

Examiners' Report
June 2014

GCE Psychology 6PS04 01

Edexcel and BTEC Qualifications

Edexcel and BTEC qualifications come from Pearson, the UK's largest awarding body. We provide a wide range of qualifications including academic, vocational, occupational and specific programmes for employers. For further information visit our qualifications websites at www.edexcel.com or www.btec.co.uk.

Alternatively, you can get in touch with us using the details on our contact us page at www.edexcel.com/contactus.



Giving you insight to inform next steps

ResultsPlus is Pearson's free online service giving instant and detailed analysis of your students' exam results.

- See students' scores for every exam question.
- Understand how your students' performance compares with class and national averages.
- Identify potential topics, skills and types of question where students may need to develop their learning further.

For more information on ResultsPlus, or to log in, visit www.edexcel.com/resultsplus. Your exams officer will be able to set up your ResultsPlus account in minutes via Edexcel Online.

Pearson: helping people progress, everywhere

Pearson aspires to be the world's leading learning company. Our aim is to help everyone progress in their lives through education. We believe in every kind of learning, for all kinds of people, wherever they are in the world. We've been involved in education for over 150 years, and by working across 70 countries, in 100 languages, we have built an international reputation for our commitment to high standards and raising achievement through innovation in education. Find out more about how we can help you and your students at: www.pearson.com/uk.

June 2014

Publications Code UA039800

All the material in this publication is copyright
© Pearson Education Ltd 2014

Introduction

As is usually the case, 6PS04 proved to be a challenging paper for the students. The combination of Clinical psychology, in itself a fairly synoptic topic, with Issues and Debates leads to a series of very challenging questions. Some centres have raised the issue that, in addition to the two essays, one clinical and one synoptic, that a third question, on research methods was for ten marks. It should be noted that in the 2010 paper for 6PS04 the research methods question was for 12 marks, so this is not new. The best examination papers, from an examining viewpoint, will have a wide range of marks and have at least some questions that can discriminate between levels of performance. There is no doubt that over successive years, because of the level of feedback given in the aftermath of the exam series and the availability of past papers and past mark schemes, the standard of preparation of students has got steadily better.

The marks achieved by students do not give any evidence for underachievement due to students running out of time. The standard achieved, the range of marks awarded and the final grade boundaries are all evidence that this was not an issue. This paper has 90 marks and lasts for 120 minutes. Taking into account reading time and thinking time, writing for as many minutes as there are marks available is a good starting point for students. The number of lines provided is a guide to the maximum it is thought is needed in order to get full marks.

The evidence from this paper is that in general the students were well prepared and produced some exceptionally good work in very many cases.

Question 1

This question asked students to describe the procedure of a study into their 'other' disorder in part (a) and then evaluate it in part (b). The two most popular studies by a considerable margin were Brown et al for unipolar depression and Mumford & Whitehouse for anorexia nervosa. This latter study was accepted for either anorexia nervosa or for bulimia nervosa as the researchers did study and diagnose both disorders. There were a small number of students who described a study of schizophrenia, but far fewer than last time a similar question was asked. There were a small number of obscure studies, and while it is perfectly acceptable for centres to use different studies, it is in the interest of the students to identify such studies clearly as it will be easier to give the student the mark they deserve. Examiners do check out unusual studies, sometimes this can be very time consuming, but if it is not fictitious it will be found so that it can be marked accurately.

Part (a) had asked for the procedure, thus neither aims nor results gained credit. Many students did this part very well and there were many gaining the maximum 3 marks. It was considerably harder to use a case study for this part. It would appear that when a case study was used it was one that had been learned for a different part of the specification, such as Freud's Little Hans study. Such responses rarely scored as highly as more mainstream research, learned as part of the clinical section of the specification.

Part (b) where students were required to evaluate the study they had used in part (a) was rarely done as well with relatively few responses gaining full marks, though many gained 3 or 4 marks. Many students are making good, well-elaborated points. However, there is still a tendency, especially in weaker answers, to use a check list that is slavishly followed without understanding or explanation of the points being made. A fairly new culprit in this category is invoking 'researcher competence'. Such a claim, whether for or against, is only going to become creditworthy if it has some substantive evidence. Just because a lead researcher is an academic does not make them competent. An evaluation point showing there is supporting evidence from a different study is often a legitimate point, however it is worth noting that to evaluate one of the (numerous) Brown et al studies with a different Brown et al study is not creditworthy. This is because Brown and his research team having collected their huge data set and mined that resource for all the various papers. One paper cannot be used to support a different paper if they are both drawing on the same set of data.

This response gained all 3 marks for the description in part (a) and 4 of the 5 marks available in part (b). This is quite typical of the responses seen that used the Brown et al study.

1 (a) During your course you have studied one of the following disorders:

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

Choose one disorder from the list.

Describe the procedure of **one** study you have learned about that investigated this disorder.

Disorder Unipolar depression

(3)

Procedure of study

Brown et al (1986) considered the influences of depression on women. ~~It was in the first stage of the experiment it measured ~~the~~ recorded~~ It used 303 women who had children aged 18 or under, husbands were in manual occupations and the women were aged 18-45.

In the first stage they took the women's psychiatric history as well as ~~social~~ premorbid functioning and other details. In the second stage they used interviews to find out about the participants' premorbid functioning, questionnaires were used to find out about their social functioning and other factors such as their support and levels of self-esteem were found. This stage took place 1 year after the first stage.

The study lacked generalisability because it didn't consider women over ~~40~~⁴² and it took place in London so may not apply to other ~~areas~~ areas. The study also lacked validity as ~~the~~ much of the details gathered were analysed subjectively. ~~so in places was not scientific~~ On the other hand, the study gained in-depth, rich qualitative and quantitative data, making it more valid due to the depth and variety of data gathered. The study ~~was~~ ~~reliable~~ ~~as it could be replicated~~ used the same procedure for each participant so it can be tested for reliability which is a strength. Another strength is that the interviews were run by professionals who were competent and a good level of inter-rater reliability was found between analysts.



ResultsPlus

Examiner Comments

In part (a), which gained all 3 marks, there was a mark for a clear and accurate identification of the sample. As in this study there was a change of numbers from the first to the second interview so either number could be used as both are correct. The age range is in fact 18-50 years, however there is enough here that is correct so that one inaccuracy can be ignored. A second mark was awarded for the material on the psychiatric history, premorbid functioning and interviews. This material is not well explained but can be put together for a mark. The final mark comes for the material on social functioning, support and self-esteem. All of it is boosted by the final point that the two stages were a year apart.

Part (b) gained 4 marks. The first mark is for the generalisability relating to the sample. This was a weak point but just enough to gain a mark as it raised the issues of gender, age (slightly inaccurate) and region. The point about the data collected was very generic, but, as the mark scheme points out up to two such points could be given credit. There are a further 2 marks for the very good material referring to standardised procedures, interviews and reliability.



