8.9 Ethical Implications of Research Studies and Theory

AQA 7182 · about 55 minutes · Write-in edition

Total Marks

Name: _____ Date: ____ / ____ / _____

Answer ALL questions.

1 Outline three ways journals or professional bodies can help reduce social harm from published research findings on sensitive topics such as genetic influences on behaviour.

(Total for Question 1 is 6 marks)

2 A team proposes studying historical psychiatric case notes from the 1950s to investigate past diagnostic practices for homosexuality. Identify one institutional context concern from Sieber and Stanley that applies to this archival study, and explain it briefly.

(Total for Question 2 is 4 marks)

3 Outline one ethical issue from Sieber and Stanley about the treatment of individual participants that goes beyond standard consent procedures, illustrated with a study on the incarceration experiences of a minority group.

(Total for Question 3 is 2 marks)

4 Explain briefly how the way findings are interpreted and applied can create ethical problems, using an example where a small correlational result about group differences in a trait is presented to the media.

(Total for Question 4 is 3 marks)

5 A researcher finds a weak correlation between childhood nutrition and adult cognitive test scores in a large population data set. State three cautions the researcher should include in public communications to avoid misinterpretation.

(Total for Question 5 is 3 marks)

6 Apply Sieber and Stanley's four categories to the following novel study prompt: a proposed survey asks adults in a city whether they believe members of a named immigrant community are more likely to commit petty crime, and then publishes group-level prevalence estimates. Identify three separate ethical concerns from three different Sieber and Stanley categories, explaining each briefly.

(Total for Question 6 is 6 marks)

7 Discuss the ethical implications of research studies and theory, including reference to social sensitivity and Sieber and Stanley's categories. Consider responsibilities beyond participant-level procedures, and explain how researchers, institutions and journals can reduce social harm. Use examples such as genetic research into intelligence and historic psychiatric classification.

(Total for Question 7 is 16 marks)

8 Explain how historic misuse of psychiatric classification, for example labelling homosexuality as a disorder, illustrates Sieber and Stanley's concern about how findings may be interpreted and applied.

(Total for Question 8 is 4 marks)

Mark scheme · 8.9 Ethical Implications of Research Studies and Theory

Question 1

outlines first way, e.g. require authors to include a plain language summary highlighting limitations and ethical implications oe	**M1**
explains why this helps, e.g. reduces misinterpretation by journalists and the public oe	**A1**
outlines second way, e.g. require an ethics statement including consultation with stakeholder groups and possible societal impacts oe	**M1**
explains why this helps, e.g. forces authors to reflect on harms and provides reviewers with material to judge social sensitivity oe	**A1**
outlines a third way, e.g. encourage press embargoes and coordinated press briefings with responsible framing oe	**M1**
explains why this helps, e.g. gives time to prepare careful messaging and reduce sensationalist headlines oe	**A1**

Answer: Journals can require plain language summaries that stress limitations and effect sizes, require explicit ethics statements showing stakeholder consultation and discussion of societal impact, and encourage embargoed, coordinated press briefings so findings are framed responsibly rather than sensationally.

Question 2

identifies an institutional context concern, e.g. that institutional records may reflect past bias and institutional power structures oe	**M1**
explains how this applies: archives may contain biased diagnoses that were produced within discriminatory institutions, not objective truth oe	**A1**
adds consequence: using such records without contextualisation risks legitimising historic abuse or misleading modern readers oe	**A1**
suggests briefly that researchers should acknowledge institutional origins and historic context to avoid harm oe	**A1**

Answer: The institutional context is a concern because psychiatric records reflect the values and power structures of past institutions. Using 1950s case notes without contextualising the institutional bias risks legitimising discriminatory diagnoses and misleading readers; researchers must make the institutional origins explicit to avoid harm.

Question 3

identifies an issue about treatment of participants beyond consent, e.g. retraumatisation, power imbalances, or risks to participants' communities oe	**B1**
applies it to the example: discussing incarceration experiences may retraumatise participants and risk exposing sensitive community details that increase stigma oe	**B1**

Answer: A key concern is retraumatisation and the risk that research reveals sensitive details about individuals or their communities. Studying incarceration experiences may reopen trauma and could expose information that increases stigma for the minority group.

Question 4

identifies that misinterpretation or overgeneralisation of findings is an ethical concern oe	**M1**
applies to the example: a small correlational result may be reported as evidence of innate group inferiority, ignoring causality and effect size oe	**A1**
explains the harm: such misreporting can reinforce stereotypes, influence policy, or justify discrimination oe	**A1**

Answer: If a small correlational result about group differences is presented as proof of innate inferiority, this overgeneralisation misleads the public. Ignoring causality and effect size can reinforce stereotypes and be used to justify discriminatory policies, so interpretation and application carry ethical responsibility.

Question 5

states a caution, e.g. note that correlation does not imply causation oe	**M1**
adds a relevant statistical caution, e.g. state the effect size is small and much variance remains unexplained oe	**A1**
suggests a practical caution, e.g. warn against using the finding to generalise to individuals or to justify policy without further evidence oe	**A1**

Answer: E.g. emphasise that correlation does not imply causation, report that the effect size is small and that most variance is unexplained, and warn against using the finding to make claims about individuals or justify policy without more evidence.

