Please check the examination details below before entering your candidate information

Candidate surname	Other names
StemUp Model Solution	

Pearson Edexcel
International
Advanced Level

Centre Number	Candidate Number

Monday 21 January 2019

Morning (Time: 2 hours)	Paper Reference **WPS04/01**

Psychology

International Advanced Level

Paper 4: Clinical Psychology and Psychological Skills

You do not need any other materials.

Total Marks

Instructions

- Use **black** ink or ball-point pen.
- **Fill in the boxes** at the top of this page with your name, centre number and candidate number.
- Answer **all** questions.
- Answer the questions in the spaces provided
  – *there may be more space than you need.*

Information

- The total mark for this paper is 96.
- The marks for **each** question are shown in brackets
  – *use this as a guide as to how much time to spend on each question.*
- The list of formulae and statistical tables are printed at the start of this paper.
- Candidates may use a calculator.

Advice

- Read each question carefully before you start to answer it.
- Check your answers if you have time at the end.

Turn over ▶

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FORMULAE AND STATISTICAL TABLES

Standard deviation (sample estimate)

$$\sqrt{\left(\frac{\sum(x-\bar{x})^2}{n-1}\right)}$$

Spearman's rank correlation coefficient

$$1-\frac{6\sum d^2}{n(n^2-1)}$$

Critical values for Spearman's rank

	Level of significance for a one-tailed test				
	0.05	**0.025**	**0.01**	**0.005**	**0.0025**
	Level of significance for a two-tailed test				
N	**0.10**	**0.05**	**0.025**	**0.01**	**0.005**
5	0.900	1.000	1.000	1.000	1.000
6	0.829	0.886	0.943	1.000	1.000
7	0.714	0.786	0.893	0.929	0.964
8	0.643	0.738	0.833	0.881	0.905
9	0.600	0.700	0.783	0.833	0.867
10	0.564	0.648	0.745	0.794	0.830
11	0.536	0.618	0.709	0.755	0.800
12	0.503	0.587	0.678	0.727	0.769
13	0.484	0.560	0.648	0.703	0.747
14	0.464	0.538	0.626	0.679	0.723
15	0.446	0.521	0.604	0.654	0.700
16	0.429	0.503	0.582	0.635	0.679
17	0.414	0.485	0.566	0.615	0.662
18	0.401	0.472	0.550	0.600	0.643
19	0.391	0.460	0.535	0.584	0.628
20	0.380	0.447	0.520	0.570	0.612
21	0.370	0.435	0.508	0.556	0.599
22	0.361	0.425	0.496	0.544	0.586
23	0.353	0.415	0.486	0.532	0.573
24	0.344	0.406	0.476	0.521	0.562
25	0.337	0.398	0.466	0.511	0.551
26	0.331	0.390	0.457	0.501	0.541
27	0.324	0.382	0.448	0.491	0.531
28	0.317	0.375	0.440	0.483	0.522
29	0.312	0.368	0.433	0.475	0.513
30	0.306	0.362	0.425	0.467	0.504

The calculated value must be equal to or exceed the critical value in this table for significance to be shown.

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Chi-squared distribution formula

