



General Certificate of Education

Psychology 6186

Specification B

Unit 4 (PYB4) Child Development and Options

Report on the Examination

2007 examination - January series

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Unit 4 (PYB4): Child Development and Options

General

Some very high quality scripts were seen, but there were also large numbers of weak answers. Apart from Question 2, there seemed to be no obvious preference for any other particular Child Development question. As in previous sessions, Questions 6 and 7 were the most frequently answered of the Atypical questions, although Question 5 was also quite popular this time. With the exception of Question 12, very few candidates attempted the Health questions. All the Contemporary sections tended to be popular, with criminological psychology being the most frequently answered in the Contemporary section. Again, it was evident that some candidates did not have any choice in which questions they answered, suggesting centres are opting for the minimum coverage of the specification. The quality of written communication observed on some scripts was decidedly poor.

Question 1

Most candidates managed to get at least two marks for part (a) and there were many full mark answers. Although the Strange Situation was the usual focus for answers to part (b), candidates referred to a variety of techniques including those used by Harlow, Bowlby and Rutter. As long as the focus was on the technique rather than findings of a specific study, candidates tended to do quite well. Occasionally, less well-organised candidates referred to a number of different studies, leaving the examiner to identify the one technique that would gain the most marks. Answers to part (c) varied enormously but were generally much better than the last time this question appeared. Weaker answers referred mainly to Bowlby's theory and had little content relevant to caregiver-infant interactions. Better answers considered findings in relation to smiling, imitation and reciprocity, linking these well to the topic of attachment. On the whole, weaker performances on part (c) tended to be off-set by competent answers to the earlier parts of the question.

Question 2

This question was extremely popular, perhaps because candidates were attracted by Piaget as the focus for part (c). Part (a) was rarely well answered, with some very ambiguous examples, showing that many candidates still struggle with the concept of representation. The most common similarity used in part (b) was the influence of social factors on cognitive development. Discussion was rare, although some candidates used evidence to good effect or referred to implications, for example, in relation to education. Unfortunately, it seemed that some candidates had not considered part (c) of the question carefully enough, because many were unable to restrict the content of their answers to (a) research and (b) the two named stages. As a consequence, examiners saw many general discussions of Piaget's theory as a whole. Where candidates strayed outside the two named stages, for example, referring to the pendulum task research into formal operational thought, this was credited only if they made a clear link to the named stages. Thus a candidate could gain credit by stating that a child in the concrete operational stage would perform poorly in the pendulum task.

Question 3

The main problem for candidates answering part (a) was in reducing their knowledge of the dilemma technique to provide a sufficiently concise answer. In fact, many candidates wrote overlong responses, which, whilst gaining full marks, did limit the amount of time they could spend elsewhere on the paper. One important skill in examinations is that of extracting key

points required for the shorter questions. It was evident here that candidates had learned the material in depth, but could not provide a concise overview. In part (b), most candidates correctly identified Kohlberg and provided reasonable explanation. Psychoanalytic theory was less often seen as the second relevant theory and several candidates who saw the reference to sex differences apparently jumped to the erroneous conclusion that the second theory must be that of Gilligan. Any subsequent explanation based on Gilligan was then irrelevant to the question about male superiority, although a lot of candidates apparently failed to notice they were missing the point of the question. Being a very straightforward question, part (c) was usually very well answered, with sound description and what looked to be fairly well-rehearsed discussion.

Question 4

This was a less popular question than in previous sessions and answers varied enormously in both content and depth of discussion. Part (a) was usually well answered, although some responses were fairly anecdotal. Part (b)(i) presented few problems for candidates, with a wide variety of acceptable answers. Many candidates scored full marks here. Responses to part (b)(ii) were of variable quality and it was often very difficult for examiners to discern two possible implications. Given that many implications overlap, any relevant material that could be construed as either one implication or a second implication was credited. Unfortunately, it did seem that a number of candidates were unaware of the meaning of the word 'implications', as they presented rambling answers on irrelevant aspects of giftedness, including explanations. A large number of responses were repetitive and consisted mainly of dismal accounts of single individuals whose lives had been blighted by their giftedness. However, despite considerable problems with this section for large numbers of candidates, there were some outstandingly well-informed and cogent discussions, which were supported with relevant evidence.