ResultsPlus

Examiner Tip

While points need to be fully made that does not mean they have to be lengthy. Succinctness is a skill worth perfecting.

Question 2

Many students found this question on cultural bias in diagnosis very challenging with few gaining full marks. It is worth spending a little time considering what the question was asking for, which was how cultural issues may affect diagnosis for those with a mental health disorder. There were far too many students who, having seen the words 'cultural issues', launched into material relating to the strange situation (Child Psychology). This is not relevant to mental health, so it is not creditworthy. Better responses included a range of research evidence and ranged from the impact of being diagnosed in a different culture from one's original culture, linguistic and cultural misunderstandings and differences in interpretation. One specific problem that arose on several occasions was that students failed to express clearly what the issue of 'hearing voices' in other cultures is about and wrote sections which implied that genuine symptoms of schizophrenia were left undiagnosed in such cultures rather than non-schizophrenics being likely to hear voices as a commonplace experience. This distinction is subtle, but important and often made the difference between being awarded a mark compared to not being awarded a mark. The best answers used a range of research evidence really well. Many students could give evidence about culture bound disorders, though not always matching cultures, symptoms and names of disorders accurately.

This response gained all 6 marks.

- 2 Joaquin, Zhang and Aisha, who are from different countries, are attending an international conference on mental health. The conference is discussing concerns about diagnosis of mental health issues across the international community.

Using research evidence, explain how cultural issues in diagnosis may affect those diagnosed with a mental health disorder.

Margaleg - Puerto Rico

Chenelle + Lowenthal

25 marks
100%
6/6
(6)

Different cultures have different ways of diagnosing patients with disorders and some cultures consider mental health disorders more than others. DSM can be used for diagnosis, however, this could be seen as an imposed ethic upon other cultures as the DSM was designed in America and so much of the data gathered relating to symptoms and disorders is generally based on white American men.

Ive and Ive found that African American individuals don't wish to talk about their emotions with other and this makes ~~diag~~ diagnosis difficult and once these individuals have been admitted, they are less likely to want to talk to a therapist.

~~They studies~~ Margaleg et al looked at individuals in Puerto Rico who believe that you can get a mental health disorder through encountering it by means of secrecy, such as stepping on it

in Morocco
Another study looked at individuals who believed that ~~you~~ you can become possessed by evil spirits and this, in westernised cultures, could be interpreted as a symptom of schizophrenia and so evidences how cultures view different symptoms.

Cinerella and Lowenthal studied many people of different religions and most, all but black Christians, had a fear of a doctor or psychiatrist misunderstanding them and all of the religions believed that ~~symptoms~~ mental health disorders can be eliminated by prayer.

Another study showed that many more individuals in Sri Lanka are likely to be diagnosed with catatonic schizophrenia than those in Britain and although those in Sri Lanka don't receive treatment as immediately,

~~are~~ A study looked into the proportion of individuals in hospital and found that 25% of individuals diagnosed with schizophrenia even though they only make up 5% of the population. This indicates that African Americans tend to be over-diagnosed with schizophrenia.

Cole et al looked at introductory psychology books and found that almost all research evidence and studies were from USA / Britain, and it was assumed that this represented every culture which is not true.



ResultsPlus

Examiner Comments

The question requested research evidence. It is not necessary to cite evidence for every response, however the points made do need to relate at least reasonably well to the issue of diagnosis of mental health issues. The first 3 marks are for the first three points on DSM, Sue and Sue's research and Malgady. All are clear and relevant. The material on Morocco does not get credit as it is conflating two different pieces of evidence, either of which, properly explained would get a mark. Cinerella and Lowenthal gains a mark as does the material on the higher incidence of diagnosis of catatonic schizophrenia in Sri Lanka. The evidence about the mismatch in the number of people from different ethnic groups hospitalised with schizophrenia and the proportions within the population gains credit even though it is not well worded and the student used African Americans rather than Afro-Caribbeans. The final point would not gain credit, even if there was a mark available as it is not related to the diagnosis of mental health issues.

Question 3

Overall, this was a well-answered question with many students achieving between 5 and 7 out of the 9 marks available. The most popular treatment here was the use of psychoactive drugs. Care in the community, Assertive Community Therapy, CBT and token economy were all well represented in the responses, though rarely as thorough as the answers that used drug treatment. Often responses featuring CBT failed to give sufficient detail of its use with schizophrenia to access all the marks. A small number of students attempted to use therapies that are now discredited in places such as Britain, for example ECT and psychoanalysis. There is ample literature discussing the rejection of these therapies as appropriate treatments for schizophrenia, thus students suggesting the use of such therapies were given credit only if they alluded to their inadequacy in some way.

In general the description of the therapy was competent though some students did get the drugs and/or their effect very confused. It was not difficult for a student who had revised well to achieve 3 or 4 marks for the description. The evaluation asked for one comparison with a different therapy, something which a significant minority of responses failed to do, thus limiting the marks to a maximum of 4 out of 5. There were a significant minority of students who as part of the evaluation either got very muddled or produced claims such as that antipsychotics are addictive or that they cause habituation, thus needing progressively higher dosage rates. Some claims and counter claims about the use of antipsychotics are contentious, in which case marking will 'go with the candidate's intention' however no credit can be given where opinion and or evidence is clearly counter to the claim being made in the script.

Token economy was relatively easy to gain full marks on the description, as shown here. This response succeeded in gaining full marks on part (b) as well.

3 (a) Describe **one** treatment/therapy that is used to treat schizophrenia.

(4)

One treatment that can be used to treat schizophrenia ^{are} is Token Economy programmes which is ~~base~~ based on operant conditioning techniques. ~~The~~ in this is used to shape the patients behaviour so they are more likely to exhibit pro-social behaviour in order to reduce their symptoms from occurring. ~~the~~ Patients are provided with tokens everytime they behave appropriately. ~~tokens~~ for example, if a schizophrenic patient clears away their ~~table~~ food tray after eating. Tokens act as primary reinforcers which can then be exchanged for rewards which are secondary reinforcers. Rewards can be ~~agreed~~ ^{agreed upon} between the patient and the therapist. for example, a

day out of the institution. ~~Tokens~~ As the patients' behaviour becomes more desirable, it becomes more difficult to receive a token.

