UNIVERSITY OF CAMBRIDGE INTERNATIONAL EXAMINATIONS

GCE Advanced Level

MARK SCHEME for the May/June 2011 question paper

for the guidance of teachers

9698 PSYCHOLOGY

9698/31 Paper 3 (Specialist Choices), maximum raw mark 70

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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 is 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

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Q (b)	**EVALUATION ISSUES** [Assessing quality of data]	
	General evaluative comment OR issue identified OR evidence (max 2 marks if no analysis/cross ref).	1
	Any two from: general evaluative comment/issue/evidence (max 3 marks if no analysis/cross ref).	2
	Issue plus explanation of issue plus evidence.	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 (issues, evidence, analysis and cross-referencing) and argument.	1
	Structure sound and argument clear and coherent (issues, evidence, analysis and cross-referencing).	2
	Maximum mark for part **(b)**	10

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Q (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 the 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 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 'assessment of educational performance'. [2]

Typically: standardised assessment (via testing or not) of some educational ability. Most likely answers will refer to a type of test, e.g. intelligence, aptitude or diagnostic, or name a test such as the Wechsler.

(b) Describe <u>one</u> type of performance assessment used in education. [3]

There are two areas of focus:

- Firstly answers could look at performance assessments devised by schools, which could even be something as simple as an essay or mock examination. It may be more sophisticated, which is difficult because assessment may vary according to different countries. It may be that candidates can focus on national examinations such as (in England and Wales) SATs, GCSEs and GCEs or it may be they focus on tests used by psychologists as a diagnostic aid.
- Secondly answers could focus on standardised psychometric tests. Such tests are used in education (more globally than schools) as the question asks. *Any* form of performance assessment test is creditable.

(c) Describe <u>one</u> strength and <u>one</u> weakness of psychometric tests. [6]

A strength of a psychometric test is that it is standardised, reliable and valid.

A weakness of a psychometric test is that it categorises a person and labels may then be attached to them.

Any appropriate strength or weakness to receive credit.

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

Typically: a perspective is a 'way of looking at the world', so in this sense perspectives on learning and different ways of looking at education. Such ways/perspectives will be behaviourist, cognitivist and humanist.

(b) Describe <u>one</u> way in which the humanistic approach has been applied in education. [3]

Most likely:

- Maslow (1970) advocates **student-centred teaching** where teachers are learning facilitators rather than didactic instructors.
- Dennison (1969) advocates the **open classroom**.
- Dunn & Griggs (1988) propose that each child has a **personal and unique learning style** and so traditional education should change radically providing a 'staggering range of options'.
- Johnson et al. (1984) believe students see education to be competitive when it should be **co-operative**, involving circles of knowledge, learning together and student team learning.

(c) Describe <u>one</u> weakness of the cognitive approach and <u>one</u> weakness of the behaviourist approach to education. [6]

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

Most likely for **cognitive**:

- Discovery learning is too time-consuming. Expository learning may be better.
- Discovery learning is affected by **set** (predisposition to learn in a particular way); **need state** (degree of arousal); **mastery of specifics** (amount and detail of learning); **diversity of training** (variety of conditions under which learning takes place).

Most likely for **behaviourist**:

- focuses only on observable behaviour
- it does not take into account cognitive aspects or humanistic aspects.

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SECTION B

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

A **definition** of disruptive behaviour might be a good place to start, such as 'behaviour that proves unacceptable to the teacher' (Fontana, 1995) 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 and withdrawal
- immaturity and verbal and physical aggression; bullying.

Various tables list the frequency of disruptive behaviours. For example The Elton Report (UK, 1989) found 'talking out of turn' to be the most frequent, accounting for 53% of disruptions each day. In a US study from 1848, 'misbehaving to girls' was most common.

Candidates may then provide an **explanation** for these behaviours which may be behavioural (e.g. maladaptive learning), cognitive or social. Other causes could be biological e.g. genetic, chemical, such as diet, etc.

