



# **Examiners' Report**

## **June 2022**

**International A Level Psychology WPS04 01**

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## Introduction

Candidate entry for the June 2022 series was higher than in previous years which is pleasing to see. The range of responses seen remained on a similar distribution to this previous cohort entry.

Across the paper, candidates showed good understanding of key terms and some theoretical concepts. There was some good understanding of Rosenhan (1973) and Suzuki et al. (2014), although for the latter there were limitations in the skills of AO3 for the evaluation.

Difficulties tended to remain with the long answer questions where few justified their arguments and evaluations, and very little supporting evidence was seen. Here, candidate responses were often limited to lower level mark bands as a result of limited understanding of specific content coupled with a lack of developed AO3 material. This was especially evident in the 20-mark question, where the responses were significantly dominated by AO1 knowledge and understanding, and very little attempt to evaluate gender in psychological research was seen.

Application for AO2 responses was not always evident in candidate responses, and it remains an area that posed problems for some candidates. Where generic responses were given candidates did not achieve well, and it is recommended that candidates practise their application to stimulus material to demonstrate their ability to draw on their understanding of content and show how this would apply in each context.

The remainder of this report will focus on specific questions from the examination.

## Question 1 (a)

This question required candidates to describe the sample of hospitals in Rosenhan (1973). Most were able to achieve one mark here, however the depth of understanding was limited in a number of answers precluding them from the full two marks.

Often candidates were only aware of the number of hospitals and little further development of the sample used in the study was seen.

Where zeros were evident, this was often for descriptions of pseudo-patients or overall inaccurate responses.

**1** In your studies of clinical psychology, you will have learned about the following classic study in detail:

- Rosenhan (1973).

(a) Describe the hospitals sampled by Rosenhan (1973) in his study.

(2)

Rosenhan ~~was~~ sampled ~~at~~ 12 different hospitals from 5 different ~~regions~~ states in ~~America~~ the USA. He sampled different hospitals like old, new, private and public hospitals etc. ~~But~~ This increases generalisability.



**ResultsPlus**  
Examiner Comments

This candidate achieved 2 marks for a comprehensive and developed description of the sample used in the study.

They are aware of the number and location of the hospital sample, along with the nature of the hospitals included in the study.



**ResultsPlus**  
Examiner Tip

Where a description is required, candidates should give sufficient details with developed answers.

1 In your studies of clinical psychology, you will have learned about the following classic study in detail:

- Rosenhan (1973).

(a) Describe the hospitals sampled by Rosenhan (1973) in his study.

(2)

The sample of 50 hospitals in Rosenhan's study in it include 12 hospitals from 5 different states that were randomly selected in the USA



This candidate achieved 1 mark for an underdeveloped description.

## Question 1 (b)

This question required candidates to describe how the qualitative data was gathered by the confederate pseudo-patients in the study by Rosenhan (1973).

Most were able to achieve marks here, with some giving a developed description of both the process and nature of the data.

The responses were largely effective, where errors were seen it tended to be confusion between quantitative and qualitative data.

(b) Describe **one** way that qualitative data was gathered in the study by Rosenhan (1973).

(2)

Since it ~~was~~<sup>used</sup> a participant observational method, the pseudopatients recorded data of how they were being treated as well as the other patients in the hospital. The data was gathered by the pseudopatients as they wrote down their observation and experience in a journal/book.



This candidate achieved 2 marks for a developed description of the data collection in the study by Rosenhan (1973).

## Question 1 (c)

This question required candidates to explain two ways that the findings from the study by Rosenhan (1973) could be used to improve the care of inpatients.

Some were able to identify relevant findings from the study, with some then exemplifying how these could be utilised to inform care for the AO3 marks.

Where candidates struggled on this question, it was either in the accuracy of findings from the study, or the application of the findings were brief or underdeveloped statements were often given.

(c) Explain **two** ways that the findings from the study by Rosenhan (1973) could be used to improve the care of inpatients.

(4)

1 Rosenhan found out that patients were rudely treated by the ~~clinicians~~ <sup>staff</sup> as they were made fun of and verbally abused. Sometimes, so mental health care of inpatients could be improved by clinicians or psychiatrists or the staff not being rude to inpatients and this could be done by imposing strict guidelines to prevent discrimination of patients.

2 Rosenhan found that most of the patients didn't take the medications that were administered to them as the confederates found pills in toilets, and therefore the staff could ensure that all participants take the drugs and they can make sure of that by giving them the pill and watch if they actually drink it or not.



This candidate achieved 4 marks.

Their first point draws on the findings about pseudo-patients experiences for AO1 and develops this for the AO3 to more effective guidelines.

The second gives AO1 findings about medication and develops this with the AO3 about ensuring medication processes are more carefully monitored.



AO3 exemplification and justification should be well developed and clearly linked to the AO1 points made.



## Question 1 (d)

This question required candidates to state one improvement that could be made to the selection of confederate pseudo-patients in the study by Rosenhan (1973).

Some candidates were able to state an appropriate improvement here; however there remained some confusions regarding this skill, with a number of candidates giving a weakness of the confederates. A few candidates discussed sampling techniques for gathering participants, confusing the pseudo-patients as the sample rather than the confederates in the study.

(d) State **one** improvement that could be made to the selection of confederate pseudo-patients who took part in the study by Rosenhan (1973).

(1)

Could improve generalisability by having a larger sample of equal number of males and females so diagnosis by staff of the hospital is more representative of the wider schizophrenic population

(Total for Question 1 = 9 marks)



This candidate achieved 1 mark for the second part of the response here about how a more balanced range of gender in the confederates may be better reflective of diagnosis.

(d) State **one** improvement that could be made to the selection of confederate pseudo-patients who took part in the study by Rosenhan (1973).

(1)

Rosenhan could have conducted a clinical interview with the pseudo patients prior to the study to ensure that the individuals did not have psychological problems that would hinder the validity of study.



