CAMBRIDGE INTERNATIONAL EXAMINATIONS

GCE Advanced Level

MARK SCHEME for the May/June 2013 series

9698 PSYCHOLOGY

9698/32 Paper 3 (Specialist Choices), maximum raw mark 80

This mark scheme is published as an aid to teachers and candidates, to indicate the requirements of the examination. It shows the basis on which Examiners were instructed to award marks. It does not indicate the details of the discussions that took place at an Examiners' meeting before marking began, which would have considered the acceptability of alternative answers.

Mark schemes should be read in conjunction with the question paper and the Principal Examiner Report for Teachers.

Cambridge will not enter into discussions about these mark schemes.

Cambridge is publishing the mark schemes for the May/June 2013 series for most IGCSE, GCE Advanced Level and Advanced Subsidiary Level components and some Ordinary Level components.

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Each option has three questions:

Section A: A short answer question: (a) = 2 marks, (b) = 4 marks

Section B: An essay question: (a) = 8 marks, (b) = 12 marks

Section C: An application question (a) = 6 marks, (b) = 8 marks [choice of questions]

In order to achieve the same standard across all options, the same mark schemes are used for each option. These mark schemes are as follows.

Section A: Short answer question: (a) = 2 marks	
No answer or incorrect answer.	0
Basic or muddled explanation. Some understanding but brief and lacks clarity.	1
Clear and accurate and explicit explanation of term.	2

Section A: Short answer question: (b) = 4 marks	
No answer or incorrect answer.	0
Anecdotal answer with little understanding of question area and no specific reference to study.	1
Basic answer with some understanding. Reference to named study/area only. Minimal detail.	2
Good answer with good understanding. Study/area included with good description.	3
Very good answer with clear understanding of study/area with detailed and accurate description.	4

Section B: Essay question: (a) = 8 marks	
No answer or incorrect answer.	0
Definition of terms and use of psychological terminology is sparse or absent. Description is mainly inaccurate, lacks coherence and lacks detail. Understanding is poor. The answer is unstructured and lacks organisation.	1–2
Definition of terms is basic and use of psychological terminology is adequate. Description is often accurate, generally coherent but lacks detail. Understanding is reasonable. The answer is lacking structure or organisation.	3–4
Definition of terms is mainly accurate and use of psychological terminology is competent. Description is mainly accurate, coherent and reasonably detailed. Understanding is good. The answer has some structure and organisation.	5–6
Definition of terms is accurate and use of psychological terminology is comprehensive. Description is accurate, coherent and detailed. Understanding is very good. The answer is competently structured and organised.	7–8

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Section B: Essay question: (b) = 12 marks	
No answer or incorrect answer.	0
Evaluation (positive and negative points) is **basic**. Range of evaluative points, <u>which may or may not include the named issue</u>, is sparse and may be only positive or negative. Evaluative points are not organised into issues/debates, methods or approaches. Sparse or no use of appropriate supporting examples which are peripherally related to the question. Analysis (key points and valid generalisations) is very limited or not present. Evaluation is severely lacking in detail and understanding is weak.	1–3
Evaluation (positive and negative points) is **limited**. Range of evaluative points, <u>which may or may not include the named issue</u>, is limited. Points hint at issues/debates, methods or approaches but with little or no organisation into issues. Poor use of supporting examples. Analysis (key points and valid generalisations) is sparse. Evaluation is lacking in detail and understanding is sparse. NB If evaluation is 'by study' with same issues *identified* repeatedly with no positive or negative points of issues, however good examples are, maximum 6 marks. NB If the issue stated in the question is **not** addressed, maximum 6 marks. NB If **only** the issue stated in the question is addressed, maximum 4 marks.	4–6
Evaluation (positive and negative points) is **good**. Range of evaluative issues/debates, methods or approaches, <u>including the named issue</u>, is good and is balanced. The answer has some organisation of evaluative issues (rather than study by study). Good use of appropriate supporting examples which are related to the question. Analysis (key points and valid generalisations) is often evident. Evaluation has good detail and understanding is good.	7–9
Evaluation (positive and negative points) is **comprehensive**. Selection and range of evaluative issues/debates, methods or approaches, <u>including the named issue</u>, is very good and which are competently organised. Effective use of appropriate supporting examples which are explicitly related to the question. Analysis (valid conclusions that effectively summarise issues and arguments) is evident throughout. Evaluation is detailed and understanding is thorough.	10–12

