine hypothesis shows how a series of very quick, related points can be produced. In this type of question evidence can be included to boost the descriptions

is that the biological theory focuses on ~~the~~ schizophrenia being due to our nature as it refers to the effect of neurotransmitters on our bodies which are things we are born with and cannot control. The social explanation, however, focuses on our nature as it states that our environment as

~~found that~~ a Pederson found that the longer a child spends in the lower social class, the more likely they are to develop ~~schizophrenia~~ schizophrenia, which supports the idea of social causation. A study by Donnely found that ~~the~~ schizophrenics had increased levels of homovanillic acid, ~~in their~~ which is a chemical produced when dopamine is broken down suggesting they have increased dopamine levels. This supports the dopamine

hypothesis can be tested using objective and scientific methods such as MRI and PET scans and animal studies. These are objective as the results ~~or~~ do not need opinion to be interpreted and as they are conducted in a lab, there is tight control over variables increasing the validity. The social causation theory, on the other hand, can only be tested using results from statistics, ~~rather~~ longitudinal studies or naturalistic observations. All of these may be affected by extraneous variables as they involve ~~watching~~

recording things that happen naturally, which means there is little control. This makes the methods less valid.

Both theories have been used to develop treatments. Conversely, the biological theory ^{theory} ~~theory~~ ^{has} ~~have~~ been used to develop drug treatments that help to lower dopamine levels and the social causation has helped developed care in the community treatments to help people in society. This is a similarity of the two.

Overall, the two explanations differ in their approach to understanding the illness but similarities can be seen in their application to real life and ^{supporting studies} ~~support~~. (Total for Question 5 = 12 marks)



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These clips show how a comparison point is made between the two explanations then in the following paragraph evidence for each side of the argument is produced to add weight to the argument. This is an example of the level 4 markscheme point "There will be some good use of evidence to substantiate the points made"



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Examiner Tip

When comparing try and elaborate comparisons enough to show good understanding. This helps to avoid spurious comparisons which are unlikely to gain credit.

Both explanations demonstrate a belief that discrepancies and abnormalities within the brain are the cause of schizophrenia (as previously stated ~~see~~ the biological approach sees neurotransmitter imbalances and gene mutations as to blame, whilst 'faulty thinking' can only come from brain processes such as the actions of neurons, a belief exhibited by Frith and Done into the visuo-spatial capabilities of schizophrenics, which showed they were less able to correct errors whilst following a target with a joystick than non-schizophrenics.

However, whilst ~~biological~~ the biological explanation gives these nature factors as a cause of schizophrenia, the cognitive approach still accepts that childhood experiences may have some role in causing faulty thinking, a nurture aspect of psychology which stresses another difference between the Biological and Cognitive explanations of schizophrenia.



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This paragraph shows rich, well supported arguments for the comparison between biological and cognitive explanations

Question 6 (a)

Very few responses to this question gained full marks. There seemed to be a genuine lack of understanding of what the main features of observations might be. Key elements such as producing a list of defined behaviours, tallying for quantitative or writing descriptions for qualitative data were omitted in favour of prolonged explanations of the distinction between overt and covert as well as participant and non-participant observations. The need to discriminate between those who limited themselves to these two distinctions, and those who genuinely described the main features meant that, for example, only one mark was available for a description of overt-covert, however detailed it was.

The comparison between this question and the type of responses produced when a similar question is asked about the experiment as a research method is marked. Responses that only described the distinction between laboratory, field and natural experiments would not be expected to gain many marks, yet this is analagous to the overt-covert, participant-non-participant type of description that was prevalent in responses this time round. Knowledge of a study that uses observation as its main research method (e.g. Ainsworth or Charlton et al) could be useful throughout this question. However it is important to realise that describing the study will not, in itself, gain credit.

Some candidates did produce a level of knowledge and detail commensurate with what would be seen if the question had asked about experiments.

SECTION B: ISSUES AND DEBATES

Answer Questions 6, 7 and 8 and then EITHER Question 9(a) OR Question 9(b).

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

6 (a) Describe the main features of observations as a research method.

(4)

Observations can be covert when the participant is unaware they're being observed or overt when they are aware of this. The researcher may set up a task or situation in a lab for the observation or they may go to the participant's natural environment. The researcher will operationalise the participant's behaviour by dividing it into categories. The researcher will then tally the behaviours. A tally may be given for every occurrence of the behaviour or for every interval of time, e.g. five minutes, where the behaviour occurs. If there are more than one people tallying then inter-rater reliability can be measured.



