UNIVERSITY OF CAMBRIDGE INTERNATIONAL EXAMINATIONS

GCE Advanced Level

MARK SCHEME for the May/June 2010 question paper

for the guidance of teachers

9698 PSYCHOLOGY

9698/31 Paper 31 (Specialist Choices), maximum raw mark 70

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UNIVERSITY of CAMBRIDGE
International Examinations

Section A

Q	Description	Marks
(a)	No answer or incorrect answer.	0
	Some understanding, but explanation brief and lacks clarity.	1
	Clear, accurate and explicit explanation of term.	2
	max mark	2
(b)	***Part (b)*** *could require one aspect in which case marks apply once.* ***Part (b)*** *could require two aspects in which case marks apply twice.*	
	No answer or incorrect answer.	0
	Answer anecdotal or of peripheral relevance only.	1
	Answer appropriate, some accuracy, brief.	2
	Answer appropriate, accurate with elaboration.	3
	max mark	3 or 6
(c)	***Part (c)*** *could require one aspect in which case marks apply once.* ***Part (c)*** *could require two aspects in which case marks apply twice.*	
	No answer or incorrect answer.	0
	Answer anecdotal or of peripheral relevance only.	1
	Answer appropriate, some accuracy, brief.	2
	Answer appropriate, accurate with elaboration.	3
	max mark	3 or 6
	Maximum mark for **Section A**	11

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Section B

Q	Description	marks
(a)	**KNOWLEDGE (1)** [Terminology and concepts]	
	Some appropriate concepts and theories are considered. An attempt is made to use psychological terminology appropriately.	1
	Range of appropriate concepts and theories are considered. The answer shows a confident use of psychological terminology.	2
	KNOWLEDGE (2) [Evidence]	
	Some basic evidence is described and/or it is of peripheral relevance only and/or it is predominantly anecdotal.	1
	Appropriate psychological evidence is accurately described but is limited in scope and detail.	2
	Appropriate psychological evidence is accurately described and is reasonably wide-ranging and detailed.	3
	Appropriate psychological evidence is accurately described and is wide-ranging and detailed.	4
	UNDERSTANDING [What the knowledge means]	
	Some understanding of appropriate concepts and/or evidence is discernible in the answer.	1
	The answer clearly identifies the meaning of the theory/evidence presented.	2
	Maximum mark for part **(a)**	8
(b)	**EVALUATION ISSUES** [Assessing quality of data]	
	General evaluative comment OR issue identified.	1
	Two instances of general evaluative comment OR one issue + evidence.	2
	Two (or more) issues are identified, explained and some appropriate evidence is used in support.	3
	Two (or more) issues with elaboration and illustrative evidence.	4
	ANALYSIS [Key points and valid generalisations]	
	Key points (of evidence/study) are identified for a given issue (or number of issues), but no valid generalisations/conclusions are made.	1
	Key points (of evidence/study) are identified for a given issue (or number of issues) and valid generalisations/conclusions are made.	2
	CROSS REFERENCING [Compare and contrast]	
	Two or more pieces of evidence are offered for a given issue, but the relationship between them is not made explicit.	1
	Two or more pieces of evidence are offered for a given issue and the relationship between them (comparison or contrast) is explicit.	2
	ANALYSIS [Structure of answer]	
	The essay has a basic structure/organisation.	1
	Structure/organisation is sound and argument clear and coherent (includes issues, evidence, analysis and cross referencing).	2
	Maximum mark for part **(b)**	10

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(c)	**APPLICATION** [Applying to new situations and relating to theory/method]	
	A suggestion (to apply psychological knowledge to the assessment request) has been attempted.	1
	A suggestion (to apply psychological knowledge to the assessment request) has been applied effectively. One detailed or several applications considered.	2
	KNOWLEDGE (2) [Evidence]	
	Basic evidence is referred to but not developed and/or it is of peripheral relevance only and/or it is predominantly anecdotal.	1
	Appropriate psychological theory/evidence is explicitly applied.	2
	UNDERSTANDING [What the knowledge means]	
	Some understanding (of relationship between application and psychological knowledge) is evident in the answer OR there is clear understanding of the suggested application(s).	1
	The answer shows a clear understanding of the relationship between psychological knowledge and the suggested application AND there is clear understanding of the suggested application(s).	2
	Maximum mark for question part **(c)**	6
	Maximum mark for **Section B**	24

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PSYCHOLOGY AND EDUCATION

Section A

1 (a) Explain, in your own words, what is meant by the term 'teaching style'. [2]

Typically: the way in which a teacher teaches. This is different from a learning style which many candidates will refer to.