Candidates may focus on a **specific example**, such as ADD and ADHD (attention deficit with or without the hyperactive element). Other causes are also perfectly acceptable.

Finally candidates may look at **corrective and preventive strategies** for modifying disruptive behaviour. Such strategies are detailed in part **(c)** below.

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

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

- problems with defining, categorising 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.

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

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

There are a number of **preventative** strategies:

- care for children: know their names and other relevant information
- give legitimate praise (Marland, 1975)
- use humour
- establish 'with-it-ness' (Kounin, 1970)
- shape the learning environment
- maintain classroom activity (Stodolsky, 1984 lists 17 activities!)
- maintain democratic procedures (e.g. Webster, 1968)
- set rules.

Fontana (1981) lists 16 common-sense aspects of classroom management.

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

- **Building design:**
  - Comparisons between open plan schools versus 'traditional' designs. Traditional = formal; open plan = individualistic. Rivlin & Rothenberg (1976): open plan implies freedom, but no different from traditional. Open plan offers 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).
  - Some studies refer to effect of number of windows (e.g. Ahrentzen, 1982); amount of light.
  - Some studies look at effects of temperature (e.g. Pepler, 1972).
  - Reynolds et al. (1980) found age and physical appearance of school had nothing to do with academic accomplishments.
  - Small vs large school (Barker & Gump, 1964): small has several advantages e.g. sense of belonging.
- **Classroom layout**: a discovery learning room with availability of resources; use of wall space – too much vs too little (e.g. Porteus, 1972).
- **Seating arrangements**: sociofugal vs sociopetal (rows vs horseshoe vs grouped).
- **'Perspectives' approach**: architectural (environmental) determinism.
- **Classroom capacity**: how many is room designed for and how many crammed in = lack of privacy, crowding = stress and poor performance. Skeen (1976) suggests **spatial zone** affects performance (Hall's personal and intimate zone = optimal).

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(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 a suitable design for arranging the tables and chairs in a classroom to improve learning. [6]

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

Answers are likely to focus on the three main types of seating design: traditional (desks in rows); horseshoe (obvious shape) and modern (desks in clusters).

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PSYCHOLOGY AND ENVIRONMENT

SECTION A

5 (a) Explain, in your own words, what is meant by 'urban renewal'. [2]

Typically: urban renewal is a programme of land redevelopment in areas of moderate to high density urban land use.

Put another way, the areas are already urban and they are being redeveloped. This is different from conversion of greenfield/rural communities.

(b) Describe <u>two</u> studies of community environmental design [6]

Whyte (**1980**) emphasised design features that promote positive social interaction. Studied urban plazas. Over several years they observed and filmed 18 plazas in NYC. Counted how many people used each plaza on pleasant days and began to relate usage to various features of the plaza. Used more if:

- number of amenities rises (e.g. places to sit)
- drinking fountains and pools are present
- accessible food outlets
- trees
- activities to watch (jugglers, etc)
- sunny orientation
- located on busy streets and not hidden away.

Sidney Brower (**1983**) in yet another project suggested:

- keep the street front alive
- give residents things to do and places to be
- reduce the speed and number of cars
- residences should open to the street, not from some central courtyard
- make parks more attractive to adults.

(c) Describe <u>one</u> type of urban housing design that has been successful. [3]

Most likely: Newman (1976) increased defensible space.

Clason Point in New York City. Clason Point consists of cluster housing of 12–40 families per cluster.

- assigned public space to be controlled by specific families by using fencing
- reduced number of pedestrian routes through the project and improved lighting along the paths
- improved the image and encouraged a sense of personal ownership by giving different colours to individual dwellings.

Residents took pride in their dwellings, planting grass, adding own new modifications and even sweeping the public sidewalks. Serious crimes dropped by 62%. Number of residents who said they felt they had the right to question a stranger in the project doubled.

Also Five Oaks, Dayton, Ohio (1994): streets closed, speed bumps introduced and divided into 'mini-neighbourhoods'.

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

Typically: individual perception and preference of images/scenes, whether real or in a picture, of the 'great outdoors'.

