



# **Examiners' Report**

## **June 2023**

**International Advanced Level Psychology WPS04 01**

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## Introduction

The summer 2023 series was a successful one with the range of responses seen remaining on a similar distribution to the previous cohort entry.

Across the paper, candidate responses showed good understanding of key terms and some theoretical concepts. There was some good understanding of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and International Classification of Diseases (ICD) diagnostic manuals, with many candidates able to achieve the majority of marks on this question. Knowledge of Suzuki et al (2014), in relation to the objectivity of the study, was mixed and this was reflected in the number of marks candidates achieved on this 6-mark question.

Difficulties tended to remain with the long answer questions, where few candidates 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.

The longer answer question, which saw the strongest performance, was the Rosenhan (1973) question, worth 16 marks. Understanding of the procedure and results of the study was clear; however the AO3 evaluation was weaker. Candidates often knew a number of evaluative points but in the main did not develop them enough to access the higher bands.

This lack of AO3 was especially evident in the 20-mark question, where the responses were dominated significantly by AO1 knowledge and understanding, with very little attempt to evaluate the benefit of reductionism.

The 8-mark key question also caused some issues, with candidates finding it difficult to understand the demands of the question and what was meant by social development.

Application for AO2 responses was not always evident in candidate responses, and it remains an area that was difficult for a number of candidates. Where generic responses were given, candidates did not achieve highly. 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.

Overall, candidates performed to a good standard, and some very commendable responses were seen.

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

## Question 1 (a)

This four-mark question required candidates to describe the DSM and ICD classification systems.

This comprised 4 AO1 marks, with a maximum of 2 marks for each classification system.

Creditworthy responses included:

- That the ICD looks at both physical and mental ill health/the DSM looks only at mental health disorders
- A description of the sections/coding systems used
- Who they are published by/that they are updated, with new disorders added (and taken away)

Many candidate responses were able to achieve 2 marks on this question, with some achieving all 4.

Where performance was limited, it was mainly due to responses focussing on peripheral factors that did not gain credit. These included the language, the version, and which country uses a particular classification system.

1 In your studies of clinical psychology you will have learned about classification systems and the reliability of diagnosis.

(a) Describe the DSM and ICD classification systems.

(4)

DSM

DSM is Published by American Psychotic association and updata one is DSM-5. which is specific on Psychotic diagnosis. It mainly use in USA

ICD

ICD is Published by WHO which help diagnosis any illness and have multi ~~language version~~ language version. Updata one is DSM-10 / 11.



**ResultsPlus**  
Examiner Comments

This response achieves marks for the knowledge that:

- DSM: is published by the American Psychiatric (sp) Association (1)
- ICD: is published by the World health organisation (1) (note: abbreviations were not credited)

The rest of the content is too vague for marks.

Total: 2 marks

1 In your studies of clinical psychology you will have learned about classification systems and the reliability of diagnosis.

(a) Describe the DSM and ICD classification systems.

(4)

### DSM

The Diagnostic statistical manual of mental health (DSM) is a classification system created by the American Psychiatric Association (APA). It contains information ~~information~~ about mental health disorders that categorized into axes, and it provides features, diagnostic criteria, prevalence information about disorders. Examples of disorders include depression, ~~anxiety~~ schizophrenia, etc.

### ICD

The ICD is a classification system created by the World Health Organization (WHO). It contains information ~~of~~ of all types of ~~disorders~~ health disorders, that means ~~that~~ not just mental health rather all types of health disorders are considered and symptoms of each disorder are also mentioned.



This response achieves marks for:

- DSM: published by the American Psychiatric association (1)
- the knowledge that it is categorised into axes giving diagnostic criteria/prevalence (1)
- ICD: published by the World Health Organisation (1)
- the knowledge that it contains all types of health disorders and not just mental health disorders (1)

This is a nice answer.

Total: 4 marks

## Question 1 (b)

This four-mark AO1/AO3 question required candidates to explain two ways mental health diagnosis could be considered reliable.

To gain both marks candidates needed:

- to identify a way diagnosis could be considered reliable (AO1)
- justification/exemplification of each way (AO3)

In terms of the AO1 mark, responses could discuss two different clinicians giving the same diagnosis/same diagnosis being given between two versions of DSM/ICD.

In terms of the AO3 mark, responses could use any relevant research to justify the above, for example Brown/Goldstein.

Performance on this question was mixed. Too often, responses included two points that were very similar to each other, or only used research, without an identification point.

(b) Explain **two** ways that mental health diagnosis could be considered reliable.

(4)

1 Brown ~~was~~ used DSM-IV for diagnosis of mood and anxiety disorders and the same diagnosis was made by different researchers. This means that the DSM has faced inter-rater reliability, as ~~the~~ diff. researchers have agreed on the same diagnosis.

2 Another study of anorexia, where one researcher diagnosed patients via telephone. Between 3-7 days later, a different assessor diagnosed the same patients and the degree of accuracy of ~~the~~ diagnosis was described as excellent.

This means that the mental health diagnosis has faced, test-retest reliability, <sup>because if the diagnosis on</sup> ~~some patients~~ ~~is repeated~~, the same can be found.

(Total for Question 1 = 8 marks)



**ResultsPlus**  
Examiner Comments

This response achieves marks for point 2:

- An AO1 mark for the idea that two different assessors diagnosed the same patient with a degree of accuracy (1)
- An AO3 mark for the idea that the mental health diagnosis shows test-retest because if the diagnosis is repeated, the same diagnosis will be found (1)

Total: 2 marks

(b) Explain **two** ways that mental health diagnosis could be considered reliable.

(4)

1. Inter-rater reliability will be seen in diagnosis when multiple clinicians use the same diagnostic tool to give the same diagnosis as supported by Brown et al (2001) who found that using DSM IV, two independent interviews gave the same diagnosis increasing reliability of diagnosis

2. Reliability has been seen <sup>between</sup> different versions of DSM where the diagnostic criteria between each version remained similar therefore giving a reliable diagnosis

Goldstein et al (1982) found that those diagnosed with DSM II received the same diagnosis using DSM III highlighting reliability between variations and their diagnostic criteria

(Total for Question 1 = 8 marks)



This response achieves marks for:

Point 1

- An AO1 mark for the idea the multiple clinicians use the same diagnostic manual and get the same diagnosis (1)
- An AO3 mark for the research by Brown et al with accurate findings (1)

Point 2

- An AO1 mark for different versions of the DSM giving reliable diagnosis (1)
- An AO3 mark for the research supporting the AO1 point by Goldstein et al (1982) (1)

A nice answer.

Total: 4 marks

## Question 2 (a)

This 4-mark question required candidates to explain two ways that drug treatment could be effective for Emily. This question comprised two AO2 and two AO3 marks.

For the AO2 mark candidates' creditworthy answers could include the idea that drugs:

- are quick and easy to administer
- act quickly to reduce symptoms/work on Emily's **specific** symptoms
- are easier for Emily to use because she will not need to leave the house

The AO3 mark tended to be research that justified the AO2 point/or something in relation to Emily in particular, that may make drugs more effective.

One point to note for AO2/AO3 questions is that in order for the AO3 to be credited, some link to the scenario needed to be present.

Performance on this question was mixed, with the major issue being either that responses were generic, or they only described how the drugs work, which did not answer the question.

2 Emily has been hearing voices telling her she is a bad person and saying that a secret team of people are coming to get her. She has become paranoid and thinks she sees people watching her when she leaves the house. Emily now refuses to leave the house.

Recently, she became extremely agitated and upset. Her parents were unsure what to do and took her to a hospital. A clinician diagnosed Emily with schizophrenia.

A mental health nurse comes to visit Emily to discuss options for treatment. The nurse talks to Emily about drug treatment.

(a) Explain **two** ways that drug treatment could be effective in helping Emily with her schizophrenia.

(4)

1 Use of ~~drugs~~ atypical antipsychotics block D2 receptors, which means that dopamine cannot bind to these receptors. This would reduce positive symptoms of Schizophrenia (SP) such as hallucinations.