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This answer includes categories, event sampling and time sampling, all core elements of observations yet omitted from the majority of answers. The comments on overt-covert, structured-naturalistic and multiple observers added to the richness of an excellent answer.



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The features of a research method are (a) what make it different to other methods and (b) what you would need to know about in order to undertake the method. Include both set-up and data collection methods as these are both essential features.

and conclusions being drawn from this. Covert observations mean that the participants are unaware they are being watched, the opposite is overt observations in which the participants are aware they are being watched. Participant observations mean the researcher is part of the group. Non-participant mean that the researcher is not involved and watches from afar. Naturalistic observations are when the participants ~~later~~ are not given anything to do ^{and go} ~~and go~~ about their lives as normal. Structured observations involve the participants being watched whilst



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This shows a typical detailed response that focuses on just one aspect of observations as a method, thus limiting the marks available. There is no information on what would be done once the situation was set up in marked contrast to the other response.

Question 6 (b)

(i) While most responses identified an appropriate weakness relatively few explained it, therefore limiting themselves to a single mark. Popular weaknesses were the effect that knowing about the observation may have on the behaviour of participants or the ethical implications of a covert observation.

(ii) In general this was better answered than the weakness as more responses offered appropriate elaboration. Nonetheless the most frequent mark was one, as most candidates could identify a means of putting the weakness right but failed to give the extra detail needed for the second mark.

This question can be tackled in a variety of ways. This example looks at a weakness in the design whereas the second example considers a weakness in the data collection. Unless a particular type of weakness is requested by the question either these, or ethical issues are equally OK.

(b) (i) Explain **one** weakness of observations as a research method.

(2)

If participants notice the observer making notes about their activity they may alter how they behave, this may be unintentional, but it will affect the results and so results will be ~~invalid~~ ^{no be valid}.



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This shows that full marks can be gained even without the jargon. The weakness is identified then a clear explanation of why it is a weakness.

(b) (i) Explain **one** weakness of observations as a research method.

(2)

A weakness of observations is that it ^{may} involve a researcher/s interpreting the behaviours subjectively which may lead to bias results as the researcher/wants to find results that they were expecting.

(ii) Explain how the weakness you have explained in (b)(i) could be put right.

(2)

The weakness of bias could be put right by using many observers that have a list of behaviours that need to be looked for. This is done and then the results that are common between the researchers will be counted as ^{the} official findings. This is known as inter-rater reliability.



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(i) A clear and detailed explanation of a weakness, good elaboration for two marks (ii) Not only does the answer explain how the weakness can be rectified but even names it. Again well elaborated for another two marks.



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In a two part question always choose the first part with an eye on what can be said in the second part.

Question 7 (a)

This was a challenging question for several reasons. Firstly, it was a question where a preprepared answer did not work. Secondly, to gain marks the candidate had to engage directly with the stimulus material. Thirdly, the candidates also had to bear in mind they had been asked to address three specific elements in their evaluation and finally the question was for six marks which meant that quite a lot of points needed to be made to gain a high mark.

Responses did in general show a reasonable understanding of the terms reliability, validity and generalisability. Unfortunately knowing what the terms meant did not necessarily mean that a relevant point would be made. While many responses correctly covered the issue of good controls permitting replication and thus being able to consider the results as reliable the issue of validity was not as well considered. It is an interesting issue what the 'natural' environment of a laboratory rat might be. It may be as appropriate to consider a sewer or the countryside as the natural environment of a lab rat as it would be to consider the African savannah to be the natural environment of a modern urbanite.

This was a very synoptic question as it demanded a range of skills to be applied rather than a regurgitation of facts memorised. Some responses did show evidence that candidates had read the stimulus material then applied the understanding of evaluating research studies they had acquired during the course. As an example such answers tackled the issue of whether the control condition was an appropriate control and whether there may have been alternative/ancillary reasons for the results gained. In contrast at the other end of the scale there was little comprehension of the function of a control group.

Finally there were a number of responses regarding generalisation where evidence used was of dubious accuracy, often because there is fundamental disagreement in the literature. The percentage of genes in common between all mammals is very high and in itself unlikely to be grounds for generalisability. However there are many similarities and differences which can be explored and where there is clear cut evidence for these similarities and differences, for example cognitive functioning, percentage size of neo-cortex, omnivorous species, reasoning.

The answer to this question needed to be tailored to the material provided rather than a general commentary on animal experiments.

The issue of generalisability can be argued either way, however any statements made to justify the stance need to be accurate. .

