

Examiners' Report
June 2016

GCE Psychology 6PS04 01

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Introduction

This was the final full year for the 2008 A level specification, with the series next summer being offered to allow re-sits to take place. With the excellent standard of teaching and the careful attention both to published mark schemes and examiners reports, candidates are now generally very well prepared for the examinations.

Most candidates showed good knowledge of psychological theory and were able to make statements demonstrating that they had acquired a sound understanding of the material covered. The staff involved in delivering the course are to be congratulated on their ability to prepare their candidates so effectively. The vast majority of candidates had worked hard and prepared well for the examination.

The most probable reason for candidates not gaining as many marks as they may have hoped, is that they did not attempt all components indicated in a question. It behoves all candidates to read questions carefully, and to check that every part is included somewhere in the response.

Question 1a

Candidates were asked to describe the social norms definition.

While almost all candidates could give a correct, basic definition, some found the need to expand the response, to achieve four marks, daunting. Responses usually alluded to a variety of qualifiers, such as historical, situational, or age-related, contexts.

However, examples of behaviour that go against social norms, in the context of mental health, were often very weak. Candidates need to be aware that to gain credit an example should be relevant to the context of the question. In this case, examples were required that related to a contravention of a social norm that is, or was, perceived as being mentally abnormal.

This answer gives a definition then explains context, culture and historical aspects of the definition, with some appropriate examples to enhance the response.

1 (a) Describe the social norms definition of abnormality.

(4)

Abnormal behaviour is actions/behaviours that don't follow social norms and patterns e.g. graffiti or walking nude. Context of the situation affects what we consider abnormal behaviour e.g. wearing a bikini to the beach is normal but not on the beach isn't. Over time cultural norms change therefore the definition of abnormality changes e.g. being gay in the past was considered abnormal but now is normal. Definitions also vary culture to culture e.g. in the west hearing voices in your head is a symptom of schizophrenia whereas in other cultures it is not a mental disorder but a spiritual connection.



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Examiner Comments

This response gains all marks available.

It always has in view the concept of the social norm. The bikini example does not gain credit because it is not an example that matches with abnormality in the mental health sense of the term.

However, the rest of the material is accurate, relevant and in sufficient detail to gain all of the marks available.

4 marks



ResultsPlus
Examiner Tip

Make sure that you can differentiate between alternative theories or explanations, otherwise you may lose valuable marks.

Question 1 (b)

This question asked candidates to evaluate the social norms definition of abnormality.

While most candidates could gain two marks, the remaining two marks were often harder to achieve. A substantial minority of candidates confused the statistical definition with the social norm definition, evaluating the former, rather than the latter. For example, candidates commented that a behaviour was rare (statistical) rather than unacceptable to most people (social).

Other candidates made correct, but extremely brief, comments such as "it's unreliable as it changes over time". In such cases, the lack of an example or qualification meant that the point gained no credit.

This is a good, clear response that makes several different points evaluating the social norms definition.

(b) Evaluate the social norms definition of abnormality.

(4)

This definition takes into account ~~the~~ factors that dismissed by the statistical definition and therefore explains why an "abnormal" (by statistical definition) IQ of 130 is still seen as desirable and not abnormal.

However ^{by} this definition, abnormality differs with every culture so there is ^{no} universally accepted definition which may cause problems with diagnosis.

Cultural interpretations of what is being measured" also different and can be subjective.

Some people may not be breaking any social norms but may still be suffering from a serious mental health disorder so this definition is not helpful in highlighting those who require assistance.

There is no single cut-off point as there is in that statistical definition. therefore Taking other factors into account makes it a holistic definition.



ResultsPlus Examiner Comments

Full marks are achieved in this response. Note that five different evaluation points are made and potentially could have been gained, were five marks available.

The middle point, while brief, is correct and makes the point that it is a subjective definition, thus securing the mark.

4 marks



ResultsPlus Examiner Tip

When evaluating, try to make each evaluation point detailed enough to ensure that it will gain credit.

Question 1 (c)

Explaining two symptoms of schizophrenia seen as abnormal in the social norms definition, proved quite difficult for many candidates. While many were able to describe two symptoms very well, the majority were unable to contextualise it within the social norms definition.

The use of hallucinations as one of the symptoms tended to divide responses into two, clear categories. Those responses that were accurate would give a brief description of hallucinations as a symptom, and then explain that hallucinations were seen to contravene social norms, because their presence makes people feel uncomfortable.

Other responses would again describe hallucinations, and then state that hallucinations are rare in society. While the rarity is accurate, it is not correct as a link to the social norms definition, and thus did not receive credit.

Some responses described auditory and visual hallucinations as two, separate symptoms. They did not receive credit for both, because hallucinations affecting the senses are subsumed under the one heading in psychology literature.

(c) Explain **two** symptoms of schizophrenia that could be seen as abnormal behaviour using the social norms definition of abnormality.

(4)

One symptom of schizophrenia that could be seen as abnormal behaviour is ~~irrational~~ and nonsensical speech and writing. This means letters and words are often jumbled up in a sentence, and the individual is often speaking so fast that this happens while speaking. This would be seen as abnormal as the social norm of course includes the ability to speak and write in a manner that makes sense. Another symptom of

schizophrenia is ~~the~~ having hallucinations. These may be auditory or visual, ~~that~~^{where} an individual may see things that aren't there, or hear a third person voice commenting on themselves or commanding them. This would be considered 'abnormal' to society's norms in the UK + USA as the general healthy public do not experience either of these, and they often cause distress to the individual.



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Examiner Comments

In both cases, a symptom is described accurately, then linked correctly to the social norms definition.