2 Drugs can elevate the amount of dopamine in the brain which can reduce the negative symptoms of SP. for eg, low mood and low motivation.



**ResultsPlus**  
Examiner Comments

This response achieves no marks

This answer is generic because there is no specific to link to the scenario.

Using hallucinations is **not** enough because this is a general symptom of schizophrenia. Something more specific ie auditory/hearing voices, was needed.

Total: 0 marks

- 2 Emily has been hearing voices telling her she is a bad person and saying that a secret team of people are coming to get her. She has become paranoid and thinks she sees people watching her when she leaves the house. Emily now refuses to leave the house.

Recently, she became extremely agitated and upset. Her parents were unsure what to do and took her to a hospital. A clinician diagnosed Emily with schizophrenia.

A mental health nurse comes to visit Emily to discuss options for treatment. The nurse talks to Emily about drug treatment.

- (a) Explain **two** ways that drug treatment could be effective in helping Emily with her schizophrenia.

(4)

1 Drug treatments can be easily taken by mouth and is found to alleviate symptoms of schizophrenia by blocking dopamine receptors. Emily could take drug treatment alone or combined with other therapies to improve symptoms like the delusions of people watching her. ~~The drug treatment can also reduce the~~



**ResultsPlus**  
Examiner Comments

This response achieves a mark for:

- the relevant point about ease of administration ie by mouth, to reduce her symptoms of delusions (1)

Nothing else in the answer was creditworthy.

Total: 1 mark

2 Emily has been hearing voices telling her she is a bad person and saying that a secret team of people are coming to get her. She has become paranoid and thinks she sees people watching her when she leaves the house. Emily now refuses to leave the house.

Recently, she became extremely agitated and upset. Her parents were unsure what to do and took her to a hospital. A clinician diagnosed Emily with schizophrenia.

A mental health nurse comes to visit Emily to discuss options for treatment. The nurse talks to Emily about drug treatment.

(a) Explain **two** ways that drug treatment could be effective in helping Emily with her schizophrenia.

(4)

1 The use of the atypical drug clozapine helps alleviate and treat the symptoms of schizophrenia <sup>at</sup> ~~at~~ a faster ~~according to~~ rate than other forms of therapy such as family therapy enabling Emily to help reduce her symptoms of paranoia by thinking people are watching her as she steps out the house.

2 As schizophrenia is a biological induced problem, the use of drugs such as clozapine can help treat the symptoms of schizophrenia as this drug is targetted at calming down her symptoms more effectively as it acts on the issues lying upon her chemical imbalances in neurotransmitters such as dopamine, allowing Emily to feel less agitated and upset once going through drug therapy.



This response achieved marks for each point:

- An AO2 mark for the idea that drug therapy will work more quickly than other treatments, such as family therapy, to reduce her paranoia (1)
- An AO2 mark for the idea that a specific drug can target her **specific** symptoms, such as agitation (1)

There is no AO3 justification in either answer, therefore no further marks could be given.

Total: 2 marks

## Question 2 (b)

This 2-mark question required candidates to explain one reason why drug treatment may not be effective.

The question comprised 1 AO2 and 1 AO3 mark, therefore some link to the scenario had to be present for candidates to gain any credit.

Typical AO2 responses included:

- The possibility of side effects such as weight gain
- That drug treatment may not be effective when used alone
- Emily's paranoia may mean she does not trust the medication
- It may not be effective for negative symptoms, such as social withdrawal

The AO3 mark tended to come from responses discussing that side effects/paranoia may lead to Emily no longer taking the drugs (leading to worse symptoms) or that increased side effects may make her symptoms, such as agitation, worse.

Performance on this question was mixed, with many responses showing good knowledge of the issues with drug treatment but not linking it to Emily or any other part of the scenario. This led to many responses being unable to access any marks.

(b) Explain **one** reason why drug treatment may not be effective in helping Emily with her schizophrenia.

(2)

Anti psychotic drug treatment for schizophrenia is not a universal treatment and may not work on Emily. They can also have severe negative side effects such as excessive drooling, sleep loss of appetite, twitching, yawning and issues with basic motor skills.



**ResultsPlus**  
Examiner Comments

This response achieves no marks.

This is a generic response unfortunately, and although the knowledge is correct, with only a name used, it cannot be credited.

Total: 0 marks

(b) Explain **one** reason why drug treatment may not be effective in helping Emily with her schizophrenia.

(2)

Emily's schizophrenia is causing her to be overly paranoid and lack trust to others this can cause her to avoid medication ~~and~~ as she lacks trust towards it



**ResultsPlus**  
Examiner Comments

This response achieves a mark.

- An AO2 mark is awarded for the relevant (linked) point that Emily is paranoid and lacks trust, so may avoid the medication because she lacks trust towards it (1)

Total: 1 mark

(b) Explain **one** reason why drug treatment may not be effective in helping Emily with her schizophrenia.

(2)

Drug treatment is most effective when paired with family therapy which greatly eases the discomfort and misunderstanding amongst families of patients with schizophrenia. As Emily's parents are unsure, the drug treatment alone will not be as effective in helping Emily as if it was paired with family therapy.



**ResultsPlus**  
Examiner Comments

This response achieved marks for:

- because Emily's parents are unsure (which is in the scenario) the drug treatment alone will not be effective in helping Emily (1)
- the idea that drug therapy is most effective when paired with family therapy because it eases the discomfort of families (1)

Total: 2 marks

## Question 2 (c)

This 2-mark question required candidates to explain one reason why family therapy may be effective for Emily.

This question comprised 1 AO2 and 1 AO3 mark and therefore there needed to be some link to the scenario for credit to be gained.

Common answers for AO2 included:

- the idea of psychoeducation helping Emily stop hearing voices
- helping her parents understand more about her issues and how to help when she became agitated.

AO3 marks tended to come through the use of research, with the most common being Pharoah (2010).

Similar to the two previous questions, performance on this question was, in the main, mixed. Although there were a few excellent 2-mark responses more often responses were generic or confused, and therefore were unable to access any marks.

(c) The mental health nurse also shares information about family therapy as a treatment for Emily.

Explain **one** reason why family therapy may be effective in helping Emily with her schizophrenia.

(2)

Family therapy acts as a support system for Emily. Through family therapy, Emily's family can understand what she goes through and help her through ways to reduce her symptoms of schizophrenia, such as know how to react and do when her symptoms are at display allowing Emily to overcome her disorder more effectively and motivatingly through the families assistance.

(Total for Question 2 = 8 marks)



This response achieved 0 marks.

There is no link to Emily's symptoms ie agitation/paranoia/social dysfunction, only a generic mention of symptoms.

It does not mention her mother, either, who is mentioned within the scenario originally. Therefore, the response is generic and achieves 0 marks.

Total: 0 marks

(c) The mental health nurse also shares information about family therapy as a <sup>side effects.</sup> treatment for Emily.

Explain **one** reason why family therapy may be effective in helping Emily with her schizophrenia.

(2)

It may allow Emily to resume to normal functioning by gradually increasing her responsibility and social functioning. She and her family may take part in psycho-education which would help Emily understand her own illness and what she needs to do to stop hearing voices telling her she is a sick person. Pharaoh (2000) found family therapy effectively reduced symptoms like paranoia in Emily's case and reduced relapse rates.

(Total for Question 2 = 8 marks)



**ResultsPlus**  
Examiner Comments

This response achieves 2 marks

This is a very good answer and gains:

- 1 (AO2) mark for the idea that psychoeducation would enable Emily to resume normal functioning/social functioning/stop hearing voices
- 1 (AO3) justification mark for the use of Pharaoh (2000) study to show family therapies effectiveness on symptoms and relapse rates

Total: 2 marks

### Question 3 (a)

This question required candidates to explain one strength of Suzuki et al (2014) in terms of ethics.

This question comprised 1 AO1 and 1 AO3 mark.