Section C: Application question (description) = 6 marks	
No answer or incorrect answer.	0
Vague attempt to relate anecdotal evidence to question. Understanding limited.	1–2
Brief description of range of appropriate evidence with some understanding.	3–4
Appropriate description of good range of appropriate evidence with clear understanding.	5–6

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Section C: Application question (suggestion) = 8 marks	
No answer or incorrect answer.	0
Suggestion is mainly inappropriate to the question but is vaguely based on psychological knowledge. Answer is mainly inaccurate, lacks coherence and lacks detail. Understanding is poor. *Description* of a study/other authors' work 2 marks max if related to question; 0 marks if not.	1–2
Suggestion is largely appropriate to the question and is based on psychological knowledge. Answer is generally accurate, coherent but lacks detail. Understanding is limited.	3–4
Suggestion is appropriate to the question and based on psychological knowledge. Answer is accurate, coherent and reasonably detailed. Understanding is good.	5–6
Suggestion is appropriate to the question and based explicitly on psychological knowledge. Answer is accurate, coherent and detailed. Understanding is very good.	7–8

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PSYCHOLOGY AND EDUCATION

1 (a) Explain, in your own words, what is meant by 'humanistic application to learning'. [2]

Typically: For the **humanistic approach** (e.g. Rogers, 1951) every individual is the centre of a continually changing world of experience. Four features are at the heart: **affect** (emphasis on thinking and feeling, not just information acquisition); **self concept** (children to be positive about his/her self); **communication** (attention to positive human relationships) and **personal values** (recognition and development of positive values).

Marks: answer must be related to learning/education for 2 marks.

(b) Describe <u>one</u> humanistic application to learning. [4]

Syllabus:

- **humanistic application to learning** underlying theory (Rogers, 1951); applications such as co-operative learning, learning circles and the open classroom. Summerhill School.

Expansion:

- 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.
- Any other appropriate application to receive credit.

Marks: credit best answer if more than one is presented.

2 (a) Describe what psychologists have found out about motivation and educational performance. [8]

Candidates are likely to include some of the following details from the syllabus:

- **definitions, types and theories of motivation** Types such as extrinsic and intrinsic; theories: Behaviourist (e.g. Brophy, 1981); Humanistic (e.g. Maslow, 1970); Cognitive (e.g. McClelland, 1953)
- **improving motivation** Behavioural: effective praise (e.g. Brophy, 1981); cognitive: McClelland (1953) need for achievement and need to avoid failure; cognitive-behavioural: self efficacy (Bandura, 1977)
- **motivation issues: attribution theory and learned helplessness** Attributing causes to behaviours (Weiner, 1984); learned helplessness (Dweck et al., 1978); changing attributions (e.g. Charms, 1972)

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(b) "I'm unique, but I like praise just like everyone else." Evaluate what psychologists have found out about motivation and educational performance and include a debate about how different perspectives view motivation. [12]

NOTE: any evaluative point can receive credit; the hints are for guidance only.
Evaluation of theory:
Internal strengths and weaknesses;
Theoretical issues: reductionism, determinism, ethnocentrism.
Supporting/contradicting evidence;
Comparisons and contrasts with alternative theory.
Evaluation of research:
Strengths and weaknesses of methods, sample, controls, procedure.
Evaluation of and comparisons and/or contrasts with alternative methodologies.
Evaluation of issues and debates: *Any relevant debate can be raised*, such as qualitative versus quantitative data, snapshot versus longitudinal studies, extent of ecological validity, nature versus nurture; freedom versus determinism; reductionism versus holism. Issues can be raised such as ethics, validity, ethnocentrism, effectiveness, application to real life.
Named issue: comparison and/or contrast about educational **perspectives**. Crucial is that *description* of an alternative view of motivation receives no credit. There must be debate/evaluation.