$$X^2 = \sum \frac{(O-E)^2}{E} \qquad df = (r-1)(c-1)$$

Critical values for chi-squared distribution

	Level of significance for a one-tailed test					
	0.10	**0.05**	**0.025**	**0.01**	**0.005**	**0.0005**
	Level of significance for a two-tailed test					
df	**0.20**	**0.10**	**0.05**	**0.025**	**0.01**	**0.001**
1	1.64	2.71	3.84	5.02	6.64	10.83
2	3.22	4.61	5.99	7.38	9.21	13.82
3	4.64	6.25	7.82	9.35	11.35	16.27
4	5.99	7.78	9.49	11.14	13.28	18.47
5	7.29	9.24	11.07	12.83	15.09	20.52
6	8.56	10.65	12.59	14.45	16.81	22.46
7	9.80	12.02	14.07	16.01	18.48	24.32
8	11.03	13.36	15.51	17.54	20.09	26.12
9	12.24	14.68	16.92	19.02	21.67	27.88
10	13.44	15.99	18.31	20.48	23.21	29.59
11	14.63	17.28	19.68	21.92	24.73	31.26
12	15.81	18.55	21.03	23.34	26.22	32.91
13	16.99	19.81	22.36	24.74	27.69	34.53
14	18.15	21.06	23.69	26.12	29.14	36.12
15	19.31	22.31	25.00	27.49	30.58	37.70
16	20.47	23.54	26.30	28.85	32.00	39.25
17	21.62	24.77	27.59	30.19	33.41	40.79
18	22.76	25.99	28.87	31.53	34.81	42.31
19	23.90	27.20	30.14	32.85	36.19	43.82
20	25.04	28.41	31.41	34.17	37.57	45.32
21	26.17	29.62	32.67	35.48	38.93	46.80
22	27.30	30.81	33.92	36.78	40.29	48.27
23	28.43	32.01	35.17	38.08	41.64	49.73
24	29.55	33.20	36.42	39.36	42.98	51.18
25	30.68	34.38	37.65	40.65	44.31	52.62
26	31.80	35.56	38.89	41.92	45.64	54.05
27	32.91	36.74	40.11	43.20	46.96	55.48
28	34.03	37.92	41.34	44.46	48.28	56.89
29	35.14	39.09	42.56	45.72	49.59	58.30
30	36.25	40.26	43.77	46.98	50.89	59.70
40	47.27	51.81	55.76	59.34	63.69	73.40
50	58.16	63.17	67.51	71.42	76.15	86.66
60	68.97	74.40	79.08	83.30	88.38	99.61
70	79.72	85.53	90.53	95.02	100.43	112.32

The calculated value must be equal to or exceed the critical value in this table for significance to be shown.

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Wilcoxon Signed Ranks test process

- Calculate the difference between two scores by taking one from the other
- Rank the differences giving the smallest difference Rank 1

  Note: do not rank any differences of 0 and when adding the number of scores, do not count those with a difference of 0, and ignore the signs when calculating the difference
- Add up the ranks for positive differences
- Add up the ranks for negative differences
- T is the figure that is the smallest when the ranks are totalled (may be positive or negative)
- N is the number of scores left, ignore those with 0 difference

Critical values for the Wilcoxon Signed Ranks test

	Level of significance for a one-tailed test		
	0.05	0.025	0.01
	Level of significance for a two-tailed test		
n	0.1	0.05	0.02
N=5	0	-	-
6	2	0	-
7	3	2	0
8	5	3	1
9	8	5	3
10	11	8	5
11	13	10	7
12	17	13	9

The calculated value must be equal to or less than the critical value in this table for significance to be shown.

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SECTION A

CLINICAL PSYCHOLOGY

Answer ALL questions. Write your answers in the spaces provided.

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

- Suzuki et al. (2014)

(a) Describe the inpatient sample used by Suzuki et al. (2014).

(2)

Suzuki et al. (2014) used a sample of 333 inpatients who had been diagnosed with schizophrenia using the DSM-IV-TR. The inpatients were recruited from several different psychiatric hospitals in Japan.

(b) Describe how Suzuki et al. (2014) operationalised nutritional status.

(2)

Nutritional status was operationalised using blood measures: total protein, cholesterol, triglyceride and fasting plasma glucose levels. Body mass index (BMI) was also calculated, so that underweight was a BMI below 18.5 kg/m².

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(c) Give **one** conclusion from the study by Suzuki et al. (2014).

(2)

Overweight/obesity was found at a similar rate in the inpatients with schizophrenia and the healthy control group, so the risks linked to overweight/obesity for inpatients with schizophrenia are similar to those of the general population (whereas underweight was more common in the inpatients).

The results of Suzuki et al. (2014) for underweight participants are shown (to the nearest whole number) in **Table 1**.