Evaluate this study in terms of reliability, validity and generalisability.

(6)

We cannot generalise the results of the study to humans as the study uses rats and there are notable differences in brain structure of ^{humans} ~~humans~~ and animals. Also animal behaviour is considered to be simpler and less complex than humans as a result we cannot generalise the results to humans. The study therefore lacks population validity as it cannot be generalised to the target population of humans.

As the study uses rats in a lab setting with controlled variables and uses a control group of rats and the use of standardised procedures means that the study can be repeated which means that it is reliable.

Due to the study being in a controlled lab context and both the control rat and sleep deprived rat were treated the same (both pushed in water). This means that the study gains internal validity as it can establish cause and effect as apart from the independent variable the rats were treated identically, this means that we can establish cause and effect.

It proceeded control results with all the rats deprived of sleep dying after a few weeks this consistency suggests reliable results.

The experiment was conducted in controlled conditions using standardised well documented procedure - e.g. both rats rotate and fall into water therefore the study gives experimental validity



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Examiner Comments

Each of these points refers specifically to the study that is being evaluated and each point is relevant. This response shows understanding of the function of a control group and is able to develop the point to good effect. This answer focuses on the information given rather than bemoaning the lack of information, so makes a pertinent comment on reliability followed by one on validity. Both are appropriate, both are contextualised and therefore both are creditworthy



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Examiner Tip

Stimulus material provided in an examination question cannot be comprehensive. It is reasonable to assume the examiner has put into the stimulus all the information required to produce an effective answer so focus on what is there rather than what is not there.

In terms of generalisability rats share similar biological structures to us meaning in terms of generalising animals to humans they are probably the most valid. However humans are much more complex, e.g. the outer layer, the cortex, of our brains is much larger than other animals meaning can't completely generalise findings to humans.



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Examiner Comments

The contrast of similar biological structures with the complexity of human and rat brains is well used here on the generalisability point

Question 7 (b)

While there were relatively few responses that were incorrect e.g. listing human ethical guidelines, there were also very few good responses to this question. Many candidates produced a list thus gaining a single mark. The question requested the candidates to describe the ethical issues, thus rather than stating that distress must be kept to a minimum or that housing and feeding should be appropriate for the species the response needs to give more detail.

It is worth emphasising that the question does refer to psychological research, and while this is always interpreted liberally points made that are not about research that could possibly be psychological in context are unlikely to gain credit. Many responses raised the issue of the use of appropriate species, which is potentially creditworthy, provided it is correctly elaborated. However it is not the case that it is prohibited to use endangered species under any circumstances as research designed to benefit such a species would be deemed appropriate.

To gain marks for individual issues they needed some elaboration rather than merely stating a guideline.

(b) Describe ethical issues that researchers should take into account when undertaking psychological research using animals.

(4)

Researchers should always ensure that any harm or distress caused to animals is balanced out by the importance of the knowledge gained from it. They should always try to cause as little pain and distress to animals as possible, and only when there are no other alternatives. Researchers should take into account the animal's natural environment and social grouping and try to house them appropriately, e.g. alone or in groups. Only competent, licenced psychologists should ever carry out studies using animals, especially ones that cause harm and distress. Need a Home Office Licence to cause harm to animals.



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Examiner Comments

The cost-benefit issue is summarised well then elaborated with the pain, distress and alternatives comment gaining 2 marks. The housing comment again is well considered. The competence point is less well made but sufficient. The final comment would not have gained credit as it is not given in enough detail.



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Examiner Tip

Brief remarks/identifications tend to be grouped as a list mark. Typically three identified items will gain a single list mark. Expand each identification with some detail to gain three marks.

Question 8 (a)

The prevalence of responses that included concepts of prejudice and stereotyping suggested that ethnocentrism is not a well understood concept. While many responses were able to gain a mark for some reference to own culture influencing understanding the second and third marks proved rather more elusive. The most likely other points made were the notion of cultural superiority creating bias in research, though this was rarely well explained, and the provision of an example.

The best way to tackle this question was to start with a clear statement of the basic definition that can then be elaborated.

8 (a) What is meant by ethnocentrism (ethnocentric bias) in psychological research?

(3)

Ethnocentrism is seeing and evaluating another culture in terms of the norms and ~~and~~ values of your own culture. Ethnocentric bias is when the results of an experiment are thought to be applicable to another culture when really ~~the~~ the results can't be generalised. Cultural differences are not considered and a biased one-sided view of human behaviour is thought of. Generally, the first world of psychology ~~is~~ has been criticised as being ethnocentric as they believe that western research can be applied to all cultures.