**ResultsPlus**  
Examiner Comments

This candidate achieved 1 mark for their improvement that the confederates should have been assessed prior to taking part in the study.

## Question 2 (a)

This question required candidates to describe a participant variable appropriate to the scenario of Alan investigating stress.

While most candidates were able to describe a suitable response here and achieved well, the errors that were seen were often due to a lack of understanding as to what a participant variable is, instead suggesting sampling techniques.

Some answers were seen where candidates suggested generic ideas such as gender, age, culture as a participant variable without any link as to why this would be a participant variable in this study.

- 2 Alan plans to investigate whether the stress levels of individuals increase when facing situations where there is uncertainty about the outcome. He intends to recruit a volunteer sample of participants who will be told that they must be successful at an interview to take part in his research about stress.

Alan will use the interview as the situation with uncertainty. He plans to measure the stress levels of the volunteers using a heart rate monitor that they will wear during their interview.

- (a) Describe **one** participant variable that Alan may need to consider in his investigation.

(2)

Alan should ~~be~~ consider any health problems ~~participants~~ participants may have, such as depression that may contribute in their increased levels of stress and can affect his results about ~~the~~ stress levels in uncertainty situation outcomes, in a negative way as they won't be representative in the general <sup>healthy</sup> population.



This response achieved 2 marks.

One AO2 for the consideration of participant health problems like depression.

One AO2 for development as to why this may be a participant variable in his investigation.



Where a question has a scenario, candidates must apply their response to the stimulus material.

## Question 2 (b)

This question required candidates to describe how to gather a volunteer sample in relation to the scenario of Alan's investigation into stress.

A large number of candidates provided generic responses here that had no link to the stimulus material as such and did not answer the question. Where candidates did achieve marks, their application of a volunteer sampling technique was very good.

(b) Describe how Alan could recruit a volunteer sample of participants for his investigation.

(2)

He could place an advert in the local newspaper stating that he needs a set group of people to take part in a study about stress. He could tell them the time and location of interview in advert and place a phone number that people are to call if interested in taking part in study.



**ResultsPlus**  
Examiner Comments

This candidate scored two AO2 marks for the process of advertising the study on stress and how to contact Alan to take part.

2 marks



**ResultsPlus**  
Examiner Tip

AO2, in this response, is very basic and provides an example of a very minimum application answer.

## Question 2 (c)

This question required candidates to describe a demand characteristic appropriate to the scenario of Alan's investigation using the interview and heart monitor.

Some candidates were able to describe a suitable response and could apply this well to the stimulus material. Where errors were seen, it was often a lack of understanding as to what a demand characteristic is and confusion with social desirability.

(c) Describe **one** demand characteristic that may influence the findings of Alan's investigation.

(2)

People may want to ~~suppress their~~ exhibit higher stress levels during the interview as they could have guessed that is what Alan may expect to find and purposefully stress themselves out by increasing their heart beat, hyperventilating during the interview.



This candidate achieved 2 marks for their understanding that demand characteristics are guessing the aim and changing behaviour.



This example has been well applied to the stimulus material throughout and shows good AO2 skills.

## Question 2 (d)

This question required candidates to describe the use of a control group appropriate to the scenario of Alan measuring stress levels in an uncertain situation.

Some candidates were able to describe a suitable response with some very good answers demonstrating a variety of ideas as to how a control group could be used in this investigation. A number of candidates achieved all three marks here for well-applied responses and strong understanding of the use of a control group. Where errors were seen, it was often a lack of understanding as to what a control group is or the purpose of a control group, or limited application to the scenario.

(d) Describe how Alan could use a control group in his investigation.

(3)

an equal number of  
Alan could get<sup>1</sup> participants (using volunteer sampling  
as well) to ~~be~~<sup>be</sup> the control group. ~~The research group,~~  
~~will also be~~ However, the ~~the~~ control group may  
be told ~~that~~ that they will complete an interview,  
they will be told that  
however, there is no need for them to be successful  
in the interview in order to participate in Alan's  
research (this removes/reduces the stress levels they  
experience). The control group participants will also  
wear a heart rate monitor and their results will  
be compared to the other participants in order to  
see similarities and differences, (Total for Question 2 = 9 marks)  
and therefore identify if the addition of uncertainty  
causes an increase in stress levels/heart rate  
(the control group would have a slower heart  
rate average than the participants in the other  
variable / condition).



This response achieved 3 marks.

AO2 for the control condition being one where there is no uncertainty.

AO2 for how he will measure the control group stress.

AO2 for how he would use the comparison between the groups.



(d) Describe how Alan could use a control group in his investigation.

(3)

Alan could gather a second group of participants and match them with his experimental group for age and rest heart rate. He would have the control group attend an interview with no uncertain outcome, he could say it is guaranteed they will take part in research but regardless of interview outcome. He could measure their heart rate during this interview and compare it to the experimental groups interview heart rates.

(Total for Question 2 = 9 marks)

This would ensure that any difference in heart rate is due to the uncertainty of the outcome.



**ResultsPlus**  
Examiner Comments

This candidate achieved 3 marks.

AO2 for how he would match the control group on relevant features of resting heart rate.

AO2 for the control condition being one where there is no uncertainty.

AO2 for how he would use the control group as a comparison.

### Question 3

This question required candidates to explain two weaknesses of using a statistical infrequency definition to define abnormality.

Most were able to identify weaknesses for the AO1 marks here, but exemplification and justification was at times limited with candidates quite often simply adding further knowledge or an example, rather than developing the AO3 'how' or 'why' their AO1 point was a weakness of this definition.

#### 3 A statistical infrequency definition can be used to define abnormality.

Explain **two** weaknesses of using a statistical infrequency definition to define abnormality.