Question 6

identifies first ethical concern from one category, e.g. research question itself: asking whether a community is more criminal may legitimise prejudice oe	**M1**
explains consequence: the question frames the community as suspect and may increase stigma or hate, even before data are collected oe	**A1**
identifies second ethical concern from another category, e.g. interpretation and application: publishing prevalence estimates could be misused by media or policymakers to justify discriminatory measures oe	**M1**
explains consequence: officials might use the figures to target policing or restrict services, and the public may generalise from group statistics to individuals oe	**A1**
identifies an additional procedural institutional or participant-treatment concern, e.g. the institutional context might be a police funded study raising conflicts of interest oe	**M1**
explains why this matters: police funding could bias study aims or dissemination, and participants or communities may be harmed by institutional motives oe	**A1**

Answer: Examples: 1) Research question itself: asking whether a named immigrant community is more likely to commit petty crime frames them as suspect and can legitimise prejudice, increasing stigma. 2) Interpretation and application: publishing prevalence estimates risks misuse by media or policymakers to justify discriminatory policing or exclusion, and the public may unfairly generalise to individuals. Also the institutional context matters if the study is funded by police, which could bias aims and increase harm to the community.

Question 7

Level 4 Knowledge is accurate, detailed and well organised. The answer shows a thorough understanding of social sensitivity and Sieber and Stanley's four categories, and integrates relevant examples such as genetic research and historic psychiatric classification. There is a well-developed discussion of responsibilities beyond participant-level protections, including practical steps researchers, institutions and journals can take, and the evaluation is balanced, showing implications, limitations and realistic mitigation strategies.	**13-16**
Level 3 Knowledge is generally accurate with some detail. The answer explains Sieber and Stanley's categories and provides relevant examples and some evaluation. Discussion of responsibilities and mitigation strategies is present but may be less developed or slightly imbalanced. The answer is mostly coherent and uses appropriate psychological terminology.	**9-12**
Level 2 Knowledge is present but limited or partially accurate. The answer gives a basic account of social sensitivity and may include an example, but evaluation is thin or largely descriptive. Suggestions to reduce harm are brief or not well linked to the framework. The answer may lack organisation or depth.	**5-8**
Level 1 Knowledge is minimal and answers are fragmentary. Little or no relevant evaluation is offered. Examples may be vague or absent. The response lacks structure and specialist terminology is used poorly.	**1-4**
Level 0 No creditable content.	**0**

Indicative content:

- AO1: Sieber and Stanley's four categories: the research question itself; treatment of individual participants; the institutional context; how findings may be interpreted and applied.
- AO1: Definition of social sensitivity as research whose questions, methods or likely findings have potential to harm participants or groups beyond the immediate study, by increasing stigma, influencing policy, or legitimising discrimination.
- AO1: Examples: genetic research into intelligence can be framed in ways that imply innate group differences; historic psychiatric classification of homosexuality as a disorder shows how scientific framing can justify social exclusion and policy harms.
- AO3: Distinction between participant-level protections (consent, debriefing, protection from harm) and broader responsibilities to consider dissemination, framing, and potential misuse of findings. Consent cannot prevent public misinterpretation.
- AO3: Mechanisms of harm: overinterpretation of correlational results, small effect sizes presented as definitive, failure to contextualise historical biases in archived data, conflicts of interest from institutional funders, and sensationalist media coverage.
- AO3: Mitigation strategies: prepublication stakeholder consultation and ethical review focused on social impact; transparent reporting of limitations, effect sizes and uncertainty; plain language summaries; coordinated press briefings; data access and interpretation caveats; journal policies requiring ethics statements.
- AO3: Role of institutions and journals: require impact statements, encourage embargoes and responsible press releases, provide guidance for authors on social sensitivity, and include community representatives on ethics panels.
- AO3: Evaluation: these measures reduce but do not eliminate risk; free speech and academic freedom create tensions, and predicting all downstream uses of research is often impossible. There is a trade off between scientific openness and protection from misuse.
- AO3: Conclusion: responsible scholarship requires active consideration of social consequences at all stages, from question formation to dissemination; psychologists have both procedural duties to participants and broader ethical duties to society.

Question 8

identifies that past psychiatric classifications were used to justify discrimination and policy against groups oe	**M1**
explains that such classifications were framed as scientific authority, which made public and institutional discrimination seem justified oe	**A1**
links this to Sieber and Stanley: shows how interpretation and application of findings can create social harm beyond the study itself oe	**A1**
may note the lasting consequences, e.g. stigma, legal restrictions, and slow social change even after scientific reclassification oe	**A1**

Answer: Labelling homosexuality as a disorder was interpreted as scientific endorsement of discrimination, helping to justify legal and social exclusion. This exemplifies Sieber and Stanley's worry that research and classification can be applied in ways that harm groups, producing long lasting stigma and policy consequences beyond the original research.