(b) Describe *one* teaching style and *one* learning style. [6]

Learning styles are for the learner and teaching styles are the way in which teachers present material to be learned.

Teaching approach or style: Lefrancois outlines a **'teaching model'**, pointing out what is desired before, during and after teaching. He also outlines 28 recommended behaviours for effective teaching. Fontana suggests the debate is between **formal** (subject emphasis and to initiate children in essentials) and **informal** (emphasis on child, teacher identifying child's needs) styles. A study on this was carried out by Bennett (1976) and followed up by Aitken et al (1981). Similarly Flanders (1970) suggests **direct** (lectures, etc) versus **indirect** (accepts that children have ideas & feelings) styles. Evidence exists for each approach. Bennett (1976) found progress in three 'R's' to be better in primary school using a formal approach. Haddon & Lytton (1968) found creativity to be better when an informal approach was used. Based on the work of Lewin et al, Baumrind (1972) outlines three styles: authoritarian, authoritative (i.e. democratic) and laissez-faire. Baumrind believes the authoritative style is most effective.

It could be argued that learning styles are determined by approach to, or perspective on, learning and so candidates could consider styles adopted if following a **behaviourist** or **cognitivist** or **humanist** approach.

- Learning styles have direct implications for teaching styles. Possible styles include lecturing, discussing, reciting, dictating, questioning, guided discovery, peer tutoring, etc. Advantages and disadvantages of each are relevant.
- An alternative is to consider Kolb's (1976) learning styles whereby a preferred learning style can be identified through a learning kite. Four styles are possible: dynamic, imaginative, analytical and common-sense.
- Curry's onion model (1983): instructional preference, informational processing style and cognitive personality style.
- Grasha's (1996) six categories for learning: independent, dependent, competitive, collaborative, avoidant and participant.

(c) Describe *one* way in which learning styles have been measured. [3]

Most likely: **Kolb's** 'kite' model. Myers-Briggs type indicators are also a possibility. Eysenck's EPQ/EPI measures personality rather than learning style. Any psychological way of measuring learning styles is acceptable.

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2 (a) Explain, in your own words, what is meant by the term 'improving motivation'. [2]

Typically: motivation is 'the force that energises, directs and sustains behaviour'; here it should be applied to education AND it should have a reference to improving motivation to receive full marks.

(b) Give *one* example of learned helplessness and *one* example of attribution theory in education. [6]

An appropriate example that is indicative of learned helplessness can be where students do not attempt to calculate statistical tests because 'I can't do maths'.

Attribution theory applied to education is the way that individuals attribute their success or failure either to **internal** (ability, effort) or **external** (difficulty, luck) factors. Any appropriate example that is indicative of this is acceptable. The work of **Weiner** (1984) is most prominent.

(c) Describe *one* way in which motivation can be improved in the classroom. [3]

Most likely answers will distinguish between **intrinsic** motivation (e.g. reward is learning a skill) and **extrinsic** motivation (e.g. external praise from a teacher). But any psychological way of improving motivation is acceptable.

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Section B

3 (a) Describe what psychologists have found out about disruptive behaviour in schools. [8]

A definition of disruptive behaviour might be a good place to start but right away there are problems. Who does the defining? Major types are: conduct (e.g. distracting, attention-seeking, calling out, out-of-seat); anxiety & withdrawal; immaturity and verbal and physical aggression; bullying. That school refusers disrupt themselves is legitimate. Persistently disruptive children are often labelled as EBD.

Candidates may then provide an explanation for these behaviours which may be behavioural, cognitive or social. Specific causes can include ADHD.

(b) Evaluate what psychologists have found out about disruptive behaviour in schools. [10]

NOTE: any evaluative point can receive credit; the hints are for guidance only.

- definitions and types of problems
- the methods used by psychologists to assess problem behaviour
- ethical issues
- the challenges a problem child presents for teachers and educators. methodology used to study problem behaviours

(c) Giving reasons for your answer, suggest how a teacher may prevent a disruptive behaviour from happening. [6]

Mark scheme guidelines apply in that any reasonable suggestion is acceptable.

There are a number of **Preventative** (NOT corrective) strategies:

- care for children: know their names and other relevant information
- give legitimate praise (Marland, 1975)
- use humour

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4 (a) Describe what psychologists have found out about the design and layout of educational environments. [8]

1 building design:

a comparisons between open plan schools versus 'traditional' designs. Traditional = formal; open plan = individualistic. Rivlin & Rothenberg (1976): open plan imply freedom, but no different from traditional. Open plan offer too little privacy and too much noise. Conclusion: some children do better with traditional, others better with open plan. Wheldall (1981) 'on-task' (formal) vs. 'off-task' (informal).

b some studies refer to effect of number of windows (e.g. Ahrentzen, 1982) and amount of light.

c some studies refer to effects of temperature (e.g. Pepler, 1972).

d Reynolds et al (1980) found age and physical appearance of school had nothing to do with academic accomplishments.

e small vs. large school (Barker & Gump, 1964): small schools have several advantages such as a sense of belonging.

