

A LEVEL

Examiners' report

PSYCHOLOGY

H567

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Version 1

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Introduction

Our examiners' reports are produced to offer constructive feedback on candidates' performance in the examinations. They provide useful guidance for future candidates. The reports will include a general commentary on candidates' performance, identify technical aspects examined in the questions and highlight good performance and where performance could be improved. The reports will also explain aspects which caused difficulty and why the difficulties arose, whether through a lack of knowledge, poor examination technique, or any other identifiable and explainable reason.

Where overall performance on a question/question part was considered good, with no particular areas to highlight, these questions have not been included in the report. A full copy of the question paper can be downloaded from OCR.

Paper 3 series overview

Overall, this year, the standard of responses was good. There was a wide range of responses, suggesting the paper differentiated appropriately. Most students finished the paper, so this would indicate that timing was not an obvious issue. There were no rubric errors, although some questions were not addressed as intended by candidates. For example, some candidates unnecessarily included evaluative commentary in Section B part C questions.

Candidates who did well on this paper were able to demonstrate a range of psychological skills and knowledge and apply it to the relevant questions. In Q1, we saw reference to DSM/ICD, explaining what it was and often giving an example for full marks. Candidates who understood the point of the Gottesman study as a contribution to the medical model did well in Q3; an encouraging response from many candidates in understanding the value and limitations of Szasz in Q4; direct comparisons of the behavioural explanations with most notably psychodynamic explanation in Q5; and considerations of ethics in Q6; often saw full marks on questions in Section A.

More successful candidates dealt with Section A comfortably, however some able and less able students tend to include errors and imprecise content in their answers. Common issues where errors occurred were in: Q1 defining rather than categorising (simple reference to DSM/ICD was often not forthcoming); in Q2 no reference to NHS style descriptions; Q3 and Q4 mixing up Gottesman's studies or confusing Gottesman and Szasz with each other or with Rosenhan; Q5 describing but failing to compare, as well as referring to cognitive when the question asks for cognitive neuroscience; and Q6 emphasising treatments over ethics.

Section B – Is the optional section where candidates must answer two out of the four option choice. The Criminal Psychology option was the most popular option. Of the remaining three, the order of popularity was Child, Sport and then Environment. There were no obvious inconsistencies between questions nor were rubric errors common. A broad range of marks was accessed. The quality of candidate responses remained a factor in differentiating between candidates; however, the contextualisation of knowledge and understanding became a stronger differentiating feature than previously. Better candidates demonstrated direct and explicit use of detail and/or understanding, particularly in addressing Section B part (a) questions, most notably 7a, 8a and 9a. In Section B part (b) questions, better answers contextualised precisely to the debate identified, showing good understanding of the debate itself, most notably 8b, 9b and 10b. As indicated last year, *better responses used supporting research well and a key feature of poorer marks was broad (therefore limited) assertions with lack of supporting evidence*. Marks were gained where candidates used the studies appropriately: *using Ainsworth and Bell to help parents; Haney et al to explain how prisons affect prisoners; Drews and Doig to help nurses and Lewis et al to explain benefits of dance on mental health*.

Candidates who did less well on Section B part (a) questions poorly addressed the AO2 objective (application to the question) although the studies were generally well known. Candidates often answered part (c)'s better but lacked clear rationale from psychological references. Part (b)'s caused difficulties in appreciating sampling bias, ethnocentrism, reliability and social sensitivity, answers were sometimes superficial and imprecise.

Part (c) questions in Section B require practical suggestions founded on psychological knowledge. The suggestions should endeavour to provide explicit operation, of exactly what to do, not merely broad suggestions. Supporting theoretical knowledge needs to be apparent if not explicit. This is very different from anecdote, unsupported common-sense or layman's suggestions. For example 7c – 'have an open day'; or 8c – 'prisons are too easy these days, make them harsher so they won't want to come back' could be made into legitimate responses but as they stand are no more than anecdotal, and so as a

result did not gain full credit. Some precision with rationale being drawn from psychological knowledge would be needed to turn these responses into something more creditworthy.

<i>Most successful topic/question/set texts</i>	<i>Least successful topic/question/set texts</i>
More successful candidates were able to engage appropriately by focusing on the demands of the question(s). Utilised appropriate psychological evidence to support and illustrate points that were made.	Candidates who did less well on this paper tended to use anecdotal responses with a lack of reference to relevant psychological studies, research, and theory.