(b) Ethnocentrism can affect the way researchers interpret their findings.



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This is a very clear explanation of ethnocentrism. The two sides of seeing others in 'your terms' and applying 'your findings' to all others gain a mark each. The third sentence on cultural differences is relevant, though not well elaborated but the final sentence nails the third available mark as it is a very nice elaboration of previously stated material.



ResultsPlus Examiner Tip

Three marks - say three things - each clearly - and well elaborated - for three marks

8 (a) What is meant by ethnocentrism (ethnocentric bias) in psychological research?

(3)

Ethnocentrism means viewing your own culture's ways as 'correct' and therefore other cultures as wrong. It can mean looking at cross cultural research but without any idea of ^{cultural} ~~cultural~~ relativity.

It can also mean applying your own frame of reference to research from a different culture.



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Examiner Comments

This answer uses the value system, issue, lack of cultural relativity and interpretation using 'your own culture' for three marks. The cultural relativity point is quite a sophisticated one and rather nice to see.

Question 8 (b)

The favourite areas of research used to answer this question were attachment as measured by Ainsworth's strange situation, obedience studies, diagnosis of mental disorders and normality. Many responses spent a great deal of effort on describing details of the research before getting to the relevant material on why there may be an ethnocentrism issue. Those who understood the concepts of etic and emic and used them appropriately were most likely to gain higher marks. A few responses raised the issue of cultural immersion as a means of trying to deal with the issue, often citing Malinowski's research. Others cited cross cultural research which does recognise cultural differences as being guilty of cross cultural bias, e.g. Jahoda.

As ethnocentrism permeates much of psychology it is an area where candidates may well benefit from an exercise involving identifying an example of a theory or study from each approach and each application that is ethnocentric.

This question is highly synoptic so there is likely to be a blend of evidence from across the whole specification as well as the small amount of material new in Unit 4.

further leads to the ideas of 'imposed etics' where by a culturally specific practice can be ignored by researchers as a result of their own cultural 'filters', leading to ideas from the west being imposed on other countries. Therefore ethnocentrism in terms of 'imposed etics' can affect research by inappropriately generalising ideas from one culture to another. Additionally, ethnocentrism can lead to ~~psst~~ cultural 'tools' such as an IQ test to be imposed on other cultures who may not be familiar with the ~~test~~ methods, and therefore failing to perform well as well as those who are familiar.

(Total for Question 8 = 9 marks)



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This shows good use of the imposed etic concept. It is explained, applied and then finally leads into an appropriate example, garnering marks all the way.



ResultsPlus Examiner Tip

Technical terms *correctly* applied are a good way to boost marks.

This is a very different way of tackling the question using specific examples to illustrate issues.

(b) Ethnocentrism can affect the way researchers interpret their findings.

Assess how ethnocentrism may influence the conclusions of psychological research.

(6)

Hearing voices in one culture may be seen as connecting with spirits, but in another culture would be seen as a symptom of schizophrenia, due to the different ethnocentric bias of cultures.

Cooper found that New York physicians were more likely to diagnose schizophrenia as UK physicians, showing that depending on the culture, different conclusions can be made.

Cinderella and Loewenthal found that ~~people~~ Hindus and Jews feared being misunderstood. This could be because of the ethnocentric bias UK psychologists and doctors have, meaning they will interpret things based on their culture.

Stowell-Smith and McKewen
~~Stowell-Smith and McKewen~~ found that focus in
white patients was on their trauma and emotional state, whilst
black patients focus was whether they were a potential threat to
others. This shows ^{ethnocentric} bias, such as that blacks are more violent than
whites, can affect how diagnosis are dealt with.

• Germans raise their children to be more independent,
for example Grossman found there were mostly type A children
when using Mary Ainsworth's attachment type. A ethnocentric
bias ~~is~~ from England could be that German parents are strict and
cold towards their children, ~~therefore~~ explaining why there are more
type A, ignoring the fact they are raised more independently.



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Two clear comments, one using evidence from clinical research the other material covered in child psychology showing how the synoptic paper draws on material from across the specification.

Question 9 (a)

This was the more popular of the two essays, probably because candidates saw it initially as a 'familiar' title. However this was a demanding essay which required candidates to produce a variety of skills which they would not have put together in quite this combination during revision. This meant that many responses failed to achieve higher marks as they did not adequately address the question. It is worth noting once more that this is a question set to make the prepared answer less able to be used, success on this question required candidates to identify the three elements then balance the requirements to produce an appropriate essay.