2 classroom layout: (a discovery learning room) with availability of resources; use of wall space: too much versus too little (e.g. Porteus, 1972).

3 seating arrangements: sociofugal versus sociopetal (rows v horseshoe v grouped).

4 'perspectives' approach: architectural [environmental] determinism.

5 a **staffing theory** (Wicker et al, 1972): understaffed, overstaffed or adequately staffed.

b **classroom capacity**: how many people is the room designed for and how many are crammed in = lack of privacy, crowding = stress and poor performance.

c Skeen (1976) suggests **spatial zone** affects performance (Hall's personal & intimate zone = optimal).

(b) Evaluate what psychologists have found out about the design and layout of educational environments. [10]

NOTE: any evaluative point can receive credit; the hints are for guidance only.

- the implications of classroom design for teachers and for pupils
- consider the relationship between educational design and performance
- laboratory versus real-life studies
- the usefulness of the evidence
- assumptions about human nature
- methodology used to study problem behaviours

(c) Giving reasons for your answer, suggest how the environmental conditions of a classroom could improve learning. [6]

Mark scheme guidelines apply in that any reasonable suggestion is acceptable.

Answers are likely to focus on one or more of the aspects outlined in question part **(a)** and can include:

Classroom design and arrangement; lighting; temperature; crowding; seating arrangements.

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PSYCHOLOGY AND ENVIRONMENT

Section A

5 (a) Explain, in your own words, what is meant by the term 'noise'. [2]

Sound can be positive or negative as determined by individual perceptions. Negative or unwanted sound is defined as noise.

(b) Describe *two* studies showing the negative effects of noise on social behaviour [6]

Social behaviour includes:
Aggression: likely to be popular as there are many unethical lab studies involving electric shock. e.g. Geen & O'Neal (1969); Donnerstein & Wilson (1976).
Helping: also popular with both lab and natural studies by Matthews & Canon (1975) and Page (1977).

Some candidates may look at **attraction** but evidence here is questionable.

(c) Describe *one* study showing the negative effects of noise on health. [3]

Can be specific such as work of Grandjean (1983) and Eggersten (1987) or can be part of wider study e.g. Cohen et al and Evans studied schools near airports and found that performance and health were affected.

Rosenlund (2001): higher blood pressure in those exposed to airport noise.
Knipschild (1981): low birth weight of babies exposed to noise.

6 (a) Explain, in your own words, what is meant by the term 'climatological determinism'. [2]

Typically: where behaviour is determined by the weather. Can involve probabilism and possibilism.

(b) Describe *two* studies showing the negative effects of climate and/or weather on performance. [6]

Performance: Lots of laboratory studies show conflicting results, mainly due to variations in design. Also many field studies, e.g. Pepler (1972) in classrooms and Adam (1967) with soldiers.

(c) Describe the effects on health of seasonal affective disorder (SAD). [3]

The symptoms of SAD include: Severe depression; a craving for carbohydrate foods; sleepiness.

The prevalence of SAD among people in latitudes where winter nights are very long suggests that it may be related to day length. In the Shetlands, for instance, the shortest day lasts for just under 6 hours between sunrise and sunset, with no guarantee of any sunshine, and, on average, December promises just 15 hours of sunshine all month.

SAD (Seasonal Affective Disorder) is a type of winter depression that affects an estimated half a million people every winter between September and April, in particular during December, January and February. SAD usually occurs in women and begins in early adulthood. For many people SAD is a seriously disabling illness, preventing them from functioning normally without continuous medical treatment. For others, it is a mild but debilitating condition causing discomfort but not severe suffering.

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Section B

7 (a) Describe what psychologists have learned about density and crowding. [8]

Candidates may look at distinctions between density (physical) and crowding (psychological). They may look at methods (laboratory and naturalistic) and both human and animal studies. The syllabus guidance notes suggest a look at performance, social behaviour and health.