The AO1 mark usually came from:

- the idea of informed consent
- confidentiality – a common ethical issue used

However, to achieve the AO1 mark there needed to be some specific link to the Suzuki et al (2014) study, ie 333 participants, because without this the response could be about any study.

The AO3 mark seemed harder to obtain, with a minority of responses discussing:

- confidentiality being important due to the sensitive nature of the study, or
- the gaining of informed consent, meaning that respect, as written in the BPS code of Ethics, was upheld

Many responses did achieve the one mark for the identification of the ethical issue, but very few accessed the second mark.

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

- Suzuki et al. (2014).

(a) Explain **one** strength of Suzuki et al. (2014) in terms of ethics.

(2)

Suzuki asked for consent from the participants and so they were not deceived. As consent was asked it did not make the participants were forced to participate, so caused less stress for the participants.



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Examiner Comments

This response achieves 0 marks

There is nothing here that links the answer to the Suzuki et al (2014) study ie sample number etc. This means that this could be any study and therefore is not creditworthy.

Total: 0 marks

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

- Suzuki et al. (2014).

(a) Explain **one** strength of Suzuki et al. (2014) in terms of ethics.

(2)

Suzuki et al. (2014) followed ethical guidelines by keeping the names and history of their participants confidential. This is important as ~~a breach in~~ this Suzuki et al.'s study involved socially sensitive factors such as body weight and a major mental health disorders which could cause embarrassment or guilt to participants if their personal details were revealed.



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This response achieves marks for the:

- AO1: identification of confidentiality of the participants being important due to body weight etc (1)
- AO3: exemplification that participants may have felt guilt or embarrassment (about mental health/body weight) if their details had been revealed (1)

Total: 2 marks

### Question 3 (b)

This 6-mark question required candidates to analyse the objectivity of the study by Suzuki et al (2014).

This question comprised 3 AO1 and 3 AO3 marks.

Performance on this question was limited, with many responses seeming to misunderstand what objectivity means, or not having sufficient knowledge of the study to answer the question.

Where AO1 marks were given, it was usually for the idea that:

- BMI was measured through height/weight
- blood tests were used etc

Often, these reasons were not justified for the AO3 marks. Responses needed to include why the use of blood tests made the study more objective ie it means no interpretation/medical tests give reliable data, which is not bias, but this very rarely happened.

In addition, very few responses explained why the study may **not** be objective ie the exclusion of exercise/how BMI could be skewed through muscle mass.

(b) Analyse the objectivity of the study by Suzuki et al. (2014).

(6)

Suzuki et al. studies uses highly objective. Suzuki et al. used the (BMI) to measure the height and weight of the Patients. Furthermore, he operationalized the nutritional status as the Japanese indicators by a standardized processes, taking the hypoproteinemia, hypochloremia, plasma glucose and triglycerid. This would allow the studies to avoid researcher bias and make it objective.

Furthermore, Suzuki et al. removed Participants that had changes in their nutritional status in the control group as well Participant. This would allow the results to be as valid and objective as possible to make sure that confounding variables doesn't affect the ~~Researcher~~ objectivity of the study.

However, Suzuki et al. did not take into consideration the exercise habits of the diet as the Patients, which is an confounding variable that could greatly affect the research and therefore the objectivity of the studies.



This response achieves marks for the:

- AO1: operationalisation of nutritional status (with examples) (1)
- AO1: issue of not taking into account exercise, which could be a confounding variable (1)

Total: 2 marks

(b) Analyse the objectivity of the study by Suzuki et al. (2014).

(6)

Suzuki et al.'s (2014) study aimed to investigate the prevalence of overweight and underweight in Japanese patients with schizophrenia. ~~This study also aimed to investigate the~~

Suzuki et al.'s sample consisted of the experimental group containing 333 Japanese in-patients with schizophrenia across 9 hospitals in Niigata, Japan. The control group consisted of 191 healthy volunteers. Suzuki et al. measured the height, weight, and calculated the BMI of the in-patients and volunteers which results in quantitative data hence increasing the objectivity of the study. Suzuki et al. did not classify their participants as overweight, underweight, or normal without using objective measurements (BMI) so the subjectivity of the study is reduced. Moreover, the nutritional status of the participants were recorded using blood samples that included fasting for more than 9 hours before the blood test. This further increases the objectivity of Suzuki et al.'s study as numerical data was gathered regarding the Japanese patients and volunteers. Hence, increasing the objectivity and quantitative aspects of the study. Although, Suzuki et al. did not account for confounding variables such as exercise levels of the patients which reduces the objectivity as other factors may have influenced the weight of patients.

(Total for Question 3 = 8 marks)



This response achieves marks for the:

- AO1: calculation of BMI through the measurement of height/weight (1)
- AO3: idea that no other means of classification was used for overweight/underweight so subjectivity reduced (1)
- AO1: use of blood tests (which are objective) to assess nutritional status (1)
- AO1: issue that exercise was not included, which reduced objectivity (as a confounding variable) as may have affected weight (1)

Total: 4 marks

## Question 4

This 2-mark question required candidates to explain one way our understanding of abnormality has improved over time.

This question comprised 1 AO1 and 1 AO3 mark

Candidates, in the main, answered this question well. The most common answers gaining credit were:

- increased understanding of behaviour once seen as abnormal, such as homosexuality
- better treatment practices over time
- stigma of mental health decreasing
- improvement from seeing someone as 'mad' to improved medical knowledge about causes of mental ill health

Where candidate responses did not achieve marks, it was due to description of definitions of abnormality, such as statistical infrequency, suggesting superficially that they improved understanding.

There were many well thought-out answers, however.

4 In your studies of clinical psychology, you will have learned about the history of abnormality.

Explain **one** way that our understanding of abnormality has improved over time.

Statistical infrequency where a behaviour or thought was considered as abnormal if it was statistically abnormal.  
The objectivity is high this way as numericals were used.



This response achieves no marks.

This is only a description of statistical infrequency and does not say why/how it could improve our understanding.

Total: 0 marks

4 In your studies of clinical psychology, you will have learned about the history of abnormality.

Explain **one** way that our understanding of abnormality has improved over time.

We have come to understand that social norms change over time, and over space as well. For example, homosexuality is no longer viewed as a disorder, but is now an accepted social norm as people now view this topic with a positive attitude and understanding. Culturally specific disorders are also more prevalent now and allows for more accurate diagnosis to be made, like 'taijin kyofusho' in Japan -

(Total for Question 4 = 2 marks)



This response achieves marks for the:

- idea that we have come to understand that social norms change over time (1)
- exemplification that homosexuality is no longer viewed as a disorder but an accepted social norm (with positive attitudes and greater understanding following) (1)

Total: 2 marks

## Question 5 (a)

This 2-mark question required candidates to describe how secondary data was collected for their practical investigation.

This question comprised 2 AO2 marks.

This question caused difficulties for candidates, for a number of reasons:

- Many candidates discussed how they analysed data (tallying/working out coding strategies), rather than how it was collected
- Even when talking about collection many candidates gave either fully generic or partially generic responses

For this question, each point made had to link to the practical ie through the use of mental health/specific disorders etc.

Consequently, performance on this question was mixed, with many candidate responses achieving 1 or 0 marks.

**5** In your studies of clinical psychology, you will have conducted a practical investigation.

(a) Describe how you gathered secondary data for your practical investigation.

(2)

Secondary data are things ~~that~~ that are already found by someone else and you take them from his person or from where are socialised and you take them for your own personal use.



This response achieves no marks.

This response is a definition of secondary data, which is not creditworthy.

Total: 0 marks

5 In your studies of clinical psychology, you will have conducted a practical investigation.

(a) Describe how you gathered secondary data for your practical investigation.

(2)

We obtained a list of movies including ~~one of the themes~~ 'mental illness' and <sup>intentionally</sup> selected two movies, *The Machinist* (2004) and *Short-Term 12* (2013) which are based on schizophrenia and depression. We watched these two movies fully and created a compilation of clips, 30 minutes each, to conduct our content analysis.



