



**General Certificate of Education (A-level)  
January 2012**

**Psychology A**

**PSYA4**

**(Specification 2180)**

**Unit 4: Psychopathology, Psychology in Action  
and Research Methods**

***Report on the Examination***

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

### ***General***

Whilst it is clear that most schools and colleges have addressed the specification revisions for PSYA4 there are some students whose responses suggest they have been taught the original specification. Students re-sitting units need to familiarise themselves with the changes to the specification.

There was evidence that many students had been prepared well for this examination. There were some impressive answers to questions in Section A on Psychopathology with detailed and accurate AO1 and sustained and effective AO2/3. Knowledge, understanding, and the ability to use the knowledge remain the key to good marks.

Most students continue to show less impressive abilities across all three topic options on Section B, Psychology in Action. On this section, effective application of knowledge is essential for reasonable marks. Evidence suggests that many students do not read questions carefully or use material effectively to answer them. Schools and colleges should encourage students to plan their answers in Section B especially those requiring application of knowledge.

Performance was variable on Section C, Research Methods with some students demonstrating an impressive understanding of the topic and of experimental design in question 27. Some areas of research methods continue to remain problematic for many students, notably hypothesis writing and understanding of statistical error. Some research methods questions (eg question 25) required students to apply their knowledge of research methods to a specific scenario. The vast majority did not do this demonstrating the point which schools and colleges should continue to emphasise to their students: read questions very carefully.

Scripts were marked on paper this series but schools and colleges should still train students to present their answers clearly as this paper will be marked online in future. Some students did not number questions carefully and many ignored the instruction on the answer booklet to leave a two line space between answers. This will be problematic for students when their scripts are marked online and schools and colleges should encourage students to adhere to the instructions provided on the answer booklet.

## **Section A Psychopathology**

Students continue to demonstrate better knowledge (AO1) than evaluation skills (AO2/3). Examiners do not expect twice as much AO2/3 as AO1, but to reach the higher bands AO2/3 material must focus on the question, demonstrate clear understanding and a line of argument. Too many students are still relying on basic methodological evaluation of research studies, without bringing out the relevance for explanations or treatments when this is the focus of the question.

The most effective approach to evaluation was found in answers that focussed on the findings of studies, and their relevance for explanations and treatments. This is the most fundamental aspect of how science works. Students who referred to IDA at appropriate points and demonstrated clear understanding of their meaning and relevance received credit though reference to IDAs are not a requirement for PSYA4.

Students should be dissuaded from presenting one line statements of evaluation: such statements are classed as basic or even rudimentary commentary and attract minimal credit.

### **Topic: Schizophrenia**

#### **Question 01**

Schizophrenia remains the most popular option in Section A and question 01 was attempted by over half of students. Whilst some schools and colleges had clearly prepared their students for a question on issues regarding classification and diagnosis, others appeared to have covered this in insufficient depth. AO1 credit was awarded for the identification/description of issues relating to classification and diagnosis, most of which can be placed under the headings of reliability and validity. Weaker answers often showed little evidence of organisation or planning with students producing long lists of clinical characteristics without identifying issues relating to classification or diagnosis. This approach gained rudimentary AO1 credit.

A lack of focus on the question was also notable for AO2/3 with weaker students. Many focussed almost exclusively on Rosenhan's 1973 study 'On being sane in insane places' often providing lengthy and detailed description without linking this to an issue related to classification or diagnosis. Weaker students also focussed on methodological evaluation of this research study, which was of limited relevance to the question. There was little recognition that Rosenhan's study is over 40 years old and changes have taken place to classification and diagnosis since then.

Stronger students approached the question by identifying an issue (such as the lack of reliability between ICD and DSM IV) then considering possible consequences of this and/or research evidence regarding reliability of diagnosis using the respective systems. There was some useful discussion of the problems of co-morbidity, cultural differences and Szasz's critique of the myth of mental illness in better answers. Higher AO2/3 marks went to students who evaluated each issue as they went through the essay. Those students who were able to consider a range of research evidence relating to reliability and validity were also rewarded.

## **Topic: Depression**

### **Question 02**

Question 02 required students to outline two psychological explanations of depression. Although this was a straightforward question, many students achieved basic AO1 marks but failed to provide the level of depth and detail required to access the reasonable band. Students who used learned helplessness as an explanation often struggled to provide much more than a description of Seligman's original research with dogs and made few links to underlying theory. This material could have been used effectively but to achieve a reasonable mark, students needed to go beyond the study to link to key theory and consider how these insights relate to human depression. Better answers focussed on the different kinds of cognitive explanation and some showed impressive understanding of attribution style and of Beck's cognitive triad. A very small number of students misread the question and provided biological explanations.