4 marks

Question 2

This question required reference to primary and secondary data. Although they were not mentioned directly, there was a very strong hint to this effect. Furthermore, the contextualisation of the question placed it firmly in the clinical sphere, with clinical psychology using hospital records. Thus, if the response did not refer to some aspect of clinical psychology – such as hospital records, patients, or disorder – there was a maximum score that could be obtained.

Because the question did not name primary and secondary data, points made regarding qualitative and quantitative data were also accepted, although primary and secondary data are specified within clinical psychology.

This is a response that gained full marks and demonstrated one way of answering the question.

While most answers were likely to give evaluation points about primary data followed by evaluation points about secondary data, this answer combines the two, making a rich and well-developed response.

- 2 Researchers in clinical psychology often use hospital records as part of their data collection. They may also collect data directly from their participants.

Explain why different types of data are used **and** evaluate the use of these different types of data.

(6)

These types of data are primary and secondary data. They may ~~use~~ ^{produce} primary data in order to get information unique to their aim of their investigation as secondary data may not contain the specific type of data they are looking for.

They may use secondary data because it is cheaper and ~~is~~ less time consuming than carrying out new ~~experiments~~ studies to find information.

A strength of primary data is that you conduct the study yourself and are therefore able to know how valid ~~or~~ and reliable your ~~results~~ results are whereas with secondary data you may not know how the study was conducted

A weakness of primary data is that it is time consuming and expensive to carry out ~~an~~ an entirely new study, which delays the researcher in their work.

A strength of secondary data is that there is a lot of information available such as hospital records that can be ~~se~~ interpreted for a study.

A weakness of secondary data is that there may not be information that can be directly applied to your study, which means interpretation is needed. This may lead to bias if the meaning of the secondary data is ~~sub~~ subjective.

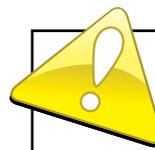


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The first six paragraphs are each worth one mark, taking the total to six marks. The term 'hospital' in paragraph 5 (first word on the second page of the response) is sufficient to link to clinical psychology and make the whole mark scheme available.

The last paragraph would gain a further mark, if one were available.

6 marks



ResultsPlus Examiner Tip

Make sure that you encompass the material from both stem and question into the response, otherwise you may limit your marks.

Question 3

The majority of responses evaluated an explanation for either unipolar depression or *anorexia nervosa*. There were some candidates who wrote about phobias, and a very small number who discussed the other disorders on the list provided in the question. Explanations were varied. A small percentage of candidates gave merely the explanation (AO1), although the request was an *evaluation* of the explanation (AO2).

Many candidates limited themselves by not using research evidence, or not giving a comparison with an alternative explanation.

Some of the best answers were for the monoamine explanation for depression, and the learning explanation for anorexia. Usually, these cited relevant research, both supporting and refuting the explanation. About two-thirds of the candidates achieved the middle range of marks in a challenging six-mark question. They demonstrated a good understanding of the demands of the question, and an ability to marshal the facts and evidence effectively.

Each point is well developed in this response. In particular, the comparison is made and then developed, earning two marks for the comparison. This is relatively rare in candidate responses.

3 Choose **one** of the following disorders that you have studied in your course:

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

Using research evidence, evaluate one explanation for your chosen disorder.

You must also evaluate this explanation by making **one** comparison with a different explanation.

Disorder: unipolar depression

Psychodynamic

Explanation: Cognitive explanation

(6)

~~The cognitive explanation of unipolar~~

Klein et al ~~showed~~ ~~and~~ found that dependency

on others, low self esteem, not feeling good

enough are all commonly found ~~and~~ ~~of~~ in

those who suffer from uni-polar depression

(^{U.P} ~~U.P~~ depression). This ^{gives evidence} ~~cross~~ to the idea of the neurotic

parents, pressuring their child and making them feel as

though they're not good enough and the child striving

for perfection.

→ Maier and Lochman carried out research and found a strong link between loss in early childhood and depression in adulthood. This gives evidence to the explanation of how loss in childhood and the fear of rejection can lead to ~~depression~~ depression in adulthood as the ~~adult~~ child blames themselves for the rejection.

→ ~~This is the psychodynamic explanation can explain~~ However, the cognitive explanation would see that depression is due to an adult having negative thinking patterns, ~~but it is~~ It is similar in that it sees that these negative thought patterns are due to having negative schemas which are built from past experiences of the world, ~~This is similar in that the psychodynamic~~ for example negative experiences in childhood. This is similar as both explanations see ~~the~~ how early ^{negative} childhood experiences can have a detrimental effect on your mental health.

→ The psychodynamic explanation is criticised for being non-scientific, as there is no way to measure ~~how far~~ loss, and it cannot be sure that this is what causes the depression. It could be a series of experiences in your life that lead to depression, not just loss, and feeling inadequate as a child.



ResultsPlus Examiner Comments

This response achieves all six marks.

It demonstrates a very effective method of answering this type of question. Each point is well developed and ensures that, as requested, it includes both research evidence and a contrasting explanation.

6 marks



ResultsPlus Examiner Tip

Make sure a point is developed sufficiently, to ensure that the mark is secure.

Question 4

This question required candidates to describe the procedure of a clinical study and then to evaluate the research method used.

- (a) The most popular responses were for Mumford & Whitehouse, Brown, and Goldstein (1988). In general, the description of the procedure was well done, although some candidates included an aim or results, that did not gain credit. A lack of accurate detail was the most usual reason that a response did not gain full marks.
- (b) Candidates were asked to evaluate the main research method used in the study from part (a). There was a significant minority that insisted on including material that was, in fact, an evaluation of the *study*, rather than the *method*. However, most candidates made a good attempt at evaluating the method.