3 Psychological evidence supports many different strategies for educating children with special needs. I want to know which is best for educating my gifted child.

(a) Suggest how you would investigate which educational strategy is best for a child who is gifted. [8]

In this question part candidates are free to suggest any way in which the assessment request could be investigated. This may be in the form of a number of suggestions for research, application or development of a theoretical approach, or it may be that candidates design their own study to investigate the assessment request. Such an approach can include any appropriate method. Each answer should be considered individually as it applies to the mark scheme. Marks awarded for methodological knowledge and how the methodology is applied to this topic area.

(b) Describe the psychological evidence on which your suggested strategy is based. [6]

Syllabus:
- **strategies for educating children with special needs** integration versus segregation; for gifted: acceleration or enrichment (e.g. Renzulli, 1977). Dyslexia (e.g. Selikowitz, 1998)

Expansion:
Two main approaches are segregation or integration. If children are segregated they could be taught on a one-to-one basis or be part of some small group. If they are integrated the teacher will need to show clear differentiation.
General approaches:
- **acceleration**: bright children are promoted to a higher class than normal. Good intellectually but bad socially and emotionally.
- **segregation**: bright children selected for particular schools. This may result in academic success in a particular ability but it is unfair, divisive and hard to implement.
- **enrichment**: done within a normal classroom and can involve extra-curricular activity and individualised learning programmes with independent learning possible.

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4 You have devised a new intelligence test. You test it on some friends but they say that it gives a very different IQ score from the official test done by the school. One friend complains that the score she got three weeks ago on your test has now gone down by 20 points.

(a) Suggest how you could test the reliability and validity of your intelligence test. [8]

In this question part candidates are free to suggest any way in which the assessment request could be investigated. This may be in the form of a number of suggestions for research, application or development of a theoretical approach, or it may be that candidates design their own study to investigate the assessment request. Such an approach can include any appropriate method. Each answer should be considered individually as it applies to the mark scheme. Marks awarded for methodological knowledge and how the methodology is applied to this topic area.

(b) Describe what is meant by reliability and validity in relation to intelligence tests. [6]

Syllabus:

- **concept, types and tests of intelligence** concept of intelligence and IQ; types of intelligence tests Stanford-Binet; Wechsler (WAIS & WISC; BAS). Reliability, validity and predictive validity. Intelligence and educational performance

Expansion:

- Reliability concerns the consistency of a test. A good test should give the same (or very similar) score when applied on different occasions. Reliability is usually determined using test-retest, where the same test is given say three weeks after the original test. Also appropriate is split-half, where two halves of the test should result in equal half marks.
- Validity is whether the test measures what it claims. There are different types of validity for example **concurrent validity** is how well the results of a test match with those of a different form of the same test that already exists.

Marks: 3 marks for reliability and 3 marks for validity.

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PSYCHOLOGY AND HEALTH

5 (a) Explain, in your own words, what is meant by 'alternative techniques' to manage pain. [2]

Typically: the term 'alternative techniques' is used to describe any medical treatment or intervention that is not 'medical' or 'psychological' as defined by the syllabus. The syllabus defines acupuncture and stimulation therapy/TENS as alternative techniques.

Marks: Credit can be given to other appropriate alternatives, such as hypnosis. No credit for 'non-alternative techniques', medical or psychological (as in the list in 5(b) below).