### **Question 03**

Many students were able to write a lot for this question and most of the material was relevant to the explanations presented. However, breadth was often at the expense of depth, elaboration and a clear line of argument. Stronger answers often used an impressive range of research studies to demonstrate their arguments and some students were able to use their knowledge of therapy in a productive way, to comment on the assumptions of the explanation. Better answers also used biological evidence effectively to comment on the limitations of psychological explanations of depression.

Weaker students continue to struggle with questions requiring evaluation without description. Whilst many wrote lengthy answers, points were often lacking in coherence and elaboration. Some described more psychological explanations, which were not creditworthy. In many places, evaluation was limited to weak references to IDA which had been largely rote learnt and were with little regard for their relevance. The concept of freewill was almost always used inappropriately. Students should be dissuaded from presenting one line statements of evaluation relating to the diathesis stress model; there are better ways to provide evaluation and such statements are classed as basic or even rudimentary commentary and attract minimal credit.

## **Topic: Phobic Disorders**

### **Question 04**

Questions 04 and 05 were open questions which enabled students to express detailed knowledge about two or more therapies. Students were free to choose any combination of therapies and better answers were often structured around one biological and one psychological treatment, which opened for some interesting AO2 commentary. Most popular answers focussed on behavioural methods notably systematic desensitisation, CBT and drugs. Answers which focussed on drug treatments often lacked detail regarding the specific mode of action. Weaker students also became sidetracked into the psychodynamic explanations of phobias (notably the case study of Little Hans) and the focus on treatments was lost.

In relation to AO2, weaker students often struggled to get beyond the level and type of evaluation required at AS level especially when discussing drug treatments. Many made claims (for example regarding side effects) that were imprecise and lacked elaboration or evidence. Others became sidetracked into generic evaluations of psychodynamics, again losing the focus on therapy. In better answers, evaluation was clearly organised around three main areas, appropriateness, effectiveness and ethical issues. However, outcome studies were few and far between in question 04. Students should be encouraged to include outcomes data when discussing treatments on all topics for Section A.

## **Topic: Obsessive Compulsive Disorder**

### **Question 05**

Question 05 required students to discuss two therapies for OCD. Again, students were free to choose any combination of therapies with popular choices including ERP and CBT. There were some impressive answers focusing on more recent biological treatments including transcranial magnetic stimulation (TMS) and cingulotomy. Many students responded to the injunction requiring two or more by providing three or even four therapies for OCD. This was advantageous for AO1 credit but often led to weaker AO2 marks, as the resultant commentary lacked the depth and detail required to access higher bands.

As with question 04, AO2 commentary and evaluation was somewhat superficial and basic in many cases. Weaker students often struggled to get beyond AS type evaluation especially when discussing drug treatments. Many made claims (for example regarding side effects) that were imprecise and lacked elaboration or evidence. The lack of outcomes data was notable again here. Students should be encouraged to include outcomes data when discussing treatments on all topics for Section A.

## **Section B *Psychology in Action***

There is some evidence that students are starting to use the mark allocation as a guide to how much to write. However, students still need to be reminded that Section B is the applied section and they must be prepared to apply their knowledge to the demands of the question, rather than merely describe what they know. In order to do this, students must read questions very carefully. For example, question 08 asked about celebrity stalking and question 14 asked students to evaluate the Ganzfeld technique as a way of investigating ESP. Many students ignored these words and often produced answers that failed to gain many marks.

## **Topic: Media Psychology**

### **Question 06**

This question required students to outline the ELM model of persuasion and apply their knowledge of the model to the marketing of a mobile phone. Most students were familiar with the basic elements of the ELM model and were able to identify two processing routes, central and peripheral. However, there were some misunderstandings of the peripheral route, where students could often do little more than refer to the use of celebrities to advertise or persuade.

The application aspect of the question proved challenging for most students who could do little more than make suggestions which were weakly linked to the ELM and could have equally well applied to the Hovland-Yale model (use a celebrity). These answers often contained little psychological material and gained minimal credit. Students who did well structured their answers around both processing routes and made clear links between features of ELM and marketing campaign strategy specifically for mobile phones. Creative students used their personal knowledge of mobile phones to make some good suggestions about the kinds of factual information which could be included in central route adverts and the sorts of images and slogans which would lead to heuristic, short cut processing.

### **Question 07**

This question required students to identify two methodological problems involved in a longitudinal study of media influences. Students produced a wide range of answers some of which were speculative in relation to the proposed study (for example, sample size). The most successful answers worked with the information provided about Measure A and Measure B and structured their response around clearly identified methodological problem such as social desirability or demand characteristics.

### **Question 08**

It was clear that many students were unprepared for a question on this topic and found it challenging. AO1 credit was awarded for descriptions of research into celebrity stalking. Stronger students applied the material they had (for example, McCutcheon's Celebrity Attitude Scale) to the topic of stalking, selecting those aspects which were relevant (eg level three, borderline pathological) and scored well on the AO1.