Identification of the main method was interpreted quite broadly, but even so, there was a small number of candidates who did not match appropriately, such as by evaluating a laboratory study after having described eg Goldstein (1988). It was clear that, for a small number of candidates, the need to identify and evaluate a research method, from a study they had learned about in detail, was too demanding.

This response uses Mumford & Whitehouse. It gives a clear resume of the method and then uses questionnaires as the main research method.

For this particular study a decision to focus on the latter part of the study, and choose interviews, was also acceptable.

- 4 (a) Describe the procedure of one study in Clinical Psychology. Do **not** use Rosenhan (1973) for this study.

Name of study: Mumford and Whitehouse

(4)

559 girls from four schools in Bradford took part in this study. 305 were white girls and 204 were Asian. Each girl was given a 26 question eating questionnaire and a body ^{shape} questionnaire. If girls scored above 20 on the eating test and above 140 on the body shape questionnaire, they were called for interview. The interview asked about eating history. 32 white girls and 22 Asian girls were called for interview. Afterwards, a diagnosis was made as to whether the girls had anorexia or not.

include closed questions that produce quantitative data. This data type is measurable and objective and therefore reliable. Questionnaires can be very easy to distribute and can be given to a ~~mass~~ large sample. ~~Therefore~~ However, there can be a low response rate as many can ignore the questionnaire if not done face to face. 6 questionnaires were discarded in this study due to incompleteness.

Questionnaires can also be subject to social desirability effects. Therefore the data lacks validity as it is not true of the participants normal behaviour or answers.

Questionnaires are also interpreted by researchers to draw conclusions and therefore can be subjective causing unreliable findings.



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Examiner Comments

(a) Marks are given for:

- A correctly described sample
- A description of the questionnaires
- An explanation of how the results of the questionnaires were used to produce the sample for phase two
- An explanation of what happened in phase two

(b) Marks are given for:

- Open-ended questions leading to qualitative data
- Closed questions and quantitative data
- Poor return rates
- Social desirability issues

The points relating to ease of sending out a large number of questionnaires, and subjectivity in interpretation by researchers, were not developed sufficiently to gain a fifth mark.

8 marks

Question 5

The clinical essay asked candidates to describe and evaluate the learning approach therapy.

There were approximately two-thirds of candidates who used token economy and one third who used systematic desensitisation. In general, those who chose systematic desensitisation were more likely to achieve high marks. This was because the description and evaluation tended to be focused on phobias. Too many of the essays that chose token economy described and evaluated the use of token economies in prisons, and were thus limited to a maximum of three marks.

There was a better standard of description of the therapies than has been the case in the past. Evaluation was often good, but some candidates did not make any comparison with a psychodynamic therapy, again, limiting the number of marks awarded, in this case, to six marks.

This response gained full marks. It demonstrates a good knowledge of token economy as a therapy, as used in clinical psychology.

***5** You have studied one therapy from the Learning Approach, either Token Economy or Systematic Desensitisation.

Describe **and** evaluate this therapy. Your answer must use research evidence **and** contain one comparison with a therapy from the Psychodynamic Approach.

(12)

Token economy programmes are a form of behavior modification and can take place in schools/prisons/mental hospitals. They involve staff making a list of desirable behaviors they want patients to demonstrate, such as maintaining hygiene/cleanliness, following rules, cooperating, etc. If a patient demonstrates a behavior they will receive a token as a secondary reinforcer, which they can then build up and eventually exchange for a personally desirable reward (a primary reinforcer) such as a private room, a day trip, watching TV, etc. Some behaviors may be more desirable than others, such as rule following and therefore are worth more tokens. Staff ~~can~~^{can} make these tokens for these behaviors more difficult to achieve to emphasize the reinforcement of the appropriate behavior - for example, they may ~~make~~^{encourage} patients to demonstrate they are rule following multiple times in a day/quiet time period. The aim of the

Programme is to shape and reinforce the patients' behaviours and reinforce more positive, appropriate and socially acceptable behaviours that will ensure normal functioning in society. The programme should eventually make the patients demonstrate appropriate behaviours naturally and automatically so tokens are no longer needed to reinforce them.

Azin + Azur introduced Token Economy Programmes to a psychiatric ward of women with chronic schizophrenia. The tokens with the aim of ~~tokens~~ ^{tokens} ~~involved aimed~~ changing their behaviours such as aggression and incompetence to more appropriate such as work and self care. Within 20 days, the women were ~~showing~~ ^{showing} 40 desirable behaviours, thus supporting the effectiveness of the token economy programme in ~~teaching~~ ^{reinforcing} appropriate behaviour, especially for those with illnesses, such as schizophrenia, which may find normal functioning difficult. However, some research has found that token economy programmes have problems with training and maintaining desirable behaviour post treatment.