Contributions to society from the cognitive approach tended to centre around eyewitness testimony, the cognitive interview, revision techniques based on levels of processing and cognitive behaviour therapy. In general these were well understood but there was a tendency to spend a lot of effort describing the intricacies of the contribution rather than producing a resumé. Nonetheless there were many very good descriptions of the contributions of the cognitive approach.

The contributions of the psychodynamic approach were not dealt with as effectively as those of the cognitive approach. Psychodynamic therapy was very popular and in general done well, similarly the use of dream analysis as therapy. Another popular choice was the explanation of gender development, however responses here often failed to conclude the description appropriately as there was no indication of why this was a contribution just a description of the Oedipus complex. Some responses mistakenly claimed false memory syndrome as a contribution to society from the psychodynamic approach.

A few responses that had described contributions appropriately merely evaluated each approach briefly, however most of the responses did try to compare the two as requested. Popular comparisons were on the basis of methods used for research, paradigms and their testability, falsifiability and the objectivity – subjectivity aspects of the approaches.

The way to do well on this essay was to describe the contributions without describing the research behind the contributions. All that is needed is a reference to the relevant research/theory when needed. This response does that really well.

past issues that affect people in society and unmasking our unconscious mind and see what is affecting us.

Another contribution to society is that it ~~helps~~ has helped us understand why people act in particular ways such as displacing anger onto those who have not angered them, being mean to gay people for not much reason other than that person is gay themselves, why we ~~are~~ forget unpleasant memories etc, all are defence mechanisms as proposed by Freud when

Also, from studies of ~~memory~~ such as Craik and Tulving, ~~shows~~ psychology has contributed data based on levels of processing information (structural, phonetic, semantic) showing semantic is the greatest level to aid recall. This alongside state/context cues again has been applied to people studying for exams to make it easier to recall information by processing it originally on a greater level. Also by rehearsal it to gain access in the long term memory store (known as revision) which is proposed by the multi-store model.

However, both theories are based on the brain, its structure and activity. Cognitive in regards to memory stores, memory paths, processing etc and psychodynamic in regards to the ~~the~~ conscious/unconscious structure and how it works with the rest of the brain etc. Therefore both are quite similar in ~~that~~ a way that the theory itself can be applied ~~to~~ ~~the~~ all across human kind as we essentially have the same biological

structure. This provides us with the ~~ability~~ ^{and it is deterministic} ability to predict ~~something~~ ^{something}, making it scientific.



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Examiner Comments

The first part here shows the end of the contribution of psychoanalysis, explaining precisely why it is seen as a major contribution. The response then considers the understanding of the role of defensive mechanisms. In the second section the contributions of cognitive psychology are being described. The response does not waste valuable time describing a study rather just identifies the relevant study and why it provides evidence of a contribution. The third section shows an interesting and appropriate comparison on the role of the brain in the two approaches, showing that even approaches so far apart do share some aspects of science.

Comparison is often seen as the hardest type of evaluation. However it can be done well, even under examination conditions.

The cognitive approach is likely to be seen as more scientific than the psychodynamic approach for many reasons. Firstly, the hypothetico-deductive model of thinking is a process by which a theory is produced typically through a scientific experimental thinking. The cognitive approach theories are more scientific in that they are based on topics that can be tested however it is still difficult to measure them. In the other hand

however the psychodynamic approach is very unmeasurable. Its theories such as the psychosexual stages of development are not based on any science and can't be proved.

Using this it can be said that the cognitive approach is more scientific than the psychodynamic approach. This can also be shown through its use of experiments compared to case studies which aren't scientific in the psychodynamic approach. Measurable tests are used in cognitive, for example brain scans were completed to determine the working of the brain when the participants was doing simple memory tasks. Psychodynamic is based upon theories all developed by Freud.



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Examiner Comments

The comparison here is dealt with in some detail. The preamble on hypothetico-deductive reasoning contextualises the testability of cognitive theories and makes it a richer comparison with the psychodynamic theories comment. Without the context this would have been a much weaker point. The comparison of case studies with experiments is an appropriate comparison (despite the fact that case studies occur in cognitive psychology). However at the end of this section the answer falls away when measurable tests are compared with 'theories all developed by Freud', a somewhat spurious comparison.