Research that suggests that Token Economy programmes are effective is from Mumford which found that 14 ^{(5) TEP} semi-institutionalised schizophrenics improved their behaviour when they used token economy programmes, suggesting it was effective. However, this may be weak evidence as the sample size was extremely small of 14 ~~per~~ individuals, so results are less likely to be representative to the wider ~~pop~~ population. Furthermore, Aylon found that schizophrenics took more interest in self care and better hygiene after using Token Economy programmes. Therefore, suggesting it was effective in enhancing positive behaviour in patients. An alternative treatment that can be used is the cognitive behavioural therapy which is more likely to be effective for patients to recover in the long term as they are provided with techniques to learn and adapt to their order to reduce symptoms from re-occurring. On the other hand, it can be argued that Token economy programmes lack practicality as the staff must be consistent with providing tokens or they may miss positive behaviour, therefore, making TEP less effective. Moreover, it doesn't have many long term benefits as it's unlikely for patients to receive tokens in the real world so they may stop behaving well once they stop receiving rewards.



4 marks are awarded for part (a), a mark each for the concept of shaping, well-explained, how tokens might be used, the role of primary and secondary reinforcers and the rewards being agreed between the patient and therapist.

Part (b) gains 5 marks. There are 2 marks for the research evidence that TEPs are effective in improving the behaviour of institutionalised schizophrenic patients. This is followed by a mark for the comparison with CBT which is 'more likely to be effectivein the long term'. A mark is also given for the standard evaluation point that implementation needs to be consistent and a final mark for the issue of whether the change in behaviour will transfer out of an institution.

(b) Evaluate the treatment/therapy you described in (a) as a treatment for schizophrenia. In your evaluation make **one** comparison with a different treatment/therapy for schizophrenia.

(5)

Anti-psychotic drugs ~~are~~ are an effective treatment for schizophrenia, although they have to be taken consistently or ~~they~~ a person may relapse. This will take a patient back to the beginning.

Anti-psychotic drugs can also cause extreme side effects ~~such as~~ which are often worse than schizophrenic symptoms (this may be the cause of relapse), although second generation drugs seem to reduce these ~~symptoms~~ side effects. Also, these drugs do not treat the core problem and may be seen as covering the problem up. Lastly, these drugs only work on positive symptoms and not negative ~~ones~~.

Another treatment used ~~is~~ is care in the community which helps patients after hospitalisation to regain quality of life as well as reducing symptoms. This may be better than drugs as it actually helps with real everyday living such as work/employment opportunities, whereas drugs

treatments do not (patient has to regain lifestyle alone)
Although, care in the community does not
always reduce symptoms much according to studies.



ResultsPlus

Examiner Comments

In this evaluation of drug therapy there are some good points made but whereas some are quite precise others take a long time to get to the point. Nonetheless the response did gain all 5 marks available.

The first mark is for the first sentence on the dangers of relapse, a second mark is awarded for the side effects issue, indeed a little more qualification on the issue between the two generations of drugs and there may have been an extra mark here. The fact that drugs are not a cure and consideration of the limits of their usefulness each get a mark. This means that the candidate has got the maximum number of marks available for straightforward evaluation a little over half way down the page. The comparison with care in the community gains the final mark though it takes quite a long time to get to the comparison.



ResultsPlus

Examiner Tip

Build in time to plan your answer.

This response is for care in the community and despite its length on first appearance, it is a good example of how it is possible to get a good mark and be succinct.

3 (a) Describe **one** treatment/therapy that is used to treat schizophrenia.

(4)

One treatment for schizophrenia is ~~drug treatment~~
care in the community. Care in the community is a
social approach to treating schizophrenia which states
that the disorder is ~~affected by~~ ~~caused by~~ ~~low~~
~~levels of dopamine in the~~ affected by social influences.
The NHS aims to provide a "spectrum of care" which
includes many avenues of help for all patients. It
is eligible to anyone who does not require hospital
isation. Help offered includes sheltered accommodation
which is 24 hour care for those who cannot look after
themselves, employment opportunities in social firms

and cooperative businesses, in-patient care which aims to reintegrate sufferers back in to society as soon as possible. Care in the community also includes helpines, and talk centres for long-term support and specialist out-reach teams.



ResultsPlus
Examiner Comments

The first five lines of this response are redundant. Nonetheless this response gained all 4 marks available for part (a). The student could have started the answer with 'The NHS aims...' as the spectrum of care comment is the first creditworthy point. There is a mark for availability, and then 2 marks for the very detailed description of what is offered.



ResultsPlus
Examiner Tip

Keep to the point and avoid unnecessary filler material.

Question 4 (a)

Part (a) of this question asked students to write a diary or blog entry about one day as a pseudo-patient in Rosenhan's study. The majority of students did this extremely well, entering into the spirit of the question and producing interesting and engaging responses. Only a few students failed to engage successfully with the question. In some cases a standard description of what happened in the study was given, thus missing the point of extracting information that was likely to be known by one pseudo-patient and relating to a short time span within the hospital stay. A different faux pas was to report information that a pseudo-patient in one of the hospitals would have been unaware of at the time of their incarceration. A few responses were too inventive, describing abuse and mistreatment at odds with the reports within Rosenhan's study.

Most students engaged fully with this question and produced both accurate and interesting responses.

- 4 (a) Using your knowledge of the Rosenhan (1973) study, write a blog or diary entry describing the experiences that one of the pseudopatients may have had on one day during their stay in the hospital.

(4)

Dear Diary,
Today I arrived early to lunch as the ward is boring. I overheard one of the nurses saying I was orally acquisitive.
I asked a nurse who was passing by when I would be presented at the staff ~~area~~ meeting but she walked straight past me and didn't even look at me!
I was slightly concerned today as my neighbouring patient said 'you are not ~~a~~ ~~repa~~ crazy, you are a reporter.'
~~I also feel very uneasy.~~
I have also noticed that many patients do not take their drugs, much like me, as I found some in the toilet.



ResultsPlus Examiner Comments

Four clear points and therefore 4 good marks are awarded. The 'orally acquisitive' point, being ignored by staff, ordinary patients suspecting the pseudo-patients of being fraudulent and avoiding taking medication each gained a mark.



ResultsPlus Examiner Tip

Engage with the question set and make the points sharp and clear. This is a model answer.

Question 4 (b)

This question asked students to give an evaluation of the ethical issues surrounding the Rosenhan study. Most students answered this reasonably well, however relatively few managed to attain full marks as this was a challenging question. A few students erroneously responded with a general evaluation, a more common error was to refer to the pseudo-patients as the participants. The participants were the hospitals and hospital staff. This was another evaluation where the statement that Rosenhan was a competent researcher was given, all too often without proper justification. If a student stated that a researcher needed to be 'responsible' that would be neither sufficient nor necessary if discussing protection from harm, so 'competence' is neither sufficient nor necessary when considering an issue such as 'the researcher should consult with colleagues to see whether they consider the research is ethically acceptable'.

This response gained 5 of the 6 marks available. It is somewhat repetitive at times and certainly takes a long time to make some of the points, however a good answer nonetheless.

