



General Certificate of Education

Psychology 2181

Specification A

**Unit 4 (PSYA4) Psychopathology,
Psychology in Action and Research
Methods**

Report on the Examination

2010 examination - January series

Further copies of this Report are available to download from the AQA Website: www.aqa.org.uk

Copyright © 2010 AQA and its licensors. All rights reserved.

COPYRIGHT

AQA retains the copyright on all its publications. However, registered centres for AQA are permitted to copy material from this booklet for their own internal use, with the following important exception: AQA cannot give permission to centres to photocopy any material that is acknowledged to a third party even for internal use within the centre.

Set and published by the Assessment and Qualifications Alliance.

The Assessment and Qualifications Alliance (AQA) is a company limited by guarantee registered in England and Wales (company number 3644723) and a registered charity (registered charity number 1073334). Registered address: AQA, Devas Street, Manchester M15 6EX
Dr Michael Cresswell Director General.

Unit 4: (PSYA4) Psychopathology, Psychology in Action and Research Methods

General Points

This was the first sitting of PSYA4 and candidate performance was very varied. Some candidates were extremely well prepared and wrote excellent, well-focused answers. At the other end of the scale, some candidates were simply not able to select and use material effectively to answer the questions.

Most candidates were able to complete all the required questions although they did not always allocate their time appropriately. One problem for many candidates was that they seemed unclear how much to write for each question. For example, some wrote over a page for 2(a) (worth 5 marks) or a whole paragraph for 7(a) (worth 2 marks) but only wrote a few lines for 5 (b) (worth 10 marks). Many candidates also failed to achieve the appropriate balance between AO1 and AO2/3 in their answers. In certain questions where the injunction (discuss) signalled AO1 and AO2/3 where required and the mark allocation a 5 + 5 or 4 + 6 split was indicated in brackets, some candidates offered no AO2/3 material at all.

A significant minority of candidates wrote their answers in a rather haphazard way eg 2 (a) and (b) followed by 5(a)(i) 7(h) and then back to 2(c). While all answers were marked, this strategy was not in the candidates' best interest. Many of the questions, particularly in question 7, follow some sort of progression and it makes sense to tackle them in order. This chaotic approach also led, in some instances, to candidates missing out one component of a question.

There was evidence that candidates had been taught to include approaches, issues and debates in their answers. Most candidates were able to demonstrate understanding of various approaches and were able to integrate this knowledge appropriately into their answers. In most cases, however, the same could not be said about issues and debates. Frequently these seemed poorly understood and candidates often did little more than identify certain issues and debates with no attempt to elaborate eg *'This shows the nature side of the debate'*. One recurrent theme was to equate biology with nature as if none of the nurture factors experienced during a life-time have any impact on our biological functioning. Candidates also rarely attempted to make their reference to issues/debates relevant and meaningful (eg as commentary on the behavioural/biological/psychodynamic explanation of phobias - *'This is determinist because it takes away your free will'*). This lack of understanding was particularly true of reductionism, where every explanation was seen as being reductionist *'because it ignores all other explanations'*. This phrase was repeatedly 'dropped' into essays like a kind of mantra even where it was clearly inappropriate. Freud's explanations, for example, were frequently described as reductionist in spite of the fact that he attempted to integrate biological, social and psychological forces into his theory. Even in cases where reductionism might be a relevant issue, for example, in genetic explanations, there was no attempt to elaborate. Issues such as cultural and gender bias were also frequently misunderstood and were often confused with cultural and gender differences.

Candidates need to be aware that they will only gain credit for reference to issues and debates if they are addressed in a meaningful way which suggests understanding. On PSYA4, there is only a specific requirement to refer to approaches, issues and debates in Section B: Psychology in Action and even there, the rubric contains the phrase 'where appropriate'. In Section A, there is no specific requirement to address approaches, issues and debates, but the nature of most of the questions invites their consideration. Candidates should focus on answering the question that has been set and to introduce discussion of approaches, issues and debates only where it is sensible to do so and where such references will contribute to effective evaluation/commentary.