Section A overview

This section is designed to focus on issues in mental health. All of the questions are compulsory, and they range from short to extended response questions. Candidates often demonstrated sound knowledge, however, there were notable errors and misconceptions between the key research by Rosenhan, Gottesman and Szasz.

Question 1

- 1 Outline **one** way of categorising mental disorders. [3]

Often candidates confused defining abnormality with categorising mental disorders. They are in the same section of the specification (page 16) but the distinction should be clear. The better responses structured their answers with– a classification system, such as, DSM/ICD, a sentence on what this is, and some extension, such as, an example or reference to a section of the manual.


	AfL	It is important that candidates have a clear knowledge and understanding of the difference between defining abnormality and categorising abnormality.
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Question 2

- 2 When people feel unwell, they often consult the website of the National Health Service (NHS). The way illnesses are described on the NHS website needs to be extremely clear.

Describe the characteristics of an affective disorder in a way that could be included on the NHS website. [5]

Nearly all candidates were able to describe an affective disorder that is, they named depression and outlined the symptoms. Quite a few candidates suggested phobias, Schizophrenia and OCD. Relatively few responded to the NHS context of the question, thus many candidates only scored 4 out of the 5 marks available.

	AfL	Responses to this question limited many candidates from gaining full marks because they did not answer all aspects of the question. It is important that candidates understand that all parts of a question should be answered, if they are to be given full marks.
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Question 3

- 3 Explain how the key research by Gottesman et al. (2010) contributes to the medical model of mental illness. [5]

Most candidates recalled the study's fine details and were able to relate the point of it in relation to the question. Common errors included confusing this study with earlier work of Gottesman (regarding twin studies) or overlooking the explicit genetic link of inheritance to the medical model.

Question 4

4 Assess the usefulness of the key research by Szasz (2011).

[6]

Many answers showed a good awareness of Szasz's central arguments. Many were able to consider usefulness but there was a difficulty in assessing the usefulness. More able candidates were able to give detail relating to Szasz and then comment on how his ideas had useful applications to the understanding and treatment of mental health issues; and/or they commented on how his theoretical stance is just that and isn't really useful to a person who is experiencing treatment via the medical establishment. Most candidates gained 3 or 4 marks. Less able students tended to be confused about Szasz's ideas and thus were unable to accurately comment on relevant usefulness.

Exemplar 1

Szasz claimed that "mental illness is a myth".
~~His research~~ Research can be classed as being useful if it can be applied to other people ~~at~~ in the population. Szasz claiming that mental illness is a myth is useful as it means that we don't label people, and the ~~people~~ individuals with a mental illness don't carry a stigma around them. This protects those individuals. By labeling someone with ~~at~~ ~~me~~ having a mental illness, we are labeling them as abnormal just because they do not fit in with the social norms of society, which makes them vulnerable in society. However, Szasz's ~~isn't~~ research ~~isn't~~ useful in the way ~~it~~ may also be seen as not being useful. Some mental illnesses can be real, as we have seen with people who have schizophrenia. The symptoms ~~of~~ of schizophrenia can be reduced


with drugs. By saying that mental illness is a myth, it makes people, who do have mental illnesses think that what they are experiencing is normal, and so don't seek help. Not seeking help for mental illnesses is dangerous as the individuals can become a danger to themselves and to others, if not ~~as~~ given the proper help and treatment.

Exemplar 1 shows a full mark answer (6/6 marks). It is a well written response that gives one example of usefulness and one example of lack of usefulness both contextualised to Szasz with relevant examples.

Question 5

- 5 Compare the behaviourist explanation of mental illness with **either** the humanistic **or** the psychodynamic **or** the cognitive neuroscience explanation of mental illness. **[8]**

Simply identifying and explaining at least two comparisons (similarities or differences) with support from behaviourist and humanistic/psychodynamic/cognitive neuroscience could earn full marks, and often did. Candidates who did less well on this question described the two approaches with little or no attempt at comparison.