(b) Describe <u>two</u> alternative techniques that can be used to manage pain. [4]

Syllabus:

- **managing and controlling pain** Medical techniques (e.g. surgical; chemical). Psychological techniques: cognitive strategies (e.g. attention diversion, non-pain imagery and cognitive redefinition); alternative techniques (e.g. acupuncture, stimulation therapy/TENS)

Expansion:

- stimulation therapies are based on the principle 'fight pain with pain', or counter irritation which directs attention away from the stronger pain to the milder pain. One such pain control method is **transcutaneous electrical nerve stimulation** (TENS). Electrodes are placed on the skin near where the patient feels pain and mild electric shocks are given, causing distraction. Partial success with chronic pain: not good with phantom limb, but good with arthritis.
- **Acupuncture** is where stainless steel needles are used to stimulate the body's 14 major meridians to increase the release of neurotransmitters called endorphins which block pain.

Marks: 2 marks for each alternative technique. As above, credit can be given for appropriate alternatives such as hypnosis.

6 (a) Describe what psychologists have discovered about health promotion. [8]

Candidates are likely to include some of the following details from the syllabus:

- **methods for promoting health** Fear arousal (e.g. Janis and Feshbach, 1953; Leventhal et al., 1967). Yale model of communication. Providing information (e.g. Lewin, 1992)
- **health promotion in schools, worksites and communities** Schools (e.g. Walter, 1985; Tapper et al., 2003). Worksites (e.g. Gomel, 1983). Communities (e.g. three community study, Farquhar et al., 1977)
- **promoting health of a specific problem** Any problem can be chosen (e.g. cycle helmet safety: Dannenberg, 1993; self-examination for breast/testicular cancer; obesity and diet: Tapper et al., 2003; smoking e.g. McVey and Stapleton, 2000)

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(b) "Here today, gone tomorrow." Evaluate what psychologists have discovered about health promotion and include a discussion about snapshot laboratory experiments to promote health. [12]

NOTE: any evaluative point can receive credit; the hints are for guidance only.
Evaluation of theory:
Internal strengths and weaknesses;
Theoretical issues: reductionism, determinism, ethnocentrism.
Supporting/contradicting evidence;
Comparisons and contrasts with alternative theory.
Evaluation of research:
Strengths and weaknesses of methods, sample, controls, procedure.
Evaluation of and comparisons and/or contrasts with alternative methodologies.
Evaluation of issues and debates: *Any relevant debate can be raised*, such as qualitative versus quantitative data, snapshot versus longitudinal studies, extent of ecological validity, nature versus nurture; freedom versus determinism; reductionism versus holism. Issues can be raised such as ethics, validity, ethnocentrism, effectiveness, application to real life.
Named issue: **snapshot**. This is when a study is performed in a short period of time and contrasts with a longitudinal study. A number of health promotion studies are done in a laboratory and many claim effectiveness as participants say they will 'give up' as they exit the study.

7 At the end of a consultation with their medical practitioner, people often say that they will take all their prescribed medication. But there is a difference between what people say and what they do.

(a) Suggest how data could be gathered on whether people will actually do what they say they will do. [8]

In this question part candidates are free to suggest any way in which the assessment request could be investigated. This may be in the form of a number of suggestions for research, application or development of a theoretical approach, or it may be that candidates design their own study to investigate the assessment request. Such an approach can include any appropriate method. Each answer should be considered individually as it applies to the mark scheme. Marks awarded for methodological knowledge and how the methodology is applied to this topic area.
NB descriptions of studies measuring adherence score 0 marks.

(b) Explain the reasons for your choice of research method in part (a). [6]

Expansion:
Candidates can suggest any method (and design) for their answer to part (a).
In this question part candidates simply have to explain why they chose an observation or questionnaire or experiment.

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8 "To be or not to be" wrote Shakespeare. "Type A or not type B" wrote Friedman and Rosenman in relation to stress.

(a) Suggest how you would measure whether personality type causes stress. [8]

In this question part candidates are free to suggest any way in which the assessment request could be investigated. This may be in the form of a number of suggestions for research, application or development of a theoretical approach, or it may be that candidates design their own study to investigate the assessment request. Such an approach can include any appropriate method. Each answer should be considered individually as it applies to the mark scheme. Marks awarded for methodological knowledge and how the methodology is applied to this topic area.