This response achieves marks for:

- AO2: obtaining a list of movies which included themes of mental health (1)
- AO2: the selection of two movies that were based on schizophrenia and depression (1)

The idea of watching the movies and compiling 20-min clips would also have been creditworthy.

Total: 2 marks

5 In your studies of clinical psychology, you will have conducted a practical investigation.

(a) Describe how you gathered secondary data for your practical investigation.

(2)

I gathered secondary data for my practical investigation by searching online for research material and online articles on <sup>attitude towards</sup> mental illnesses in Sri Lanka. I did this by entering key words such as 'Sri Lanka', 'mental illnesses', 'attitudes' and then I read through multiple sources and selected some of the most relevant online materials.



This response achieves marks for:

- AO2: searching online for articles on attitudes towards mental health in Sri Lanka (1)
- AO2: reading through sources and selecting the most relevant online materials using key words such as mental illnesses/attitudes (1)

Total: 2 marks



For an AO2 question, make sure that you link to your practical in every point you make.

## Question 5 (b)

This question required candidates to describe how secondary data was analysed for their practical.

This question comprised 2 AO2 marks.

This question was answered fairly well, with many candidates achieving at least 1 mark and some achieving both.

Frequent answers included:

- Coding units identified to the films/website on mental health
- Tallying every time a specific word/positive or negative attitude to a mental health disorder was mentioned
- Creation of themes after watching a movie (with examples)

Where performance was limited it was due to being fully, or partially, generic.

(b) Describe how you analysed the secondary data in your practical investigation.

(2)

coding units were identified and  
were applied to affect 10 new and 10 old  
pieces of data (films, websites, etc).  
Every time a mental health disorder was  
mentioned (or treatment was talked about), a tally  
score was written down.



The first part of this answer cannot achieve a mark because there is no link to mental health.

A mark is given for:

- AO2: every time a mental health disorder was mentioned, a tally was written down (1)

Total: 1 mark

(b) Describe how you analysed the secondary data in your practical investigation.

(2)

We did a content analysis of the 10 different articles about mental health and we recorded instances where positive or negative attitudes towards mental health was displayed. We then compared the attitudes in the ~~2004-2022~~ newspapers from 2000 and the newspapers from 2023.



**ResultsPlus**  
Examiner Comments

This response achieves marks for:

- AO2: doing a content analysis of 10 different articles on mental health (1)
- AO2: the recording of instances where positive/negative attitudes to mental health was displayed (1)

The final point could also have been creditworthy, because it talks about attitudes, which is a link to the practical.

Total: 2 marks

## Question 5 (c)

This 2-mark question required candidates to describe one conclusion made from the practical.

This question comprised 2 AO2 marks and could be answered in a number of ways:

- Candidates could identify a conclusion. For example, that more recent films had a more positive attitude about mental health than older films. Then they could use the data they had obtained, as their second descriptive point
- Candidates could expand on the above conclusion. For example, older films are more negative about mental health, portraying them as dangerous, whereas new films are more positive about mental health and talk about how people can be helped

Some responses did exactly the above and achieved 2 marks. However, where performance was limited it was due to a lack of detail given within each point. This meant that many candidates only accessed 1, rather than 2, marks.

(c) Describe **one** conclusion you made in your practical investigation.

(2)

The medical newspaper reports have portrayed psychiatric patients with a more positive perspective compared to non-medical ones.



AO2: A mark is given for the idea that medical newspapers portray psychiatric patients with more positive perspective compared to non-medical ones (1)

There is not enough detail in this conclusion to achieve the two marks.

Total: 1 mark

(c) Describe **one** conclusion you made in your practical investigation.

(2)

Movies that were made in earlier times, in our investigation, prior to 2005, - had a relatively negative portrayal of mental health making the person seem like a danger to society or abnormal. However, newer movies made in the late 2000s or after 2010, portrayed mental health in a more positive light showing how patients get help without judgement.

(Total for Question 5 = 6 marks)



**ResultsPlus**  
Examiner Comments

Marks are given for:

- AO2: the idea that movies made in earlier times had a fairly negative portrayal about mental health, such as being seen as a danger (1)
- AO2 for the detailed comparative point that newer movies made after 2010 portray mental health in a more positive light, such as getting help without judgment (1)

A well thought-out response.

Total: 2 marks



**ResultsPlus**  
Examiner Tip

Make sure you provide enough detail in order to access the number of marks on a question.

## Question 6

This question was an extended essay for 16 marks, on a clinical topic area.

This question required candidates to evaluate the classic study by Rosenhan (1973).

A large number of candidates had an impressively thorough understanding of the study and were also able to evaluate it reasonably well. At the lower end of the marks allocated, the responses largely consisted 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 scheme, those responses that provided more AO1 than was necessarily required, appeared to rush the AO3 element of the question and so lost marks. Ultimately, the question taxonomy of 'evaluate' should direct candidates straight into a focus on this skill, as opposed to a 'descriptive' skill.

Candidates should remember that the AO3 skill has a higher weighting on this question and therefore more attention needs to be paid to this, rather than just describing the study.

## 6 Evaluate the classic study by Rosenhan (1973).

(16)

Rosenhan (1973) conducted a study to find out if the sane could be distinguished from the insane in psychiatric hospitals dealing with schizophrenia inpatients. He also wanted to see the level of care given to inpatients. Rosenhan had 8 pseudopatients (including himself) 3 men, females and 5 males, 5 of them working as psychologists or in a psychology related field. They called 9 hospitals in 12 states, complaining of hearing voices and having hallucinations (which is imagining things that are not happening in real life). They complained of hearing "hollow" "thud" voices. The pseudopatients also lied about their names (used fake names and fake jobs for psychology related jobs in the 5 pseudopatients). However, everything else apart from the symptoms was true. They all got admitted as schizophrenic except 1 which was manic depressive episode disorder. Once admitted they stopped lying about the symptoms and started acting normally. They stayed for an average of 19 days. They observed everything that was happening and noted it with detail. Workers in the inpatient hospital perceived this as behaviour noting. The detailed notes provide qualitative data which was analysed later.

This provides high internal validity. The workers / staff nurses, doctors didn't find out about the pseudopatients however 1 in 3 patients in 3 hospitals challenged the ~~stability~~ pseudopatients, results of the study showed that the sane was not / cannot be distinguished from the insane, as this could be due to only an average of 7 minutes was spent between workers and pseudopatients which some found unethical as this takes away the attention and time spent with real inpatients, as well as the fact that ~~some~~ no ~~for~~ informed consent was taken from inpatients which were observed as well as a ~~they~~ were never debriefed about the aims of the study however, Rosenhan argued that if inpatients were aware ~~they~~ were being observed this would lower validity due to demand characteristics and acting a certain way to be more socially accepted. The results also showed the lack of human rights were privacy was gone due to some bathrooms not having doors, and some staff (doctors / nurses) being ~~with~~ verbally violent with the inpatients in front of other inpatients therefore there was a lack of privacy, this had social implications where some hospitals implicated strict rules and guidelines that protect the inpatients in terms with RPS code of ethics as well as MCPC. generalisability was questioned as in terms of population validity it was decreased as

only USA / inpatients in USA was used and across a few states in USA only which is not representative of other cultures and the whole of USA however as it is in a hospitals ranging from poor, good, excellent, okay etc it increases validity as it is from more than 100 dispersed hospitals. validity was reduced as only inpatients were used where outpatients were not therefore results cannot be generalised to other cultures and outpatients.

The study was highly replicable as the procedure was thoroughly detailed and simple and can be easily redone / replicated by other psychologists to test for reliability. Reliability was increased when Lauren Slater had similar results. Results of the study also showed that once the pseudopatients were discharged they were labelled as schizophrenia in remission showing that once its diagnosed even if its a wrong diagnosis the patient will always be stuck with the diagnosis for life. Study was high in ecological validity as the patients were in their environment and did not know they were being observed which could be perceived as unethical as the patients were deceived however this was necessary to have valid, reliable results



AO1 reaches Level 4: it shows accurate and thorough understanding of Rosenhan's study, including aim/procedure/results.