The short term treatment of token economy programmes is one of the program's ^{most} ~~big~~ ^{major} ~~critical~~ ^{criticisms}. There have been problems with patients relapsing ~~and~~ ^{leaving} ~~one~~ ^{one} ~~treatment~~ ^{treatment} and returning to society, suggesting that the therapy is ineffective when ~~tokens~~ ^{and} reinforcement are taken away. However, for those that don't ~~relapse~~ ^{relapse}, token economy programmes have been found effective in ~~as~~ ^{rehabilitating} people back into society to lead normal lives again. ~~On one one test, four patients have been~~

found. For example, there is an ethical issue of the programme has also been found to be beneficial for the staff providing the programme as well as the ordering of the environment in which it is taking place in (hospital/prison, etc). This is because patients are cooperating with staff and helping maintain the hospital/prison. However, it has been argued that the programme benefits the staff more than the patients. Token economy programmes have been criticised for social control, whereby staff are controlling the patients' behaviour rather than reinforcing them. The staff choose which behaviours the patients should be demonstrating regardless of whether the patient finds it difficult or not. The staff also control the desirable and undesirable ~~status~~ of tokens and can punish patients if they don't demonstrate their given behaviour. The programme also has to take place in the hospital unit, where patients eat, live or receive the treatment and this also means the programmes can't be run in the patients' homes, for example, post-treatment, where they may need it in case of relapse. However, the programmes are easy to run and cost-effective as they don't require trained ~~professionals~~ ^{professionals} or equipment.

As a comparison to token economy programmes, dream ^{analysis} ~~analysis~~ has also been considered an effective treatment in clinical psychology. Dream analysis involves a therapist and client discussing the client's dreams in order to uncover an unconscious problem that is causing their disorder. This

therapy doesn't modify the client's behaviour - it simply allows a patient and therapist to consider current, individual/personal associates and symbols in the dreams to uncover a latent content (an underlying meaning to a dream) to help increase an unconscious insight. Both the client and therapist have verbalise what they discuss and interpret. Meaning it can be seen as a more verbal therapy than token economy due to verbalisation.

(Total for Question 5 = 12 marks)



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Examiner Comments

The description of the therapy references clearly use within hospitals. Although rather brief, there is sufficient accurate detail to meet the Level 4 criteria for description.

The evaluation is excellent. The candidate uses Allyon & Azrin well, gives a range of other evaluative points, and effectively contrasts TEP with dream analysis.

12 marks

Question 6

This question differentiated well between the more able candidates. Less able candidates did not address either part (a) or part (b) effectively.

- (a) Although this asked for a contribution from one of the Unit 3 options, there was no list reminding candidates of the topics. Whether or not this contributed to the considerable minority who wrote about a contribution from the AS section of the specification, is unclear. However, answers that focussed on contributions from the approaches, or key issues, rather than contributions drawn from Unit 3, were common.

There was a high number of poorly-focussed responses, even when the contribution identified was appropriate. Understanding autism, which had the potential to be an appropriate contribution to society from the Child Approach, rarely gained marks, because what was written was either not a contribution to society, or was untrue. For example, sadly, research into autism has not stopped discrimination, although a better understanding of the disorder may, in time, do that. Nor is the extreme male brain explanation a contribution to society: rather, it is a contribution to psychology, or the understanding of the disorder.

Since the introduction of the contributions to society with the curriculum 2000 specification, questions such as this have been particularly challenging.

Better responses tended either to be lessons for society regarding relying on eyewitness testimony as evidence, or the effect of Bowlby's work on child care/hospital regimes. Dealing with drug addiction was the most likely application from health psychology.

- (b) Many candidates did not include any research evidence in their assessment of the usefulness of the contribution, thus limiting the number of marks available for this question. It was also commonplace to see responses that evaluated research related to the contribution, but did not address how useful the contribution was.

While almost all responses with a good part (b) had written an effective part (a), the reverse was not the case.

In part (a), this response states that better and more effective daycare has become established, as a result of psychological research. It also explained that good quality daycare has long-term beneficial effects. This was used as an excellent starting point for part (b).

- (b) Assess the usefulness of the contribution of the Unit 3 application you have described in part (a). You must use psychological research in your answer.

(4)

~~At~~ Campbell followed 104 poor African-American children and studied the effects of daycare had on the children. They found that ~~see~~ academic and cognitive abilities that children gained from daycare persisted until the age of 21. Research suggests that children from disadvantaged backgrounds

benefit greatly from daycare as it provides them the education and opportunities they may not receive at home, it also allows parents to work and improve financial situations. Daycare allows children to mix with other children from different backgrounds/cultures which leads to children having a better understanding of the world. Daycare encourages self-confidence. Belsky maintained that daycare during the first year can be very damaging ~~for~~. Belsky also stated that lack of interaction between child and mother can lead to insecure attachments. The NICHD study suggested that early continuous daycare led children to be disobedient and aggressive. The EPEE project showed that children who attended ~~to~~ daycare had higher maths and literacy score even at the end of Key Stage 1



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Examiner Comments

This response uses a suitable amount of research and each point made links with evidence as to why it is useful. This is the most effective way of answering such questions.

It is not essential that every point is tied to research, because often, additional points flow from a research-based point and do not require additional research commentary to make the point effectively.

6 marks

Question 7 (a)

While many responses were able to describe two different features that can justify calling psychology 'scientific', most were unable to elaborate either of the features sufficiently, to achieve the third mark.

Popular features included:

- reliability
- the scientific method,
- falsifiability
- the collection and analysis of quantitative data.

In common with most successful responses to this question, the answer is written such that it separates the two features being used. The first sentence is not creditworthy because it does not answer the question.

7 (a) Outline **two** features of psychology that support the view that it is a science.

(3)

Psychology uses scientific methods to gather scientific evidence. For example brain scans are used to see difference in brain structures to explain behaviour, psychometric tests produce objective data to assess behaviour and other empirical methods are used.

Psychology creates hypotheses based on theories and tests them out using experiment that provide result that allow hypotheses to be falsified or verified showing that aspects of psychology are falsifiable. ~~the fact~~



ResultsPlus
Examiner Comments

There is one mark for the concept that psychology produces objective, empirical data (paragraph one). The information on brain scans in itself, is not creditworthy because no method, in itself, is a feature demonstrating the scientific credentials of psychology. It is the way that a research method is used that makes it scientific.

