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A-LEVEL

# PSYCHOLOGY SPECIFICATION A

PSYA4R Psychopathology, Psychology in Action and Research Methods  
Report on the Examination

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## **Unit 4 (PSYA4R)**

### **Psychopathology, Psychology in Action and Research Methods**

#### **General**

The quality of students' examination answers varied widely this year with some improvement in students' performance on the Psychology in Action and Research Methods sections compared with the previous series. It was encouraging to see that the students managed their time more effectively and there was little evidence of incomplete sections due to time management issues.

There were, however, areas of significant weakness. Topics which showed a lack of understanding across different areas of this year's examination included:

- Reliability and validity. These central concepts were often poorly understood and not infrequently confused with each other.
- Reductionism and determinism. These terms were used indiscriminately and often inappropriately. Many students stated, for example, that the behaviourist approach 'is reductionist because it ignores biological factors'. Very few realised that reductionism can also be seen as a strength.
- Confusion over classical conditioning and operant conditioning. Students struggled to understand that classical conditioning must by definition involve the acquisition of a conditioned reflex and therefore can only apply to a restricted range of behaviours. If a behaviour is voluntary it is not the product of classical conditioning.

#### **Section A Psychopathology**

Most students seemed well prepared for these questions and there were few inappropriate answers. However, the quality of evaluation presented was weak in many cases. Frequently students presented an apparently rote learned list of recyclable evaluative points but without providing any commentary to make those points relevant to the specific question. Generic evaluation was common, for example, evaluating the use of drug therapies in general rather than considering issues surrounding specific drugs.

Concepts such as determinism and reductionism were often quoted, though rarely appropriately and generally this material added very little to the quality of answers. Another weakness was that students often outlined methodological issues with research studies without explaining the implications for the theory or therapy being evaluated.

#### **Topic: Schizophrenia**

##### **Question 01**

This question was generally answered reasonably well, although some students disadvantaged themselves by covering two or more issues, thus including material that could not receive credit and wasting valuable time. A minority digressed, usually inappropriately, into a lengthy description of Rosenhan's studies, without considering carefully the issue which they claimed it was illustrating, or, the present day relevance of a study which was published more than half a century

ago. Students didn't always make the issue identified (eg reliability or validity) relevant to schizophrenia – eg defining the term but not explaining why it was an issue.

### **Question 02**

The commonest explanations for schizophrenia were genetics, the dopamine hypothesis and neuroanatomy. Other appropriate explanations included the roles of other neurochemicals, viral links and evolutionary explanations. The evaluations of the explanations were of mixed quality. There was a general lack of focus on the extent to which the explanations described could explain the development of schizophrenia.

## **Topic: Depression**

### **Question 03**

This was generally answered reasonably well. However, some students disadvantaged themselves by covering two or more issues, including material that could not receive credit and wasting valuable time. Students didn't always make the issue identified (eg reliability or validity) relevant to depression – eg defining the term but not explaining why this was an issue.

### **Question 04**

The commonest answers referred to the various types of antidepressant drugs. Only a minority of better prepared students could clearly state the mode of action of different types of these drugs. Weaker responses just named the drugs/drug groups, and gained little credit. Many students also selected ECT, with the better answers suggesting a possible mode of action.

Successful answers used outcome studies as the basis for discussion of the effectiveness of specific drug groups and ECT and considered the appropriateness of therapies rather than just their effectiveness. Weaker answers resorted to generic evaluative points.

## **Topic: Phobic Disorders**

### **Question 05**

The majority of students were able to outline the clinical characteristics of phobic disorders. However, many students did not achieve full marks because they failed to mention that the fear was irrational and persistent.

### **Question 06**

Descriptions of psychological therapies for phobia were of mixed quality. Successful answers were shaped carefully to phobias, but weaker answers launched into a generic account of therapies that would have fitted any disorder. This was particularly common with CBT and psychoanalysis. Such accounts gained few marks. Systematic desensitisation and flooding were quite well described, although it was evident that the theoretical basis of these was not well understood.

More successful students were able to discuss outcome studies for their chosen therapies whilst others often engaged merely in generic evaluation based on issues and debates. Those who selected psychoanalysis had difficulty shaping their evaluation to phobias, instead offering general criticisms of psychoanalysis.

## **Topic: Obsessive Compulsive Disorder**

### **Question 07**

A straightforward question that was generally well done.

### **Question 08**

Most students focused on the behaviourist and psychodynamic explanations. Neither of these were explained very well. Some confusion was apparent over classical and operant conditioning and how they can explain the development of OCD. Accounts of the psychodynamic approach were often superficial with students failing to explain how unresolved conflict could lead to OCD.

Evaluation was often disappointing and generic, with some students launching into alternative explanations without any sustained links to the explanation that was being evaluated.

## **Section B Psychology in Action**

### **Topic: Media Psychology**

#### **Question 09**

This question was often poorly answered. Some students answered without providing any explanation, others failed to confine themselves to media influences, or added material on prosocial behaviour as well. Social learning theory was particularly poorly answered with many students simply providing weak generic accounts or using it as an opportunity to write down everything they could remember about the Bandura study. There was an over reliance on this study and students rarely managed to shape their answers to address how the media influences anti-social behaviour. Additionally, many answers provided extensive evaluations of this study without any attempt to link back to an explanation – such material received little or no credit.

Answers covering desensitisation and cognitive priming explanations tended to be more successful, with relevant supporting studies drawn from the media.