AO3 reaches low Level 3. There are some appropriate evaluative issues and some logical chains of reasoning. However, these are not sustained, which means it cannot access Level 4.

On balance, this is a Level 3 response due to the higher weighting of the AO3.

Total: 10 marks

Level 3

6 Evaluate the classic study by Rosenhan (1973).

(16)

The study of Rosenhan (1973) the main aim this particular study was investigate whether the nurses and psychiatrist in the psych wards can differentiate the insane from the sane. The ~~pre~~ sample size was that it included 8 pseudopatients including Rosenhan himself. which included a ~~patients~~ three female and 5 the males. There was painter, 3 psychologist and ~~patient~~ production. The hospital that was used for this study was 12 different hospitals from five different states from the USA. The pseudopatients were told to inform if they any halloes, seven times.

At first patients in the ward would ask the pseudopatients if they were ~~to~~ reports as they didn't believe them sane. but however the psychiatrist diagnosed for disorder that it not schizophrenia but for disorder writing disorder. which shows that the professionals at first were aren't able to understand what was going on at first.

As this study used people from different jobs and had used different hospitals from which 12 hospitals from 5 different states in the USA it can be ~~if~~ it is relatively generalisable to an extent but not fully.

As they were all from the US and Rosenthal didn't have any cultural diversity represented in this study.

Secondly it can also said that as there was standardized measures used and all the pseudo patients did what they were told to do, it can be replicated due to standardized measures taken during the study. As it much more easier to replicate this study and it was replicated by another psychologist later on.

Moreover it can be it not very ethical as Rosenthal put them in mental psychiatric ward. As put the pseudo patients in ~~psych~~ ward could possibly cause caused them some kind of mental distress which is not protecting the participant either as a psychologist that is what morally right to protect your participants in this case the it was pseudo patients.

Additionally it can be said that the Rosenthal never fully let the hospital know what he was doing this could have detrimental impacts on the reputation, image of the hospital, which Rosenthal could've let them know at least a bit before hand.

It can also be said that as Rosenhan took part in the study himself he could've contributed Researcher bias. as he could've manipulated the found result to prove his aim which would potentially affect the inter rater reliability of his study which could make this study less in value. as the results are being manipulated

concluding it can be said that Rosenhan's study to test and investigate whether the nurses, the psychiatrists and the professionals available was experienced enough to differentiate the sane from insane is reliable and the found results by Rosenhan are reliable & valid for the most part but not entirely.



**ResultsPlus**  
Examiner Comments

AO1 is low Level 2: mostly accurate information about Rosenhan's study.

AO2 is Level 2: some relevant points of evaluation including ethics and reliability, but still fairly superficial and generic in nature at points.

This is a mid-Level 2 response

Total: 6 marks

Level 2

6 Evaluate the classic study by Rosenhan (1973).

(16)

The study of Rosenhan (1973) studied whether pseudo-patients can be diagnosed with a mental health disorder in an institution.

There were 8 <sup>pseudo-patients</sup> ~~participants~~, ~~3~~ 3 women and 5 men (including Rosenhan), these included psychologists, painter, housewife, psychology graduates.

They were sent across 12 hospitals in the USA and were accepted with the diagnosis of schizophrenia in the public hospitals and manic depression in the private, which is less severe.

The pseudo-patients took notes of their experiences and how they were treated through-out their stay.

The results found how sane people can be considered 'insane' ~~by~~ by displaying fake symptoms.

The study can be seen as subjective, as the findings were through the notes of the pseudo-patients which could have been affected by their emotions.

Moreover, the study cannot be generalised to other countries as it was only conducted in 5 states in the USA.

However, it is greatly generalisable to healthcare systems across those 5 states, as well as the USA.

Furthermore, the study may be seen as unethical, because Rosenhan did not gain informed consent from the staff and real patients to be ~~observed~~ observed and ~~that~~ ~~was~~ ~~not~~ ~~known~~ were therefore deceived.

However, he did receive consent from the hospital's management to conduct the study.

Additionally, the study is ecologically valid, as it took place in a real hospital and a real-life setting.



**ResultsPlus**  
Examiner Comments

AO1 is Level 1: limited knowledge about Rosenhan's study including sample and brief results.

AO3: is Level 1: a limited attempt to evaluate the study, with some brief reference to generalisability, ethics.

Total: 3 marks

Level 1

## Question 7

This 4-mark question required candidates to describe a strength and a weakness of field experiments.

This comprised 2 AO1 marks and 2 AO3 marks.

Many candidates were able to achieve 2 marks on this question, with some achieving all 4, at the higher range of candidates.

Where responses did not access marks, it was due to lack of justification of the strength and weakness.

### 7 Psychological research can be conducted using experimental methods.

Explain **one** strength and **one** weakness of using a field experiment when conducting psychological research.

Strength

Field experiment enables the researcher to observe the participants in their natural day-to-day background, this gives the research ecological validity.

Weakness

There are no strict controls or standardised procedure. The ~~stud~~ experiment cannot be replicated in order to test for reliability making the study unreliable.



This candidate is given a mark for the strength, in that field experiments use natural day-to-day behaviour and therefore have ecological validity (1)

No marks are awarded for the weakness because it was a little confused and inaccurate.

Field experiments can be repeated. However, they can be difficult to carry out exactly, due to it being difficult to replicate the study due to extraneous variables.

Total: 1 mark



For the AO3 you need to justify (suggest why) the AO1 description is a strength or a weakness.

7 Psychological research can be conducted using experimental methods.

Explain **one** strength and **one** weakness of using a field experiment when conducting psychological research.

Strength

it is high in ecological validity, as people are in their natural setting doing their day to day life and tasks and this increases validity as it ensures that the results are due to what they say they measure. This reduces demand characteristics as well. Nakoncz and Shirk conducted a field experiment to observe Filipino domestic workers in <sup>sunday services</sup> church.

Weakness

a weakness is that it is very difficult to control variables extraneous variables in the study and this makes it highly difficult to replicate therefore cannot be retested for reliability decreasing reliability as many factors could affect the experiment invalidating the results. it is almost impossible to control all extraneous variables to give reliable results in a field experiment

(Total for Question 7 = 4 marks)



This candidate demonstrates more depth in knowledge and understanding.

Marks are awarded for the strength:

- The candidate identifies that field experiments are higher in ecological validity because participants are in the natural setting (AO1) (1) and then
- justifies why this is an advantage, by accurately suggesting that this reduces demand characteristics (AO3) (1)

The weakness achieves a mark for:

- difficult to control variables (AO1) (1)

The latter part of this answer is an absolute statement that it is almost impossible to repeat. This is not necessarily the case for learners.

Total: 3 marks

## Question 8 (a)

This 1-mark question required candidates to give one reason why Lexy may have stated that the questionnaire would be anonymous.

This question comprised 1 AO2 mark, which meant that candidates needed to contextualise their response within the scenario. This did not always occur.

This contextualisation could have been through the mention of teachers and or parents.

Candidates should go beyond only using the name, Lexy.

This could include relevant points from the scenario.

Candidates should read the scenarios carefully, to ensure that they extract the appropriate information that can be carried throughout the questions.

- 8** Lexy plans to research whether the amount of positive reinforcement received is related to the engagement in homework shown by children.

Lexy decides to use a questionnaire to gather her data. She posts a link to her questionnaire on several online forums that are used only by parents and teachers. Lexy asks for anyone who has time, to complete her questionnaire. She states that the questionnaire will be anonymous.

- (a) Give **one** reason why Lexy may have stated that the questionnaire will be anonymous.

(1)

To make sure she avoids social desirability bias.  
For example parents lying to look good by saying  
they always positive reinforce their kids. With an anonymous  
research the best parent want be scared or judgemental



This response achieves a mark.