- 1 One weakness of the statistical infrequency definition to define abnormality is that some behaviours may be statistically unusual, but be considered highly desirable such as high IQ and others may be common but undesirable such as obesity.
- 2 Another weakness of the statistical infrequency definition to define abnormality is that some cultures may view a behaviour as abnormal whilst another culture views it as normal so if a behaviour is common in one culture statistically it may be abnormal and rare in another.



This candidate achieved 2 marks.

One AO1 for the identification of a weakness as not taking into account whether the behaviour is desired or not.

No AO3 exemplification of how or why this is a weakness.

One AO1 for the identification of a weakness as not taking into account cultural issues that can impact on the commonality of abnormality.

No AO3 exemplification of how or why this is a weakness.

3 A statistical infrequency definition can be used to define abnormality.

Explain two weaknesses of using a statistical infrequency definition to define abnormality.

1 One weakness of statistical infrequency is that it does not account for individual differences. Statistical infrequency defines abnormality using a numerical cut off point, it is a very reductionist way of determining abnormality because it doesn't account for the individual's whole personal experience. This suggests although it is objective, a more holistic approach is needed.

2 Another weakness of statistical infrequency is that there are cross cultural issues. In western countries depression is more commonly diagnosed in comparison to asian countries. This could be because asian countries people give their family more support. However, ~~Peter~~ Ruck et al suggests this is not the case. He suggested depression is just as common in both

(Total for Question 3 = 4 marks)

~~Asian~~ Asian & western countries but it is just diagnosed less because people in asian countries only go to doctors for physical pain, not emotional pain. This suggests that statistical infrequency measures the likelihood of seeking help from doctors and not presence of disorder.



4 marks

This candidate has given two weaknesses which have both been justified.



While the candidate has shown excellent understanding in their second weakness, some of this response was unnecessary for the marks.

Candidates may benefit from skills practise to ensure they are not 'overwriting' in some answers.

## Question 4 (a)

This question required candidates to describe drug therapy as a treatment for schizophrenia.

Where candidates achieved well, they were able to describe the treatment clearly, with good links to how drug therapy treats schizophrenia, often relating answers to D2 receptor blocking and the effects on pathways associated with schizophrenia symptoms.

Where there were errors, it was often candidates failing to describe drug therapy as a treatment, but instead listing examples of possible medication and drugs that can be given or the process of medical professionals prescribing drugs. There was some confusion over the effects of drug therapy on dopamine.

- 4 In your studies of clinical psychology, you will have learned about different therapies that can be used as a treatment for schizophrenia, including drug therapy and family therapy.

(a) Describe drug therapy as a treatment for schizophrenia.

(2)

Drug therapy for schizophrenia works on the premise that schizophrenia is caused by imbalanced levels of dopamine. Drug therapy works by blocking dopamine receptors from binding to receptors in the synapse, depolarizing neurones and calming them down.



1 mark for the second half of the answer about blocking dopamine receptors to reduce effects.

The candidate does not develop this description in terms of the treatment of schizophrenia symptoms.

4 In your studies of clinical psychology, you will have learned about different therapies that can be used as a treatment for schizophrenia, including drug therapy and family therapy.

(a) Describe drug therapy as a treatment for schizophrenia.

(2)

Drug therapy for schizophrenia (SZ) use anti-psychotics that are dopamine antagonists, which binds to the dopamine receptors. This stops the dopamine from binding to the receptors, therefore stopping the positive symptoms of SZ that is linked to high levels of dopamine.



2 marks for how the drug therapy works to treat schizophrenia.

4 In your studies of clinical psychology, you will have learned about different therapies that can be used as a treatment for schizophrenia, including drug therapy and family therapy.

(a) Describe drug therapy as a treatment for schizophrenia.

(2)

Drug therapy is effective in reducing the relapse rate of having schizophrenia. King, Jiao, Zhao (2016) conducted a meta-analysis on 18 antipsychotic drugs, and found that 17 drugs had a lower relapse rate than placebo. Therefore, drugs are helpful for preventing relapses of <sup>having</sup> schizophrenia.



**ResultsPlus**  
Examiner Comments

This candidate achieved zero marks.

Taking care to read the question would benefit candidates. This answer is in relation to effectiveness rather than a description of what drug therapy does to treat schizophrenia.



## Question 4 (b)

This question required candidates to describe family therapy as a treatment for schizophrenia.

Where candidates were able to demonstrate an understanding about the nature of family therapy for treating schizophrenia, they often achieved both marks. However, some candidates did not fully develop responses in relation to the therapy being a communicative/talking based therapy with family to treat schizophrenia through support/educational processes.

(b) Describe family therapy as a treatment for schizophrenia.

(2)

Family therapy involves ~~both~~ having talks with the <sup>schizophrenic</sup> individual and their family, discussing any issues that may arise and difficulties that any member of the family may face due to schizophrenia being present. Issues are resolved ~~and~~ by sharing feelings and finding solutions as a family to reduce the stress that schizophrenia might be placing on the family.



**ResultsPlus**  
Examiner Comments

2 marks for the developed understanding of the therapy and how it treats patients with schizophrenia.

(b) Describe family therapy as a treatment for schizophrenia.

(2)

Family therapy has to do with assisting to a talk therapy with patient and caregiver for re-assurance and aid for doubts. Vaughn and Leff found out that an 48% of patients relapsed when there was a negative attitude from the family in therapies.



**ResultsPlus**  
Examiner Comments

This answer scored zero marks as it does not describe the treatment of schizophrenia using this therapy.



**ResultsPlus**  
Examiner Tip

A 'describe' question does not require AO3 exemplification or justification.

## Question 5

This question required candidates to analyse whether cultural issues have an impact on mental health diagnosis. Most candidates were able to successfully provide AO1 understanding of relevant points here, but the AO3 analysis was not always well developed to demonstrate how, or why, their point showed that their identified cultural issue did, or did not, have an impact on mental health.