(b) Describe the personality explanation as a cause or source of stress. [6]

Syllabus:

- **causes/sources of stress** Physiology of stress and effects on health. The Gas model (Selye). Causes of stress: lack of control (e.g. Geer and Maisel, 1972), work (e.g. Johansson, 1978), life events (Holmes and Rahe, 1967), personality (e.g. Friedman and Rosenman, 1974), daily hassles (e.g. Lazarus, 1981)

Most likely:

- Friedman & Rosenman (1974) It is suggested that there are two different personality types: a Type A personality or a Type B personality. Individuals who exhibit the Type A behaviour pattern react differently to stressors than do those with the Type B pattern. Type A personalities are said to be aggressive, assertive, competitive and time conscious. It is suggested that those with a Type A personality are more likely to suffer physical and mental illnesses.

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PSYCHOLOGY AND ENVIRONMENT

9 (a) Explain, in your own words, what is meant by the 'contagion' explanation of behaviour during emergency events. [2]

Typically: contagion is when people are initially *individuals* brought together for a common purpose. An event happens, such as someone shouts "fire" and the panic and irrational behaviour quickly spread amongst all those present.

(b) Describe Le Bon's contagion explanation of behaviour during emergency events. [4]

Syllabus:

- **behaviours during events, and methodology**: Contagion (Le Bon, 1895); scripts (Schank and Abelson, 1977). Laboratory experiments (e.g. Mintz, 1951), simulations and real life examples

Expansion:
Le Bon (1895) suggests that otherwise normally civilised people behave like wild animals and become "barbarians" – wild and irrational, giving vent to primitive urges and stampede. (There are examples, such as the 1903 Chicago theatre fire, where this has happened). The aim of the individual is to survive at all costs to others and so he (or she) must be first to reach the exit. Anyone getting in the way is walked over, or trampled with no concern for others.

10 (a) Describe what psychologists have found out about noise. [8]

Candidates are likely to include some of the following details from the syllabus:

- **definitions and sources**: Definitions of noise (e.g. Kryter, 1970); transportation noise and occupational noise. Factors that make noise annoying
- **negative effects on social behaviour in adults and performance in children**: Anti-social behaviour: (e.g. Geen and O'Neal, 1969; Donnerstein and Wilson, 1970). Pro-social behaviour (e.g. lab: Mathews and Canon, 1975; field: Mathews and Canon, 1975). Performance: (e.g. Bronzaft, 1981; Haines et al., 2002)
- **positive uses of sound (music)**: Consumer behaviour (e.g. North, 2003; North, 1999); stress reduction (e.g. Chafin, 2004); performance (e.g. Mozart effect)

(b) "We have control but no ecological validity." Evaluate what psychologists have found out about noise and include a debate about the extent to which studies conducted in a laboratory apply to everyday life. [12]

NOTE: any evaluative point can receive credit; the hints are for guidance only.
Evaluation of theory:
Internal strengths and weaknesses;
Theoretical issues: reductionism, determinism, ethnocentrism.
Supporting/contradicting evidence;
Comparisons and contrasts with alternative theory.
Evaluation of research:
Strengths and weaknesses of methods, sample, controls, procedure.
Evaluation of and comparisons and/or contrasts with alternative methodologies.
Evaluation of issues and debates: *Any relevant debate can be raised*, such as qualitative versus quantitative data, snapshot versus longitudinal studies, extent of ecological validity,

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nature versus nurture; freedom versus determinism; reductionism versus holism. Issues can be raised such as ethics, validity, ethnocentrism, effectiveness, application to real life.
Named issue: **application to everyday life**. Noise has been studied in a laboratory and also in the field, so discussion is likely to debate these alternatives.