(b) Describe <u>one</u> study that has been conducted on the scenic environment. [3]

Dominating is the **descriptive approach** (Litton, 1972) emphasising the importance of line, form, colour and texture. This is the **physical-perceptual approach**. Studies here (e.g. Zube et al., 1974; Vining et al., 1984 and Im, 1984) look at specifically measurable characteristics such as heights, distances, edges, etc. Generally natural scenes are preferred to those created by humans. But there is no individuality or *psychology* here. Brunswick's **lens model** (1956) is also appropriate. Berlyne (1974) has developed a **model of aesthetics**. Important **are collative stimulus properties** which stimulate us (can be **novelty, incongruity, complexity** or **surprisingness**) to investigate further and compare with an existing image and **types of exploration**. Specific exploration is when we examine a stimulus closely and diverse exploration is when we seek out a stimulus to examine. Berlyne also outlines two dimensions: **uncertainty-arousal** and **hedonic tone**. The former suggests that an unknown stimulus arouses specific exploration and the latter, related to diverse exploration, is a curvilinear relationship where a stimulus first increases hedonic tone (degree of pleasantness) then decreases it. Aesthetic judgements are a combination of these factors. Alternatively, Kaplan and Kaplan (1975) outline a **preference model**. They believe we prefer landscapes that are useful and are survivable. Further, that we like to process information and prefer scenes which are understandable and make sense. They outline a **preference matrix** with **coherence, legibility, mystery** and **complexity** (e.g. we prefer complex scenes). But there are **individual differences in preference**: age, sex, place of residence and familiarity. Many studies and many examples are available for students to use. A phenomenological approach is also a possibility (e.g. Seamon, 1982) which also considers individual preference.

(c) Describe <u>two</u> ways to improve the design of maps. [6]

Most likely:

Levine (1982) looked at you-are-here maps and suggests two aspects which significantly improve maps:

- Structure mapping – the map should reflect the layout and appearance of the setting it represents. Three subsections:
  - The map should be placed near an asymmetrical feature so more than one building is visible.
  - The map should include a landmark which is visible in reality (then person can match the two and plan a route).
  - The map has the map itself drawn on it.
- Orientation – the map should be aligned the same way as the setting (building on right of map is on right in reality) and it should have forward equivalence (the top of the map should be straight ahead).

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SECTION B

7 (a) Describe what psychologists have learned about climate and weather. [8]

Candidates may begin with a distinction between **weather**, relatively rapidly changing conditions and **climate**, average weather conditions over a period of time. They may consider **climatological determinism**, **probabilism** and **possibilism**.

Candidates could consider any aspect such as temperature, wind, storms (hurricanes, tornados) altitude and anything else that pertains. Note that the syllabus refers to **performance, health** and **social behaviour** so answers may be based on these factors.

Effects of **heat** are likely to be most common.

- **Performance**. Lots of lab 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. Still individual differences. Bell suggests an **arousal response** (inverted U theory); Provins (1966) suggests differing **core temperatures** and that heat affects attention. Wyndham believes in **adaptation levels**.
- **Social behaviour**. **Aggression**: the long hot summer effect. Heat causes riots (Goranson & King (1970) and USA riot commission (1968) but only in 1967 and only in USA. Baron & Bell (1976) propose negative affect-escape model to explain it and lab studies support. Many other studies on heat and aggression. Heat also may or may not affect **helping** (e.g. Page, 1978) and **attraction** (e.g. Griffit, 1970).
- **Health**. Heat may cause heat exhaustion (sweating) or heat stroke (no sweating) or heart attacks.

Cold temperature can also be covered. Causes hypothermia, frostbite, etc. Also affects performance and social behaviour (too cold to help or be aggressive).

Wind: causes fear due to potential destruction. Increases helping in summer and decreases in winter (Cunningham, 1979). Cohn (1993) wind decreases domestic violence.

Barometric pressure (e.g. pilots, divers) a possibility but not a lot of material available.