5 Analyse whether cultural issues have an impact on mental health diagnosis.

(6)

Culture can influence how people describe and feel about their symptoms. It can affect whether someone chooses to recognize and talk about only physical symptoms, only emotional symptoms, or both.

Cultural issues can impact mental health in the following ways:

1. Cultural stigma: every culture has their own ways of looking at mental health. Some cultures believe that some mental illnesses is a sign of weakness and some believe it is not recognisable enough to talk about.

2. Understanding symptoms: the way some cultures would view their symptoms are different. Their inability to understand it may lead to them not being able to properly explain it.

3. Cultural beliefs: the beliefs of a culture may determine the amount of support that a mentally ill person gets. Because of stigma, minorities are sometimes left to find mental health treatments on their own.



3 marks for the AO1 identification of relevant cultural issues that could have an impact on mental health diagnosis.

5 Analyse whether cultural issues have an impact on mental health diagnosis.

(6)

Cultural issues arise due to ~~var~~ norms and values of different people and lifestyles which doesn't account for how others view abnormal behaviour.

So cultures see differently abnormal behaviour.

A strength is that ~~the~~ Luhrman et al found that in India is a very common that people report hearing ~~and~~ and talking with their dead relatives and in their culture that is considered normal and a blessing, however in the USA that is considered a symptom of schizophrenia.

Culture norms can also influence diagnosis as clinicians ~~might~~ might have an ethnographic bias view of what they consider normal or not and make a misdiagnosis. For example Cooper et al made a study where he found that New Yorker psychiatrists were 2x more likely to diagnose schizophrenia than London psychiatrists.

Nowadays It's uncommon that we have culture affecting diagnosis as we have the DSM that has a great cultural sensitivity and has been successfully used by many different cultures and contains clearly defined features and symptoms for mental health illnesses across different cultures. For example Lee et al made a study where we used the DSM IV

and ~~diagnose~~ and made the same diagnosis of ADHD in both Korea and USA, which shows Heaf<sup>10-0511</sup> has cultural sensitivity and can be used by different cultures.



**ResultsPlus**  
Examiner Comments

6 marks for three clear AO1 points that are then justified clearly for the AO3 marks.

## Question 6

Extended essay for 16-marks on a clinical topic area.

This question required candidates to evaluate the study by Suzuki et al. (2014) in terms of reliability, validity, and generalisability.

A large number of candidates had an impressively thorough and detailed understanding of the study and were also able to evaluate it very well. At the lower end of the marks allocated, the responses were largely consistent of long descriptive points giving details about the study, but then with quite limited and often generic AO3 evaluative points.

With this question being heavily weighted to AO3 in the levels based mark bands, those candidates that provided more AO1 than was necessarily required appeared to lose time and rush the heavier weighted content of the AO3 skills demonstration, ultimately the question taxonomy of 'evaluate' should direct candidates straight into a focus on this skill as opposed to a 'descriptive' skill.

6 In your studies of clinical psychology, you will have learned about the following contemporary study in detail:

- Suzuki et al. (2014).

Evaluate the study by Suzuki et al. (2014) in terms of reliability, validity, and generalisability.

(16)

The aim of the study was to investigate the prevalence of underweight and obesity in Japanese inpatient inpatients who were diagnosed with schizophrenia. The sample consisted of 333 Japanese inpatients who were diagnosed with schizophrenia from 9 different hospitals in the Niigata Prefecture, Japan. The height and weight of patients were measured and their BMI was calculated. Nutritional status was fully operationalised to be varying levels of total protein, total cholesterol, triglyceride and fasting plasma glucose levels. These were obtained from a blood sample that was taken after a 9 hour (or more) fast. Suzuki et al (2014) used a ~~control~~ control group of a 191 health volunteers who were matched for age and sex, and gave their full informed consent. The BMI's of the Japanese inpatient inpatients and the healthy control group was compared. Results found that the prevalence of obesity in schizophrenic inpatients was 26.7% compared to 22% ~~in~~ the general population. Furthermore, the results showed that



the prevalence of <sup>being</sup> underweight in Japanese inpatients diagnosed with schizophrenia was 14.1%, compared to ~~14.1%~~ around 6% <sup>in</sup> of the general population. The study concluded that the prevalence of underweight was higher in the sample of Japanese inpatients compared to the healthy control group. Therefore it was concluded that the nutritional status of Japanese inpatients diagnosed with schizophrenia was poorer compared to the general population.

Firstly, the study sample consisted of <sup>from 9 hospitals</sup> 333 inpatients which is a large sample. Therefore results on the nutritional status of Japanese inpatients with schizophrenia is high in terms of generalisability as the sample is ~~an~~ representative of the target population. However, all the patients in Suzuki et al's study were from hospitals in the same prefecture in Japan. Therefore, findings on the nutritional status of schizophrenic patients cannot be ~~be~~ applied to inpatients outside of Japan.

Secondly, the results of the nutritional status of Japanese inpatients with schizophrenia is increased by supporting evidence. Kitabayashi et al (2006) found similar results in which schizophrenic patients had a higher prevalence of being underweight. Therefore this gives rise to test-retest reliability.

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~~Thirdly, the study included strict exclusion ~~into~~ criteria.~~  
~~For example, Rosent~~

Thirdly, the use of matched pairs design, where the volunteers in the control group were matched for age and sex gives baseline comparisons stronger ~~erect~~ credibility. It reduces the impact that individual differences can have on the nutritional status of ~~patients~~ ~~partic~~ ~~p. in~~ patients and therefore valid cause and effect conclusions can be made to establish internal validity.

Fourthly, the study was conducted on real life schizophrenic inpatients who were hospitalized and therefore the study is high in terms of ecological validity.

Fifthly, the ~~use of~~ BMI is an objective measure of nutritional status because the results are based on physical evidence such as height and weight. As a result, the findings are not subject to interpretation bias which increases the validity of findings.