	<p>Misconception</p>	<p>Some candidates confused the cognitive explanation with the cognitive neuroscience explanation. Centres can teach either the humanistic; the psychodynamic or the cognitive neuroscience explanation. Candidates need to be careful to read what the question is actually asking them to do.</p>
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Question 6

6 Discuss ethical considerations concerning the biological treatment of one specific disorder. [8]

Most named a disorder and one or more biological treatments associated with it. However, this was not what the question asked them to do, Better candidates focused on the ethics concerned and some developed this to the level of a discussion. Many candidates resorted to ethical guidelines and this worked well enough for those candidates.. Candidates needed to be explicit and clearly identify the ethical consideration they were discussing. Those who merely described strengths and weaknesses of a biological treatment were less successful on this question, as they had not fully addressed all aspects of the question. There were quite a few candidates who did not understand what constituted a biological treatment with answers given on systematic desensitisation.

Exemplar 2

One biological treatment of the mental disorder schizophrenia is the use of drugs. The biological explanation of schizophrenia details how the psychotic disorder is due to an excess of dopamine receptors, specifically D2 receptors as it is considered that an excess of these ~~in the~~ receptors will allow for above average levels of dopamine to enter the limbic pathways creating a sensory overload for the individual, resulting in schizophrenic symptoms such as hearing voices and having delusions of grandeur. In ~~spring~~ administering drugs which contain a chemical hormone to block the receptors in some limbic pathways, the dopamine levels of the brain can be controlled and monitored to remove schizophrenic symptoms.

An ethical implication as a result of this biological treatment is the fact that the drugs are altering the brain chemistry of the individual and this may be viewed as unethical by some as the individual is no longer their 'real' self and the reduced dopamine levels could result in negative side effects as the hormone dopamine is responsible for feelings of joy and happiness in the brain so a lower level of this may result in depressive symptoms.

On the other hand, the use of drugs to control the levels of dopamine means individuals can administer ~~this~~ this treatment themselves or in a community setting such as a mental institution. Therefore allowing a higher degree of freedom of movement for individuals experiencing schizophrenia who may previously had to have been hospitalised to be treated.

In addition, another ethical issue to consider is the long term effects of using drugs to treat schizophrenia as this is a relatively new form of medication so it is not certain what the long lasting effects are on the human body and mind.

Exemplar 2

Exemplar 2 the candidate was given 6/8 marks. They have correctly identified treatment and the disorder with one ethical disadvantage (harm) and one weaker advantage (the benefit to the patient). This advantage is not fully linked to ethical issues.

Section B overview

Candidates had to answer one question from each of the two options they had studied. Each question had three parts (a, b, c). The questions seemed to differentiate well between candidates. The stronger responses showed good understanding of the debates, and the key issues that each generated. Candidates often used evidence well to support and substantiate their answer and addressed the injunctions. Fewer candidates seemed to access the top mark bands on this section and they appeared less prepared than in previous series.

Part (a) questions

There were many demonstrations of very good knowledge of the key studies, but in general the application to the question was less explicit. Candidates should be advised although there are A01 marks available (5 marks), this should not overshadow the requirement to apply their answer to the question posed (as there are 5 marks available for A02 – Application).

Part (b) questions

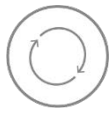
More responses than previous years were given in the Level 2 mark band– generally some reasonable knowledge and understanding shown in relation to the debates, but many candidates did not show good understanding of sampling bias, ethnocentrism, reliability and social sensitivity. Evidence used was often weak and not always clearly linked to the discussion area. Candidates often were good at *identifying* the evaluative point in relation to the topic area but generally lacked the ability to develop their points in response to the question and more precisely to the injunction. Candidates may be advised to make 3 points around the question (although this is not always necessary to access top band) as many are struggling to access top bands due to poor explanations or imprecision in using evidence provided, such as gender with ethnocentrism or ethics for social sensitivity. To move beyond level 2 it is necessary to provide appropriate research evidence to substantiate the point(s) being raised.

Part C Part (c) questions

There was a lack of detail of exactly what the suggestions would involve. Suggestions are often broad but lack detail of how they could be applied, lacking in psychological rationale and not specific enough to the scenario. For example, courses to educate prisoners without detail or ‘green’ exercise for employers and explanations of why it is useful but not outlining how employers should get that green exercise beyond “go for a walk”.

Key point call out

For part (a) questions to candidates must make sure that they apply their answers to the question asked explicitly in order to gain the 5 A02 marks that are available.