Candidates may also, legitimately, consider the effects of the **moon phases** on behaviour (lunatics!); the effects of **sunlight** and **seasonal affective disorder**.

(b) Evaluate what psychologists have learned about climate and weather. [10]

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

- the methods used by psychologists to study climate and weather
- issues relating to individual and/or cultural differences
- the implications the evidence has for society
- comparing and contrasting theoretical explanations.

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(c) Giving reasons for your answer, suggest ways in which the negative effects of climate and weather on health may be overcome. [6]

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

Most likely:
- use of air conditioning; avoidance of extremes of temperature
- also SAD treated using a lightbox (Watkins, 1977)
- studies looking at acclimatisation may be a possibility and telling people about the negative effects gives perceived control.

8 (a) Describe what psychologists have found out about personal space and territory. [8]

Question is personal space and territory, so both aspects must be included.

Personal space: candidates may begin with definitions or look at types. Alpha personal space = objective, externally measurable distance; beta personal space = subjective experience of space.

They could look at the functions of personal space such as **overload** (Scott, 1993), **intimacy equilibrium** (Argyle & Dean, 1965), **ethological model** (Evans & Howard, 1973), **proxemics** (Hall, 1966), **privacy regulation** (Altman, 1975).

Candidates may look at how personal space is **measured**: simulation; stop-distance; naturalistic observation or direct invasion of space.

Many studies could be included. Three '**classics**' for personal space are:
- Felipe & Sommer (1966). At a 1500-bed mental institution an experimental confederate approached and sat next to lone patients. Felipe & Sommer (1966) also performed a more ethical study in a library.
- Middlemist, Knowles & Matter (1976) looked at the effects of invasion on physiological arousal, performing a study in a three-urinal men's lavatory!
- Konecni et al. (1975) and in a similar study Smith & Knowles (1979) stood close to pedestrians waiting to cross a road.

Altman (1975): **types of territory**
- **primary territory**: 'a private area owned by an individual'
- **secondary territory**: 'an area that is used regularly but is shared with others'
- **public territory**: 'can only be occupied temporarily on a first come, first served basis'.

Gender differences: males claim larger territories than females e.g. Smith et al. (1981) beach study; Jason et al. (1981) study of women on a beach. Sundstrom & Sundstrom (1977) similar study but on bench.

Cultural differences: Smith et al. (1981) French and German beaches; Edney et al. (1974) US beaches found: French less territorial; Germans much more marking. Worchel & Lollis (1982) compared Greek with American responses to dropped bags of litter.

Defence of public territory: Ruback & Snow (1993) person drinking at water fountain invaded. Found non-conscious racism. Ruback et al. (1989) those on phone spent longer on phone when someone else was waiting than in a no one waiting control.

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Defence of primary territory (e.g. home): Newman (1976) **defensible space**: physical space that is characterised by a high level of social responsibility and personal safety. Certain buildings are more likely to be vandalised/burgled because of their design. Evidence from Pruitt-Igoe building: 33 high-rise blocks each with 80 apartments. After 3 years = very high crime rate and 70% were empty. Why? Newman: (1) **zone of territorial influence** – an area which appears to belong to someone. (2) **opportunities for surveillance** – if it can be seen by occupants, then no vandalism. High-rise have many semi-public areas: entrance halls, lifts = not belong to anyone so no markers so vandalism. Also no opportunities for surveillance so vandalism. Pruitt-Igoe – one had a chain fence around it. Vandalism 80% lower than other buildings and vacancy rate 5%.

(b) Evaluate what psychologists have found out about personal space and territory. [10]

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

- the methods psychologists use to study space and territory
- laboratory versus real-life studies
- ethical issues
- the usefulness of personal space/territory studies
- competing theoretical explanations.

(c) Giving reasons for your answer, suggest ways in which people can defend their secondary territory in places such as a library. [6]

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

Suggestion will usually be to use territorial markers such as books on desk, or bag or coat on seat.