The second paragraph receives two marks because it takes the idea of being able to create and test hypotheses, and develops it well.

3 marks

Question 7 (b)

This question asked candidates to consider the scientific credentials of the biological and social approaches and was often well answered. Many candidates achieved half marks or more.

The most usual reason for underperformance was the lack of research evidence to support the assertions made.

There was a range of issues showing how both approaches could be considered scientific, or less scientific. Weaker responses tended to make inaccurate statements that dichotomised the approaches, such as commenting that a biological approach collects quantitative data, whereas a social approach collects qualitative data.

This response gained all five marks available and demonstrates a systematic and effective way of answering this question

(b) Explain whether the Biological Approach is more scientific than the Social Approach in psychology. Use evidence to support your case.

(5)

The biological approach is more scientific than the social approach as it uses more scientific research methods such as animal studies, PET scans and MRI scans to look at behaviour. These research methods involve the manipulation of the IV, tight controls of extraneous variables and standardised procedures which makes them easier to replicate and test to see if findings are replicable. Eg. Pfeiffer transplanted testes onto female rats with no gonads and found that they became to act more masculine. This supports the idea that hormones play a factor in gender development.

The biological approach has research evidence to support its theories. For instance, the David Reimer testimony against Dr Money concluded that our genetic make-up determined our gender development and can override any social influences on behaviour. This makes the approach more scientific than the social approach.

However, both the social approach and biological approach can use subjective research methods to help explain behaviour. For instance, observations and case studies are used, which can be subjective as findings and behaviours

often need to be interpreted by the researcher, which makes it hard to replicate, thus not scientific.

On the other hand, the social approach does use laboratory, field and natural experiments to test for obedience. The use of laboratory experiments ensures that cause and effect can be established by manipulating them, the situation and other extraneous variables. Therefore, the social approach is equally as scientific as the biological approach.

The biological approach is more scientific because its concepts are measurable. Gender development is explained through the role of genes, hormones and brain lateralisation, which can be scientifically tested. However, in the social approach, Milgram's agency theory is unmeasurable. It is impossible to find out whether a person is in an agentic state or an autonomous state as brain scans cannot identify these areas, thus making the social approach less scientific and reliable.



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Examiner Comments

The first paragraph claims more scientific methods for the biological approach, with evidence, and receives a mark.

The response continues by contrasting examples of methodology that can be used to substantiate the views of the two approaches. This response is particularly rich, because it shows how both the biological and the social approach have evidence that makes them more, and also less, scientific.

Finally, the quantifiable and measurable nature of much biological evidence, against the nebulousness of the social concepts, is considered. This makes a well-balanced and comprehensive response to this question.

5 marks

Question 7 (c)

This question asked candidates to select two studies, using different research methods, that could be deemed as scientific.

Given the question, and the freedom of choice it offered, it was very disappointing to see a substantial minority of candidates selecting studies that did not fulfil the criteria successfully. In general, if suitable studies were selected, candidates were able to gain at least a mark per study by explaining how the research methods supported the idea of psychology as a science.

This response identifies two appropriate studies with different methodologies, exactly as requested by the question. Then, it uses both studies effectively.

(c) You have learned about many different psychological studies in your course.

Choose **two** studies that use different research methods and explain how these studies can support the view that psychology is scientific.

Names of studies: Raine Study

Milgram's Study:

(4)

Milgram's study uses the method of a laboratory experiment. Laboratory experiments are highly controlled for situational variables and the standardisation of the procedure means it is replicable. For example, in Milgram, the procedure was exactly the same. The same researcher, same room and same prompts. Lab experiments also produce quantitative data. In Milgram's study the quantitative, objective data was the number of volts the participant went up to.

Raine's study of murderers' brains used brain scanning. This produced empirical images of the murderers' brains which was objectively produced by the machine. The

use of the machine also makes Raine's study replicable which means it could be run again and again in order to check the data.

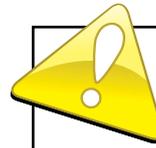


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Examiner Comments

The explanation of the Milgram study is sufficiently detailed that it could have gained three marks, had they been available. Raine's study easily achieves two marks.

Remember that a method is scientific because of the way it is used. This response approaches the issue by explaining that the scans produced by the machine are, by their nature, objective, and consequently, a study such as Raine's is highly replicable.

4 marks



ResultsPlus
Examiner Tip

Always try to put a little more into an answer than seems to be needed to gain the marks.

Question 8

The research methods question for this series asked candidates to design a content analysis.

It was disappointing to find that a substantial number of candidates seemed to have little idea of what is involved in a content analysis. Those who designed an experiment of some sort were not awarded any marks, because the response was inappropriate. It was understandable that some responses described a content analysis on similar lines to those that candidates would have undertaken as part of a Unit 3 practical. These tended to gain limited marks, because issues such as the selection of suitable material for analysis would be flawed, given the demands of the question.

There were fewer top marks compared with many past questions, suggesting that, as a research method, content analysis was less well understood by the candidates. There were some candidates who produced excellent designs, with good choices regarding:

- how to sample relevant books/stories
- what type of categories to use
- how to deal with the data collected

Most responses made at least some appropriate comments regarding inter-rater reliability.

While not particularly long, this response shows an understanding of what is required in a content analysis and meets the demands of the question.

***8** Two students have been asked to undertake a content analysis of gender issues in stories that have been written for children between the ages of two and twelve years.

Explain how they could design and undertake their content analysis, including how they might analyse the data collected.