Quality of written communication is no longer an 'add-on' mark and examiners now consider quality of language as an integral part of the mark scheme. It was noticeable that some candidates failed to access top mark bands because the standard of their English expression was so weak. Even where expression is acceptable, many candidates write long, rambling, often repetitive descriptions which are not relevant to the question. It is important for candidates to practise writing clearly and succinctly, particularly for the short answer questions so that they do not waste time on lengthy descriptions that gain little or no credit.

Section A: Psychopathology

Question 1

Some candidates wasted time in their answers by including detailed descriptions of schizophrenia or explanations of its origin. This was only creditworthy where it provided clear underpinning for the explanation of the therapy. There were some excellent well-detailed answers, especially on drugs, where students showed an impressive knowledge of the relevant drugs and their mode of action. There were also some detailed accounts of CBT showing good understanding of how it works in the context of schizophrenia. Other psychological therapies were often less well done. For example, where candidates selected token economy, the description and evaluation lacked any understanding of how it is used with this particular client group.

Many candidates were not well prepared for this question and wrote generally about therapies without making them explicitly relevant to schizophrenia. Psychoanalysis, in particular, is difficult to make relevant to schizophrenia except in the rare instances when candidates referred specifically to the work of Sullivan. Some candidates, having given a general description of psychoanalysis then actually acknowledged that 'Freud said it wouldn't work'. ECT was accepted but, given that NICE does not recommend it as a first-line therapy for most cases of schizophrenia in the UK and that the APA in the USA suggest it only when other treatments have been tried and failed, it was disappointing to see so many answers in which it was offered uncritically as a mainstream therapy for schizophrenia. Similarly, 70 year-old psychosurgery techniques were often described in long and gory detail without any apparent understanding of current practice.

In some answers, the evaluation was actually better than the description and some candidates made good use of outcome studies to support their arguments. However, in many answers AO2/3 was generic and unsupported by evidence. The same points were repeated for each type of therapy. In particular, 'drop-in' references to issues and debates such as '*It is reductionist*' or '*It is determinist*' showed weak understanding and gained little or no credit. Candidates would have benefited from taking a little more time to plan their answer in order to achieve coherent elaboration and a clear line of argument.

Given the new organisation of the specification which requires candidates to have studied therapies in the context of a particular disorder, the lack of understanding and ability to make material explicitly relevant to schizophrenia shown in a large number of answers was rather disappointing.

Question 2

- (a) Candidates seemed well prepared for this question and there were some excellent, accurate answers. Some candidates missed out the most obvious characteristic of “sad mood” or failed to give any indication of the severity of symptoms.
- (b) Many candidates could not only clearly explain issues of classification/diagnosis but could do so explicitly with reference to depression. However, weaker answers were generic with little link to depression. A significant minority of candidates described at great length Rosenhan’s study of misdiagnosed schizophrenia with no attempt to make it relevant either to current practice or to depression.
- (c) There was quite a range of answers to this part of the question. Stronger answers included reasonable detail on drug therapy or ECT and showed understanding of the mode of action. Weaker answers lacked detail and accuracy. While some candidates were able to offer effective and appropriate evaluation, many demonstrated superficial understanding and listed points without any elaboration or link to depression eg *‘Drugs only treat the symptoms not the cause’*; *‘Drugs are a chemical straitjacket’*; *‘ECT is unethical’*. Another pitfall here was for candidates to drift into evaluation of the approach or the explanation instead of the therapy.

Question 3

This was, perhaps, surprisingly, the least popular question in this section.

- (a) Most candidates were able to identify two appropriate explanations. Learning theories and psychodynamic theories were often covered in more depth and with greater understanding than biological explanations. OCD and phobic disorders seemed equally popular. There were some very impressive answers, but also some which were quite muddled, often simply describing case studies such as Little Hans or Little Albert with no real explanation. Some candidates included evaluation in this part of the question, which could not be credited.
- (b) There was sometimes poor selection of material, and evaluation was frequently generic. This meant answers often lacked the focus and clarity needed for the higher mark bands.