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PSYCHOLOGY AND HEALTH

SECTION A

9 (a) Explain, in your own words, what is meant by practitioner and patient 'interpersonal skills'. [2]

Most typically: interpersonal skills such as verbal and non-verbal skills displayed by both the patient and the practitioner in a medical consultation.

(b) Describe <u>two</u> studies looking at practitioner interpersonal skills. [6]

Likely focus will be two areas:

Interpersonal skills – non-verbal communication:

- Argyle (1975) emphasises the importance of non-verbal communication.
- Classic study is McKinstry and Wang (1991) looking at the way a medical practitioner is dressed.

Interpersonal skills – verbal communication:

- Ley (1988) investigated what people remember of real consultations by speaking to people after they had visited the doctor. They were asked to say what the doctor had told them to do and this was compared with a record of what had actually been said.
- McKinlay (1975) carried out an investigation into the understanding that women had of the information given to them by health workers in a maternity ward. On average, each of the terms was understood by fewer than 40% of the women.

(c) Suggest <u>one</u> practitioner style that shows good practitioner skills. [3]

Patient-practitioner styles: Savage and Armstrong (1990) and Byrne and Long (1976) outline a sharing consulting style (patient-centred) with a directive consulting style (doctor-centred). Patient-centred has much better practitioner skills when consulting with patients.

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

Typically: safety behaviour is maintaining healthy existence through safe practices at work and in the home. This question adds 'promoting' so any answer needs to include a mention of promoting to gain full marks.

(b) Describe <u>two</u> causes of accidents. [6]

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).

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.

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).

(c) Describe <u>one</u> way in which safety behaviours can be promoted in worksites. [3]

Most likely: **Fox et al. (1987)** studied 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 learned about stress. [8]

Most likely: candidates will focus on measures of stress or ways of controlling it (see syllabus). Also legitimate would be GAS model.

Measures – physiological and psychological:
- physiologically by recording devices
- physiologically by sample tests
- psychologically by questionnaire based on life events
- psychologically by questionnaire based on daily hassles
- psychologically by questionnaire based on personality
- psychologically by questionnaire based on other causal factors (such as work) e.g. Professional Life Stress Scale.

Controlling stress:

- Coping
  - problem-focused coping
  - emotion-focused coping.

- Medical/pharmacological solutions
  - benzodiazepines (trade names valium, librium, etc)
  - beta-blockers (inderal) reduce physiological arousal and feelings of anxiety by blocking neurones stimulated by adrenaline.

- Psychological solutions
  - (behavioural/cognitive strategies) can include progressive relaxation (Jacobsen, 1938); systematic desensitisation (Wolpe, 1958); biofeedback; and modelling.
  - (cognitive/behavioural) can include cognitive restructuring (Lazarus, 1981); rational-emotive therapy (Ellis, 1962) and multi-modal therapy (Lazarus, 1981); imagery (Bridge et al., 1988).

- Alternative strategies involving meditation, hypnosis or yoga.

- Providing social support may also help (e.g. Cohen & Willis, 1985).

Some candidates may consider ways of reducing post-traumatic stress which is legitimate.

(b) Evaluate what psychologists have learned about stress. [10]

NOTE: any evaluative point can receive credit; the hints are for guidance only.
- comparing and contrasting different approaches
- the relationship between theory and practice
- the assumptions made about human nature
- how psychologists gain their evidence in this area.

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(c) Giving reasons for your answer, suggest how the stress of a student may be measured. [6]

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

Most likely: any of the physiological measures as outlined in **(a)** above; some of the psychological measures outlined above. For example, the life events questionnaire may or may not be applicable.

12 (a) Describe what psychologists have found out 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: tension control; rebelliousness; social pressure.

- Drinking:
  1. **tension reduction hypothesis** (e.g. Conger, 1956)
  2. **disease model**
     a. Jellineks (1960) gamma and delta
     b. **alcohol dependency syndrome** (e.g. Edwards et al., 1977) = 7 elements of dependency
  3. **social learning/modelling**. Whereas point 2. = genetic, point 3. = learning so good for part **(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 and correlations with parents
  4. the **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.