You may wish to include some of the following in your answer:

- sampling method
- sources of information
- categories
- inter-rater reliability
- data analysis.

(9)

To perform a content analysis, the two students would first need to decide on a coding system with specifics for what they are looking for. Examples would be having mothers as stay at home, cook and clean while father goes out to work, etc. Once that is decided, they could get a list of books from their local library with all books aimed between toddlers and teenagers, thus giving them a sample frame. Using randomised sampling, they could select a

sample of 20-40 books. As they're aimed at younger readers, they might not be very long. This selection of books could then be ~~exp~~ read-through by both students, increasing inter-rater reliability, and a tally be created for every time one of the categories is observed. ~~at~~ After all the books ~~to~~ have been analysed, using different tally charts per age group (~~2-4, 5-7, 8-10, 11-12~~), the two students can look at each others' tallies and discuss any differences, negotiating whether or not it should be included into their results. Finally, after they have agreed on their results, they would be able to draw any conclusions and interpretations about gender issues in children's' books.



ResultsPlus Examiner Comments

The response establishes what type of categories may be used to undertake the content analysis, with examples. It also considers in some detail:

- how the sample of material that is to be analysed could be collected
- how to remove any potential bias from the sample
- a potential source for the material

The candidate makes a perceptive point with the recognition that the material for younger children 'might not be very long'. Tallying, and a strategy to ensure inter-rater reliability, are also considered.

This is a Level 3 (top level) response and it gained eight out of the nine mark available.

The candidate needs to include more depth and breadth. A discussion of some or all of the following would result in full marks:

- the list of books from the local library - is it a particular library's stock? Or books in print? This is not clear
- an explanation of how the random sample may have been achieved
- more detail on the data analysis, eg tables, graphs, to compare frequency of different categories for each age group

8 marks



ResultsPlus Examiner Tip

Lists of 'things you may wish to include' in such questions are likely to be a very useful checklist to ensure achieving a good mark, but remember to develop each idea fully.

Question 9 (a)

The first of the two synoptic essays, and the more popular of the two (approximately two-thirds of responses), was on ethnocentrism. The question required both an understanding and evaluation of the issues around ethnocentrism in psychology, as well as using research evidence from at least two areas of psychology. The most popular areas used were obedience, clinical diagnosis, and the strange situation. A substantial number of responses either only described the areas without any research evidence, or only used one area.

The consideration of ethnocentrism as an issue tended to produce two very distinct categories of response. A large number of responses gave a very clear description of the issues surrounding ethnocentrism, citing issues relating to the use and misuse of etic and emic approaches, as well as ethnographic work, such as that undertaken by Malinowski.

However, there was also a substantial number of responses where the description of ethnocentrism was superficial, brief, and made no attempt to consider the impact on psychological research.

There were many erroneous claims made about obedience research, and the use of the strange situation. Many candidates seemed unaware of the breadth of cross-cultural research in these areas and the frequency with which research was undertaken by psychologists from the ethnic communities. Clinical diagnoses were, in general, somewhat better.

This essay demonstrates an excellent grasp of the issues surrounding ethnocentrism. It also meets the criteria for the various components of the essay and is written in a clear, logical style, meaning that it achieves the top level both for content and structure.

Content gained all 12 marks available because the essay was very thorough. Structure achieved 5 marks because there were odd lapses in the standard of expression.

Answer EITHER Question 9(a) OR Question 9(b).

EITHER

***9 (a)** Describe **and** evaluate how issues of ethnocentrism may influence psychological understanding. You must use research evidence from at least two different areas of psychology in your answer.

OR

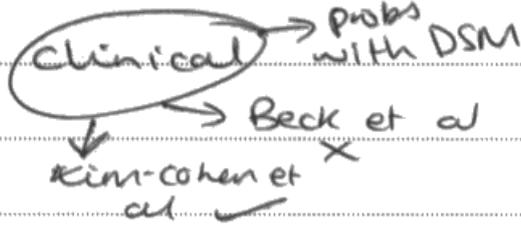
***9 (b)** The armed forces of any country consist of mainly young men and women. They are deployed at home and abroad, and are expected to carry out a wide variety of jobs. Officer training in Ranza involves a 10-month training course, after which the new officer will take charge of a group of about 30 soldiers. Teaching new officers about psychological concepts can help them to be better at their job.

Describe **and** evaluate at least **two** different psychological concepts that could be included in the training programme for new army officers to make them better at their job.

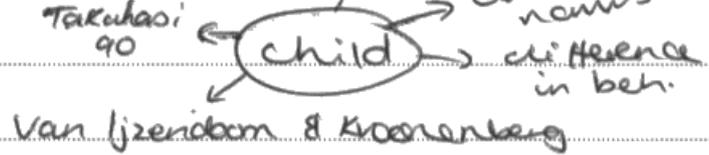
(18)

Indicate which question you are answering by marking a cross . If you change your mind, put a line through the box and then indicate your new question with a cross .

Chosen question number: Question 9(a)



Question 9(b)



Ethnocentrism is where there is bias towards a culture e.g. researcher may be bias to their culture. This means that it can lead to aquivations towards ~~to~~ the whole generalisation to other cultures. Ethnocentrism is a form of ~~is~~ validity issue that means that ~~peple~~ researchers may be bias towards their own culture, whether that be focusing on their culture during experiments or studies or ignoring any influence from other cultures. Many areas in psychology have a problem with ethocentrism, such as in clinical psychology, whereby there is problems with misdiagnosis of mental health illnesses due to the DSM being the most common and widely used diagnostic manual for mental health illnesses e.g. Sabin found that language difficulties in ~~differece~~ different cultures can lead to misdiagnosis of mental health illnesses. There is ethocentrism with the DSM due to

the ~~can~~ misunderstanding of cultural differences in social norms e.g. Puerto-Ricans found to be diagnosed with SZ in ~~western~~ UK as they are believed to ~~to~~ speak to dead loved ones. In their culture it ~~to~~ would be seen as a accepted, social norm to talk to spirits. Therefore, less individuals in Puerto-Rico would be diagnosed with SZ. There is also issue with certain cultures being more open with their mental health compared to others e.g. Americans more open with mental health compared to ~~UK~~ ^{UK}.