Question 5

Very few candidates could offer a clear outline of the term 'stereotyping', although most managed marks for application through linking the examples with either sex or age stereotyping. As is often the case, it appeared that candidates knew the meaning of the term but could not adequately express it in words. Susannah was most usually thought to be suffering from depression because of her advanced years and Jack was often identified as being stressed with work and partying. Candidates found it similarly difficult to define the terms in part (b), although yet again, most managed to offer some relevant application. Answers to part (c) tended to be competently done, with most candidates choosing deviation from statistical and social norms as their preferred definitions. Some candidates offered more than two definitions, leaving examiners to extract the content worthy of the most marks. Additional definitions were accepted where they were clearly presented as part of the discussion. It was not necessary to refer to both practical and ethical problems for maximum marks, although most candidates did refer to both types of issue. Discussions sometimes veered off course where candidates began to discuss problems of diagnosis and an even more disastrous error was to focus on the medical model rather than definitions. In these cases, any incidentally relevant content was credited.

Question 6

This was a very popular question. Part (a) was usually well answered, with candidates neatly differentiating between the two aspects of the disorder and providing a relevant example, most frequently hand-washing or lock-checking. Part (b) was often poorly answered, with a number of candidates offering little more than examples of a traumatic event. For more than one mark, they needed to go further, for example by referring to biological factors. Thankfully, very few candidates failed to notice the shift from anxiety disorders in parts (a) and (b) to eating disorders

in part (c), with the result that there were far fewer totally irrelevant answers to 6(c) than in previous sessions. Although some weaker candidates focused on genetic explanations, most candidates were able to present informed and well-structured responses to part (c), with detailed discussion of social learning and family-based explanations. It was pleasing to see appropriate use of psychological terminology and a variety of research evidence in many answers.

Question 7

Although particular therapies were rarely named in answers to part (a), relevant elements of cognitive therapy in general were frequently apparent and often gained full marks. Occasionally, candidates mistakenly described psychoanalytic therapy or behaviour therapy. Answers to part (b) usually focused on genetics or neurochemistry, although there was sometimes evident confusion with unipolar depression. Most candidates attempted brief discussion, often commenting on the problems of twin study evidence. Occasionally, candidates misread part (c) as a question about depression, although this mistake was thankfully rare. Most answers had description of at least two explanations for schizophrenia, and many offered more. Candidates choosing to use two biological or two social explanations could gain full credit, but a combination of biological and social explanations often enabled greater opportunity for discussion and allowed for easier access to application marks. Most candidates picked up on the clues in the scenario and gained marks for appropriate application.

Question 8

This was not a very popular question but it tended to be quite well answered as a whole, perhaps because of the accessibility of part (c). In part (a), most candidates could identify two relevant features with frequent references to dream analysis and free association. Answers to part (b) tended to be very weak. Many were poorly focused: only occasionally could candidates explain what was meant by personal, social or cultural in the context of the question. Part (c) was usually quite well answered. Many candidates demonstrated detailed knowledge of either general aspects of behaviourist therapies, or individual behaviourist therapies such as systematic desensitisation. Most candidates at least attempted to explain the link between behaviourist assumptions about causes of atypical behaviour and behaviourist therapies, although the explanations were often fairly implicit. The very highest marks were reserved for those candidates who offered explicit and detailed links between assumptions about cause and therapy.

Question 9

Few candidates opted for this question but it was generally very well answered. Explanations were sound in part (a)(i) and there were many full-mark answers. Part (a)(ii) was similarly competently done with some well-focused explanations of how visualisation has been used with cancer patients. In part (a)(iii), most answers centred on meditation and aromatherapy: again, explanations of the use of each method were usually clear and to the point. Other complementary approaches were rarely seen but accepted if valid. Being a fairly broad question, part (b) seemed to present a challenge in terms of organisation, although most candidates appeared to be quite knowledgeable. Better marks were awarded to those candidates who managed to structure the material and focus on problems defining health and illness rather than the concepts per se.

Question 10

Very few candidates attempted this question. Answers to part (a) were competent, referring most usually to lifestyle factors such as smoking and high blood pressure. There were surprisingly few references to Type A personality as a factor. Part (b) was often very poorly answered, with typical answers referring to generic self-help groups and little else. Some excellent answers to part (c) were seen, with descriptions of a variety of ways of measuring pain. Evaluation was thorough and appropriate, although some answers were a little weak on evidence.