The response shows that the candidate understands why anonymity should be provided and has contextualised this with the parents (1)

Total: 1 mark

## Question 8 (b)

This question was another applied question, enabling candidates to gain AO2 (2 marks).

Credit was available for up to 2 marks, for accurately describing one reason why Lexy used parents and/or teachers in relation to the study.

More-able candidates were able to identify the links throughout their answer, whereas less-able candidates understood the elaboration in their answer but did not have the contextualisation.

The intended outcome was that candidates should link the sample to positive reinforcement.

The response only needed to be contextualised once, to access the marks, but it needed some link to the stem, going beyond only using Lexy's name; this could be teachers, parents, homework etc.

(b) Describe **one** reason why Lexy may have chosen to sample parents and teachers in her research about positive reinforcement. <sup>RESEARCHER EFFECT.</sup>

(2)

She might have chosen to sample parents and teachers as they are the authority figures which will be able to identify the difference, after implementing positive reinforcements. As they are the ones to implement it, they also become the ones most capable of evaluating its effectiveness.



The candidate identifies why they are using the parents and teachers.

Identify the difference – indicate before and after the reinforcement.

This is best practice because the response is clear and logical.

Total: 2 marks

(b) Describe **one** reason why Lexy may have chosen to sample parents and teachers in her research about positive reinforcement.

(2)

It is difficult to gain such research from children as we do not know if they will be speaking the truth as they may show demand characteristics.



In comparison, this second example obtains no marks because the response does not link to the teachers or the parents, and is confused.

The response reads as though it is the children who are the sample in the study about reinforcement.

Total: 0 marks

## Question 8 (c)

The intention was for candidates to offer two examples of closed questions.

These could be examples that required:

- a yes/no answer
- using a Likert scale of agreement or disagreement
- a ranked scale response

Typically, stronger candidates ensured that the closed question had been operationalised.

If the question requires a closed question ensure that it is operationalised to include either the yes/no or the scale to which participants could respond.

(c) Give **two** closed-ended questions that Lexy could use in her questionnaire to research the use of positive reinforcement.

(2)

1 Do you notice an improvement in ~~you~~ a child's behaviour after praising them for doing a good thing?

2 Does your child choose to do homework after being rewarded for doing so previously?



In this first example, there is no explanation of how this is a closed question.

Some individuals who could have been asked these questions could have responded in one word or an entire paragraph.

For this reason it was awarded no marks.

Total: 0 marks

(c) Give **two** closed-ended questions that Lexy could use in her questionnaire to research the use of positive reinforcement.

(2)

1 Will you give rewards or compliments, if ~~the~~ your child did his/<sup>her</sup> ~~her~~ homework well? (Yes / No)

2 Do you write "well done" or anything related to it as a compliment next to your student's homework if they done well? (Yes / No)



In the second example, the candidate understands the demand of the question and has thought to include the options and how participants could respond. This makes it a definite closed question.

Total: 2 marks

## Question 8 (d)(e)

This question required candidates to calculate a Spearman's Rho Test and then determine if the results were significant.

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 completed the initial two columns of the table and then missed out the latter stages of the calculation.

Some candidates left this question blank, although fewer than in previous years.

A frequent error observed was that candidates often chose the wrong row in the critical values tables.

(d) Lexy completed her research and analysed the data from the questionnaires.

Calculate the Spearman's rank correlation coefficient for the data gathered by Lexy by completing **Table 1**.

The formulae and statistical tables can be found at the front of the paper.

You must show your working out and give your answer to three decimal places.

(4)

Number of times positive reinforcement is given in a day	Rank 1	Number of hours spent on homework in a day	Rank 2	$d$	$d^2$
8	2	1	2	0	0
9	3.5	1	2	1.5	2.25
4	1	2	5	-4	16
12	6	1	2	4	16
16	7	3	7.5	-0.5	0.25
11	5	2	5	0	0
9	3.5	3	7.5	-4	16
17	8	2	5	3	9
<b>Total for <math>d^2</math></b>					<b>59.5</b>

Table 1

Space for calculations

$$1 - \frac{6 \sum d^2}{n(n^2-1)} = 1 - \frac{6 \times 59.5}{8(8^2-1)} = 0.292$$

Spearman's rank correlation coefficient 0.292

(e) Determine, with reference to the data, whether Lexy's results are significant at  $p \leq 0.05$  for a two-tailed (non-directional) test.

The critical values tables can be found at the front of this paper.

(1)

Lexy's results are not significant, as the  
calculated value of 0.292 is smaller than  
the critical value of 0.738

**(Total for Question 8 = 10 marks)**

calculated value = 0.292

critical value = 0.738



(d) It can be seen in the first example that each stage of the calculations is accurate.

The candidate uses the space of calculations and has implemented each of the stages of the process.

Marks are given for the correct:

- completion of column  $d$  (1)
- completion of column  $d^2$  (1)
- substitution into the equation (1)
- answer to three decimal places = 0.292 (1)

(e) In the second part (e) of the response, the candidate indicates whether the results are significant or not, using the correct critical value printed at the front of the examination booklet. They identify that the data was not significant (1)

Total: 5 marks

(d) Lexy completed her research and analysed the data from the questionnaires.

Calculate the Spearman's rank correlation coefficient for the data gathered by Lexy by completing **Table 1**.

The formulae and statistical tables can be found at the front of the paper.

You must show your working out and give your answer to three decimal places.

(4)

Number of times positive reinforcement is given in a day	Rank 1	Number of hours spent on homework in a day	Rank 2	$d$	$d^2$
8	2	1	2	0	0
9	3.5	1	2	1.5	2.25
4	1	2	5	-4	16
12	6	1	2	4	16
16	7	3	7.5	-0.5	0.25
11	5	2	5	0	0
9	3.5	3	7.5	-4.5	20.25
17	8	2	5	3	9
<b>Total for <math>d^2</math></b>					<b>63.75</b>

**Table 1**

**Space for calculations**

$$1 - \frac{6(63.75)}{8(8^2 - 1)} = 0.241$$

Spearman's rank correlation coefficient 0.241

- (e) Determine, with reference to the data, whether Lexy's results are significant at  $p \leq 0.05$  for a two-tailed (non-directional) test.

The critical values tables can be found at the front of this paper.

(1)

since  $0.241 < 0.738$ , the results are not significant.



(d) In this example, the calculations of the Spearman's Rho are incorrect.

The 7th row of the table is incorrect, which has then made the remaining calculations incorrect.

(e) The identification of the significance is given a mark.

The candidate has used the rho value that they have calculated and using the data in the critical values tables, this is an accurate identification of non-significance.

The candidate is not penalised twice for the mistake made in the first part of the answer.

Total: 1 mark

## Question 9 (a)

Candidates could gain up to 4 (AO2) marks for this question if they provided an accurate description of a procedure in relation to the scenario.

Key observations from marking demonstrated candidates evaluating a procedure, rather than providing description about a procedure for a study of short-term memory (STM), about noise, using repeated measures.

In some cases, there were no links made to the scenario and such responses therefore received no marks because these responses were generic.

9 Brian is investigating the impact of noise on short-term memory recall. He has gathered a sample of 20 participants to take part in his research. He plans to use a laboratory experiment using a repeated measures design.

(a) Describe a procedure that could be used by Brian for his investigation about the impact of noise on short-term memory recall.

(4)

Brian should first give a list of 10 words to ~~the~~ memorise to all 20 participants, while he puts loud music in the room. He should then ask them to recall all the words right after memorising them, while still hearing the loud music. Then ~~for~~ the ~~20~~ same 20 participants should repeat the study with a different list of 10 words but in a quiet room with no noises. Participants should then recall this second list right after memorising it, in the same room with no noises being made. Brian should then compare the results to see ~~in~~ ~~if~~ the impact of noise on short-term memory recall.



This type of example is seen frequently.

The candidate includes different stages to the procedure.