(b) Evaluate Rosenhan's (1973) study in terms of ethical issues. (6)

Deception	DB
PEP	FLU
Consent	
LTW	

Rosenhan's study was good in terms of ethics as the staff were fully debriefed after the study and were informed of their participation and that the ~~the~~ patients in question were ~~instead~~ in fact pseudo patients.

Rosenhan also conducted a follow-up to ensure and check that there was no long lasting damage to the staff in the study. He also went on to say the results had nothing to do with the quality of staff at the hospital and gave privacy by not publishing names of staff.

However the staff were ~~deceived~~ ^{deceived} by the pseudopatients who gave false names and occupations as well as exhibiting false symptoms to the staff.

As the staff were led to believe these patients were genuine they did not know they were part of a study. As a result of this the staff would not have been able to give their consent to take part nor would they have been able to give informed consent.

Without giving consent to take part and by being deceived the participants weren't given a right to withdraw as they would not have been aware that they were part of a study & thus had no knowledge of there being a right to withdraw.

Very little protection of participants as the staff & nurses taking part may have in the future been adversely affected in their work. This study may have made them question their ability & judgement.



ResultsPlus

Examiner Comments

This answer gained 5 marks. The first paragraph relating to the debrief of hospital staff gains a mark. In the second paragraph there is a claim that Rosenhan followed up on staff welfare, this is not claimed by Rosenhan so it is unlikely to be the case. In addition, the comment about the quality of staff is not an ethical point so gets no credit. The privacy of staff names is admissible but not sufficient on its own to gain credit. The deception gains a mark as does the consent point. On the second page of the response the first part of the paragraph is repetitive as it links from consent, through deceit and into right to withdraw, this is correct but weak. A stronger answer would have been likely to have explained that to give consent and the right to withdraw would have negated the study, however because there was a very weak point regarding privacy that was not given credit, this time there is sufficient for a mark. The final paragraph also gets a mark.



ResultsPlus

Examiner Tip

Compare marks that are quickly given with those given for double the amount of writing. Practise writing the same information without so much padding.

Question 5

The Clinical essay asked students to describe and evaluate two different research methods used to investigate schizophrenia, to use at least one research study for each method and to draw at least one comparison between the two methods. This was a demanding question but the reason questions like this are set is to avoid students being able to produce pre-prepared and well-rehearsed responses. The most popular methods were twin studies, interviews and animal studies and any combination of these tended to work well with differentiation on marks mainly being due to whether studies were cited, whether a comparison was made between the methods, or whether the candidate has selected the two studies and described the studies rather than the method.

Other research methods were used and were acceptable, however sometimes students made inappropriate choices, in particular regarding the choice of study. Students who used Rosenhan as a field study into schizophrenia usually found it harder to gain marks. As was pointed out in the June 2012 paper, Rosenhan is not a study into schizophrenia, rather it is a study into the validity of diagnosis which happened to use one symptom commonly associated with schizophrenia as a vehicle for testing validity, as such marks were limited in terms of the use of the study. Another popular study that caused issues was that of Goldstein. As with many studies Goldstein used multiple methods to gain her data, these included clinical interviews and hospital records. However it is stretching credulity to refer to the study as a natural experiment unless full credit is given to all the different mechanisms by which data was collected and then explaining why it could possibly be considered a natural experiment.

There were those who having selected animal studies as one of their research methods digressed into animal ethical issues to such an extent that it detracted from the main content of the essay and meant that time and effort was spent on material that could gain little if any credit. Other research methods that tended to make it harder for students to do well were meta-analysis and correlation, not because they were not seen as legitimate research methods but rather that the former is difficult to explain succinctly and the latter is usually better tackled as the analysis within either twin, adoption or family studies.

The nature of this question means that organisation was key in ensuring good marks. This student has tackled the question systematically. Having decided which two methods to use, the response gets down to business straightaway.

***5** With reference to relevant studies, describe and evaluate **two** research methods used to investigate schizophrenia. *Twin studies - Interviews*

Make **at least one** comparison point between the two research methods.

(12)

The first research method used is a twin studies which can be used to study the incidence of a certain characteristic in monozygotic twins as opposed to dizygotic twins. In this way environment and genetic factors can be separated so it greatly informs the nature-nurture debate including that relating to schizophrenia. If the incidence of schizophrenia is higher in MZ twins, who come from the same egg and

this share 100% of their DNA, as opposed to DZ who only share 50%. It could be concluded that it was primarily genetic. Gottesman and Shields studied the concordance rate in this way and by finding the concordance rate to be 42% in MZ and 9% in DZ they could conclude that schizophrenia was primarily genetic. However there must be environmental factors as well otherwise the concordance rate of schizophrenia would be 100% for MZ twins as they share 100% of their DNA.

A strength of this method is that it is often the only way to isolate environmental and genetic influences when studying schizophrenia as they were often ~~not~~ interlinked in a complex way.

This makes them more useful than interviews for assessing the causes as although interviews yield thorough data about the participant it is almost impossible to know what is caused by genetics or environments as there is no natural control like a twin to compare.

A weakness however is that environmental and genetic factors may be harder to differentiate than first assumed. MZ twins may have a higher concordance rate for schizophrenia not because they share more DNA but because they are identical so would have been treated more alike than DZ twins. This means that they also share a more similar environment, as well as closer DNA, so

11 L

that it could still be due to environmental factors ^{that} ~~then~~
the MZ twins had a 62% concordance rate.

Interviews are another method that can be used to investigate schizophrenia, as exemplified by Goldstein. Interviews are a series of questions asked face-to-face and the participants' responses can be recorded in a transcript. The interviews can be either structured (a fixed schedule for questioning), semi-structured (fixed questions but the interviewer can deviate if areas need to be further explored) and unstructured (only set areas to cover, no set questions). Goldstein used semi-structured interviews to discover more about her participants' cause of schizophrenia and the aspects of their life such as peer relationships, interests and socialisation.

A strength is that it gathers in-depth and detailed data about people's experiences of schizophrenia, especially if it is semi-structured or unstructured. The data is valid because it is so detailed and the respondents can say what they want to say without being restricted, ~~as it is~~ so Goldstein was able to gather qualitative data. Twin studies can gather both qualitative and quantitative data about schizophrenia although ultimately the findings, the concordance rate, is a quantitative figure that is objective as opposed to Goldstein's interview data which would

require a certain degree of subjective interpretation.



ResultsPlus

Examiner Comments

The clinical essay is marked using levels and is out of 12 marks. This response gained all 12 marks. Twin studies are described, Gottesman and Shields is given as the study and utilised to expand on the description. Twin studies are then evaluated before moving on to the second method, interviews. Again the response starts with a description of the method, brings in Goldstein as the study and ties this into further elaboration of the method. The evaluation follows and at the end there is a valid and explained comparison. Under examination conditions nothing more would be expected, this is a very good full mark essay, well-organised, using good terminology and covering all the elements required.