Measure	Inpatients with schizophrenia	Control group
Underweight BMI <18.5 kg/m2	14%	4%

Table 1

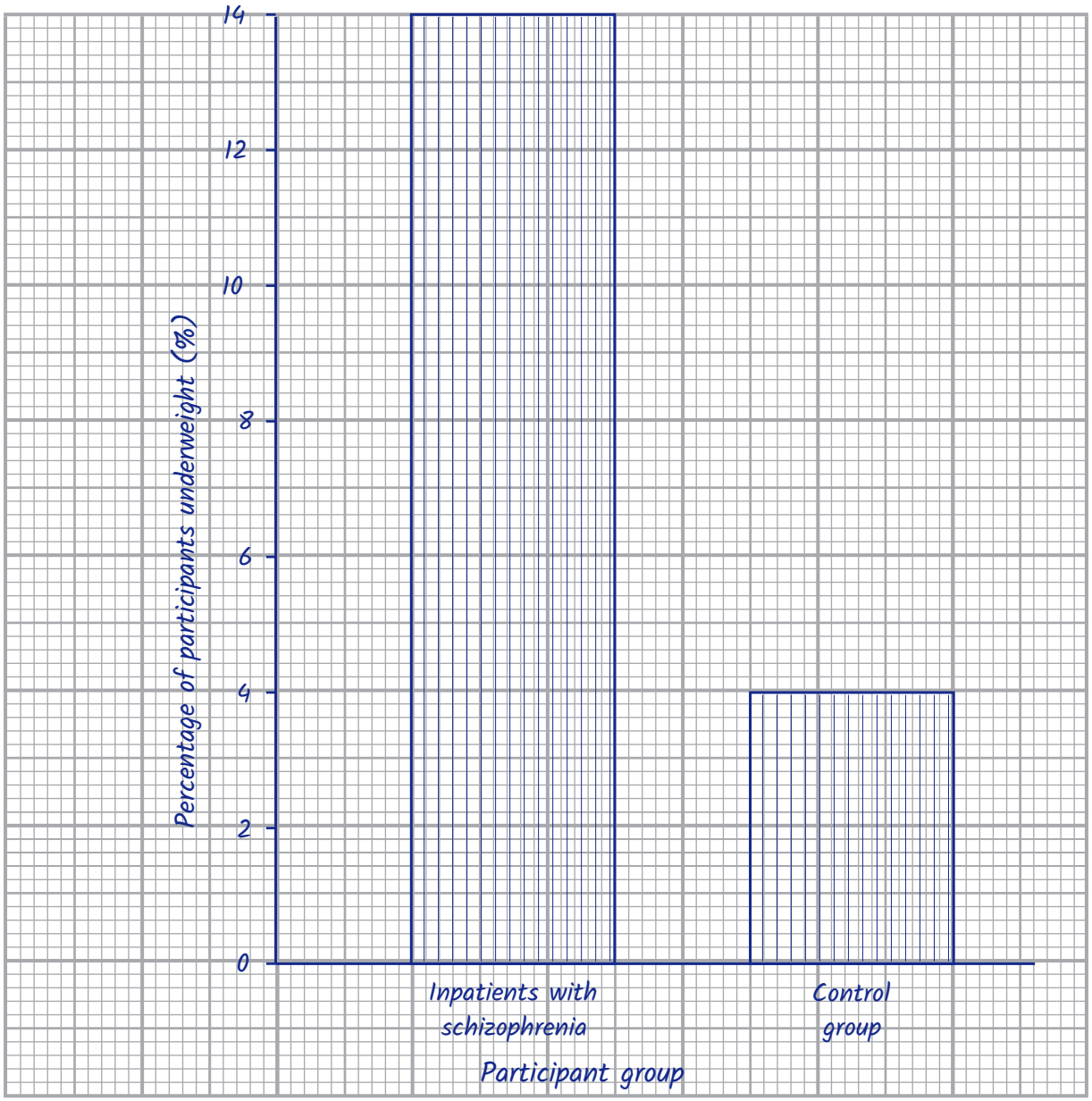
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(d) Draw a bar chart to represent the data shown in **Table 1**.

(3)

Title *Percentage of inpatients with schizophrenia and of the control group who were underweight (BMI < 18.5 kg/m²) in Suzuki et al. (2014)*



(Total for Question 1 = 9 marks)

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2 Craig has auditory hallucinations where he hears voices telling him to dance after every meal. He is also having delusions that he is a celebrity and thinks all the people around him are his fans.

In hospital, the doctors diagnose Craig with schizophrenia and believe the best treatment for him would be drug therapy.

Explain **two** ways that drug therapy could help Craig as a treatment for his schizophrenia.