This would lead to ethnocentrism as cultures, ~~used~~ with better understanding and ~~openness~~ openness being more

open with their mental health would lead to better diagnoses to that of other cultures.

Another area into psychology, where ethnocentrism occurs is that of child psychology. There is ~~the~~ bias from cultures that do sufficient research into child experiments e.g. Ainsworth Strange situation; lead people to think all children have the same ^{proportion} ~~portion~~ of

attachment types across all cultures
e.g. Secure *70% of population, Anxious
avoidant *^{approx} 25% and Anxious resistant at
only 3% of the population. As other studies
into this 'strange situation' ~~procedure~~ ^{procedure} has lead
to different findings within different
cultures e.g. Van Ijzendoorn and Kromenberg
found countries such as Germany and
Japan have a higher percentage of
anxious avoidant and resistant attachment
types. This leads to the psychological
influence from the cultures that they
are not seen as good carers for their
babies due to having more insecure attach-
ments. However, this is not always
true, different cultures have different
values. Germany ~~to~~ may have more
anxious avoidant attachments as Germany
as a culture values independence,
therefore mothers and carers may bring
their children up as more independent
compared to those of UK children. Japan
also has different values, more children
are found to be anxious resistant compared
to British or American babies attachment
(Secure) as ~~the~~ the ^{babies} mothers have not be

separated ~~by the~~ from the mothers before the study, therefore don't know how to deal with separation as for those in western countries, who have some recognition of being separated from their mothers, as supported by Takahasi (90). Therefore, there can be ethnocentrism among certain cultures e.g. western e.g. UK believing that mothers and carers in other cultures are not good parents e.g. due to attachment type in Japan or Germany. However, this does not mean that they are bad parents, rather that their cultures views are different ^{from} ~~an~~ others.

One strength to ~~ethno~~ the debate on ethnocentrism is that it has lead

to more research studies into other cultures, in order to investigate cultural differences ^{e.g. Van Ijzendoorn} ~~and~~ ~~and~~ and Kroonenber and in clinical psychology e.g. DSM is believed to be culturally reliable if it is complete in its symptoms categories (~~is~~ found by study).

Another strength to the ethnocentrism debate

is that it has sparked influence into finding any universal norms ~~is~~ within cultures e.g. Clinical psychology to see if DSM has any mental health illnesses that are universal for all cultures.

~~Are~~ Research evidence has found that a Kuru brain syndrome has been found in a country e.g. Papua New Guinea which leads to symptoms similar to that of SZ. ~~see~~ This had not been classified as a mental illness in DSM as it is ~~a~~ a universal ^{biological} ~~mental~~ illness, rather than mental.

One major weakness is that Beck found that there can be cultural bias within the DSM and is therefore not reliable for all cultures.

~~There~~ There is evidence to show how ethnocentrism can lead to ignoring cultural differences and therefore not ~~reliable~~ reliable.



ResultsPlus

Examiner Comments

The essay starts with a brief but pertinent description of the issue of ethnocentrism. It then, in turn, considers ethnocentrism within clinical diagnosis, in child psychology with types of attachment as assessed by the Strange Situation, before returning to clinical diagnosis. There is good use of research evidence and a critical assessment of some of the ideas.

An answer does not need to be comprehensive to achieve full marks. Examiners will bear in mind what it is deemed to be reasonably achievable within the time constraints of the examination.

17 marks



ResultsPlus

Examiner Tip

However brief it is, for large mark questions it is worth creating a plan to ensure that you:

- have a clear idea of what you intend to cover in the response
- know main items you intend to include
- know how the items should be ordered

Question 9 (b)

The second synoptic essay option asked candidates to apply their psychological knowledge to a scenario for training officers for the armed forces.

The most popular suggestions of topics that officers should learn about were blind obedience, social learning theory, social identity theory and token economies. The spread of marks was very similar to that for Q9a.

The description of the concepts was generally very well done and contextualisation was often excellent. Unfortunately, many responses contained little, if any, evaluation, thus once more limiting the number of marks available.

This response is well contextualised throughout and shows thoughtful application of the ideas. Evidence is used, not always citing authors, but nonetheless, creditworthy. Ideas are developed and evaluated, showing a well rounded essay.

Answer EITHER Question 9(a) OR Question 9(b).

EITHER

*9 (a) Describe **and** evaluate how issues of ethnocentrism may influence psychological understanding. You must use research evidence from at least two different areas of psychology in your answer.

OR

*9 (b) The armed forces of any country consist of mainly young men and women. They are deployed at home and abroad, and are expected to carry out a wide variety of jobs. Officer training in Ranzea involves a 10-month training course, after which the new officer will take charge of a group of about 30 soldiers. Teaching new officers about psychological concepts can help them to be better at their job.

Describe **and** evaluate at least two different psychological concepts that could be included in the training programme for new army officers to make them better at their job.

Alan Grant Iraq, war crimes
Agencies, theories, Milgram
1 blind obedience
2

(18)

Indicate which question you are answering by marking a cross . If you change your mind, put a line through the box and then indicate your new question with a cross .