ResultsPlus

Examiner Tip

Ensure essays are well organised, it will save time in the end.

Question 6

Part (a) asked for a description of the procedure of a study and part (b) to evaluate it in terms of ethical issues. The most popular choice of study was, Milgram, followed by Hofling. Students who selected Genie (Curtiss) for their study tended to struggle with describing a procedure and emphasises again that using case studies is not advisable for such questions. There were very few who ignored the instruction not to use a clinical study, there were many other studies selected in smaller numbers. Given that a case on ethical issues can be made about any study students could select any study they wished, with the one constraint on studies from the Clinical section.

Once more, some students insisting in including aims and results when asked for the procedure, or else produced a lengthy, detailed description when only 3 marks were available, thus taking up time that would have been better spent on another part of the paper.

It was noteworthy that almost no-one described the ethical issues in part (a).

In general part (b) saw many excellent attempts in terms of evaluating the ethical issues of the chosen study with most points being relevant and well-developed. However the fifth mark in this question was reserved for the suggestion of improving the ethics, a 'think on your feet' mark and one where many put down the first and most obvious point, which was all too often not appropriate. If a suggestion negated the whole study by removing the component that is critical, then it cannot gain credit unless qualified. Thus to suggest that the verbal prods be removed in Milgram's study when these are the way that obedience is being tested cannot in itself gain credit, reducing the number of prods from four to two would be fine. Similarly a suggestion that was something already done within the study, such as the debriefing or follow up could not gain credit.

Few candidates managed to access all the marks on part (b). This response which got maximum marks on both parts is a good example of how to achieve that.

- 6 Choose **one** study you have learned about that has raised ethical concerns. You must **not** use a study from the Clinical Psychology topic.

(a) Describe the procedure of your chosen study.

(3)

Study Milgram's study into Obedience

Procedure of study

Milgram's study involved a set of participants who were 'randomly' assigned either a teacher or learner role in the memory test they thought they were participating in. They were always the teacher. The learners were stages. The participants had to ask the stooge questions testing their memory and for every wrong answer given they were told to administer an electric shock to the learner. The shocks went from 0 volts to a fatal 450 volts. If ^{they} asked to stop, Milgram as the researcher would give them verbal prods to continue.

(b) Evaluate the study you have described in (a) in terms of ethical issues and suggest **one way** in which the study could be made more ethical.

(5)

Milgram's study deceived the participants as they thought that they were taking part in a memory test rather than a test on obedience. However, this is justifiable in order to avoid demand characteristics or being told about the true nature of the test could result in altered behaviour. This also means that they could not give their informed consent as they were not properly informed about the aims of the study.

The study was unethical as it caused the participants psychological harm as they thought that they were physically hurting another person. This would have been particularly disturbing for them.

The participants had no right to withdraw, or so they thought, as Milgram gave them verbal prods to continue when they asked to stop administering electric shocks. In fact he did give them the right to withdraw but only after 3 verbal prods, but the participants did not know this. In order to make the study more ethical he could ensure that they had the right to withdraw from the first time of asking or after one verbal prod. This would lessen the psychological harm caused to participants as they would stop administering shocks and so stop causing pain to the learner. Milgram could also gain a more valid perspective of obedience as he could record when participants no longer felt comfortable participating.



ResultsPlus

Examiner Comments

Part (a) gained 3 marks. There is a mark for the fixed draw information, one for what teachers were instructed to do, a third mark for the shock information and a fourth mark would be available for the verbal prods.

Part (b) gained all 5 marks available. Credit was given for the material on deception and also for consent. There was a third mark for the psychological harm comment and a fourth for the right to withdraw issue. This is the maximum for straightforward ethical points. The student identifies the improvement, and almost missed out. The relevant section starts with '... ensure that they had the right to withdraw from the first time of asking...' which would not be acceptable '...or after one verbal prompt.' Reducing the number of prods would improve the ethics and provided there is still at least one there it is testing the obedience level.

One way in which Milgram could have made his study more ethical is by leaving his participants their full right to withdraw and not verbally forcing them to continue.



ResultsPlus

Examiner Comments

This clip shows a typical, incorrect suggestion for improving Milgram's study, so was unable to access the fifth mark on what was otherwise a good answer.

Question 7

It was clear that students found this question challenging and few managed to gain all marks available. Indeed this was the question that many students opted to leave undone even when all other questions were answered well and gaining good marks. In part (a) students were asked to describe how someone with psychological knowledge would be able to exert social control in two different ways. The most successful responses were likely to use two from token economy, drug therapy and aversion therapy. Those who approached the question by looking at power theory or agency theory tended to be the least successful as the response lacked focus and rarely gave a real life example that could be credited. It is worth noting too that role models and SLT are very unlikely to gain credit here as an individual is considered to have a degree of choice on whether or not to emulate the modelled behaviour.

Part (b) required an evaluation of one of the methods on practical grounds and was generally better done than the description with token economy and aversion therapy often gaining 3 or 4 marks.

This is a truly synoptic question as students needed a broad overview of the specification as well as being able to drill down to specifics in order to do well. There were no marks available for merely identifying a way, there had to be reference to control in the real world and two different ways to gain full access to the mark scheme.

- 7 (a) Social control can be exerted by those who have psychological knowledge. This may be beneficial or harmful to the person being controlled.

Describe **two** different ways in which psychological knowledge could be used to exert social control over people's behaviour.

(5)

Through the knowledge of the learning approach, many people, in fact masses of people can be taught and motivated to ~~kill~~ ^{follow rules} ~~commit genocide~~, through the ^{use of operant conditioning} ~~social learning theory~~. As ~~people~~ criminals are kept in jails, the programme TEP has been used on the principles of operant conditioning to control inmates behaviours, making them display a desirable behaviour through ~~reward~~ secondary reinforcers (tokens) and therefore receive primary reinforcement as they can spend the tokens thus ~~is~~ motivating the inmates to show a ~~desirable~~ ~~behaviour~~ desirable behaviour, and has real life application. Unfortunately through the knowledge of the social approach, people can learn to lead people to do disastrous things ~~such as~~ ^{the} genocide of Rwanda. Leaders can pose as a authoritative figure, and cause agentic shift to the followers and populations so they'll become agents and follow orders without guilt or question as

They are in an agentic state. ~~They~~ Therefore if bad people understand how the human mind works, with psychological knowledge they can influence people's thinking patterns and cause people to believe or do things they wouldn't normally do through influence.