Question 11

Few answers to this question were seen, and those that appeared tended to be lone candidates within a centre. As such, it is likely they had not studied for this topic and the quality of the responses tended to suggest this. Only rarely could candidates refer to a recognisable theory of lifestyle change for part (a). Those who could mention a theory at all tended to base their response on various general psychological theories such as behaviourism or social learning theory, gaining very few marks. Part (b) tended to yield mostly anecdotal answers which could rarely be awarded any marks at all. Part (c) was rather better answered than the previous two sections, with candidates showing some awareness of behavioural methods, such as diary-keeping, goal-setting and reward systems.

Question 12

This was not a very popular question this session and, overall, tended to yield quite low marks. Most candidates were well informed about the role of the endocrine system in stress and there were many full mark answers for part (a). Part (b) tended to be less well done; few candidates made reference to conscious control of autonomic functions, although many could give accounts of examples of the process. Indeed, most marks on this part of the question were gained via use of an example. Part (c) answers were often very disappointing. Many consisted of several named defence mechanisms, which were then described in a general sense without any reference to the role they might play in helping someone cope with stress. Discussion was rare indeed, although some candidates did consider the usefulness of defence mechanisms in coping with stress, both in terms of their practical application and their theoretical underpinnings.

Question 13

This question was more popular than in previous sessions, perhaps because candidates were attracted by the fairly obvious accessibility of part (b). Answers to part (a) tended to gain at least one mark. Although perhaps an uplifting and attractive scenario question, part (b) failed to discriminate, with most candidates being awarded full marks. Just occasionally, candidates chose a factor which could not be linked to the scenario, such as physical attractiveness. In such cases, a mark was awarded for the factor, but candidates had to forfeit the application mark. Part (c) has appeared on the paper in a previous session and most candidates seemed well prepared. There were some very capable discussions in which candidates made extensive use of a range of evidence, including LeVay's work on the hypothalamus and more recent studies of differences in brain structure between heterosexuals and homosexuals.

Question 14

Large numbers of candidates who attempted this question named the correct effects in parts (a)(i) and (a)(ii). Sadly, examples of these tended to be quite confused and many candidates

simply paraphrased the definitions given in the question, so few candidates gained full marks here. Part (b) presented fewer problems and most answers were able to offer an appropriate strength and limitation of restricted-choice experiments. Answers to part (c) varied enormously. At the top of the range, there was clear differentiation between micro and macro psychokinesis research, with in-depth discussion and detailed knowledge of research studies. At the lower end, there was often confusion between micro and macro research along with superficial generalised discussion. At this level, descriptions of evidence tended to lack detail, often consisting of little more than passing references to case studies. Just occasionally, candidates made the very basic error of straying into a discussion of evidence for and against extra-sensory perception.

Question 15

This continues to be a topic gaining in popularity. Part (a) was usually well answered, with most answers gaining 2 or 3 marks. Part (b) was usually reasonably well answered. Most candidates could identify an appropriate substance, often alcohol, and present some discussion. Most usually, the discussion focused on implications and/or use of evidence. Part (c) responses were variable and unusually tended to gain more marks for AO2 than for AO1. The poor marks for description seemed to occur mostly because knowledge of the classical conditioning process and associated behaviourist terminology was less than sound. There were many mislabelled and confused diagrams. Candidates could gain some marks for examples of aversion therapy such as rapid smoking, but, for marks in the top band, answers really needed to demonstrate sound theoretical knowledge.

Question 16

Most candidates managed to get at least two marks for part (a), usually through reference to aspects of the superego or Bowlby's theory of maternal deprivation. However, a surprising number of answers indicated real confusion in relation to the roles of the id, ego and superego in Freud's personality theory. Part (b) was answered well where candidates focused on Eysenck's explanation for criminality: however, large numbers of responses referred to Eysenck's general theory of personality without making the necessary link to offending. Answers to part (c) often started promisingly with some knowledge of behaviour modification, usually token economy systems. It was quite disappointing, however, to see so few references to behaviourist concepts such as operant conditioning and reinforcement. Many candidates seemed unaware of behaviour modification as a named treatment and wasted considerable effort in describing and discussing other treatments at length, usually anger management and social skills training, without making even a cursory attempt to link them to the question.

Mark Ranges and Award of Grades

Grade boundaries and cumulative percentage grades are available on the [Results statistics](#) page of the AQA Website.