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Examiner Tip

Make sure that essays are balanced by keeping an eye on how much time and writing goes into each of the components of the essay

Question 9 (b)

While this was a more straightforward essay it is the unprepared application question. It was noticeable that some responses indicated that even by the end of the essay the candidate had still not realised it was a social control essay. In contrast some candidates identified it as such in their introductory remarks.

The most popular strategy to be described was token economy. Other strategies were drug therapy, aversion therapy, CBT, anger management, authority figures to promote obedience, superordinate goals and breaking down in and out groups. In general the chosen strategies were well described, there tended to be good detail mostly well tailored to the question. However a significant number of responses only described one strategy, thus limiting the number of marks available, similarly there were a number of responses that drifted off into comments more appropriate for the use of token economy in prisons, aversion therapy for alcohol addiction and so on.

The question asked for an assessment of the strategies described on the basis of both practical and ethical issues. The responses here were very variable, again this was a challenging task as candidates had to tailor the evaluations they made to the scenario given. This is particularly daunting if trying to make these evaluations for people who are probably sixty or seventy years older than the typical candidate so it was pleasing to see how well some managed this. The best responses rejected many of the strategies as inappropriate and often continued to argue whether it was appropriate to even attempt to change the behaviour of the residents. From a practical perspective the usual evaluations of cost, convenience and effectiveness were considered with the more astute answers recognising that the evaluation of TEP ceasing to work when leaving the institution was not an appropriate one to make given the scenario. Sadly many of the responses here were just too brief and too narrowly focused to push the answer into the upper level.

This particular essay provided information on no less than four different strategies. Each was described, in various degrees of detail then they were all evaluated together for practical then ethical considerations. Others described and evaluated each strategy in turn. Either way is equally acceptable

The controlling of behaviour through drugs as a disruptive resident may appear to be suffering from stress related illness, so drugs can be prescribed to calm the behaviour in the ways that the staff desire. In addition to this, the implementation of a Token Economy could have a significant effects on the behaviour of the residents. By targeting those who appear the most disruptive, and offering rewards for positive behaviour, and the removal of ~~rewards~~ rewards for "bad" behaviour, the staff should see an increase in their desired behaviour. This could have effects, on the

to boost their self esteem. If the staff can ~~some~~ begin to make the residents identify with the staff, the "us against them" mentality will break down, and they will differentially associate with the staff (provided they have enough influence on the residents).

practical
However, there are some serious implications of this sort of ~~the~~ action, such as the training required to implement Token Economy programmes as well as making all the staff aware of the psychology behind them. Also, the behaviour which the staff will

Furthermore some people are less susceptible to these methods than others, as shown by the difficulties in conditioning neurotic extremist criminals. Ethically, there are also issues with the practitioner exerting power over vulnerable patients to control how they behave. The token economy in particular is open to abuse from the staff using it to deprive human rights and also the residents in creating a "black market" in the secondary reinforcers used. Thankfully however, black markets are only typically seen in prisons. Another issue is what will happen when the token economy programme finishes, and residents are no longer awarded reinforcers for their co-operation? As they are no longer being conditioned this behaviour could become extinct, however studies such as Cohen and F. Litzak have shown potential for people to carry on the behaviour as it appeared self-rewarding, which may also apply in this case.



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Examiner Comments

In the first section here the response suggests the use of drug therapy and explains why this may be appropriate, this is followed by token economy as another suitable method. The second section is explaining the role of social identity as a means of dealing with the disruptive behaviour. The answer then goes on to evaluate all the methods suggested for both practical then ethical considerations.



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Examiner Tip

Always read questions carefully, if something is plural - e.g. strategies there will be a penalty if only one is attempted.

In common with many responses this essay challenged the basic premise of the question of 'gaining control', pointing out that a more productive and ethical route would be to address either the reasons behind the 'disruptive behaviour' or looking at the thought processes that may be creating it.

CBT from the cognitive
~~Pre-arranged~~ approach may be the most ethical
and effective strategy to adopt to achieve control
over the residents as it may simply improve the
resident's thoughts to both one another and the staff

and any change can come from inside themselves
rather than a manipulative outside force or factor.



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Examiner Comments

This final comment on this essay was typical of many of the very thoughtful ethical points made by the candidates. It was good to read so many responses that showed real understanding and sensitivity towards a potentially uncomfortable topic.

Paper Summary

- Candidates will be able to improve their marks on individual questions by:
- Ensuring a descriptive point is fleshed out with detail
- Using psychological examples to make a point clearer
- Using research studies to make at least half of their evaluation points
- Avoiding the use of pre-prepared answers

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