ResultsPlus

Examiner Comments

Part (a) received full marks, one of the few that did, better answers often achieved 2+2 for their 'ways', this one managed 3+2. Token economy gains 3 marks, one for the theoretical link that it uses the principles of operant conditioning and a further two marks for the worked example. There are 2 marks for the agentic state material, so this is an example of how it can be used to gain credit. Credit is given for the leaders causing agentic shifts as well as the concluding sentence of how 'bad people ...with psychological knowledge ... can ...cause people to believe or do things they would not normally do..'



ResultsPlus

Examiner Tip

If a question asks for psychological research or psychological knowledge make sure you include some theories or studies, but use them, brief reference is insufficient.

The evaluation had to be practical and only a few students made ethical points, most were well focused and chose the easier of their two ways to evaluate.

(b) The social control that can be exerted using psychological knowledge has both benefits and costs.

Using **one** of the ways of exerting social control you described in (a), assess the practical implications of this type of social control.

(4)

Token economy as a form of social control can be very practical as it an easy ~~and~~ non-time consuming method. It is sometimes criticised for only working in certain social situations with certain behaviours however, for example using it to control behaviours in children with ADHD at school will be more effective than using it in prison where offenders may find it patronising and like beyond social control.

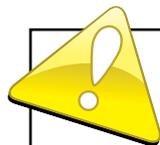
No trained professionals are needed to carry out this method. Therefore in this sense the simplicity means it is very practical and research evidence success previous ~~behaviour~~ ~~dog~~ study skinner pigeon study previous evidence that these schemes can be successful.



ResultsPlus

Examiner Comments

There is a lot of material here that is surplus to requirements. It gained 3 marks. There is a mark for token economy being '... very practical as it is an easy, non-time consuming method.' The next sentence comparing its use within schools and prisons says a lot before getting to anything creditworthy. A mark is awarded for offenders may find it patronising. There could have been a mark earlier if there had been some explanation as to why it may be more effective with children. The third mark is for the comment that there is no need for trained professionals. Skinner's pigeons gets no credit as this is supposed to be about social control and it is not clearly explained either. Study evidence that would have gained credit here would have been something such as Hobbs & Holt or Ayllon & Azrin saying something such as these researchers showing that TEP was used to successfully shape and modify the behaviour of the participants in the programme, with a comment to make it specific to that study.



ResultsPlus

Examiner Tip

Is the study/theory you include in your answer relevant to the question? Studies and theories need to be relevant to gain credit.

Question 8

This research methods question proved to be more challenging than those set in recent years. Since the start of the current specification, and the introduction of questions on research methods as part of the issues and debates section, students have been improving the quality of the responses offered. It is clear that most centres now teach students about answering research methods questions. However, it appears that some students come away with a very narrow perspective on psychological research.

The question this time was posed in a more open-ended way than previously, asking the students to decide on both a research method, or methods, and then how it might be implemented. The majority of good responses were likely to focus on the use of some type of survey or surveys. The best responses were thoughtful about the size, structure and nature of a sample population, gave good ethical and practical points as well as some indication of how data may be collected. Unfortunately, there were a significant number of responses that, despite the clear direction within the question that this was a study into stress caused by a natural disaster, insisted in designing a laboratory experiment with artificially created stress. Answers that suggested (for example) taking a sample of people and exposing them to clips of film in a laboratory setting and measuring how stressed they became missed the point of the question and as such gained only a limited number of marks. Many, even very good responses, were wedded to the concept of a control and an experimental group and all the other aspects of an experimental design. Perhaps a greater emphasis when teaching the studies within the specification that do not use an experimental design, do not have control groups and so forth would be worthwhile. That way, students may start to appreciate that the laboratory experiment, while important, is not the only method of psychological research. Certainly the responses to this question that tried to create a design based on a conventional experimental design were the least likely to gain high scores.

This type of question is usually much better answered if the student spends a little bit of time planning what they need to include and thinking through their answer rather than writing what all too often seems like a stream of consciousness. If a plan is present and not crossed out its contents can be included in the marking, if it works to the advantage of the student.

*8 A research team is interested in conducting a study into stress. They decide to use people who have experienced stress caused by natural disaster. Examples of natural disasters include earthquakes, volcanic eruptions, avalanches or extreme weather.

Explain how the researchers may design and undertake a study into stress caused by a natural disaster.

You may wish to include the following information in your answer:

- finding a suitable sample
- deciding on an appropriate research method or methods
- ways of collecting data
- practical issues
- ethical considerations
- length of time the study will last

(10)

Plan .

~~(Suitable sample - where natural disaster happened, e.g. America + ^{hurricane} in Jersey, one chosen~~

can ask to PPS.
Questionnaire - Lyrat Scale - Quantitative
Interview - Losses etc qualitative
Independent done
Practical - long time to transcribe
Longitudinal - when first happened, 6 months
may drop out after, 1 year after 5 years
after
may experience psycho harm/stress

Firstly, the research team must take into consideration the ethical concerns that may occur when dealing with the sensitive issue of stress. If the PPS has just been in a natural disaster, they are likely to have lost a lot. Therefore questions would need to be sensitive in order to not provoke any more psychological harm. The team was also want a counsellor to be available throughout. To find a suitable sample should not be hard, the team should research where the most recent disaster took place then ask affected people to participate in their study, once initially interviewed and given a questionnaire, ask for them to suggest others, in a snowball effect. The research method to be used would

be in a laboratory using an initial questionnaire, which would be sent home, including a Lyot scale asking feelings on ~~each~~ ^{different} aspects, this would gain quantitative data. The pps would then be asked to bring the questionnaire in when interviewed, ~~which would be~~ The interview would ask personal questions about the losses. ~~It~~ It would be ^{recorded then} transcribed and a psychologist would also observe and analyse facial expressions and voices to look for the underlay of stress. This would then be repeated 1 month after the incident, then 6 months, a year then again at 5 years, to measure the stress over the period of time. The practical issues are that the pps may drop out over time, it would cost a fair bit for the repeated analysis and it would take time to transcribe the results. Lastly, at ~~the~~ ^{each measuring} start, ~~and~~ point, the pps would be asked to participate in ~~a~~ a course of free association and psychoanalysis so the unconscious is also measured. After they could cross-analyse the results and triangulate them to get valid results.



ResultsPlus Examiner Comments

This question was marked using levels

This response is in level 4 for 9 or 10 marks. The description for level 4 states:

- description shows excellent understanding of the issues involved in designing an appropriate study
- most of the key issues such as sample type and recruitment, data collection, type of data etc tackled
- a range of practical and ethical issues appropriately addressed
- flaws/gaps will be minor though may mean it is not entirely practicable. However the response should be sufficiently detailed that replication could be attempted with reasonable hope of success.

In all cases this response achieves those criteria therefore it is level 4. When deciding between 9 or 10 the question is then asked whether, under exam conditions with unseen material we can reasonably expect any better, we cannot so it gets the full 10 marks. We ignore the fluffed reference to doing the questionnaire in a lab, as this is a very good answer.