However, many students used material related to attraction to celebrity and/or celebrity worship (eg evolutionary explanations) which had little relevance to stalking. There was often no attempt to select material or shape it to the demands of the question. Some students relied almost entirely on media reports of celebrity stalking which gained rudimentary AO1 marks.

However, even the better students did not divide their answer appropriately between the AO1 and AO2/3 marks and there were very few answers scoring highly on the evaluation of research.

## **Topic: The Psychology of Addictive behaviour**

### **Question 09**

This question produced some impressive answers with detailed and accurate AO1 and AO2/3. Students who did best structured their description of the biological model around the stages of smoking addiction (initiation, maintenance and relapse) presenting explanation followed by research evidence. Many answers achieved the full four marks for AO1 providing impressive detail about the possible genetic bases of smoking, the role of particular genes and the links to biochemistry.

Weaker students often focussed on reward pathways; description of these was often rather vague and terms such as 'down regulation' were used imprecisely. Weaker students also became sidetracked into generic evaluation (eg commentary on lack of concordance in twin studies and comments on issues and debates such as free will and determinism) receiving basic marks. Some students provided research studies which were weakly linked to smoking, for example cocaine addiction in rats. Such material could have gained credit if it had been used effectively and linked clearly and explicitly to smoking addiction.

### **Question 10**

This was a challenging question for students. Credit was achieved by applying knowledge of risk factors in the development of addiction to the scenario provided (Andy). The scenario made reference to the four named factors on the specification: stress, peers, age and personality. Students could achieve credit by covering all of these in less detail or a couple of factors in greater detail. The most successful were those who identified a risk factor (eg stress) then went on to explain how and why this could influence vulnerability to internet addiction using relevant research findings.

Some students attempted to use material on self-esteem linking this rather tenuously to the personality trait of shyness/introversion with varying degrees of success. Other students persisted in going beyond the information provided in the stem to make speculative claims about genetics and family relationships which received minimal credit. Given that students are only requested to study the named risk factors, schools and colleges should concentrate on preparing students for these kinds of question.

### **Question 11**

Most students described an appropriate psychological intervention in this question. Answers generally focussed on behavioural or cognitive behavioural methods including aversion therapy and cue avoidance. Many descriptions were rather basic and lacking in detail, so students should be encouraged to think carefully about the amount of depth required in this area. A small number of students focussed on self help/support groups or public health interventions. These could receive credit, providing psychological components were clearly identified but few students going down this route were able to do this. A few students wrongly chose a biological intervention.

AO2/3 credit was awarded for an evaluation of the intervention presented. The most obvious route to achieving AO2/3 was to use research evidence to consider the effectiveness of the intervention; students who could do this were on the way to good marks. Many weaker answers focussed on ethical issues and potential side effects and had a rudimentary AS feel with little elaboration.



## **Topic: Anomalistic Psychology**

### **Question 12**

This simple question was taxing for students and about one in three students gained no marks at all. Students found it hard to provide a simple explanation of coincidence and many struggled to identify the coincidence provided in the example (rolling three double sixes).

### **Question 13**

This question required students to use their understanding of personality factors in relation to anomalous experiences. The question was done well with almost one quarter of students achieving the full four marks. Better answers included some impressive coverage of a range of personality factors such as creativity, sensation seeking and fantasy proneness. There was occasional confusion with cognitive factors, notably intelligence and probability misjudgement and descriptions of the sheep/goat effect which gained little credit.

### **Question 14**

In this question AO1 credit was awarded for a description of the Ganzfeld technique. Most answers included some elements of the procedure but many students included peripheral details, focussed on different ways of ensuring sensory deprivation. Often key elements relating to the sender and image selection were omitted.

Few students scored full marks for AO2/3. Many ignored the precise wording of the question or misinterpreted what was required. The question asked for an evaluation of the Ganzfeld technique as a way of investigating ESP, but many students chose instead to discuss the existence (or otherwise) of ESP. Few students appeared to be sufficiently prepared for the question, and most were awarded basic AO2/3 marks for one or two comments about cheating and bias. The specification is clearly focussed on methodological issues in this sub-section and schools and colleges should ensure that students are prepared appropriately for questions focussing on methods and evidence.

### **Question 15**

It was clear that many students were unprepared for a question on this topic and found it challenging. AO1 credit was awarded for descriptions of research findings into psychic mediumship. Many students appeared to have little material to draw upon and often relied on one or two weak demonstrations of mediumship abilities (notably Schwartz) along with some anecdotal material. Few students covered psycho physiological studies of the mediumship trance or links between mediumship and dissociative identity disorder (DID). Most AO1 marks were in the basic band or below.