These are:

- that the same 20 participants would do the first task and then recall
- followed by the second condition, where different words were used but the same participants engaged in the task
- the candidate also mentions about the loud music and the quiet room for the second condition

Total: 3 marks

Ensure that key features of the scenario are identified prior to describing.

This could be done by underlining key elements of the scenario to ensure that they are included in the response.

This takes the response out of being generic.

**9** Brian is investigating the impact of noise on short-term memory recall. He has gathered a sample of 20 participants to take part in his research. He plans to use a laboratory experiment using a repeated measures design.

(a) Describe a procedure that could be used by Brian for his investigation about the impact of noise on short-term memory recall.

(4)

~~He would take a control group of 20 as well for comparison.~~ Brian would first show participants three lettered trigrams / words in a sequence and then add background music that is loud and disruptive for around 30 seconds, or what may be the minimum time to reduce their attention. Then he would test on what they remember after, this time in silence.



This example demonstrates the frequently-seen responses of candidates in this series.

The candidate was given credit for the idea of giving the trigrams and then hearing the noise before recall.

More development from the candidate would be desirable because they seemed to start well, but were limited with ideas.

Total: 1 mark

## Question 9 (b)

This question required candidates to explain a strength of Brian gathering primary data for his investigation into STM. As such, there was 1 mark (AO2) for accurate identification of a strength in relation to the scenario and 1 mark (AO3) for justification/exemplification of the strength.

Frequent errors seen in this question were that candidates evaluated a laboratory-style experiment, rather than collected primary data. A further error observed was that candidates did not contextualise their response.

When completing past papers, candidates could look at the question: in this case, candidates are pointed to Brian gathering the primary data. This takes the question to AO2, rather than being an AO1 question about what primary data is.

This type of response was seen from many candidates this series.

- (b) Explain **one** strength of Brian gathering primary data for his investigation about the impact of noise on short-term memory recall.

(2)

Primary data is his own data, meaning that the data has gathered from his own research. This ensures a greater reliability as the results have been analysed and concluded by himself. Whereas getting secondary data could cause misinterpretation of data.



For this example response, the candidate understands the concept of primary data. However, there is no contextualisation to Brian's research into STM.

The candidate refers to his, or himself. This is not enough to contextualise the study.

Examiners looked for elements such as 'memory', 'noise' or 'recall'.

Total: 0 marks

(b) Explain **one** strength of Brian gathering primary data for his investigation about the impact of noise on short-term memory recall.

(2)

He can control the methodology and use standardized procedures to investigate memory, ~~ensuring~~  
~~his own bias does not lead him to create~~, leading to valid data that is reliable compared to secondary data ~~that~~ whose methodology is unknown and such the researcher may have encountered confounding variables such as

(Total for Question 9 = 6 marks)

~~using~~ a participant variable

where participant <sup>characteristics</sup> shows <sup>demand</sup> ~~stress~~ **TOTAL FOR SECTION C = 20 MARKS**  
decreasability by paying extra attention to words, so data would be less valid.



**ResultsPlus**  
Examiner Comments

This response achieves both marks.

'Paying extra attention to words', 'investigate memory', is enough to contextualise the research.

'Control the methodology' is appropriate as elaboration.

The candidate understands that Brian would implement the study. 'Secondary data methodology is unknown' is just enough for elaboration. This is a piece of knowledge demonstrated from the candidate because when secondary data is examined there could be elements of controls that are left out of articles.

Total: 2 marks

## Question 10

This question was an unseen 8-mark synoptic essay, formulated around a key question for society.

This question required candidates to discuss the key question of whether psychological knowledge can help in the understanding of factors that influence social development.

Candidates were required to use concepts, theories and/or research studied 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.

AO1 content could include: social learning theory, social power theory, conformity, schema theory, with AO2 coming from application to the scenario, linking to the AO1 points given.

Candidates often found it difficult to access the higher bands on this question. Social learning theory was often the only AO1 discussed. AO2 application was weak, with occasional references to media violence, and Adler and Adler.

Some responses only copied large chunks of the scenario without development, which limited the levels that candidates could achieve. In general, candidates seemed to find the concept of social development difficult, and therefore did not achieve the majority of the marks.

10 One key question for society is whether psychological knowledge can help in the understanding of factors that influence social development.

Social development helps children engage and take part in social situations such as at home, at school and making friends. We can develop our identity, gender and culture through the interactions with the world around us.

Adler and Adler (1998) studied children in the United States. They found that friends were very important, but some groups gained a higher status than others and certain members of the group had more power and influence than others.

Some theories may suggest people are continuously presented with media messages and media content. This media could be manipulative, such as propaganda; or negative, as seen in concerns about media violence and aggression; but can also share positive messages, such as learning and educational television programmes made for children.

Discuss the key question of whether psychological knowledge can help in the understanding of factors that influence social development. You should use concepts, theories and/or research studied in your psychology course.

You **must** make reference to the context in your answer.

(8)

One important factor when it comes to ~~an~~ influence and social development is social learning theory (SLT). Studies such as <sup>Pastian.</sup> ~~Bobo~~ Becker, and even copy cat crimes such as sandy hook all show that slt has an effect on social development.

~~Bandura argued the importance of role models for social development of children specifically.~~  
↳ Bandura argued the importance of role models in social development, specially to do with children. If children have a role model, they will copy what they do even if its good or bad.

This can be applied to the fact that Adler and Adler found that <sup>some</sup> friends had higher status than others or more power and influence. This is significant because as kids grow up, they might start to see their friends as role models or as a model figure, and if they see that there is that incentive of power/influence that could affect their behaviour because they will try act or look similar ~~to get treated~~ the in hopes of getting treated the same.

Media is also very important as it's very prominent in today's society. As the scenario says, media can have negative effects. Studies such as Becker prove this. Fijian girls who were unexposed to western TV and never had an eating disorder ~~reported~~ were studied. After being exposed to western media, 77% of them reported purging. The girls probably felt like the girls on TV were prettier for being skinny and wanted that incentive, therefore doing harmful things to achieve that goal.

Bastian also found a link between people that played violent video games and a decrease in sensitivity to violence, meaning that violent

Bastian media can have negative effects as the source scenario states. Copy cat crimes like Sandy Hook that happened after the Columbine shooting was widely televised. This could prove that media can affect our actions very significantly.

(Total for Question 10 = 8 marks)

TOTAL FOR SECTION D = 8 MARKS

LDSL

franklin  
technical copies r2.

- Becker  
womens copy western  
standard eating habits ✓  
- incentive? <sup>eg:</sup> being  
called pretty
- Sandy Hook copy cat  
crime.
- Bastian  
widesensitized violence  
reaction due to violent  
video games.



AO1: Level 2 for some accurate knowledge and understanding of social learning theory (SLT), the media.

For the higher levels there must be reference to other theories, such as social power theory.

AO2: Level 2 for some discussion in relation to the scenario ie Adler and Adler, social development linked to SLT but it is not developed and there are areas where information given is generic.

Total: 4 marks

Level 2

10 One key question for society is whether psychological knowledge can help in the understanding of factors that influence social development.

Social development helps children engage and take part in social situations such as at home, at school and making friends. We can develop our identity, gender and culture through the interactions with the world around us.

Adler and Adler (1998) studied children in the United States. They found that friends were very important, but some groups gained a higher status than others and certain members of the group had more power and influence than others.

Some theories may suggest people are continuously presented with media messages and media content. This media could be manipulative, such as propaganda; or negative, as seen in concerns about media violence and aggression; but can also share positive messages, such as learning and educational television programmes made for children.

Discuss the key question of whether psychological knowledge can help in the understanding of factors that influence social development. You should use concepts, theories and/or research studied in your psychology course.

You **must** make reference to the context in your answer.

(8)

Social development can be influenced by a various of factors.

Social learning states ~~that~~ that children learn behaviours by observing role models that they most relate to. People who look up to their role models can learn various behaviours that could impact their social development.