Sixthly, the fact that nutritional status was fully operationalized to be ~~various~~ variations of triglyceride; total protein, total cholesterol and ~~ft.~~ fasting plasma glucose levels suggests that nutritional

status was measured in an objective way, making the findings of the study more valid.

In addition, all health volunteers involved in the study gave their full informed consent to participate in the study to compare the nutritional status of Japanese inpatients suffering from schizophrenia. As a result, the study follows the ethical guideline of obtaining informed consent of participants which makes the study more ethical.

Moreover, ~~R Suzuki~~ Suzuki ensured to ~~exclude~~ Suzuki excluded any patients who had overt physical illnesses or recent changes in drug therapy from ~~the~~ the study sample. This ensures that the ~~the~~ link between nutritional status and schizophrenia can be maintained throughout the study and that changes in nutritional status are not caused due to extraneous variables such as the side effect of a new ~~new~~ drug. As a result, this makes the results of the study more valid.

Overall, Suzuki et al (2014) can be evaluated to be strong in terms of generalisability, reliability, internal validity, ecological validity, objectivity and ethics.



This candidate achieved 16 marks.

AO1 Level 4 with accurate, thorough knowledge and understanding of the study by Suzuki et al. (2014).

AO3 Level 4. The arguments here are very well developed using coherent chains of reasoning about the reliability, validity and generalisability of the study which clearly demonstrate a very good grasp of the competing arguments around the features of this study which is clear throughout the response.

6 In your studies of clinical psychology, you will have learned about the following contemporary study in detail:

- Suzuki et al. (2014).

Evaluate the study by Suzuki et al. (2014) in terms of reliability, validity, and generalisability.

(16)

Suzuki conducted a study to investigate the prevalence of overweight and underweight inpatients with schizophrenia in Japan. He gathered a sample of 333 inpatients diagnosed with schizophrenia using the DSM. Their ages ranged from 18-80 and they were from 9 different mental health facilities from Niigata Japan. Any patients that had a change in the drug therapy or ~~was~~ was part of a treatment process which included drugs was excluded. The participants were matched on age and sex and the control group consisted of 180 health volunteers. Written and informed consent was acquired from all of the participants. The ~~weight, height and BMI~~ participants had their weight and height measured and their BMI was calculated. Then the BMI and the nutritional status of the inpatients with schizophrenia was compared to the control group. The results showed that there was high ~~prevalence~~

underweight prevalence ~~is the same~~ for the inpatients with schizophrenia compared to the control group. However there was no difference in the prevalence of obesity between the inpatients and the control group. This suggests that there is no <sup>increased</sup> hazard for patients with schizophrenia when it comes to becoming overweight compared ~~to~~ individual without schizophrenia.

Suzuki acquired written and informed consent from every participant meaning that he acted according to the ethical guide lines without breaching the code of ethics, which makes his study more reliable. However, he ~~was~~ did not use a large enough sample, meaning that his findings on the prevalence of underweight and overweight inpatients with schizophrenia cannot be applied and generalised to neither Japanese nor the general population. This is because he might have included anomalies in his sample which will significantly ~~influence~~ impact the findings of the study. Another strength of Suzuki's study is that it included quantitative data, since the bodyweight ~~is~~ and the height of each participant were measured and the BMI was calculated. This suggests that the data is scientific which increases reliability. Also, the procedure seems to be standardised, meaning that it can be replicated easily, which also increases reliability. However, this measurements were taken only once meaning that

We would not be aware how the results of the study could be affected by potential changes in exercise and eating habits. This reduces the validity of the results. In addition, the measurements were taken after nine or more hours of the participants fasting, through a blood test, which makes the data gathered even more reliable. An improvement to the study, ~~could be~~ <sup>would be</sup> increasing the sample by ~~also~~ including patients from multiple hospitals across different countries. This way the generalisability would increase significantly and the results could be applied to the wider population. Overall, Suzuki's study enriched our knowledge about obese and underweight inpatient with schizophrenia and allowed us to see the differences between the mentally ill individuals and the health volunteers.



**ResultsPlus**  
Examiner Comments

This candidate achieved 11 marks

AO1 Level 3 with accurate knowledge and understanding of the study by Suzuki et al. (2014).

AO3 Level 3. The arguments here are developed using mostly coherent chains of reasoning about the reliability, validity and generalisability of the study which demonstrates a good grasp of the competing arguments around the features of this study although the overall evaluation is slightly imbalanced.

## Question 7

This question required candidates to state a fully operationalised null hypothesis for Rebecca's field experiment.

Some candidates were able to achieve two marks here, but where marks were not achieved, this was often due to statements that were not a null hypothesis or partial marks for a non-operationalised attempted null hypothesis.

- 7** Rebecca is researching the influence of leading questions on the accuracy of recall using a field experiment. She asks a confederate to enter a shop and then drop his shopping on the floor to gain attention. The confederate is wearing a blue coat with grey trousers.

Rebecca then asks some shoppers to recall the colour of the clothing. She asks 10 of the shoppers a leading question of "what shade of grey was the coat?". She asks 10 other shoppers a non-leading question of "what colour was the coat?".

State a fully operationalised null hypothesis for Rebecca's field experiment.

There will be no significant difference in the accuracy of recall of the colour of the coat between the two groups being asked the different questions.



1 mark for a partly operationalised null hypothesis.



## Question 8 (a)

Maths

This question required candidates to calculate a percentage. Very few miscalculations were seen, and most candidates could achieve the mark here.

## Question 8 (b)

Maths

This question required candidates to calculate a median score.

A few miscalculations were seen due to misunderstanding which measure of central tendency this is and often calculating a mean, but most candidates could achieve a mark here.

## Question 8 (c-d)

Maths

This question required candidates to draw a scatter diagram and then interpret the strength and direction of the correlation in their scatter diagram.