NB work on crowds e.g. LeBon (contagion), Zimbardo (deindividuation) or Turner (emergent norm) to receive no credit.

a **animal studies**: Dubos (1965) and lemmings; Christian (1960) and deer and Calhoun (1962) and rats.

b **human studies**: 1. **performance**: Aiello et al (1975b) found impaired task performance. In lab studies both Bergman (1971) and Freedman et al (1971) report that density variations do not affect task performance. But task is crucial: no effect if task is simple; effect if task is complex. Saegert et al (1975), in high social density supermarket and railway station, found impairment of higher level cognitive skills (e.g. cognitive maps). Heller et al (1977) suggest that there is no effect on task performance when there is high social or spatial density and no interaction, but lots of effect when there is interaction.

c **human studies**: 2. **social behaviour**: **helping**: studies by Bickman et. al. (1973) in dormitories and Jorgenson & Dukes (1976) in a cafeteria requesting that trays be returned. **Aggression**: Studies involving children. Price (1971; Loo et al (1972); Aiello et al (1979) all found different things. Crucial variable is toys given to children. Studies on male-female differences too. Candidates could look at crowding and **attraction**.

d **human studies**: 3. **health:** Paulus, McCain & Cox (1978) also found that an increase in density led to an increase in blood pressure in prisoners. McCain, Cox & Paulus (1976) found that an increase in density led to more complaints of illness in prisoners. The Di Atri et al (1981) study in prisons showed higher blood pressure and pulse than when in more spacious conditions. Baron et al (1976) found that students in high density dormitories visited the health centre more.

(b) Evaluate what psychologists have learned about density and crowding. [10]

NOTE: any evaluative point can receive credit; the hints are for guidance only.

- the usefulness of studying animals
- differing methodologies used to gather evidence
- individual differences in the experience of crowding
- ethical issues which the studies may raise

(c) Giving reasons for your answer, suggest what a person can do to prevent the effects of crowding. [6]

Question specifies *preventing* rather than '*coping with*' effects of crowding.

Could be 'standard' answer including aspects below:

- have greater ceiling height (Savinar, 1975);
- have rectangular rooms rather than square rooms (Desor, 1972);
- ensure well-defined corners to rooms (Rotton, 1987b);
- ensure room has a visual escape or distraction (e.g. a window or picture) (Baum et al, 1976);
- increase brightness (colours or lights) (Mandel et al, 1980);
- sociofugal seating (facing away) better than sociopetal (facing toward) (Wener, 1977),
- or any other logical aspect accepted.

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8 (a) Describe what psychologists have discovered about natural disaster and/or technological catastrophe. [8]

Candidates may well begin with a definition (e.g. that of the American president!) and a distinction between **disasters** (natural causes) and **catastrophes** (human causes). Catastrophes mean there is some human error/fault and blame can be attributed.

A focus on **methodology** would be pertinent. Lab studies are low in ecological validity or are not ethical (e.g. Mintz (1951). Simulations are more true to life (e.g. simulation following Manchester airplane fire), but participants know it is a simulation. Actual events are better but it is not ethical to study injured, stressed, etc, and there is no comparison or control. Candidates could look at how people **behave during** emergencies. Archea (1990) compares behaviours of people during earthquakes in Japan and America. Alternatively, LeBon (1895) suggests that people behave like wild animals with primitive urges – they stampede and are crushed (examples of fires where this has happened). Alternatively people may be crushed without stampeding (e.g. Hillsborough). Smelser (1964) suggests that people don't panic if in mines or submarines due to escape routes. LaPierre (1938) looks at how panic develops. Alternatively Sime (1985) found that in a fire, people seek companions first and do not behave as individual 'animals'. Candidates may focus on what can be done to **prevent panic** and look at evacuation messages (e.g. Loftus) or the follow me/follow directions dilemma of Sugiman & Misumi (1988). Another focus may be on **preparation for an event** or whether people think it will happen to them (e.g. Stallen, 1988 and study at Dutch chemical plant). Candidates may also look at **behaviour after an event**, typically post traumatic stress (e.g. Herald of Free Enterprise). Some candidates may look at pre traumatic stress.

Candidates can legitimately look at the effects of **toxic exposure**. It is included in this syllabus subsection and should be treated as a technological catastrophe. The Three Mile Island Accident raised fears about the release of radioactive gases for example.

(b) Evaluate what psychologists have discovered about natural disaster and/or technological catastrophe. [10]

NOTE: any evaluative point can receive credit; the hints are for guidance only.

- *defining and categorising disaster and catastrophe*
- *cultural differences in disaster/catastrophe behaviour*
- *whether theories apply in real life*
- *the methods psychologists use to gain their evidence*

(c) Giving reasons for your answer, suggest ways in which psychologists could help people *before* the occurrence of a disaster and/or catastrophe. [6]

They could look at changing **attitudes** toward potential danger: "it won't happen to me"; fear of flying, etc. They could look at **evacuation messages** (e.g. Loftus) and plans for escape. Relevant evidence referred to above. They could look at **emergency plans** such as those issued by the FEMA, or those in any other country, for earthquakes.