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(b) Evaluate what psychologists have found out 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 can be prevented from abusing a substance. [6]

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

Several possibilities here:

- Health promotion campaigns such as 'providing information' (e.g. Lewin) or community-wide campaigns (e.g. three community study).
- Government strategies such as increasing cost, taxation, increasing age limit, restricting sales (if smoking).
- Individual strategies such as Flay's school programme or Botvin's life skills training (also smoking).
- Any other appropriate strategy depending on the chosen substance.

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PSYCHOLOGY AND ABNORMALITY

SECTION A

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

Typically: a type is a kind or category into which various forms are placed. In this case there are 5 main types of schizophrenia.

(b) Describe <u>two</u> types of schizophrenia. [6]

There are 5 main types:

- **Hebephrenic**: incoherence, disorganised behaviour, disorganised delusions and vivid hallucinations.
- **Simple**: gradual withdrawal from reality.
- **Catatonic**: impairment of motor activity, often holding same position for hours/days.
- **Paranoid**: well organised, delusional thoughts (and hallucinations), but high level of awareness.
- **Undifferentiated/untypical**: for all the others who do not fit the above.

Candidates may describe positive symptoms and negative symptoms. Such answers are worth 1 mark only.

(c) Describe <u>one</u> explanation for one of the types of schizophrenia described in (b). [3]

There are a number of **explanations**:

- **Behavioural**: due to conditioning and observational learning.
- **Psychodynamic**: regression to oral stage.
- **Families** also blamed for schizophrenia; as are twins.
- **Cognitive**: breakdown in ability to attend selectively to stimuli in language, etc.
- **Genetics** also play a role.

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

Typically: **pyromania** is an impulse control disorder where a person has to start fires deliberately (to watch the fire or emergency services) to gain euphoria or relieve tension and typically includes feelings of gratification or relief afterward.

(b) Outline the characteristics of <u>one</u> abnormal need. [3]

Typically: people *need* various things to stay alive (food!). They also have a psychological dependence on various things (chocolate!) but usually these are desires rather than essentials. Where people cannot cope without something, where it takes over 'normal' psychological functioning and often where that thing is illegal (such as kleptomania and pyromania) the need is abnormal.

What follows may then be a description of the characteristics of pyromania (as in **(a)** above).

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(c) Give <u>one</u> explanation for, and <u>one</u> way of overcoming, pyromania. [6]

Explanations:

- **Behavioural**: due to conditioning – the pyromaniac is rewarded by not getting caught
- **Psychodynamic**: inability by ego and superego to suppress the urges of the id: 'I want'
- **Physiological**: thrill-seeking to achieve positive emotions
- **Families** also blamed for pyromania; various studies argue for a genetic component
- **Cognitive**: thrill-seeking; faulty thought patterns. Impulse control disorder.

Overcoming:

Behaviour modification is the usual treatment for pyromania. Other treatments include seeing the patient's actions as an unconscious process and analysing it to help the patient get rid of the behaviour. Often, this treatment is followed by a more psychodynamic approach that addresses the underlying problems that generated the negative emotions causing the mania. Treatment, which appears to work in 95% of children that exhibit signs of pyromania, includes family therapy and community intervention. Selective serotonin reuptake inhibitors (SSRIs) are also used to treat this condition.

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SECTION B

15 (a) Describe what psychologists have learned about abnormal affect. [8]

Typically: abnormal affect concerns disorders of mood and emotion, most typically depression and mania or manic-depression (bipolar).

Types:

- **mania** – person displays spontaneity, activity, has outbursts of exuberance, has heightened good humour and is talkative and entertaining. They are often full of good ideas, plans and have grand visions. They are full of energy; appear to be physically inexhaustible.
- **depression**: person is extremely despondent, melancholic and self-deprecating. They may be physically lethargic; struggle to think out simple problems. They believe they are utterly worthless and have hopeless guilt.
- **seasonal affective disorder**: summer and winter versions also a legitimate possibility.