Some were able to achieve the diagram marks, however it was often the case that they remain unable to write an accurate title that includes the covariables and the relationship to be shown. Interpretation of the scatter diagram was not well developed, there were some limited answers often achieving only one mark for a partial interpretation of either the strength or direction of the correlation shown.

## Question 9 (a-c)

### Maths

This question required candidates to calculate a Wilcoxon Signed Ranks test, then determine if the results were significant. This was also linked with drawing a conclusion from the results, either from the candidates statistical test of difference result or the data in the table.

Most could calculate the test and this was positive to see; however the determination of significance was occasionally limited and use of the data from the test and the critical values table was not always evident. Some candidates achieved marks for appropriate results in part (c) but they did not always develop this for the AO3 to show a conclusion.

## Question 10 (a)

This question required candidates to describe how the UNCRC (1989) right to participation could be met in Bonique's research. It was evident that candidates struggled with understanding what the UNCRC (1989) represents and often gave generalised ethical considerations that were not appropriate for this question.

**10** Bonique intends to research the effectiveness of reinforcement and punishment in shaping children's behaviour. She must meet the requirements of the UNCRC (1989) and BPS Code of Ethics and Conduct (2009) in her research.

(a) Describe how the UNCRC (1989) right to participation could be met in Bonique's research.

(2)

Bonique should allow the children <sup>to make</sup> ~~on their~~ their own decision on whether they want to participate in Bonique's research on the effectiveness and punishment in shaping children's behaviour.



**ResultsPlus**  
Examiner Comments

This candidate achieved 1 mark for knowing that child decision-making is a feature of the UNCRC (1989) right to participation (Article 12) and that children should consent themselves to take part in the study.

The response is not developed further for the second mark.

**10** Bonique intends to research the effectiveness of reinforcement and punishment in shaping children's behaviour. She must meet the requirements of the UNCRC (1989) and BPS Code of Ethics and Conduct (2009) in her research.

(a) Describe how the UNCRC (1989) right to participation could be met in Bonique's research.

(2)

As Boniques' participants will be children in order to abide the UNCRC requirements ~~she~~ she would have to gain consent for the children to participate in her study from their parents and make sure the children werent harmed durny her research.



**ResultsPlus**  
Examiner Comments

This response achieved zero marks, and is an example of where candidates used generalised ethical considerations rather than the UNCRC (1989).

## Question 10 (b)

This question required candidates to explain two ethical requirements for the protection of participants that Bonique should consider when designing her research.

The responses to this question were generally mixed, with some candidates not really demonstrating they understood this particular feature of the British Psychological Society (BPS) Code of Ethics and Conduct (2009) and giving aspects of ethical considerations that are not part of the protection of participants section of the code of conduct.

(b) Explain **two** ethical requirements for the protection of participants that Bonique should consider when designing her research.

(4)

1 One ethical requirement for the protection of participants that Bonique should consider when designing her research is that the ~~research~~<sup>procedure</sup> should not ~~create~~<sup>be</sup> too stressful to the participants as ~~it~~<sup>it</sup> ~~could~~<sup>could</sup> affect their mental health.

2 A second ethical requirement Bonique needs to consider for the protection of the participants in her research is to inform the participants about the aim of the research after the procedure ended in order to avoid any possible negative impact the procedure might had on participants.



This response was generic and scored zero marks.



Where a question has a stimulus based scenario, candidates must apply their answers to the scenario given.

Generic responses do not achieve marks in an application AO2 question.



## Question 11

Unseen synoptic essay formulated around a key question for society.

This question required candidates to discuss the key question of whether treatment should be offered by airlines to passengers who have a phobia of flying.

Students were required to use concepts, theories and/or research studied in learning theories and clinical psychology to achieve the AO1 content for this question, with AO2 application to the key question area that required them to develop points from the scenario material given.

Many candidates were able to give good responses in terms of the AO2 use of the stimulus material. However some candidates copied large chunks of the scenario without development which limits the levels based mark bands that they can achieve. Equally, there were some candidates who did not give appropriate AO1 content here, again making it difficult to achieve the higher levels awarded on this 8-mark levels based question.

**11** One key question for society is whether treatment should be offered by airlines to passengers who have a phobia of flying.

A phobia is a clinically diagnosed overwhelming and extreme fear. Treatment for phobias is usually accessed through mental health services. Some major airports and airlines also offer treatment programmes to help passengers with fears and phobias of flying. Most of these require the passenger to pay for the treatment programme and the treatments may only be a one-day course or be offered online.

Exposure therapy is when a patient confronts the fear-inducing situation until they are able to remain calm. Rothbaum et al. (2006) conducted clinical trials of virtual reality exposure therapy and compared it to standard exposure therapy. At 6 and 12 months after treatment, they found that more than 70% of the participants from both treatment groups were still able to take flights. This suggests that a phobia of flying can be reduced using clinical therapies.

*systematic desensitization.*

Discuss the key question of whether treatment should be offered by airlines to passengers who have a phobia of flying. You should use concepts, theories and/or research studied in learning theories and clinical psychology.

You must make reference to the context in your answer.

(8)

Learning theories aim to help a person unlearn a phobia by constant exposure to the phobia. Clinical psychology helps the person understand the root of their fear and why it causes them distress in order to overcome it. Learning theories use systematic desensitization to slowly introduce the person into the plane that causes them fear and show them that it is in fact not scary. Clinical psychology explains that areas such as fear are sensitive areas and if not tackled well could intensify the person's fear if they are recklessly exposed to planes - flying.