(6)

1 *Antipsychotic drugs such as haloperidol block D2 dopamine receptors, reducing dopamine activity in the mesolimbic pathway. Excess dopamine is thought to cause the positive symptoms of schizophrenia, so the drug should reduce or stop the auditory hallucinations in which Craig hears voices telling him to dance after every meal.*

2 *Drug therapy works relatively quickly, within a few weeks. Meltzer et al. (2004) found that drugs such as haloperidol reduced some positive and negative symptoms within a 6-week period. This means Craig's delusions that he is a celebrity surrounded by fans should reduce quickly, so he can leave hospital and return to a more stable life around other people sooner.*

(Total for Question 2 = 6 marks)

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3 In your studies of **either** unipolar depression **or** anorexia nervosa, you will have learned about one of the following contemporary studies in detail:

Unipolar depression
- Hans and Hiller (2013)
- Ma, Quinn and Liu (2014)

Anorexia nervosa
- Becker et al. (2002)
- Reichel et al. (2014)

Explain **two** strengths of your chosen study.

(4)

Chosen study

Hans and Hiller (2013)

1 *Hans and Hiller (2013) found that routine CBT given to adult outpatients with depression in normal clinical practice is effective. This is a strength as it has practical application: the findings support using CBT in real treatment programmes to reduce the symptoms of depression.*

2 *It was a meta-analysis of 34 studies of CBT for outpatient depression, so it compared data from a large range of evidence. This increases the reliability of the conclusion that CBT is effective, as it does not depend on the results of one small study.*

(Total for Question 3 = 4 marks)

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4 Abnormality is diagnosed using classification systems.

(a) Explain **one** strength of using the DSM to diagnose abnormality.

(2)

The DSM gives specific, standardised criteria for each disorder that all clinicians use, so the same diagnosis should be made regardless of the clinician (reliability). Brown et al. (2001) found that different interviewers using the DSM-IV for mood and anxiety disorders made the same diagnosis.

Within clinical psychology there are different definitions of abnormality.

(b) Compare the statistical infrequency definition of abnormality with the failure to function adequately definition of abnormality.

(4)

A difference is that statistical infrequency only considers whether a behaviour is rare, defining abnormality as more than 2 standard deviations from the mean, so it ignores the person's own experience. Failure to function adequately is more holistic, as it considers personal distress, suffering and whether the person can cope with daily life (eg holding a job).

A similarity is that both help professionals decide who needs support. Statistical infrequency identifies people 2 SD from the norm, eg very low IQ, while failure to function identifies people whose behaviour is maladaptive or dangerous to themselves, so both can lead to help being given.

(Total for Question 4 = 6 marks)

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5 Mariana is planning to investigate the experiences of patients with mental health issues during inpatient stays at a mental health hospital. She plans to use a covert observational research method.

(a) Explain **one** ethical issue Mariana may need to consider when conducting her covert observation in the mental health hospital.

(3)

One ethical issue is protection of participants from harm. Mariana is observing inpatients with mental health issues, who are likely to be more vulnerable than other people, and as the observation is covert they have not given informed consent. So she must put the inpatients' wellbeing above her research, for example stopping her observation if a patient becomes distressed, and debriefing patients and staff afterwards where appropriate, giving them the right to withdraw their data.

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(b) Explain **one** strength and **one** weakness, other than ethics, of using a covert observation to investigate the experiences of inpatients with mental health issues.

(4)

Strength

The inpatients do not know they are being observed, so they behave in their usual, natural way on the ward. This gives high ecological validity, as the data will represent the real, everyday experiences of inpatients in a mental health hospital rather than behaviour changed by the observer effect.

Weakness

Because she is covert, Mariana cannot ask the inpatients what they were feeling or why they behaved in a particular way, so she may misinterpret what she sees. Her findings could be subjective, as her interpretations may be biased towards the aims of her research.

(Total for Question 5 = 7 marks)

TOTAL FOR SECTION A = 32 MARKS

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SECTION B

Answer the question. Write your answer in the space provided.

6 In your studies of clinical psychology, you will have learned about **either** unipolar depression **or** anorexia nervosa.

Evaluate **one** non-biological explanation for your chosen mental health disorder.