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PSYCHOLOGY AND HEALTH

Section A

9 (a) Explain, in your own words, what is meant by the term 'acute pain'. [2]

Acute pain: following tissue damage the individual adopts behaviour involving protection and care of the damaged area. After a relatively brief time period the pain subsides, the damage heals and the individual return.
1 mark basic, 2 marks elaboration.

(b) Outline *two* theories of pain. [6]

Most likely:

Specificity theory – Descartes (1644) captured the idea of pain in his analogy of bell ringing: 'pull the rope at the bottom and the bell will ring in the belfry.' This theory proposes that there are pain receptors in bodily tissue which connect to a pain centre in the brain. The view was that there were four types of sensory receptor: warmth, cold, pressure and pain.

Gate control theory – Melzack (1965)
At the heart of the gate-control theory is a neural "gate" that can be open and closed in varying degrees.

(c) Describe *one* study that has measured acute pain. [3]

Measures of pain include:
- self report/interview methods
- rating scales: e.g. visual analogue scale and category scale
- pain questionnaires: e.g. MPQ (McGill Pain Questionnaire); MMPI often used too but is not pain specific
- behavioural assessment: e.g. UAB
- psycho-physiological measures: use of EMG, ECG & EEG

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10 (a) Explain, in your own words, what is meant by the term 'accident proneness'. [2]

Typically: personal idiosyncrasy predisposing the individual who possesses it to a relatively high accident rate. Greenwood and Woods (1919) found a small number of people were having a disproportionately large number of accidents.

(b) Describe *one* personality factor and *one* non-personality factor that may cause accidents. [6]

Either general:

Theory A: the person approach: accidents caused by the unsafe behaviour of people. Prevention is by changing the ways in which people behave (fitting the person to the job).

Theory B: the systems approach: accidents caused by unsafe systems at work. Prevention is by redesigning the work system (fitting the job to the person).

Personality: Robertson et al (2000)
- dependability – the tendency to be conscientious and socially responsible
- agreeableness – the tendency not be aggressive or self-centred
- openness – the tendency to learn from experience and to be open to suggestion from others

Non-personality:
- people have an illusion of invulnerability – it won't happen to them
- people apply motion stereotypes and so do not consider alternatives
- people make errors (they are human!)
- people on shiftwork have low-point e.g. 2–5 am

(c) Describe *one* study that has promoted safety behaviours. [3]

Most likely:

Fox et al (1987) studied the effects of a token economy at open cast pits. Employees could earn stamps for various things: working without time lost for injury; being part of a group where nobody had time off for injury; not being involved in accidental damage to equipment; behaviour that prevented accidents or injuries. Workers could also lose stamps if they behaved in a way that could cause accidents. Findings: There was a dramatic decrease in days lost through injury and accidents were reduced and these improvements were maintained over a number of years.

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Section B

11 (a) Describe what psychologists have found out about health promotion. [8]

Answers are likely to include:

1 **appeals to fear**/fear arousal: Janis & Feshbach, 1953 is the traditional starting point. This is likely to be included because their *strong fear appeal* could be said to be unethical and not the most effective. The Yale model (source of message/message/recipient) underlies so many attempts. The study by Leventhal (1967) is also relevant.

2 **providing information** via media (e.g. Flay, 1987) – 3 approaches: 1. provide negative information only; 2. for those who want to be helped provide first steps; 3. self help via television audience. The Lewin (1992) healthy heart project is relevant too.

3 **behavioural methods**: provision of instructions, programmes, diaries to use as reinforcers.

Also worth credit would be programmes in **schools** (e.g. Walter US and Tapper UK food dudes), **worksites** (e.g. Johnson & Johnson) and **communities** (e.g. three community study).

(b) Evaluate what psychologists have found out about health promotion. [10]

NOTE: any evaluative point can receive credit; the hints are for guidance only.

- the effectiveness of promotions
- the assumptions about human nature
- the ethics of some strategies
- the methodology used by psychologists

(c) Using psychological evidence, outline the main features of a school-based programme aimed at promoting any aspect of health. [6]

Most likely:

Walter (1985): In 22 American elementary schools a special curriculum was designed with the emphasis on nutrition and physical fitness. The schools were randomly assigned so that students would either participate in the programme or act as a control group. After 2 years the two groups were compared. Also there is the study by **Tapper** (2000), which aimed at promoting the eating of fruit and vegetables in UK schools. Both of the above are food related. Any aspect of health can be considered.