Section: Psychology in Action

Question 4

- (a)(i) Most candidates were able to gain some marks here and they were aware of some of the ethical and practical difficulties of conducting such research. However, some candidates wrote generally about difficulties of research without linking it to this topic area. It is not a requirement to engage with the quote, but some candidates might have found it helpful to point them in the right direction. Some candidates completely misunderstood this question and wrote about research evidence.
- (a)(ii) Most candidates focused on anti-social effects but there were some good answers which acknowledged pro-social effects as well. The main problem for candidates here was selecting the right part of the study to use in their answer. Too many candidates simply described procedural details in great detail, without making it relevant to the question, ie without focusing on the findings and what they tell us. The commentary was often quite weak and very generic. Candidates need to pay attention to the division of marks, this was a 5 + 5 and their answers often didn't reflect this. Some candidates offered no evaluation/commentary at all so forfeited all the 5 AO2/3 marks. Some answers were not well focused on video games and drifted into descriptions of research into TV violence.
- (b) There were some really good answers showing excellent AO1 knowledge - often much more detail than would be necessary for 4 marks. However, some included descriptions of evolutionary explanations which were not creditworthy. More astute candidates were able to use evolutionary explanations as evaluation/commentary. A common pitfall here was to write anecdotal responses. Unfortunately, in many cases there was little or no AO2/3 material.

Question 5

- (a)(i) There were some good answers that demonstrated knowledge of the difficulties of surveys and of investigating sensitive topics, but many answers were not closely linked to gambling itself. Better answers made use of the fact that problem gamblers might not want to admit it and take part in research and the problem of social desirability. They also highlighted sampling issues and the difficulty of defining problem gambling.
- (a)(ii) Answers were often quite weak and many candidates seemed better prepared to discuss addiction in general rather than gambling in particular. Some candidates seemed to "think on their feet" and discussed the genetic transmission of an addictive personality, which might lead towards gambling, but others made little or no attempt to explain gambling. Others didn't read the whole question and included material that would have been better in part (b). Better answers used the behavioural approach, focusing especially on partial reinforcement, but some candidates were confused about the differences between operant and classical conditioning.

- (b) It is a shame that candidates did not give themselves time to plan here. Although many were not really prepared for a question on relapse, had they only stopped to think, they could have turned their knowledge about initiation and maintenance round and made the material relevant. Unfortunately, too many discussed why people *maintain* their addiction, usually to cigarettes, as this was mentioned in the quote. If they had used environmental cues or the discomfort of withdrawal symptoms in a more effective way, they could have gained more marks. However, there were some good answers here, mainly where candidates used biological or behavioural explanations.

Good answers often used alternative explanations as AO2/3. Some candidates were able to use material from health psychology eg theories of planned behaviour, reasoned action and the biopsychosocial model to answer this question effectively. Unfortunately, in many answers, evaluation was either weak or non-existent.

Question 6

There was a real centre-effect here. There were some really excellent answers, which were informed, accurate and full of detailed empirical research. Sadly, however, some candidates appeared to know very little, and what they did know was mainly anecdotal.

- (a)(i) The majority of candidates chose the appropriate test but a significant minority were unable to justify why.
- (a)(ii) Many candidates were able to identify a relevant ethical issue but then offered a very brief method of dealing with it eg '*give them a debrief*' or '*tell them what was going to happen*'. Given that ethics is a key feature of the AS specification, it was surprising how many candidates could neither coherently identify an appropriate ethical issue nor offer a workable solution to it.
- (a)(iii) Unfortunately, many candidates did not read the question carefully and simply wrote about research into psychic healing, without any mention of the underlying factors. Inevitably, where candidates failed to identify relevant factors the evaluation/commentary was adversely affected.
- (b) There were some really excellent answers here, where candidates were able to use research effectively with sound evaluation; but at the other end of the scale, there was little more than anecdote. Some candidates appeared to know some relevant research but described it so poorly that it was difficult for examiners to be able to identify it or understand what was done.