(16)

Chosen mental health disorder

Unipolar depression

A non-biological explanation of unipolar depression is Beck's cognitive explanation. It claims depression is caused by faulty, irrational thinking rather than by brain chemistry. People with depression develop negative schemas in childhood, for example through criticism or loss, and these are activated by later stressful life events, so information is processed in a distorted way.

Beck described the cognitive triad: a negative view of the self (eg "I am worthless"), of the world (eg "nobody cares about me") and of the future (eg "things will never get better"). These lead to cognitive biases such as overgeneralisation, where a conclusion is drawn from limited evidence, so one failed exam becomes "I fail at everything". This negative self-concept maintains low mood.

There is research support. Weissman and Beck (1978) used the Dysfunctional Attitudes Scale (DAS) to investigate the thought processes of patients with depression and found evidence of negative schemas. Alloy and Abramson (1999) carried out a longitudinal study and found that students with negative thought patterns were more at risk of later developing depression. Because the thinking came before the depression, this suggests faulty cognitions may be a cause, not just a symptom.

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The explanation is also supported by treatment. Hollon et al. (2002) reported that CBT, which challenges and changes negative thinking, performs well in controlled trials. If changing thought patterns reduces depression, this suggests the disorder is at least partly cognitively based, and it gives the explanation practical value as it has led to an effective therapy.

However, cognitive processes are internal, so they are difficult to measure scientifically. Tools such as the DAS rely on self-report, which may be affected by social desirability, so the evidence for how negative thinking actually works lacks objectivity and reliability. Also much of the evidence is correlational, so negative thinking may be a result of depression rather than its cause.

Biological evidence challenges the explanation. Kendler et al. (1995) studied MZ and DZ twins and found that genetic risk was important in the onset of depression, together with stressful life events. Also, antidepressants that increase serotonin are effective, suggesting low serotonin, not faulty thinking, may cause depression. This means the cognitive explanation is reductionist as it ignores genes and neurotransmitters.

The diathesis-stress model may be more complete. Silberg et al. (1999) looked at both genes and recent life events, suggesting depression may come from a combination of biological predisposition and cognitive vulnerability triggered by stress.

In conclusion, there is strong evidence that negative schemas and the cognitive triad play an important role in unipolar depression, especially in maintaining it, and the success of CBT supports this. However, as genetic and biological factors also contribute, the cognitive

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explanation is best seen as one part of an interactionist explanation rather than the whole cause.

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(Total for Question 6 = 16 marks)

TOTAL FOR SECTION B = 16 MARKS

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SECTION C

PSYCHOLOGICAL SKILLS

Answer ALL questions. Write your answers in the spaces provided.

7 Louis investigated the effect of sleep disturbance on appetite. He conducted his investigation using nine rats. Louis set an alarm bell to ring at fixed one hour intervals over a ten-day period to disturb the rats.

Louis provided 25 grams of food to each rat at 09:00hrs each day. He recorded the amount of food remaining at 19:00hrs when he removed the food from the cage.

A control group of four rats that were not deprived of sleep were used as a comparison for his results.

(a) State a fully operationalised non-directional (two-tailed) hypothesis for this investigation.

(2)

There will be a difference in the amount of food eaten in grams (25 g minus the food left at 19:00hrs) by rats whose sleep is disturbed by an alarm bell every hour for ten days compared with rats whose sleep is not disturbed.

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(b) Describe **three** ethical considerations Louis should have considered when he used animals during his investigation.

(6)

1 *Refinement: Louis should design the procedure to cause the rats the least possible pain and distress, for example disturbing their sleep with an alarm bell rather than electric shocks, and stopping if a rat shows signs of severe distress.*

2 *Housing and care: Louis should give the rats in both conditions a suitable cage and habitat, with water available, and check that the 25 g of food each day is enough for each rat to maintain a healthy weight.*

3 *Reduction: Louis should use as few animals as possible, so he used only nine sleep-disturbed rats (thirteen in total), which should be the minimum needed to reliably test sleep disturbance and appetite.*

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(c) Explain **two** improvements that Louis could make to his investigation about the effects of sleep disturbance on appetite in rats.