Students achieved AO2/3 credit for discussion of the research findings presented. A common route to AO2/3 was discussion of non-psi explanations for findings, such as cold reading, the Barnum effect, and fraud. These were rarely elaborated sufficiently to achieve marks above basic and there were very few answers scoring highly on the AO2/3 evaluation of research.

## **Section C Psychological Research and Scientific Method**

### **Topic: Psychological Research and Scientific Method**

#### **Question 16**

This question was answered well with most students aware that a directional hypothesis was appropriate due to the existence of previous research. A minority of students provided rather more detail than required for one mark.

#### **Question 17**

Hypothesis writing is still a problematic area for many students, despite the requirement to do this at AS level. Many students achieved zero marks on question 17, having mistakenly written a non-directional hypothesis or one which predicted a difference between older and younger patients. Many responses were lacking in clarity or failed to operationalise recall adequately. The best answers were concisely and clearly worded such as “There is a negative correlation (relationship) between age and recall accuracy rating”, which achieved the full three marks.

#### **Question 18**

Although this question was worth only one mark, many students produced lengthy answers. Some distinguished between specific types of reliability such as external or internal. A small number of students became confused between validity and reliability.

#### **Question 19**

There was a broad range of answers to question 20, with students in roughly equal measure being awarded marks across the full range. The majority had at least a rough idea of ways of assessing reliability (the most common being inter-rater) but found it difficult to select an appropriate method for the study detailed. The weakest answers were those where the student focussed on reliability of the study overall, rather than reliability of the ratings which was what the question required. Answers that achieved the full three marks generally selected the most straightforward idea; to take two independent psychologists who rated the typed accounts separately and then correlated their ratings. Students who achieved only one mark suggested test retest as a method but most were unable to carry this through and indicate that the psychologist would need to return to the data after a suitable interval and re-rate the accounts.

#### **Question 20**

This question was answered well with the majority of students achieving two marks. There was a range of both kinds of data to draw on here including the doctor’s notes and the patients responses (qualitative data) and ages and accuracy scores (quantitative data).

#### **Question 21**

Answers to question 21 demonstrated an understanding of the use of the Spearman’s rho statistical test with the majority of students achieving two marks.

### **Question 22**

This question confused many students who were unaware that the critical value relates to the magnitude of rho not the direction. So negative correlation drops the minus sign when compared with the critical values. About half of students were clearly aware of this and could compare the obtained value with the correct figure from the table. The remainder made a number of errors, some comparing  $-.52$  with  $0.05$ , others claiming that the figure was smaller than  $.306$ . Some incorrectly used the values relating to a non-directional hypothesis.

### **Question 23**

Full marks were achieved by stating that the null is rejected and the experimental hypothesis accepted, when in fact results are due to chance. Good understanding was shown among students who referred to the level of significance being set too leniently or the 5% likelihood of a Type 1 error occurring with the  $0.05$  level of significance. In about one in three cases students confused Type 1 and Type 2 errors.

### **Question 24**

This question was challenging for students with many achieving no credit or not answering the question. Even students who were able to explain what was meant by a Type 1 error on question 23 were unable to apply this knowledge in question 24 and compare the obtained value with the 1 % significance level. A small number gained one mark for identifying that the obtained value was substantially larger than  $.306$ . However, far too many relied on a rote learned response that the 5% significance level avoids Type 1 errors therefore one could not have occurred.

### **Question 25**

In this question, students were required to discuss the advantages of carrying out the experiment described in the stem, in a laboratory. Fewer than half of students made any reference to the stem and the most common mark awarded was one out of four. Those who referred to an advantage (eg control of extraneous variables) and linked it appropriately to the scenario (eg posters on the walls) were able to access the full range of marks. A small but significant minority insisted on writing about disadvantages and achieved no marks. Once again, schools and colleges should advise students to read stems carefully and apply knowledge in Section C.

### **Question 26**

Most students achieved full marks, identifying the Mann-Whitney as the appropriate test and giving ordinal data or independent groups as a reason. Some students provided two or three reasons going beyond the requirements of the question. There were a minority of cases where an incorrect answer was given, most commonly Spearman's rho or Wilcoxon's signed ranks test.

## Question 27

As with previous high mark research method questions, this question had a range of answers from students that covered marks from 0 -10. Some schools and colleges had clearly prepared their students very well and many showed an impressive understanding of experimental design and controls. However, other students struggled with the question and gained very few marks. Some of the most common errors were as follows:

- Ignoring the requirement to use repeated measures and converting the experiment to an independent groups design
- Failing to counterbalance order of presentation of the two types of music
- Producing two concentration tests which were not matched for difficulty
- Testing music v no music
- Focussing on trivial controls (breakfast, temperature) and ignoring important ones (volume of music).

Yet again, advice to teachers is: do some practical work and encourage your students to plan 'thought experiments'. It was clear that some students were very familiar with designing experiments and they had a strong advantage on question 27.

## 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>

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