11 Invading personal space is unethical. We know this because studies have shown that when space is invaded people will leave a situation earlier than if their space is not invaded. Studies never investigate how people *feel* when their space is invaded.

(a) Suggest how you could gather data on how people feel when their personal space is invaded. [8]

In this question part candidates are free to suggest any way in which the assessment request could be investigated. This may be in the form of a number of suggestions for research, application or development of a theoretical approach, or it may be that candidates design their own study to investigate the assessment request. Such an approach can include any appropriate method. Each answer should be considered individually as it applies to the mark scheme. Marks awarded for methodological knowledge and how the methodology is applied to this topic area.

(b) Give two reasons why invading personal space is unethical. [6]

Syllabus:
- **Invading space and territory**: Invasions (e.g. Middlemist et al., 1976; Fisher and Byrne, 1975; Brodsky et al., 1999)

Most likely:
- Participants cannot give informed consent because then they would know that the invasion is about to take place and so it would not be an actual invasion.
- Participants are deceived because the invader is deliberately compromising personal space. Participants are deceived because it is a study without their consent.
- Participants may be psychologically harmed. They can experience embarrassment and they are likely to leave the situation as quickly as possible indicating the harm being caused.
- If participants are in a study they should be given the right to withdraw. The cannot be given this as it would invalidate the study.

Marks: 3 marks per reason up to 2 max.

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12 You have heard that people living in cities behave more negatively compared to those from rural communities. It is said that this is because people in a city suffer from 'social overload' whereas those in rural communities do not.

(a) Suggest how you would conduct a study to investigate the social overload theory. [8]

In this question part candidates are free to suggest any way in which the assessment request could be investigated. This may be in the form of a number of suggestions for research, application or development of a theoretical approach, or it may be that candidates design their own study to investigate the assessment request. Such an approach can include any appropriate method. Each answer should be considered individually as it applies to the mark scheme. Marks awarded for methodological knowledge and how the methodology is applied to this topic area.

(b) Describe the theory and effects of social overload. [6]

Syllabus:

- **theories and effects of urban living on health and social behaviour**: Theories: adaptation level, behaviour constraint, environmental stress and overload. Effects on health (e.g. Soderberg et al., 1994) and social behaviour (e.g. Amato, 1983)

Most likely:

- Milgram (1970) has termed an overload situation, in which an individual is confronted with more information than can be processed. Therefore, he concludes, some form of adaptation is required.

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PSYCHOLOGY AND ABNORMALITY

13 (a) Explain, in your own words, what is meant by 'biochemical treatments for schizophrenia'. [2]

Typically: a therapy which removes a medical problem. It may lead to its cure, but may just relieve symptoms. The focus is on biochemical treatments and schizophrenia (examples as detailed in (b) below).

Marks: both components (i.e. biochemical and schizophrenia) must be mentioned for 2 marks.

(b) Using examples, describe <u>two</u> biochemical treatments for schizophrenia. [4]

Syllabus:

- **treatments for schizophrenia**: Biochemical (antipsychotics and atypical antipsychotics); electro-convulsive therapy. Token economy (Paul and Lentz, 1977); cognitive-behaviour therapy (Sensky, 2000)

Expansion:

- first generation of **typical antipsychotics** (or neuroleptics) began in the 1950's (e.g. chlorpromazine) and all block dopamine.
- then came **atypical anti-psychotics** which also block dopamine but much less. All increase likelihood of Parkinson's disease. Clozapine works best and does not cause Parkinson's.
- third generation of drugs, such as Aripiprazole, are thought to reduce susceptibility to metabolic symptoms present in the second generation atypical antipsychotics.

NB ECT (electroconvulsive therapy) is argued to affect neurotransmitters and so it can be said to be a 'biochemical' treatment, claimed to work by stimulating dopamine production. ECT alone scores no marks; the way it works must be mentioned to justify its inclusion as a biochemical treatment.

Marks: 2 marks for each description.