(4)

1 *Louis could set the bell to ring every ten minutes rather than every hour, so the rats cannot get an hour of sleep between bells. This makes sure sleep is truly disturbed, increasing the reliability of any finding that sleep disturbance affects appetite.*

2 *He could run the study during the night rather than from 09:00 to 19:00hrs, as rats are nocturnal and naturally feed at night. This increases validity, as appetite would be measured in a more natural context.*

(Total for Question 7 = 12 marks)

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8 When analysing data gathered in psychological research, statistical tests can be used to determine the significance of the results.

The choice of statistical test will depend on the level of measurement.

Complete **Table 2** to show the level of measurement required for each statistical test.

(2)

Statistical Test	Level of measurement
Spearman's Rank test	*Ordinal data*
Wilcoxon Signed Ranks test	*Ordinal data*

Table 2

(Total for Question 8 = 2 marks)

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9 Data was gathered during an investigation into gender and drink choice. The results are shown in **Table 3**.

	Drink choice Water	Drink choice Fizzy soda
Boys	**8**	**14**
Girls	**9**	**21**

Table 3

(a) Calculate chi-squared for this data by completing **Table 4** below.

Your answers should **all** be correct to **two** decimal places.

(4)

		Observed	Expected	O-E	$(O-E)^2$	$(O-E)^2/E$
Boys	**Water**	8	7.19	*0.81*	*0.66*	*0.09*
	Fizzy soda	14	14.81	*−0.81*	*0.66*	*0.04*
Girls	**Water**	9	9.81	*−0.81*	*0.66*	*0.07*
	Fizzy soda	21	20.19	*0.81*	*0.66*	*0.03*
					Chi-squared =	*0.24*

Table 4

Space for calculations

Totals: boys 22, girls 30, water 17, fizzy soda 35, N = 52 (eg E = 22 × 17 ÷ 52 = 7.19)

O − E = 8 − 7.19 = 0.81 $(O-E)^2 = 0.81^2 = 0.6561 = 0.66$

0.66 ÷ 7.19 = 0.0918 0.66 ÷ 14.81 = 0.0446 0.66 ÷ 9.81 = 0.0673

0.66 ÷ 20.19 = 0.0327

$\chi^2 = 0.0918 + 0.0446 + 0.0673 + 0.0327 = 0.2364 = 0.24$

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(b) Describe whether the results of this study are significant or not, with df1 at p0.05 for a two-tailed test.

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

(2)

The results are not significant. The calculated value of chi-squared, 0.24, is lower than the critical value of 3.84 (df = 1, p ≤ 0.05, two-tailed), so the null hypothesis is retained: there is no significant difference between boys and girls in drink choice.

(Total for Question 9 = 6 marks)

TOTAL FOR SECTION C = 20 MARKS

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SECTION D

Answer the question. Write your answer in the space provided.

10 One key question in society is why people choose to help or not help others.

Research has found that the characteristics of a person needing help can influence whether passers-by will help them or not.

A study used confederates in trials to see who would help them when they were acting either drunk or ill on a train. People offered help more frequently to confederates when they were of the same race, especially when they acted drunk. There did not seem to be a significant race effect when the confederate acted as if they were ill. Men were more likely to help a male confederate than women were.

A confederate helper was also used in some of the trials. When they helped the person who was acting drunk or ill early in the trial it encouraged help from passers-by. If this helping behaviour was not demonstrated early in the trial, it was more likely that passers-by did not offer help.

(Source: adapted from Piliavin et al. (1969))

Discuss the key question of why people choose to help or not help others. You should use concepts, theories and/or research studied in your psychology course.

You must make reference to the context in your answer.

(8)

People may help or not help because of prejudice and in-group favouritism. Social identity theory (Tajfel and Turner, 1979) states that we categorise ourselves into groups, such as race or gender, and favour our in-group to boost self-esteem. This explains why passers-by on the train helped confederates of the same race more often, especially when they acted drunk: a drunk person may be seen as responsible for their state, so prejudice against an out-group member is more likely to stop help. When the confederate seemed ill, the person was not to blame, so race had little effect. Men helping male confederates more than women did may also reflect in-group identity, or gender norms.

Piliavin et al. (1969) also proposed a cost-reward model: seeing someone collapse causes unpleasant arousal, and bystanders weigh up the costs of helping against the costs of not helping. Helping a drunk person has higher costs (eg they may be sick or aggressive), so there was less help.