	<p>AfL</p>	<p>For part (b) questions where they have to discuss...to achieve over the 8/9 mark band, candidates should make 3 points that are linked to the question issue and use 2 or more pieces of relevant psychological evidence to support and illustrate the points being made.</p>
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Option 1 Child Psychology Overview

A popular option that was generally answered well – part (b) and (c) were the better answered questions. Part (a): The better candidates knew the study and were able to draw out the relevant parts of the study that related to the question. Weaker candidates tended to describe (often at length) the study by Ainsworth and Bell but made limited reference to how the research could be used by parents. Such responses were limited to 7 marks or under. Explicit comment on relevant features of the findings needed to be addressed in relation to the question to achieve a better mark.

Part (b): The better candidates used several pieces of research to explore sample bias and most candidates showed an understanding of what such is and how it can affect research. Weaker responses made simplistic points without supporting evidence or made the same point repeatedly using different evidence.

Part (c): Better candidates were linked clearly to relevant research evidence and made good suggestions. Weaker candidates gave anecdotal suggestions with no or peripheral links to psychology, for example, 'make it a cosy and comfortable place' or 'allow mothers to stay with the child'.

Question 7 (a)

Child psychology

- 7 (a)* Explain how the key research by Ainsworth and Bell (1970) could be used to help parents of young children. [10]

Descriptions of the key study were good although were at times laborious. Some candidates lacked key findings and key terminology from the research. AO2 was at times poorly linked to the key study. Some candidates showed good supporting knowledge of other studies to enhance their answers (Bowlby, Schaffer and Emerson, Lorenz) but when their responses were reliant on these, or at times confused with them, then marks were suppressed as the question specifically stated using Ainsworth and Bell. Some candidates confused this study with other studies on children, such as Gibson & Wark's Visual Cliff study; or tutoring young children.

Question 7 (b)

- (b)* Discuss sampling bias in research into the development of attachment. [15]

Better responses drew on more evidence than the key study alone. Most candidates were able to identify and exemplify sampling bias but too many offered little more than a series of these similar points. Better candidates elaborated on why a limited sample was biased, providing evidence to specifically illustrate this. For example, candidates would identify research from one nationality as a problem, give evidence but often fail to explain and discuss why using only an American sample is a problem. When stated, the arguments were often one-sided (i.e. not evaluated) and a few candidates did not ground them in references to research. Too many were limited in their reference to the key study only, which limits marks for evidence.

Question 7 (c)

(c)* Alice is the manager of a nursery school for children aged from 3 months up to 5 years. She wants to ensure that children joining the nursery are comfortable with the staff who are caring for them.

What advice might a psychologist give Alice about how to ensure that her nursery is an attachment friendly environment? **[10]**

Candidates tended to do well here, even if they had struggled in the earlier parts of the question. Better answers identified features of attachment friendly nurseries (assign key worker for example) and used concept based rationale in support it (such as, staff ratio, staff turnover). Whereas, weaker answers focused on parents being in a nursery for prolonged periods of time (which makes nurseries pointless really). Too often suggestions lacked the support of evidence-based rationale, with candidates providing reasonable strategies but sometimes failing to apply them to psychology and so achieving no more than limited marks for an anecdotal response.

Option 2 Criminal Psychology Overview

The most popular option. Parts (a) and (c) tended to gain the most marks in this option, although many part (b) answers accessed band 3. Part (a) was generally answered well. Better candidates selected the elements from the study and explained concepts like pathological prisoner syndrome. Weaker candidates tended to give lots of detail from the study and often gained some marks because weak commentary was made on prisoners. Another issue appeared where many candidates focused on the role of the guards.

Part (b) not many candidates clearly understood the meaning of 'ethnocentric'. Better responses used several pieces of research and discussed the issue. Weaker responses simply stated that Haney's study used white American males and so was ethnocentric. Some candidates confused it with ecological validity and/or ethics.

Part (c) better candidates referred to education programmes, Restorative Justice and employment programmes with evidence from relevant research. Weaker responses gave anecdotal answers or suggestion that were unclear or not at all practical for a prison officer to implement.