Exposure therapy is when a patient confronts a fear.

inducing situation until they remain calm; It is unlikely for the phobia treatment offered by airlines to accomplish this online or even in a single day, therefore airlines should not offer the treatment of phobias to passengers. Rothbaum et al found that after 6-12 months of treatment, 70% of passengers were able to fly. This is because the root cause of their fear was resolved. Airlines could offer treatment of phobia to passengers only if they offer a longer treatment duration greater than a day. Clinical therapies ~~where~~ <sup>were</sup> found to be effective in reducing fear of flying but we are not sure if it will completely eradicate the fear so it may be irrational of the passengers to pay a lot of money when positive results are not assured. There is a risk that the fear of flying may be made worse by the one-day treatment provided by airlines. Therefore airlines should not offer treatments for passengers with fear of flying.



AO1 Level 2 with some mostly accurate understanding of relevant psychology.

AO2 Level 3 as this runs throughout the second part of the essay making links to fears of flying that develop from and beyond the stimulus material.

5 marks

11 One key question for society is whether treatment should be offered by airlines to passengers who have a phobia of flying.

A phobia is a clinically diagnosed overwhelming and extreme fear. Treatment for phobias is usually accessed through mental health services. Some major airports and airlines also offer treatment programmes to help passengers with fears and phobias of flying. Most of these require the passenger to pay for the treatment programme and the treatments may only be a one-day course or be offered online.

Exposure therapy is when a patient confronts the fear-inducing situation until they are able to remain calm. Rothbaum et al. (2006) conducted clinical trials of virtual reality exposure therapy and compared it to standard exposure therapy. At 6 and 12 months after treatment, they found that more than 70% of the participants from both treatment groups were still able to take flights. This suggests that a phobia of flying can be reduced using clinical therapies.

Discuss the key question of whether treatment should be offered by airlines to passengers who have a phobia of flying. You should use concepts, theories and/or research studied in learning theories and clinical psychology.

You must make reference to the context in your answer.

(8)

A phobia is clinically diagnosed overwhelming fear of something which in this case would be flying, the phobia may be learned. Rothbaum et al (2006) conducted clinical trials for virtual reality exposure therapy and compared to standard exposure therapy, 70% of both groups of passengers were still able to fly. Exposure therapy is when a patient confronts the fear inducing situation until they are able to remain calm, an aspect of social learning theory through classical conditioning and operant conditioning. Treatment may require individuals to pay.

The phobia may have been learnt by virtue of airlines thus ethically valid if airlines would wish to offer treatment in order to reverse effects of phobia. The study suggests that phobia is reduced using clinical therapies, thus airlines ~~are~~ offering

treatment may help individuals overcome phobia of flying. Exposure therapy may be offered by airlines in order to reduce the effects of phobia however may be harmful to the phobic individuals as the airline would place them in a harmful condition (subjectively harmful) due to this they may not learn to overcome fear of flying. The individuals would have to pay airlines to receive treatment and this may not be easily accessed by individuals of all socio economic backgrounds thus limiting the benefits, and therefore the generalisability of offered by airlines. Airlines should not offer treatment as individuals can access treatment if they can by their own means, as airlines may suffer at the hands of malpractice in competency.



AO1 Level 0 as there is no accurate knowledge or understanding from learning theory or clinical psychology in the response.

AO2 Level 2. This response begins as largely copied from the stimulus material on page 1 which would have been little attempt to apply the content and bottom of Level 1. However the main credit for AO2 is awarded for the content mostly on the second page, where they have attempted some basic discussion using the stimulus which just about took the answer beyond isolated/no relevant reference in Level 1 into the bottom end of Level 2.

2 marks



This provides an example of 'copied' content whereby the candidate has not engaged with the stimulus to develop their response.

## Question 12

### Issues and Debates essay

This question required candidates to evaluate whether gender issues have an influence in psychological research.

This question demonstrated a broad spread of marks, with some candidates showing a very good AO1 understanding of the issue of gender and understanding of some example studies where gender could be considered a factor and making some good links to concepts such as androcentrism, gynocentrism and the alpha/beta bias that may be evident in research. However, few were able to evaluate the issues around this well for their AO3, with many often 'listing' a range of studies from across the course without any development or evaluation of what these reflected in terms of the issue at hand. Therefore, at the lower end of the mark range, the responses were largely points of definition and pieces of research with weak and often generic AO3 which was largely only in relation to generalisability rather than a debate about the implications and issues of gender in psychological research.

There is a heavier weighting to the AO3 evaluative skills in a 20-mark essay and it would benefit candidates to focus on the ways in which issues and debates impact in psychology and psychological research to enable stronger arguments and judgements about the relevance, implications and potential merits and demerits of the issue debated in the question.



Gender just like culture can have an impact on the validity, reliability and generalizability of psychological research. The research is either alpha bias implying the researcher ~~ignores~~ over exaggerates the influence of gender, beta bias which is when the gender influence is ignored completely, and finally androcentric which is where all gender beliefs are ignored except for the male gender.

An example where androcentricity occurred was Stanley Milgram's obedience investigation. During the early trials Milgram only used a male sample. This implies that the findings of the experiment can't truly be applied to all genders with equal confidence. Milgram however fixed this later and constructed a sample which included women as well, in order to prevent gender bias.

Furthermore gender may also influence research through experimenter bias.

~~A~~ This is when the personal interests of the experimenter influence how they view the findings making them potentially alpha centric. This reduces the validity of the results as they don't fully represent the sample due to subject interpretation. To avoid this behaviour could be observed and coded using a coding system like in Ainsworth SSP which is made by a well gender bias team to avoid further bias. This would decrease the chance of interpretation as behaviours would already fit pre existing classifications.



AO1 Level 2

AO3 Level 2

6 marks

For AO1, there is some mostly accurate understanding of topics in psychology, although this is only at the mid-range Level 2 and is not widely developed and lacks the range of content about gender as an issue and debate.

There is an attempt at some AO3 evaluation which is quite limited and not often explicitly linked back to the debate of gender. However, this was sufficient for the AO3 to achieve the very bottom of Level 2.

Due to the heavier weighting of AO3 in a 20-mark essay, the response was placed in the lower end of Level 2.