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12 (a) Describe what psychologists have discovered about substance use and abuse. [8]

Candidates could offer definitions, distinguishing between use and abuse (e.g. Rosenhan & Seligman, 1984); dependence (physical and/or psychological), tolerance, addiction and withdrawal. They could also consider who uses/abuses and why they use/abuse. Possible causes:

- Smoking: 1. **genetic** (e.g. Eysenck, 1980); 2. **nicotine addiction/regulation model** (e.g. Schachter, 1980); 3. **Biobehavioural model** (e.g. Pomerleau, 1989); 4. **opponent process model** (e.g. Solomon, 1980) – cough = nasty so smoke = nice; 5. **social learning**/modelling; 6. Tomkins (1966) – positive affect; negative affect; habitual; addictive; 7. Leventhal & Cleary (1980) – why start, e.g. tension control, rebelliousness, social pressure. Lots of evidence to support; some good some iffy.
- Drinking: 1. **tension reduction hypothesis** (e.g. Conger, 1956); 2. **disease model** (a) Jellineks (1960) – gamma & delta; (b) **alcohol dependency syndrome** (e.g. Edwards et al, 1977) = 7 elements of dependency; 3. **social learning/modelling**. (Whereas 2. = genetic, 3. = learning, so good for Section (b)).
- Drugs: similar reasons to above. Note that types of drugs and their effects are not relevant and should receive no credit.
- Food (obesity): 1. **age and metabolism**; 2. '**gland problems'**; 3. **heredity** – lots of twin studies & correlations with parents; 4. **set-point theory** – set-point determined by fat consumed as a child (determining need for fat later); 5. restrained versus unrestrained eaters. Food (anorexia/bulimia), biological, cultural and psychological revolving around body image in females. Lots of explanations to choose from and relate.

(b) Evaluate what psychologists have discovered about substance use and abuse. [10]

NOTE: any evaluative point can receive credit; the hints are for guidance only.

- the methods psychologists use to gain their evidence
- comparing and contrasting theories
- ethical issues involved in the research
- generalisation of the results from the use of research participants

(c) Using your psychological knowledge, suggest ways in which people using a substance can quit. [6]

Most likely:

- **going it alone**: most people just give up (but don't succeed)
- **drug therapy**: nicotine replacement if smoker; use of emetic for alcoholics, etc
- **behaviour therapies**: aversion therapy most common but also many self-management strategies
- Many candidates will write about **social support** – not really a help

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PSYCHOLOGY AND ABNORMALITY

Section A

13 (a) Explain, in your own words, what is meant by the term 'historical explanation of abnormality'. [2]

Most likely: any explanation that is historical, such as people with mental illness were 'witches' and so were burned, etc.

(b) Describe *one* historical and *one* contemporary explanation of abnormality. [6]

Historical:
Primitive possession and demonology; Malleus Maleficarium.

Contemporary:
Medical: abnormality due to chemical imbalance or physical abnormality. Treatments are chemotherapy, ECT and psychosurgery.
Psychodynamic: disorders caused by unresolved unconscious conflicts, usually from childhood. Treatment is psychoanalysis, possibly therapeutic regression.
Behavioural: disorders are maladaptive (faulty) learning. Usually classical or operant conditioning. Treatments can be systematic desensitisation or a reversal of reinforcers.
Humanistic: disorders caused by external factors preventing personal growth. Lack of unconditional positive regard may lead to distorted self concept. Treatment is client-centred therapy which reasserts free will and self actualisation.

(c) Describe *one* historical treatment for mental illness which has been shown to be ineffective. [3]

Most likely:

leeches; various religious ceremonies (although some argue these are effective); inducing malaria to treat schizophrenia; wrapping in cold wet towels and 'hydrotherapy' (hosing down).

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14 (a) Explain, in your own words, what is meant by the term 'somatoform disorder'. [2]

Typically:

disorders in which physical symptoms are prominent but no cause can be found. Similarly: physical symptoms that mimic disease or injury for which there is no identifiable physical cause.

e.g. hypochondriasis, pain where there is no physical cause, complaints about headaches, etc.

(b) Describe *two* types of somatoform disorder. [6]

Most likely:

Hypochondriasis: preoccupation and exaggerated concerns about health, or having a serious illness.

Conversion: where patients present neurological symptoms such as *numbness*, *paralysis* or *fits,* but where no neurological explanation can be found.

Somatisation: (Briquet's syndrome) patients who chronically and persistently complain of varied physical symptoms that have no identifiable physical origin.

Psychogenic pain: reports of pain with no physical cause.

Body dysmorphic disorder (BDD): in which the affected person is excessively concerned about and preoccupied by an imagined or minor defect in his or her *physical features*.