Bandura 1965 found that children are more likely to ~~be~~ act aggressive if their role model is also aggressive and being positively reinforced to operant conditioning can also influence social development as people can develop by seeing others get rewarded for certain deeds like getting more friends if you

make people ~~laugh~~ laugh.

Charlton 2000 studied the exposure of ~~violent~~ violent video games did not influence social behaviour so media may not influence social development.

People who are more likely to conform in a group are more likely to develop inferiority complex as investigated by Asch.

Friends or groups that have a higher status or power have more influence and it does affect their social development as they may start to be power hungry.  
~~or aim to have a power over s~~

~~collective~~ People from individualistic cultures are more likely to develop independency ~~and~~.



Level 2 and 3 marks

AO1: there is some accurate knowledge about Bandura/social learning theory, conformity, social power (implicitly) so a solid Level 2.

AO2: there are brief mentions of social development/link to media violence, Charlton is refuting as evidence, but it is brief and superficial so the top of Level 1.

On balance, this just achieves Level 2.

Total: 3 marks

Level 2

## Question 11

This question required candidates to assess whether reductionism is beneficial in psychology.

This question demonstrated a broad spread of marks, with some candidates showing a very good AO1 understanding of the issue of reductionism and making some good links to different approaches. However, few were able to evaluate the issues around this effectively for their AO3.

Many candidates often 'listed' 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.

There is a heavier weighting to the AO3 evaluative skills in a 20-mark essay. 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.

11 Assess whether reductionism could be considered beneficial for psychology.

(20)

Reductionism involves ~~breaking~~ breaking complex behaviours down into small components.

It is based on the law of parsimony, which states that behaviour must be explained by the simplest ~~one~~ underlying factor or possible. Usually biology is the most reductionist, because it assumes that there is only one cause for your behaviour.

This is in contrast to holism, where it assumes that there are many reasons for your behaviour and that human behaviour is complex, so breaking it down into small components is not enough.

An advantage of why is a reductionist approach, is that it is based on a nomothetic approach, where a single ~~new~~ treatment can be applied to many people and therefore it is ~~quite~~ quick. However, the ~~we~~ are not certain that the therapy ~~is~~ ~~will~~ work for everybody. ~~As~~ a study ~~has~~ showed that by injecting patients with drugs ~~for~~ for SZ symptoms, they found that for 36% of people the drugs did not work, therefore a reductionist

approach cannot be considered beneficial for psychology. This is also supported by ~~the research~~ ~~that is challenged~~ by Gottesman who found a concordance rate of ~~anorexia~~ <sup>anorexia</sup> for MZ twins of ~~56%~~ 56%, this means that if anorexia was completely genetic we would expect concordance rate to be 100% which is not the case. So reducing anorexia explanation, simply to genetic is not enough. It may be better to take a holistic approach where there could also be environmental factors, such as seeing skinny role models on the media, where you experience vicarious reinforcement, so reduces others & not benefiting.

Another topic of debate is opposition.

According to Raine, ~~some~~ he found that low activity of prefrontal cortex will lead to ~~depression~~ <sup>depression</sup> ~~depression~~ approach. However, there are problems with his study, as he said ~~himself~~ himself, that childhood trauma might have been the cause of depression, so reducing depression to low activity of the prefrontal cortex is not enough. It is better to take an ~~interdisciplinary~~ <sup>interdisciplinary</sup> approach, where according to McDermott,

MAOA gene and an environmental provocation will trigger aggressive behaviour. So it is wrong to assume that only biological factors are involved in aggression, so it is better to take a <sup>holistic</sup> ~~holistic~~ <sup>approach</sup> ~~approach~~ like studying behaviour.

Classical conditioning is said to be very reductionist or, a neutral stimulus will eventually give an conditioned response, after pairing pairs it may time with the unconditioned stimulus. Such as in Little Albert, when they made him create a fear of white rat by just by using a bell, so reductionism is ~~used~~ <sup>used</sup> ~~used~~ <sup>used</sup> to explain complex behaviour such as phobias. However, it is better to take into consideration social learning theory, which is more holistic, since it ~~must~~ <sup>must</sup> take into account thought processes. According to Bandura, children copied ~~aggressive~~ <sup>aggressive</sup> ~~aggressive~~ <sup>aggressive</sup> out if their role model was being rewarded for their aggressive act, so holism might better explain human behaviour.

In addition, Puny gathered a qualitative data <sup>through observation and self-reports</sup> about young people in Bolivia, through an ethnography approach. He understood ~~the~~ <sup>their</sup> lives,

such as that they have economic independence sooner than the developed world, therefore it is important that psychologists take holistic approach to understand better the young behaviours

~~When it comes to clinical psychology, CBT addresses many factors that may lead to young behaviours, such as biology, social factors, and environmental factors. Therefore taking~~

When it comes to clinical psychology, the dopamine explains that high dopamine will cause you SZ. A study showed that those people who take drugs for Parkinson's disease, which is said to increase dopamine levels, it caused positive symptoms, so reducing SZ to a reduction approach has been useful in society.

However, the approach is with Freud. Wasn't that your own adult behaviour is determined by ID, which are sexual instincts, and they way parents treat them treated to? Holism has plus side to successful these therapies, such as psychoanalysis, where the power held & reduced distress, this means that it is better to take

a holistic approach.

In conclusion, it can be said that since human behavior is complex and there are many factors and cause responsible for it, it may be better to take a holistic approach to give more use to successful therapies which look at the person as a whole.



AO1: Level 3

AO2: Level 2

The candidate demonstrates knowledge of reductionism and holism and uses examples to elaborate their ideas.

Examples include approaches in psychology, as well as specific named studies from across their research.

The evaluation is weaker. At points, this response strays off the question and is almost answering whether psychology is a science. However, this is not enough to bring the overall answer into Level 2.

The candidate's AO1 response is accurate, and the AO3 statements show some development, which is mostly accurate and contains relevant material. This lead to a generic assessment being presented.

Total: 9 marks

11 Assess whether reductionism could be considered beneficial for psychology.

(20)

Reductionism is the idea that a psychological phenomenon is given by either nature or nurture and ~~not~~ not by both. Reductionism may benefit psychology as it would make <sup>treatment</sup> psychological research easier and ~~more valid~~; if for instance we knew that anorexia was just genetic, ~~and~~ given by a disequilibrium on neurotransmitters' levels, then we would know straight away that somebody with anorexia needs to be treated with drugs that equilibrate the levels of those neurotransmitters.

On the other hand, there are studies such as Raine's, in which it's been shown that murderers have lower activity in the PFC; if we would have to take a reductionistic approach on it, then we would have to say that every person with low activity in PFC is automatically going to become a murderer, which is not necessarily true and also is not ethical to tell the people who have this ~~and~~ feature that they are automatically ~~should~~ deemed dangerous for the society.



AO1: Level 1

AO3: No content

As such, the mark given demonstrates the limited response provided by the candidate.

The AO1 is a definition of reductionism in the first paragraph, and then provides some knowledge of aspects of psychology that the candidate saw as taking a reductionist approach.

Total: 2 marks

## Paper Summary

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, candidates should know 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) in relation to the question content. A significant number of candidates have given descriptive pages this year about the study in Q06 and then weak and often generic AO3 evaluations. Candidates would benefit from focussing their responses on the command word, in this case 'evaluate', and the balance of weighting between AO1 and AO3
- The 'key question' essay caused a number of difficulties. Candidates should apply their AO1 understanding of the appropriate areas of psychology to the context in the given scenario; they should not merely replicate the information in the scenario
- Generic points should be avoided. Candidates should be able to give specific responses that are linked clearly to the question content, 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
- Candidates found the question on the clinical practical difficult. They should focus on making sure they have a sound understanding of their practical, and are able to explain all elements in depth. This includes procedure, results and conclusions. In relation to this, candidates need to ensure that they make clear in their answers what their practical focussed on, linking their points to the practical at all times
- Where difficulties were faced, it was usually AO2 application skills to scenario-based materials where generic responses were given. Candidates also had difficulties with 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

## **Grade boundaries**

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