Causes:

- The **biopsychosocial model** proposes that biological, psychological, and social factors all play a role to varying degrees in causing depression.
- The **diathesis–stress model** posits that depression results when a pre-existing vulnerability, or diathesis, is activated by stressful life events.
- **Monoamine hypothesis**: depression arises when low serotonin levels promote low levels of norepinephrine.
- Depression also runs in families and the closer the **genetic relationship**, the more likely people are to be diagnosed with the disorder. Oruc et al. (1998) First-degree relatives of people diagnosed with depression are two or three times more likely to be diagnosed with depression than those who are not first-degree relatives.
- Psychological: Beck proposed the **cognitive model of depression** with a triad of negative thoughts comprising cognitive errors about oneself, one's world, and one's future; recurrent patterns of depressive thinking, or *schemas*; and distorted information processing.

(b) Evaluate what psychologists have learned about abnormal affect. [10]

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

- points about defining and categorising abnormality
- cultural and individual differences
- comparing and contrasting explanations of cause
- implications of individual and society.

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(c) Giving reasons for your answer, suggest ways in which depressive states can be treated medically. [6]

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

- The catecholamine hypothesis of affective disorders where the chemical imbalance hypothesis for mental health disorders, especially for depression, was outlined. There are four main types of drug that relieve the symptoms of depression: Tricyclics; MAOIs (Monoamine Oxidase Inhibitors); SSRIs (Selective Serotonin Reuptake Inhibitors); SNRIs (Serotonin and Noradrenaline Reuptake Inhibitors).
- ECT (electroconvulsive therapy)/electroplexy is very common for severe depression.
- SAD treated using a lightbox (Watkins, 1977). Studies looking at acclimatisation may be a possibility and telling people about the negative effects gives perceived control.

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

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.

Types:

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

- **Conversion**: where patients present with 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**: in which the affected person is excessively concerned about and preoccupied by an imagined or minor defect in his or her physical features.

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

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

- points about defining and categorising abnormality
- cultural and individual differences
- comparing and contrasting explanations of cause
- usefulness of therapies
- implications of individual and society.

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(c) Giving reasons for your answer, suggest ways in which somatoform disorders may be treated. [6]

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

Most likely:
Cognitive behaviour therapy: an approach that aims to influence dysfunctional emotions, behaviours and cognitions through a goal-oriented, systematic procedure. Phillips found that in patients with BDD who were randomly assigned to Cognitive Behaviour Therapy or no treatment, BDD symptoms decreased significantly in those patients undergoing CBT. BDD was eliminated in 82% of cases at post-treatment and 77% at follow-up.

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PSYCHOLOGY AND ORGANISATIONS

SECTION A

17 (a) Explain, in your own words, what is meant by 'group decision-making strategies'. [2]

Typically: deciding what action a group should take. Could be more precise and involve types such as democratic or autocratic decisions. Could focus on the **process** e.g. SWOT Analysis – evaluation by the decision-making individual or organisation of Strengths, Weaknesses, Opportunities and Threats with respect to desired end state or objective.

(b) Describe <u>one</u> way in which group decision-making can go wrong and <u>one</u> way that this can be avoided. [6]

Most likely:
Group error such as groupthink and group polarisation.

- **Groupthink**: syndrome characterised by a concurrence-seeking tendency that overrides the ability of a cohesive group to make critical decisions (Janis, 1965).
- **Group polarisation**: groups who make decisions that are more extreme than those made by individuals.

Most likely: encourage evaluation; promoting open enquiry; use sub-groups; admit shortcomings; hold second-chance meetings; don't rush to a quick solution. Any logical suggestion will suffice.

(c) Describe <u>one</u> decision-making strategy. [3]

- **Group decision-making**: deciding what action a group should take. Could be more precise and involve types such as democratic or autocratic decisions.