Question 8 (a)

Criminal psychology

8 (a)* Use the key research by Haney et al. (1973) to explain how prison can affect prisoners. [10]

Generally, well answered in terms of knowledge of Haney's research, (although some candidates identified it as the Zimbardo study). Some candidates did confuse this with later studies by Haney. Better responses made explicit reference to depersonalisation, pathological prisoner syndrome and examples of stress shown by the prisoners. Description of the study was usually good although level of detail was sometimes unnecessary in addressing the question. For example, a number of answers gave too much attention to the guards, when the question was specifically about the effect on prisoners. Candidates also used a lot of key terms, e.g. depersonalisation without offering an explanation, hence missing out on the top band. Candidates should make clear that they understand what terms mean, such as pathological prisoner syndrome, rather than merely stating them.

Exemplar 3

Lastly, another way in which Haney displayed how prison may affect prisoners is their ability to disobey. At times during the experiment, some participants proceeded to barricade the prison cells, or defy the guards' commands. One could argue that this was an unnatural response as the prisoners knew they had done no wrong. However, some prisoners in reality may believe this also, even when convicted of real crime. To conclude, Haney showed us that prison may cause prisoners to disobey, obey authority, or show signs of intense trauma or stress.

Exemplar 3 full their full answer the candidate was given 17/18 marks. In the original answer (not shown) the response gave a detailed account of the study. However, what was significant, and what moved it up, and out of a mark of 6 marks was the final paragraph (shown) as it commented on the prisoners' reactions to incarceration.

Question 8 (b)

(b)* Discuss whether research relating to the effects of imprisonment is ethnocentric. **[15]**

Most candidates were able to discuss, with reasonable accuracy what is meant by ethnocentrism. They usually appeared to know what it means to be ethnocentric; although a few proposed it was good to be ethnocentric as this refers to research that includes many cultures. Others confused it with sample bias, so included age or gender. Most candidates could identify and give examples from research (usually the Haney et al study) but discussion was at best superficial. Weak responses confused it with ecological validity and/ or ethics. Again, better responses were marked by a few points being made and research being drawn from wider areas than the key study.

Question 8 (c)

(c)* Lola is the governor of a prison. She is concerned that too many of the inmates released from her prison go on to reoffend.

What advice might a psychologist give Lola about how to reduce reoffending by inmates released from her prison? **[10]**

A well answered question. Most suggestions centred around Restorative Justice, employment- based schemes and counselling. such as. anger management; CALM. Better answers got into the detail of these but limited answers did not specify how the strategy would be implemented or delivered, and why. Lack of knowledge based rationale marked some of the limited responses.

Key point call out

When candidates are using key concepts and terms – these should be defined/explained, rather than just stated. E.g., depersonalisation; pathology of power; pathological prisoner syndrome – this then shows good understanding.

Option 3 Environmental Psychology

Overview : The least popular option on the paper. Part (a) Better candidates knew good detail from the study and used this to respond to the question, whereas weaker responses lacked accurate detail; did not refer to cognitive overload and to relate the study to an application for nurses.

Part (b) many candidates knew several relevant studies and attempted to relate them to the demands of the question. Generally, a poorly answered response where weaker responses confused reliability and validity or on occasion simply used validity in their answer. Better candidates used the details from the studies they had chosen to show how the research was reliable relating to consistency and so on.

Part (c) there were lots of good suggestions offered by candidates with the better responses supporting their suggestions with clear research evidence. Weaker candidates gave anecdotal responses.

Question 9 (a)

Environmental psychology

- 9 (a)* Explain how the key research by Drews and Doig (2014) could be used to help nurses working in hospitals. [10]

Better candidates made explicit links to how the study would help nurses in terms of accuracy and speed of reading vital information on displays. Broadly speaking, knowledge and understanding of the study was good, but not always as detailed as other part (a)s.

Question 9 (b)

- (b)* Discuss the reliability of research into ergonomics (human factors). [15]

At their best, responses were precise, exemplified, explained and taken further (discussed). All too often, whether the candidate understood reliability was uncertain, as their answers were very general and could equally have related to validity, or worse there was clear confusion with validity. Answers often only used the Drews and Doig study and other research should be used as evidence to access higher marks.

Question 9 (c)

- (c)* Ranjit is setting up a call centre to deal with customer queries. He wants staff to be able to give their full attention to the calls they are handling.