Section C: Psychological Research and Scientific Method

Question 7

Perhaps surprisingly, many candidates achieved higher marks for this section than for their other two questions. Most candidates attempted all parts of the question although a significant minority did not complete part (h) suggesting that they might have run out of time. This was a pity since this part carried 10 marks.

- (a) This was a straightforward question and many candidates accessed full marks but a surprising number were confused by median and range and some did not understand what the range indicated about the data.

-
- (b) Many candidates were very well prepared and got full marks here but some wrote very confused answers showing little understanding eg ‘Spearman’s Rho because it was nominal data and repeated measures’.
- (c) There was a centre effect here. Some candidates had a good understanding of Type 1 error while others had clearly never heard of it. Some understood what is meant by the term and offered a definition but were not able to apply their knowledge to answer the question.
- (d) Candidates offered a wide range of answers, although some were a little bit too brief or poorly explained to get both marks. There was some confusion about what is meant by a placebo and some candidates offered two explanations which were essentially the same as one another. Other candidates offered factors which could apply equally to the treatment and non-treatment group. It is important in this kind of question to read the stem carefully. Some candidates said that the therapists might have been biased in favour of the treatment group, but the stem clearly states that the therapist did not know who had been in which group.
- (e) A lot of candidates missed the point that the advantage/disadvantage needed to be in comparison to interviews. Many candidates gave advantages/disadvantages that could apply equally well to both self-reports and interviews. This was acceptable only if the candidate made it clear ie ‘*People are less honest in a questionnaire*’ was not creditworthy because it could apply to both interviews and questionnaires. However, ‘*People are less honest in a questionnaire because they are anonymous and feel they can lie about themselves without being found out. In an interview where they are face-to-face with the interviewer, they might find it more difficult to lie*’.
- (f) Some candidates wrote excellent consent forms containing both ethical and procedural information and expressed them in appropriate language. Some candidates had a very vague understanding of what needed to be included here, either only focusing on all the ethical issues (*you will have the right to withdraw your data, yourself etc*) with no mention of the procedures, or vice versa. Many adopted a rather inappropriate tone eg ‘*Once you have signed this form, you are committed to being in the study*’ or ‘*You have to subject yourself to an interview*’. It was surprising to see that a few candidates seemed to think a consent form acted as some kind of legal disclaimer – ‘*you may suffer harm but if you sign this you can’t sue us.*’

It was notable on this question that candidates who were able to express themselves clearly and succinctly were much more likely to access full marks. Many answers were so poorly constructed that the content was difficult to understand. Many switched confusingly between pronouns eg *They will have to have an interview. You can withdraw at any time. I agree to be part of this study.*

- (g) There were some very muddled answers to this question. Candidates often didn’t read the question carefully, and wrote something like ‘*Reliability means if you do the study again you will get similar results*’ for their definition and then didn’t know what to write for the next part of the question. Those candidates who explained it in terms of inter-rater reliability generally gained full marks. Some candidates did not read the question carefully and did not relate their answer to checking the scores in this particular study. Many candidates thought incorrectly that test-retest involved using different participants. Some candidates suggested split-half methods indicating a lack of thought about the question. Some candidates confused reliability with validity.

- (h) Many candidates showed limited awareness of a conventional reporting style. While it was not necessary to divide the method section into sub-sections, this strategy might have helped candidates to include all the relevant details. Weaker answers made no mention of gender or eating disorders and simply repeated details from the stimulus material. Many candidates completely lost sight of the fact that gender differences were being investigated and suggested randomly allocating participants to groups. A lot of time was wasted in including aims/ hypotheses and statistical analyses which do not form part of a method section. Better answers included appropriate detail of IV, DV, design, sampling method, materials/equipment and procedure which would have enabled replication to take place. As in (f), poor expression and grammatical errors often obscured meaning.

Mark Ranges and Award of Grades

Grade boundaries and cumulative percentage grades are available on the Results Statistics page of the AQA Website: <http://www.aqa.org.uk/over/stat.html>