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Conformity also explains the results. If nobody helped early in the trial, passers-by may have followed the majority of non-helpers, as the inaction of others suggests help is not needed (informational influence) and they do not want to stand out (normative influence). However, when the model helper intervened early, this acted as minority influence: one consistent person changed the behaviour of the larger group. Social learning theory adds that the model helper was a role model whose helping was observed and imitated by the others.

So whether people help depends on both the victim's characteristics and the behaviour of others. However, these explanations are from a field experiment on a New York subway in the 1960s, so they may not generalise to other cultures or times, and individual differences such as empathy also matter.

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(Total for Question 10 = 8 marks)

TOTAL FOR SECTION D = 8 MARKS

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SECTION E

Answer the question. Write your answer in the space provided.

11 Assess whether cultural issues impact on psychological research.

(20)

Culture is the shared norms, values and beliefs of a group, learned through socialisation from early infancy. Cultural issues can impact on psychological research in several ways, such as ethnocentrism, where researchers judge other cultures by the standards of their own culture and impose these as universal. Much research uses Western, mainly American or British, samples, but its findings are treated as nomothetic laws that apply to everyone, so cultural differences in behaviour are ignored.

Researchers can take an etic approach, studying a culture from the outside using the researcher's own concepts and methods, or an emic approach, studying a culture from the inside using its own meanings. An etic approach risks an "imposed etic", where a measure developed in one culture is assumed to be valid in another. Psychologists can instead aim for cultural relativism, understanding behaviour in terms of the culture in which it occurs.

Attachment research shows how strongly culture can impact research. The Strange Situation procedure was developed in the USA and assumes that secure attachment is the healthy norm. Van IJzendoorn and Kroonenberg (1988) carried out a meta-analysis of Strange Situation studies and found differences in attachment types between cultures, and even more variation within cultures. This suggests that what counts as secure or insecure depends on child-rearing norms, so using one culture's standard may reduce the validity of the findings. Cassibba et al. (2013) used the Strange Situation in Italy and found that the outcomes did not fully reflect the cultural norms of Italian child rearing, again suggesting that the method carries the cultural assumptions of the culture it came from.

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Culturally biased samples also limit generalisability. Bartlett (1932) used only British participants, who changed an unfamiliar Native American story to fit their own culture. Because the sample came from one culture, the results may not be valid beyond that culture, which limits the usefulness of the findings about reconstructive memory. Similarly, culture can affect obedience research: in Milgram's research, Gretchen Brandt, who had grown up in Nazi Germany, refused to continue at 210 volts, suggesting that experiences within a culture can change how people respond.

Culture can also affect how researchers interpret data. Researchers socialised in a particular culture may make value-laden judgements when operationalising behaviour, for example deciding what counts as social aggression in twins in Brendgen et al. (2005). Becker et al. (2002) found that the introduction of Western television changed the eating attitudes and behaviour of girls in Fiji, showing that culture itself affects behaviour, so research that ignores culture may miss key causes.

However, cultural issues do not impact all research equally. Biological research, such as the dopamine hypothesis of schizophrenia, is based on objective, scientific measures such as brain scans and neurotransmitter levels that are unlikely to be affected by culture, so dopamine probably plays a part in schizophrenia universally. Even here, though, how symptoms like hearing voices are perceived, reported and diagnosed may differ between cultures, so culture still affects the research to an extent.

Psychologists can reduce the impact of cultural issues. Emic methods such as unstructured interviews and participant observation let participants explain behaviour in their own terms, limiting imposed cultural norms, and an idiographic approach increases validity and cultural relativism. Cross-cultural research can test whether findings are truly universal. However,

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these methods are time-consuming, qualitative data are harder to compare, and the researcher's own culture may still bias interpretation.

In conclusion, cultural issues do significantly impact psychological research, especially in areas such as attachment, memory, social behaviour and eating disorders, where behaviour is shaped by socialisation, and they mainly reduce the validity and generalisability of findings. The impact is smaller for biological research, and it can be reduced with emic and cross-cultural methods, but since no researcher is free of culture it cannot be completely removed.

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(Total for Question 11 = 20 marks)

TOTAL FOR SECTION E = 20 MARKS
TOTAL FOR PAPER = 96 MARKS

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