14 (a) Describe what psychologists have discovered about models of abnormality. [8]

Candidates are likely to include some of the following details from the syllabus:

- **definitions of abnormality**: Definitions: deviation from statistical norms, social norms, ideal mental health, failure to function adequately. Problems with defining and diagnosing abnormality
- **models of abnormality**: Medical/biological, behavioural, psychodynamic, cognitive. Assumptions and applications of models
- **treatments of abnormality**: Treatments derived from models: biological/medical; psychotherapies; cognitive-behavioural. Effectiveness and appropriateness of treatments.

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(b) "Maybe it is a bit of both?" Evaluate what psychologists have discovered about models of abnormality, including a discussion of the nature-nurture debate. [12]

NOTE: any evaluative point can receive credit; the hints are for guidance only.
Evaluation of theory:
Internal strengths and weaknesses;
Theoretical issues: reductionism, determinism, ethnocentrism.
Supporting/contradicting evidence;
Comparisons and contrasts with alternative theory.
Evaluation of research:
Strengths and weaknesses of methods, sample, controls, procedure.
Evaluation of and comparisons and/or contrasts with alternative methodologies.
Evaluation of issues and debates: *Any relevant debate can be raised*, such as qualitative versus quantitative data, snapshot versus longitudinal studies, extent of ecological validity, nature versus nurture; freedom versus determinism; reductionism versus holism. Issues can be raised such as ethics, validity, ethnocentrism, effectiveness, application to real life.
Named issue: **nature and nurture**. This refers to the long standing debate of whether behaviour (abnormal or not) is due to nature (i.e. inherited, genetic, innate) or whether it is due to nurture (i.e. learning, environment, upbringing etc.).

15 After electro-convulsive therapy (ECT) many patients report memory loss. However, the evidence for this is not conclusive.

(a) Describe the main features of electro-convulsive therapy. [6]

Syllabus:
- **treatments for depression**: Biological: chemical/drugs (MAO, SSRIs); electro-convulsive therapy. Cognitive restructuring (Beck, 1979); rational emotive therapy (Ellis, 1962)
- **treatments for schizophrenia**: Biochemical (antipsychotics and atypical antipsychotics); electro-convulsive therapy. Token economy (Paul and Lentz, 1977); cognitive-behaviour therapy (Sensky, 2000)

Expansion:
- ECT was 'invented' by Cerletti in 1935.
- the patient is in hospital and anaesthetic and muscle relaxant are given. The patient is given oxygen because they cannot breathe because of the muscle relaxant.
- an electrical current is passed through the brain either unilaterally or bilaterally for between 1 and 6 seconds.
- this produces an epileptic fit; a convulsion; a seizure.
- patients then wake up, feel better and may or may not have side effects.

(b) Suggest how you would investigate the long-term effectiveness of electro-convulsive therapy. [8]

In this question part candidates are free to suggest any way in which the assessment request could be investigated. This may be in the form of a number of suggestions for research, application or development of a theoretical approach, or it may be that candidates design their own study to investigate the assessment request. Such an approach can include any appropriate method. Each answer should be considered individually as it applies to the mark scheme. Marks awarded for methodological knowledge and how the methodology is applied to this topic area.

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16 Some people have obsessions, some have compulsions and some have both obsessions and compulsions. As a Clinical Psychologist diagnosing a new patient you will need to decide which of these the patient has before choosing the treatment.

(a) Suggest how you decide whether the patient has obsessions, compulsions, or obsessions and compulsions. [8]

In this question part candidates are free to suggest any way in which the assessment request could be investigated. This may be in the form of a number of suggestions for research, application or development of a theoretical approach, or it may be that candidates design their own study to investigate the assessment request. Such an approach can include any appropriate method. Each answer should be considered individually as it applies to the mark scheme. Marks awarded for methodological knowledge and how the methodology is applied to this topic area.