(c) Describe *one* way in which somatoform disorders can be treated. [3]

Most likely:

Psychoanalytic: emotionally charged conflicts were repressed then converted into physical symptoms that serve as outlets.

Cognitive-Behavioural: most appropriate for treating disorders with a 'faulty logic component' such as BDD.

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Section B

15 (a) Describe what psychologists have found out about abnormal affect due to trauma. [8]

Most likely focus will be on post traumatic stress disorder, amnesia and fugue.

Psychogenic fugue is leaving one's home, work and life and taking a new identity with loss of memory for the previous identity.

Psychogenic amnesia is losing one's memory because of psychological reasons.

PTSD is a stress response caused by events outside the range of normal human experience.

(b) Evaluate what psychologists have found out about abnormal affect due to trauma. [10]

NOTE: any evaluative point can receive credit; the hints are for guidance only.

- points about defining and categorising abnormal affect disorders
- cultural and individual differences in abnormal affect disorders
- comparing and contrasting explanations
- implications for person with abnormal affect disorders

(c) Giving reasons for your answer, suggest ways in which the effects of trauma, such as amnesia, can be reduced. [6]

Any appropriate suggestion likely: rest and relaxation and memories may return; possible use of hypnosis or some form of psychotherapy. Maybe use of systematic desensitisation.

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16 (a) Describe what psychologists have found out about anxiety disorders. [8]

A general feeling of dread or apprehensiveness accompanied by various physiological reactions such as increased heart rate, sweating, muscle tension, rapid and shallow breathing.

Three main types: **phobias**, **obsessive-compulsive** and **PTSD** (Post traumatic stress disorder).

Phobias: agoraphobia, social phobia and specific phobia (many types).
Explanations mainly by behavioural and psychodynamic approaches.

Obsessive-compulsive: obsessions- recurring thoughts that interfere with normal behaviour; compulsions- recurring actions which the individual is forced to enact. Obsessive-compulsive = irresistible thoughts or actions that must be acted on.
Explanations: **Psychoanalytic**: traced to anal stage.

Behavioural: hypercritical, demanding parents reward similar behaviour in children.
Superstition: must go through rituals (O'Leary & Wilson).
Chemical: OCDs have increased activity in frontal lobe of left hemisphere.
PTSD is a stress response caused by events outside the range of normal human experience.

(b) Evaluate what psychologists have found out about anxiety disorders. [10]

NOTE: any evaluative point can receive credit; the hints are for guidance only.

- points about defining and categorising anxiety disorders
- neuroses, so comparing and contrasting with psychoses
- comparing and contrasting explanations
- implications for person with anxiety disorder

(c) Giving reasons for your answer, suggest how anxiety disorders may be treated. [6]

Most likely treatment will be behavioural or cognitive-behavioural, such as systematic desensitisation. Psychotherapy is also a possibility.

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PSYCHOLOGY AND ORGANISATIONS

Section A

17 (a) Explain, in your own words, what is meant by the term 'team building'. [2]

Typically: where groups of workers meet to discuss ways to improve their performance by identifying strengths and weaknesses in their interaction with one another (Riggio, 1990).

(b) Describe *one* theory of team roles. [3]

Most likely is Belbin (1981) who identified 8 key team roles: company worker, plants, resource investigator, chairperson, shaper, monitor-evaluator, team worker and completer-finisher. Any other psychological theory fine.

(c) Describe *two* ways in which team building can be achieved. [6]

Most likely:

Tuckman (1965): 4 stages (forming, storming, norming and performing).
Woodcock (1979): 4 stages of team development.
Zander's (1982): achievement-orientated and help-orientated people is pertinent as could be McGregor's (1960): effective and ineffective groups.

18 (a) Explain, in your own words, what is meant by the term 'management style'. [2]

Typically: the way in which a leader directs a group toward the attainment of goals. McKenna (1991): management is a force more pre-occupied with planning, co-ordinating, supervising and controlling routine activity. (Leadership is a force that creates a capacity amongst a group of people to do something that is different or better).

(b) Outline *two* leadership styles. [6]

Most likely candidates will consider Lewin et al's democratic, authoritative and laissez-faire styles.

(c) Describe *one* study of leader-worker interaction. [3]

Most likely: **Dansereau** et. al. (1975) whose *leader-member exchange model* suggests that it is the quality of interaction between leaders and group members that is important. This model has received much acclaim due to the success it has achieved when applied to real life situations. E.g. **Scandura and Graen** (1984) found that following a training programme, where the aim was to improve the quality of leader-member relationships, both group productivity and satisfaction increased significantly.