#### **Question 10**

Answers varied greatly in quality. More successful students made clear reference to the Hovland-Yale Model and/or the Elaboration Likelihood Model (ELM) and applied these effectively to the scenario. However, many failed to refer to specific features of the phone in relation to the central route in ELM. There were some good and creative suggestions made for expert sources ie David Attenborough and Alan Sugar.

Weaker answers tended to be vague and lacked psychological substance often associated with a view of over 65s as being in such steep cognitive decline that they were only able to undertake the simplest of tasks.

### **Question 11**

Students commonly ignored the requirement to outline findings of studies. Many students outlined Maltby's model with no reference to studies or intense fandom; generic 'findings' were also common, eg 'there is a link with insecure attachment'.

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

#### **Question 12**

There were many poor answers to this question. Students struggled to apply the learning approach to the initiation of gambling and it was clear that very many students did not understand the basic principles of operant and more particularly classical conditioning. Other students provided material that was more suited to the maintenance of gambling rather than initiation.

Discussion was also problematic. Only a minority of answers referred to research support, less successful answers referred (sometimes inappropriately) to reductionism or free will, or were limited to the fact that the learning approach ignores other explanations.

#### **Question 13**

Students identified the risk factors reasonably well, although some students focused on explanations for addiction rather than risk factors. However, how the identified risk factors influenced Dan's desire to play slot machines was not always well explained and often lacked psychologically informed underpinning.

#### **Question 14**

Most students could outline the theory of planned behaviour, often very well, although not all students managed to make a link with addiction prevention.

### **Topic: Anomalistic Psychology**

#### **Question 15**

Answers varied in quality, many of the more successful answers focused on sensory leakage and researcher bias. Weaker answers lacked detail or focused on non-methodological issues.

#### **Question 16**

Students did not always address the requirement to stay focused on coincidence and/or probability and included a range of reasons for Joe's beliefs that were not in the stem.

#### **Question 17**

Students often knew two or three relevant studies and were able to provide appropriate evaluation. Research presented included Lyvers (back pain), Harris (cardiac) and Sicher's (AIDS) study. Many had learned the Rosa study, however, they did not outline this in any real detail. Evaluation was usually a little generic and few students achieved full marks for commentary because of this.

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

There were wide differences between students' knowledge here, not always linked to their abilities elsewhere on this exam paper. This may be linked to whether or not they had experienced carrying out practical investigations themselves as part of their course.

### **Question 18**

The question was generally well done, with the vast majority of students able to identify an appropriate sampling technique. However, justification of their choice of technique was sometimes less satisfactory, with incorrect answers eg 'random is quicker' or an explanation provided of how the sample was obtained. Some less successful students stated that a technique was 'easy' or 'quick' without providing something as a standard for comparison.

### **Question 19**

Nearly all students understood the importance of a pilot study and the majority showed at least some engagement with the second part of the study. Less successful students failed to contextualise and wrote generic answers.

### **Question 20**

Although definitions varied in quality most students had an appropriate idea of what reliability is. A minority confused reliability with validity. However, the second part of this question was less well done and some students inappropriately outlined inter-rater reliability. Students who appropriately selected test-retest or split half methods were often confused as to whether the same or different tests or participants should be used. Relatively few students explained that a strong positive correlation would indicate high reliability.

### **Question 21**

Most students could identify that the correlation was significant. Some less successful students failed to make explicit reference to the table of critical values provided or muddled the terms, observed value, critical value and level of significance.

### **Question 22**

Many students were able to state what is meant by a Type 1 error. More successful students linked their answers appropriately to hypotheses, though some weaker answers referred to an error of optimism without explaining further. Students often had difficulty phrasing their answers in a precise and unambiguous way.

### **Question 23**

This question required students to discuss the purpose of peer review. Most students could describe the purpose of peer review, although some misconceptions emerged, eg marking work, replication of studies. However, only a small minority addressed strengths, weaknesses and/or issues surrounding peer review. The majority ignored the requirement to discuss the purpose of peer review and so failed to access the full mark range.

**Question 24**

This question was generally well answered.

**Question 25**

The quality of answers was inextricably linked to the precision with which students were able to define their proposed dependent variable. The suggestions made were often vague and only hinted at what data would be produced. This impacted on their ability to gain marks in question 26. The more successful students provided detail of a precisely measurable dependent variable which set them in good stead for the subsequent questions. These suggestions often centred on the number of helpful acts or a helpfulness rating. Occasionally suggestions were made which were either completely impractical (observe students 24/7 for a fortnight) or unethical (begging behaviour). Such proposals did not receive credit.

**Question 26**

Those students who had not managed to think through their way of measuring the DV clearly struggled here. In some cases it was impossible for an examiner to award marks as the explanation of how the DV was to be measured did not provide the information needed in order to select a test of statistical significance. Most of the appropriate answers suggested use of the Mann-Whitney U test or chi square – although chi square was often suggested inappropriately where there were multiple observations for each participant (eg a number of helpful acts). A large number of students failed to pick up on the fact that the second part of the investigation looked for a difference using independent groups and suggested the use of Spearman's Rho.

**Question 27**

Most students had a reasonable knowledge of ethical issues and how these can be addressed. However, there were many generic answers here with many students failing to focus on the follow up study proposed in their answer to question 25. Such answers could not access the full range of marks. Sometimes students made suggestions that contradicted their own suggestions, eg proposing informed consent, obtained in advance, in a situation where that would have been impossible. Sometimes students believed that a debrief could justify a whole multitude of ethical violations.

**Mark Ranges and Award of Grades**

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

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Convert raw marks into Uniform Mark Scale (UMS) marks by using the link below.

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