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

Typically: this is the passage of information between one person or group to another person or group. Candidates may well define communication in terms of sender, message and receiver (e.g. Hurier model for effective listening); encoding, channel and decoding. Candidates may give examples of the varieties of communication: phone, face-to-face, meeting, memo, newsletter, employee handbooks, reports, email, voicemail, teleconference, etc).

(b) Briefly describe <u>one</u> type of communication channel. [3]

The communication channel: the characteristics of the vehicle of transmission of a message that affect communication. Candidates may consider the varieties of communication: phone, face-to-face, meeting, memo, newsletter, employee handbooks, reports, email, voicemail, teleconference, etc).

(c) Describe <u>one</u> advantage and <u>one</u> disadvantage of the communication channel described in (b). [6]

Depends on type chosen but most likely:

- memo and email – brief, impersonal but wide dissemination and quick. Gives records
- meeting face-to-face, personal, verbal, but time consuming and group processes involved. Gives records
- phone: more personal but not face-to-face; gives questions and answers; no records.

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SECTION B

19 (a) Describe what psychologists have discovered about leadership and management. [8]

Many theories to choose from:

- **Universalist theories** of leadership: [1] the *great man theory* (Wood, 1913); [2] McGregor (1960) *Theory X and Theory Y.*
- **Behavioural theories** of leadership: [1] researchers at Ohio State University, Halpin and Winer (1957), suggested *initiating structure* and *consideration*; [2] researchers at the University of Michigan identified *task-oriented behaviours* and *relationship-oriented behaviours.* This extended into Blake and Moulton's (1985) *Managerial Grid*.
- **Charismatic** (or transformational) leaders have the determination, energy, confidence and ability to inspire followers.

Contingency theories of leadership:

- Fiedler's contingency model (Fiedler, 1967)
- House's (1971) *path-goal theory*
- Vroom and Yetton (1973) propose a *decision-making theory*
- Dansereau et al. (1975) *leader-member exchange model*.

(b) Evaluate what psychologists have discovered about leadership and management. [10]

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

- comparing and contrasting theoretical explanations
- the implications leadership style has for follower behaviour
- examining theoretical strengths and weaknesses
- how psychologists gain their evidence.

(c) Using your psychological knowledge, suggest what a company owner should look for in a new manager. [6]

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

- **Kirkpatrick & Locke** (1991) suggest drive, honesty and integrity, leadership and motivation, self-confidence, cognitive ability, expertise, creativity and flexibility.
- **Riggio** (1990) suggests an effective manager needs to be a good communicator, be both task and relationship-oriented, give careful attention to decision-making, be flexible, learn to delegate and remember that leadership is a two-way street.

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20 (a) Describe what psychologists have found out about human factors in work design. [8]

Human factors are concerned with the design of tools, machines, work systems and work places to fit the skills and abilities of workers.

- In industry operator-machine systems are central. Chapanis (1976) outlines the **operator-machine system**. Human systems: senses, information processing/decision-making and controlling; machine system: controls, operation and display (feeding back to senses). Each factor can be considered in much more detail. **Displays**: these can be visual or auditory and factors determine which is most appropriate. **Decision-making** is also important as are the **controls** themselves. Controls can be of many types, but should be matched to the operator's body; they should be clearly marked and they should mirror the machine actions they produce. Keyboard controls on computers can also be considered.
- **Errors in operator-machine** are important. There can be errors of: omission (failing to do something), commission (performing an act incorrectly), sequence errors (doing a step out of order) and timing errors – too quickly, slowly. Errors such as these can be rectified either by 1. **changing the design** or 2. **selecting people** who can operate the systems.
- Workspace design: three main types here – seated, standing and combined.

(b) Evaluate what psychologists have found out about human factors in work design. [10]

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

- matching machine to person or matching person to task
- individual differences
- methods for assessing machine-operator systems
- how psychologists gather evidence in this area.

(c) Giving reasons for your answer, suggest an efficient workspace design for a teacher.[6]

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

- chair needs to be correct height, and appropriate to study needs
- desk also considered
- place where workstation is located is crucial: low noise, etc
- organisation of equipment such as computer.

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