Chosen question number: Question 9(a) Question 9(b)

One psychological concept that could be included in the programme for new army officers could be Blind Obedience and how ^{when} authority figures give orders they can be blindly followed. This concept will help new army officers because they will learn to know that if a soldier disobeys orders from them, it may not necessarily be a bad thing if the order is unethical and is against their moral values.

This concept talks about how soldiers and "agents" often blindly obey orders if they see the person as the authority figure. This can then have detrimental consequences to not only the soldier but the authority figure (new army officers) too. In the training programme, one might want to make sure that the new army officers fully understand what it means to be an authority figure and how it can not only give them respect and free will of power but also hold them responsible for a lot of things. When soldiers are victims to blind obedience awful events can happen. Such as the war crimes in Abu Ghraib Iraq when many prisoners of war were physically tortured by American soldiers because they were "following orders". This example may want to be used in the training programme so that the new officers can learn to think about the orders they give and how ^{to what} ~~much~~ extent ^{do} their soldiers follow their command. They might learn about how a soldier might be aware of the immoral or unethical command and feel a pull of moral strain that tells their minds to stop what they are doing. If so, then this soldier might not want to be suspended completely for disobeying an officer in command. Blind Obedience will help new army officers have a greater understanding of social psychology when it is applied to warfare.

To evaluate this, Milgram (1963) showed ^{out of} that 41 participants 100% obeyed the experimenter in an electric

shock experiment to 300 volts. This showed that when an authority figure like an experimenter gave orders the participants felt obliged to carry out the order even though they knew it was causing the confederate pain.

Furthermore, Meeus and Raaijmakers also show support for blind obedience in their experiment with more ecological validity and a closer to real life situation in Holland. All of the participants but two (22/24) obeyed the ~~exp~~ experimenter in an interview room and gave the interviewee all 15 stress comments even though they knew it would cause distress to the interviewee.

However there are some contrasting pieces of evidence that show that not everyone blindly obeys orders. For example only 65% of Milgram's participants went up to 450 volts which means that 25% of them must have had enough autonomy to go against an order and choose ^{of} their own free will.

Returning back to more support, real life examples can be seen in world history of Blind obedience on a mass scale. This was in Nazi Germany 1933-45 where Hitler ordered 6 million Jews to be literally exterminated and all the lower ranking Nazi soldiers obeyed orders and gassed millions of ~~more~~ innocent people. The concept of Blind obedience may lack scientific evidence that support like PET

scans and DNA tests but it does have many examples that can be seen throughout history.

Another concept that the new army officers may want to learn in their training programme would be the concept of Brain lateralisation between women and men.

It mentions in the description of the question that the armed forces consists of mainly young women and men and with a wide variety of jobs there may be some soldiers

that are better at some jobs than others because of the way their brain is lateralised. ~~Men tend to use their~~

~~left hemisphere~~ The left hemisphere of the brain controls the right side of the body and manages things like Spatial awareness, Maths, scientific subjects and logical straight forward thinking. The right hemisphere controls the left side of the body and manages creative and imaginative subjects like ART, it also deals with languages and emotions more than the left side.

Men tend to use their left hemisphere more than the right hemisphere so they are usually better than women at map reading, spatial awareness tasks and problem solving whereas women use both their right and left hemisphere but equally. This means they are more in touch with sensitive issues, emotions and understanding than men and are often better at looking at things in a new/different way. The new army officers may want

to learn this because it may help influence their decision on where to station particular people in specific jobs. It may also help army officers become better at their job because they then might understand that in the future, if the women in his group of 30 soldiers has difficulty following a map to a next station then he can be less angry and confused and understand that it may be because of her gender.

2013 study

To evaluate, a 2013 study scanned 1000 brains in the USA and found that the majority of men used their left more than their right hemisphere because they had a thinner corpus callosum (joining the two hemispheres together). Women have a thicker corpus callosum which is why they were seen through PET scans to be using both sides of their brain.

A strength to this concept is that it is tested scientifically with PET scans so we know that the results are both objective and true as they are biological tests.

However this concept cannot be generalised to everyone because not everyone has the same brain lateralisation as their assigned gender. For example many transgender people are like they are because they were born male but had a female lateralised brain.



ResultsPlus
Examiner Comments

This essay is very well contextualised. First, it looks at the issue of blind obedience and uses real life experiences, as well as research evidence, to consider the dangers that such obedience may cause. There is sound evaluation, although minor errors such as citing Hofling's results when considering Meeus & Raijmakers mean that it only receives 11, rather than 12, for content.

The use of brain lateralisation, although unusual, is very well done, with suggestions as to how this may impact on the officer and his platoon. The notion that this may affect who would do a particular job is well thought through and explained.

Content received 11 marks and structure 5 marks.

16 marks

Paper Summary

Based on their performance on this paper, candidates are offered the following advice.

- Read questions carefully, so that you know what rules are likely to apply to the response
- Refer back to the question in your answer
- Make sure you cover enough in terms of examples or theories, to satisfy the question's requirements
- Make each point fully, so that you can be as sure as possible that you have gained the marks available
- Remember that when a clinical question provides a list of disorders, you must use a disorder **only** from that list
- Avoid learning and reproducing model answers: model answers are for revision, not for exam scripts
- Attempt every question on the paper. Blank responses mean that all the marks are lost for that question

Grade Boundaries

Grade boundaries for this, and all other papers, can be found on the website on this link:

<http://www.edexcel.com/iwantto/Pages/grade-boundaries.aspx>

Ofqual
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