ResultsPlus Examiner Tip

Questions benefit from planning - two minutes spent planning will gain more than an extra 2 marks.

]

Question 9 (a)

This was the more popular of the two questions. Many responses showed good knowledge and evidence of having considered contributions from the various approaches in the classroom. Popular contributions from the Psychodynamic approach included the use of psychoanalysis as therapy, dream analysis as a means of therapy and understanding the development of gender and thus how children should be raised in the family. One problem encountered in contributions from the Psychodynamic approach was candidates who suggested a contribution from this approach to society was understanding the problem of false memory syndrome. This was usually well-described and the Beth Rutherford case study was often cited but the students seemed oblivious to the fact that this is a problem created by psychoanalysis not something it helps with.

The two most popular choices of contributions from the Social approach considered why blind obedience and prejudice occur and how to tackle and reduce these blights on society. Less common, but usually extremely well done, was the social approach to therapy, either Assertive Community Therapy or Care in the Community. Once more there were a significant minority of responses where an erroneous contribution was identified with the approach. In this case it was the description of Social Learning Theory. Needless to say, such material gained no credit. A considerable number of students either only did one approach, only did one contribution from each approach, or did not attempt a comparison on the usefulness of the contributions. It should be remembered that the synoptic essay is marked out of 12 for content and then there are 6 marks for structure. Thus, although six pages are given over to the question in the answer booklet the examiner is not expecting a six page essay. An essay of three to four pages is usually more than adequate to attain a high mark, the secret is getting a balance between the various elements in the essay. In addition, because the structure mark is awarded separately, it is possible to achieve a structure mark and a content mark that are proportionately very different. In the case of this essay, a student who failed to tackle one of the approaches at all could not achieve above level two on content. However if what was presented well presented and balanced, the structure mark could easily achieve well above half marks. Consequently, while some good students may have fretted as they were unable to complete the essay they may well have achieved around two thirds of the marks available, on a par with the overall score level for an A grade.

In order to get good marks here students needed to think and plan. This is a really well organised response showing how to optimise time and marks. The writing may be a little smaller than average but the essay is probably about 1000 words long, and well short of six pages, demonstrating that there is no need to do a super long essay to do well.

The psychodynamic approach has provided us with the therapy psychoanalysis, the aim of psychoanalysis is to uncover the patients unconscious ~~thoughts & desires~~ ^{thoughts & desires} and desires which could be the cause of the mental illness. Patients are asked to talk freely about themselves and ~~what~~ ^{whatever} comes into their head with no censorship. The therapist will then make a note on everything and when the problem has been discussed they are able to offer insight to the patient, helping and explaining to consciously come into terms with their problem.

Psychoanalysis is very beneficial as it is very in-depth, it is holistic in the sense that it looks at everything e.g. childhood memories, and relationships, so a cure is more likely.

Another contribution from the psychodynamic approach is that it has helped us understand personality development. Freud states that there are 5 stages of development that everyone goes through; oral, anal, phallic, latency & genital. ~~There~~ There is a libido in each stage where fixation can occur, if children have not gone through each stage successfully, this can affect our personality development when we are adults. Freud also talks about the oedipus complex where he states boys ~~are~~ have this unconscious rivalry with their father for their mother's love which can lead to castration if their father finds out as punishment which is what leads to castration fears. Freud's theories have given us knowledge about the importance of the same sex parent as a child as this could affect our personalities when we are adults.

Freud's theories were gender based as it stated that the phallic stage wasn't that important to women and that they were inferior to men & and suffered penis envy.

The Social approach helps explain blind obedience, in Milgram's original study it shows the power of an authority figure on an individual as ppts obeyed & even if it meant harming another person. Milgram showed how individuals obey authority figures because of the situation they are in not because they're evil. Milgram's

variation study showed that ppts were more likely to obey when fellow ppts obeyed also were more against the authority figure when others did so first. This has been recognised in jobs such as police and army where badly obeying an authority figure can result in illegal acts of death. They should be taught to ~~use~~ use a superior figure if they think something is morally wrong. Milgram's studies are high in reliability as these were standardised procedures and extraneous variables were controlled e.g. ppts ~~to~~ all went up in intervals of 15 volts at a time, this means the study is easily replicable and ~~to~~ show consistent findings.

Another ~~cont~~ contribution from the social approach is that prejudice is explained. Tajfel showed that prejudice arises from 3 steps. Social categorisation is the automatic act of categorising members of the public into in-groups and out-groups. Social identification is when we identify with our in-group, adopting norms and values, e.g. members of in-group would all like the same music. Finally social comparison is when we put down out groups and bring up the in-group when given the chance to raise our self esteem.

This has explained real life situations such as football fans e. Social social categorisation occurs when opposing fans become in-group/out group. Social identification occurs when they all wear the same jerseys. Social comparison; in-group put down the out-group by singing abusive chants. ~~However~~ ~~social~~ ~~comparison~~ Social

Learning theory offers a too simplistic solution and
 is easy to eliminate ^{and} in-groups ~~to~~ out-groups
 to reduce ~~prejudice~~ ^{prejudice} as group formation is a
 naturally occurring behaviour in society. It is supported
 by realistic conflict theory as both theories suggest
 prejudice arises from in-group/out-group dynamic
 Both the psychodynamic approach ~~to~~ and social
 approach contribute to society. psychodynamic ~~offers~~ ^{offers}
 improves people's life through treatment ^(psychoanalysis) and social offers ~~to~~
 avoid illegal insight to offer illegal acts through blind obedience
 to avoid events like the mar lai massacre, they
~~both~~ both are useful at improving human behaviour
 and the way of living



ResultsPlus Examiner Comments

This essay has two separate marks. One out of 12 for content and the second mark out of 6 for structure. This response gained the maximum 12 + 6. It is not perfect, but examiners are not demanding perfection under exam conditions.

This essay identifies and describes the first contribution, psychoanalysis, then evaluates it before going on to the second psychodynamic contribution and repeating the formula. The pattern is repeated systematically for the two social contributions, (remember that an application is considered as evaluation too). The essay is rounded off with a comparison. The simple question here for content is whether, under exam conditions you could reasonably expect any more, remember that even if they have planned time wonderfully the candidate has no more than about 20 minutes of writing time for this question. So this essay gains full marks, 12, for content.

The structure marks (maximum 6) is awarded separately for this essay. This essay is very well-organised, uses plenty of good psychological terms appropriately, words are generally spelt correctly and the sentence structure is sound, so again top marks.



ResultsPlus Examiner Tip

- Think
- Plan
- Organise
- Write

The problem illustrated in this response was seen a great deal on the essay. The student clearly ran out of time, however with a little forethought more marks may have been gained having written no more, just by thinking a little more about his or her choices.