Gender issues have greatly influenced psychological research along the years. This is mainly because, in the past, there were ~~was~~ extremely minimal (almost non-existent) cases of female psychologists. The psychology industry was mainly lead by males and so a lot of the studies were not only conducted by males, but male samples were more prevalent as well meaning that a lot of the research that is applied in modern psychology today is, in some cases, only really ~~exp~~ representative towards males.

Firstly, ~~the first psychological lab was founded by a male~~ many examples of male dominant sample groups in studies conducted by male researchers which will inevitably have a male biased. This is known as "Androcentrism" and it happens when males believe they are above females or have a male point of view during interpretation.

Firstly, a study conducted by Asch to test conformity amongst individuals only used a male sample group, however the findings were further generalised to the whole population although it  $\geq$  should not be representative to females as they may have had a different approach.

Similarly, Zimbardo conducted a study to investigate <sup>how</sup> individuals take upon social roles ~~was~~ called the "Stanford prison experiment". This experiment found that individuals (males) will  $\&$  act in certain ways they feel fit their roles, for example if they were guards, they acted more aggressively, however these positions may have had a different approach from females as statistically they are suggested to be less aggressive. However, ~~in the~~ as this experiment lacked female participation, one will not know how a female

would have acted, it would have very likely been very different. However, like the rest, these results were also generalised to the whole population although they were obviously not representative to at least half.

In addition, another experiment that lacked to consider <sup>female</sup> participants participation was Milgram's study of conformity in which he investigated individuals likelyhood to conform to an individual who played the part of an authority figure. The findings of this experiment were that individuals were more likely to conform to inhumane orders if the individual directing the orders seemed to be at a higher power. Once again, this study concluded from the results of only male participants and therefore can not be generalisable. However, luckily the lack of participation on females behalf does not always go unnoticed and this study was reconducted by a psychologist called Burger some years to follow in which his sample was only female. The results remained consistent, however without this study it would have been impossible to know if females would have responded similarly and therefore irresponsible to conclude the results on both males and females prior to their participation.

On the other hand, there are also studies conducted in which only a female sample is selected. An example of this is Mary Ainsworth's "Strange Situation Procedure" in which she investigated the attachment types between children and their primary caregivers but only using mother-child duos, no fathers were involved in the study, making it lack generalisability as it can not be representative of ~~parent~~ attachment styles between children and their fathers. Furthermore, it may make a father feel inferior to the mother in the upbringing of their child and may make the father feel they are affecting their

child's future if mother is no longer around and they are the only available caregiver.

On the other hand, there are some studies who include both female and male participants with both male and female experimenters which reduce researchers gender bias and improve the generalisability of the study. An example of this is Valentino T and Mesout J study on the effects of stress in eyewitness identification carried out in the London Dungeon. They conducted an experiment with equal amounts of female and male participants highly increasing their generalisability as it could be representative to females as much as males.

Females and males differ in many aspects, further than those of physical ones and it must be remembered that the behaviour presented by both greatly differs in most situations. Therefore it is essential that both males and females are involved in studies to ensure the elimination of gender biases within results.



AO1 Level 4

AO3 Level 4

14 marks

Knowledge and understanding of a thorough range of topics in psychology which are accurate and linked well to gender issues.

The AO3 is developed, making logical chains of reasoning and competing debates around gender issues faced in and from psychological research.

Due to the heavier weighting of AO3 in a 20-mark essay, the AO3 reaches the lower end of Level 4 which gives the overall mark of 14.

## Paper Summary

Overall, the candidates performed to a good standard, and some very commendable responses were seen from a number of students.

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

- Candidates should review the taxonomy expectations within the specification to aid them in understanding the key requirements of the questions and the distinctions between these, for example, the differences between 'describe' and 'explain' in shorter questions.
- Within their extended open responses, candidates should give balanced responses and exemplified points which lead to making informed conclusions or judgements (where appropriate to the taxonomy used) in relation to the question content. A significant number of candidates have this year given descriptive pages about the study in question 6 and then weak and often generic AO3 evaluations. This is not something previously noted in past series and candidates would benefit from focusing their responses on the command word, in this case 'evaluate', the levels band requirements, and balance of weighting between AO1 and AO3 in these answers.
- Although there was some improvement to the unseen 'key question' essay, candidates should clearly apply their AO1 understanding of the appropriate areas of psychology to the context in the given scenario; they should not just replicate the information they are presented with as this is insufficient to show application of their knowledge and understanding. Many 'copied' large chunks from the scenario and did not develop their responses.
- Generic points should be avoided. Candidates should be able to give specific responses that are clearly linked to the question content and taxonomy, especially in scenario-based questions.
- Where candidates are expanding their points, the use of evidence and supporting/contesting concepts could aid them in exemplifying their knowledge and understanding as appropriate.
- Candidates should focus on the specific direction of the question to avoid going off topic, particularly in the extended essay questions.
- Mathematical skills were mixed this year, with some evidence of high level skills, whilst in other questions, such as determining significance or drawing conclusions, there were few correct responses. Candidates should practise calculations and also the rationale behind mathematical decision making.
- Where difficulties were faced, it was most often AO2 application skills to scenario-based materials where generic responses were given, and the AO3 justification and exemplification skills in both the short-open responses with AO3 elements and the AO3 evaluative skills in the 20-mark essay in particular.



- Stronger AO3 was seen in the 16-mark evaluation of the study, which has a more structured process by use of learned skills, such as GRAVEDS (Generalisability Reliability Application Validity Ethics Design Sampling technique/Similar study), and candidates may benefit from similar structural support for the 20-mark essay whereby they may be more able to utilise their research evidence in support of their points to justify how, or why, this particular piece of evidence relates to the issue being asked in the question, thus aiding them to avoid giving listed and unlinked studies.

## **Grade boundaries**

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

<https://qualifications.pearson.com/en/support/support-topics/results-certification/grade-boundaries.html>