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Section B

19 (a) Describe what psychologists have discovered about motivation to work. [8]

A number of theories are most likely:

1 **Need theories** of motivation: individual needs (a) Maslow's **need-hierarchy** (1965): five tier hierarchy: physiological, safety, social, esteem and self actualisation. Starting with physiological each must be satisfied in order. (b) Alderfer's **ERG theory** (1972). Three levels: existence, relatedness and growth. (c) McClellands **achievement-motivation theory** (1961): three work related needs: need for achievement (get job done, success, etc); need for power (direct & control others; be influential); need for affiliation (desire to be liked and accepted; friendship).

2 **Job design theories**: if job is well designed and satisfying needs, then this is good motivation.
- a Herzberg's **two factor theory** (1966): job satisfaction and job dissatisfaction are two separate factors. Motivators = responsibility, achievement, recognition, etc = job satisfaction. Hygienes = supervision, salary, conditions, etc = job dissatisfaction. Some support but led to job enrichment (redesigning jobs to give workers greater role).
- b **Job characteristics model** (Hackman & Oldham, 1976): workers must perceive their job as meaningful (skill variety, task identity and task significance) and responsible (autonomy) and they must gain knowledge of outcome (feedback). These can be scored. Also JDS (job diagnostic survey) is a questionnaire measuring above characteristics.

3 **Rational (cognitive) theories**: people weigh up the costs and rewards of a job.
- a **Equity theory** (Adams, 1965): fair treatment = motivation. Worker brings inputs (skills, etc) and expects outcomes (pay, etc). Equality determined by comparison with others.
- b **VIE theory** (or expectancy) (Vroom, 1964): workers are rational at decision making and are guided by potential costs (negative outcomes) and rewards (positive outcomes).

4 **Goal setting theory** (Locke, 1968): for motivation, goals must be specific, clear and challenging.

5 **Reinforcement theory** (traditional): positive and negative reinforcers and punishment.

(b) Evaluate what psychologists have discovered about motivation to work. [10]

NOTE: any evaluative point can receive credit; the hints are for guidance only.
- Comparing and contrasting theoretical explanations
- the measures used to gain data
- the assumptions made about human behaviour
- individual differences in motivation to work

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(c) Using your psychological knowledge, suggest how the management of any company could increase performance through motivation. [6]

This question requires more than mere replication of the above theories and it requires more than common sense answers such as "increase pay". What is required is the combination of suggestions with an appropriate theory, e.g. an increase in pay is one of Herzberg's hygiene factors. This, of course is only one approach. Possible motivators include:

a responsibility for decisions such as negotiating prices, planning journeys and times, etc.

b material reward: salary, commission, bonuses, promotions and competitions/incentive schemes could be used against sales objectives such as volume, profitability, new account development.

c material reward: merchandise incentives, company car, etc.

20 (a) Describe what psychologists have discovered about organisational work conditions. [8]

Riggio (1990) divides work conditions into **physical conditions** such as illumination, temperature, noise, motion, pollution and aesthetic factors such as music and colour; and **psychological conditions** such as privacy or crowding, status/anonymity and importance/unimportance. Vibration, body movement and posture (e.g. seating or lifting) can be added to the list of physical conditions. The amount of evidence available for each of these, particularly physical conditions, is vast. However, it should not be too difficult to judge whether the evidence has psychological foundation rather than being largely anecdotal.

Another distinction is between a **mechanistic design** (chip making at McDonalds has 19 distinct steps and so has distinct rules to follow but little satisfaction) and an **organic structure** where a broad knowledge of many different jobs, with increased satisfaction, is required. Mintzberg (1983) has gone a step further and he outlines **five organisational types**: simple, machine, professional, divisional and adhocracy which involve five elements (operating core e.g. teachers; strategic apex e.g. management; support staff, etc).

Work schedules are somewhat more specific but can include *compressed work weeks* and *flexitime* in addition to *shift work*. Pheasant outlines primary chronic fatigue, or in extreme cases karoshi (Japanese for sudden death due to overload). Minor effects = sleep disturbance, physical and mental.

(b) Evaluate what psychologists have discovered about organisational work conditions. [10]

NOTE: any evaluative point can receive credit; the hints are for guidance only.

- individual differences in responses to work conditions
- the assumptions made about human behaviour
- the methods used by psychologists to gain their evidence
- implications for the design of work conditions

(c) Giving reasons for your answer, suggest how the physical conditions of work environments can be improved. [6]

PHYSICAL conditions can include:
Illumination, temperature, noise, motion (vibration), pollution, aesthetic factors e.g. music and/or colour. Can also include workspace/office layout. Consideration of any of these aspects to receive credit.

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