The social approach has given many contributions to society that have given us understanding of the world. By using Milgram's Agency Theory on how humans turn from the autonomous state to the agentic state when we are in the presence of an authority figure, and how we undergo moral strain and go against our free will by following their commands has given us an insight on the reasons for the Holocaust and how to prevent this in the future. Work from Milgram himself has shown how we are willing to risk someone else's life just because a man in a lab coat tells you to. This is a strong ~~of~~ contribution to society as this has shown the power of authority figures and how destructive obedience can be. The social approach has also given us an insight into how and why prejudice occurs through the Social Identity theory this theory shows how humans go through three stages of ~~giving~~ an in-group creating out-groups that then eventually

to discrimination and prejudice against others. This has been seen in Sherif's Robber's cave experiment of which showed hostility between two groups purely for being separate. The study showed what the theory believed that this conflict can be solved through the investment of a common goal forcing the groups to come together. This can be applied to violence between football fans, through charity football matches the common goal is to raise money for charity. Psychodynamic approach has emphasised the importance of the early years.



ResultsPlus
Examiner Comments

This student makes a good attempt at the social contribution, however runs out of time so that there is just a short sentence on a psychodynamic contribution. This means this response cannot gain more than a level 2, it was awarded 5 marks for content. An answer which gave one social contribution in as much detail as here, one psychodynamic contribution in the same amount of detail and then given a couple of sentences on the other two contributions would probably have got into level 3.

Question 9 (b)

This was the less popular choice. Students clearly fight shy of the 'unseen scenario', yet these have the potential to provide the well prepared students with good marks. Explanations from the cognitive approach dominated these answers with a mixture from cue dependency, multi store model, levels of processing and interference being applied. Repression from the psychodynamic approach was also popular as an explanation and there were examples from other areas too. In general each explanation offered was well explained, evaluated and linked to evidence showing good knowledge and there were many good ideas of how to solve the problem for Conrad.

In general, the amount that students needed to write here was significantly less than for the other essay question. As this question is an unseen stimulus allowance is made for the extra thinking time needed to plan an answer and thus examiners will award marks more readily for this response.

Almost without exception the responses to this question were contextualised.

The cognitive approach may explain Conrad's mind going blank because of the importance of cues on memory memory.

If Conrad learnt his lines in a place other than the stage such as at home, it ~~is~~ may be suggested that Conrad does not have the necessary context cues to help ~~recall~~ remember his lines and stage direction.

Furthermore, as Conrad feels nervous, this may not reflect ~~as~~ how he felt when learning his lines. If he remained calm during learning, then his emotional state means the lines associated with feeling calm is not remembered.

As Ahmed is not present, this may also be an important cue in remembering, as he may have associated certain information with the presence of Ahmed.

It may be better, however, that Conrad

Leons and practices his lines ~~but~~ whilst on the stage, with other actors, and remain calm before going on stage. In this way, the information will be more likely to be remembered as his state of mind at the situation he is in will reflect that of the real performance and he will be more likely to remember.

Whilst memory is not ~~not~~ cannot be ~~observed~~ observed, it may still be measured by recall, and studies have shown the importance of a similar context. Godden and Baddeley in particular ~~found that~~ ^{found that} those recalling in the same situation as they had learnt a list of words (under water or on dry land), ~~so~~ there was 50% better recall than those recalling in a different context to where they learnt.

~~However, this may ignore the importance of other factors of memory. For example, Freud and the psychoanalytic approach may instead argue that Carole's inability to remember is due to a fixation in a pre-attic stage in early childhood.~~

However, this may ignore other important factors of memory, such as our biological capacity to remember information, or a ~~pre~~ genetic

predispositions which may make memories worse in stressful situations.

The biological approach ~~may~~ therefore argue that Conrad's inability to remember is not to do with the way in which he remembered but the ~~cause~~ activity and interaction of factors such as his genetics, hormone levels and brain structures.

High levels of dopamine in the brain which increases the activity in the dopamine reward system may lead to high levels of arousal and therefore lead to nervousness.

Yerkes Dodson's law would then argue that this heightened arousal worsens recall of memory, and ~~weakens its~~ ^{associated with} ~~ultimate~~ ~~importance~~ ~~by~~.

Alternatively, areas in the brain may be more or less active than that of a normal baseline and lead to ineffective memory.

Whilst these factors are arguably more measurable than ideas from the cognitive approach by use of brain scans to look at function or structure, any link between the brain and memory can only be an association and never a direct one. For example, neurocodes do not contain that an area of the brain thought to be linked to memory directly affects

Conrad's memory at the time of the event.

The idea of cues, however, is much more readily and ~~reliably~~ measured, as factors can be controlled to look for a direct cause and effect between context and ability to recall.

Moreover, the Navy gives Conrad greater opportunities to improve his learning technique and try to ensure he remembers his lines whilst the biological aspects are fixed and arguably unchangeable.

Overall, memory is a difficult concept to investigate, as it cannot be physically seen or be accurately measured, so instead must be measured by recall. This makes many ~~former~~ ~~the~~ objective studies less reliable and often less valid, as memory ~~is~~ may alternate dependent on individual differences. ~~It~~ It may be best to report that Conrad used a range of techniques to remain relaxed by drug therapy or by using cues to try and ~~improve~~ recall specific ~~in~~ ^{we research} taking a holistic approach and aiming to improve ~~at~~ ~~specific~~



The alternative synoptic essay is again awarded a mark out of 12 for content and a separate mark out of 6 for structure. This essay gained 9 for content (top of level 3) and 4 for structure (top of level 2).

This essay starts with cue dependency as an explanation, it is clear and well done, offers a strategy for improving Conrad's ability to learn and remember his lines as well as supporting research evidence. The material on biological constraints is vague and poorly focused, arousal while accurate is very brief, it was the weakness of the biological material that prevented this response achieving a level 4 as the early material was very good indeed. In recognition of this it achieved 9 for content.

Structure was awarded a mark of 4. There were a number of grammatical and spelling errors, psychological terminology was good and organisation was reasonable hence top of level 2 with 4 marks.

Paper Summary

Based on their performance on this paper, students are offered the following advice:

- plan as this saves time
- complex questions where all the elements are not addressed will lose vital marks
- succinctness is always worthwhile
- a point fully made and elaborated does not need to be long, it does need to be to relevant
- time management is important in all examinations
- synoptic papers draw on and will examine the whole course, so revise AS as well as A2 material.

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



Llywodraeth Cynulliad Cymru
Welsh Assembly Government



Pearson Education Limited. Registered company number 872828
with its registered office at Edinburgh Gate, Harlow, Essex CM20 2JE