What advice might a psychologist give Ranjit about how to apply ergonomic research to the design of this new workplace? [10]

Candidates were able to make a range of suggestions. Some candidates gave strategies without psychological rationale and so their marks were limited. Others did not specify how their strategy could be delivered. For example, candidates promoted clearing their desks and office space without explaining how this relates to the question, or the better use of visual displays on monitors without specifying what this would look like.

Option 4 Sport and Exercise Psychology

Overview: The third most popular option on the paper. Parts (a) and (c) were generally well answered. Part (b) was perhaps the weakest question on the paper in terms of the responses given.

Part (a) was well answered in the main with the better candidates selecting relevant detail from the study to answer the question. Weaker responses tended to regurgitate the details of the study but didn't make an effort to explain the benefits.

Part (b) the better candidates showed a good understanding of what is meant by social sensitivity and related it to several pieces of relevant research from the sports area. Weaker candidates lapsed into discussions relating to ethical issues like protection from harm and deception.

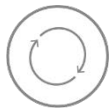
Part (c) was often a good response as candidates could easily access the marks by suggesting exercise programmes and so on. Better candidates made a practical suggestion that was then explicitly linked to key research evidence. Weaker responses gave anecdotal suggestions.

Question 10 (a)

Sport and exercise psychology

10 (a)* Use the key research by Lewis et al. (2014) to explain the positive benefits of dance on mental health. [10]


Often well answered in terms of knowledge of Lewis et al's study. Better candidates made explicit links to explanations for the improvements in mental health, such as, social and cognitive benefits and physiological responses to dance. Main weakness was those candidates who reported the study with little attempt at using it to answer the question.

	AfL	For questions with the command term "use the key research" candidates would be advised to carefully select the relevant feature(s) of that research to answer the question. This rarely means telling the examiner everything you know about the study; often it means detailing procedure or findings that support your response to the question.
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Question 10 (b)

(b)* Discuss the social sensitivity of conducting research into exercise and mental health. [15]

Some excellent answers that showed a mature appreciation of the social sensitivity of conducting research in this area; however, many candidates had a poor appreciation of the term 'social sensitivity'. Their superficial grasp led them to confuse it with ethical issues, which are not the same thing. They seemed to struggle with the debate and applying it to this area of the specification. Social sensitivity can be readily applied to mental health and age, for example, but again limiting supporting research to Lewis et al alone is maybe where the difficulty lies and why few gained high marks.

	Misconception	Some candidates confused the terms social sensitivity with ethical issues. Social sensitivity research is - Controversial - Risking stereotyping and prejudice - Subject to social values - Able to shape the law. Sieber and Stanley (1988) used the term social sensitivity to describe studies where there are potential social consequences for the participants or the group of people represented by the research.
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Question 10 (c)

(c)* Andy is the manager of a large company. He is concerned about the mental health of his staff.

What might a psychologist suggest to Andy about an exercise strategy to improve the mental health of his workers? [10]

Possibly the best answered of the part (c)'s with dance, green exercise and yoga/Zumba/exercise classes being the more common suggestions. Supporting evidence often provided, most notably Lewis (dance) and Peacock (green exercise). Those who fell short usually fell foul of 'how' to implement their suggestions.

Exemplar 4

A psychologist might suggest to Andy that his workers all enroll in a dance club. He might also tell Andy that the session should last from 30 - 50 mins and for maximum benefits there should be 2 sessions a week for no longer than 16 weeks. He would tell Andy that each session should consist of a warm-up for around 5 mins where they stretch and warm muscles are unlikely to be pulled, the main session of about 40 mins where a specific type of dance is learnt and then a 5 min cooldown period at the end. The psychologist would tell Andy that this strategy would work because in a study by Lewis et al. it was found that after 12 weeks of dancing there were less total mood disorders, less fatigue and less anger. He would explain to Andy that the sessions would be a chance for the staff to get to know each other on a more personal level and he would tell Andy that by dancing, chemicals like BDNF and endorphins and neurotransmitters are released in the body which will be likely to make his staff feel better improving their mental health. He could also tell Andy that perhaps using a variety of different dances within the 16 weeks could be beneficial, for example Bollywood and Tango in that these were used in the research by Lewis et al. which improved mental health.

Exemplar 4

Exemplar 4 This response demonstrates a good application of psychological knowledge and understanding to the question. There is a well-developed line of reasoning which is clear and substantiated, so the candidate gained 9/10 marks.

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