(b) Describe the use of drug therapy for the treatment of obsessive/compulsive disorder. [6]

Syllabus:

- **treatments for obsessive/compulsive disorder**: Drug therapy; cognitive-behaviour therapy; psychoanalytic therapy

Expansion:

- anti-depressants for OCD are of two types: (i) **Clomipramine** (Anafranil) the original anti-obsessional drug. The dose required may be high (e.g. 250mg) and this can lead to some side-effects, (ii) the newer serotonergic anti-depressant drugs have fewer side effects. These include **fluoxetine** (Prozac) amongst others.
- These drugs are not addictive and there are no withdrawal symptoms.
- About 60% of patients with OCD improve with medication but a high dose of the drug needs to be taken for at least 12 weeks.
- Of those patients that do respond, at least 75% will relapse in the months after stopping taking the drug.

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PSYCHOLOGY AND ORGANISATIONS

17 (a) Explain, in your own words, what is meant by 'groupthink'. [2]

Typically: syndrome characterised by a concurrence-seeking tendency that overrides the ability of a cohesive group to make critical decisions (Janis, 1965).

Marks: 1 mark for basic, 2 marks for detail/elaboration.

(b) Describe <u>two</u> strategies to avoid groupthink. [4]

Syllabus:

- **Decision-making**: The decision-making process (e.g. Wedley & Field, 1983). Decision style and individual differences in decision-making. Individual versus group decisions. Groupthink (e.g. Janis, 1972) and group polarisation. Strategies to avoid groupthink and training to avoid poor decisions (e.g. Bottger & Yetton, 1987)

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

Marks: 2 marks for each strategy.

18 (a) Describe what psychologists have found out about the selection of people for work. [8]

Candidates are likely to include some of the following details from the syllabus:

- **Selection of people for work**: Selection procedures: applications (e.g. weighted application blanks and biographical inventories i.e. a curriculum vitae). Selection interviews: structured and unstructured. Personal selection decision making. Use of psychometric tests.
- **Personnel selection decisions and job analysis**: The selection of personnel: decision-making (e.g. multiple regression, multiple hurdle and multiple cut-off models). Biases in selection decisions and equal opportunities. Job descriptions and specifications. Job analysis techniques (e.g. FJA and PAQ).
- **Performance appraisal**: reasons for and performance appraisal techniques (e.g. rating scales, rankings, checklists). Appraisers, problems with appraisal and improving appraisals (e.g. effective feedback interviews).

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(b) "Are you an FJA? I'm a PAQ man myself." Evaluate what psychologists have found out about the selection of people for work and include comparisons and contrasts between competing models of personnel decision-making. [12]

NOTE: any evaluative point can receive credit; the hints are for guidance only.
Evaluation of theory:
Internal strengths and weaknesses;
Theoretical issues: reductionism, determinism, ethnocentrism.
Supporting/contradicting evidence;
Comparisons and contrasts with alternative theory.
Evaluation of research:
Strengths and weaknesses of methods, sample, controls, procedure.
Evaluation of and comparisons and/or contrasts with alternative methodologies.
Evaluation of issues and debates: *Any relevant debate can be raised*, such as qualitative versus quantitative data, snapshot versus longitudinal studies, extent of ecological validity, nature versus nurture; freedom versus determinism; reductionism versus holism. Issues can be raised such as ethics, validity, ethnocentrism, effectiveness, application to real life.
Named issue: **competing models**. Candidates should compare and/or contrast the different explanations or models of selection such as those outlined in syllabus.

19 The Vroom and Yetton normative decision theory includes what is known as *decision acceptance* which is the degree to which a follower accepts a decision made by a leader.

(a) Suggest a strategy to find out whether followers really have accepted a leadership decision. [8]

In this question part candidates are free to suggest any way in which the assessment request could be investigated. This may be in the form of a number of suggestions for research, application or development of a theoretical approach, or it may be that candidates design their own study to investigate the assessment request. Such an approach can include any appropriate method. Each answer should be considered individually as it applies to the mark scheme. Marks awarded for methodological knowledge and how the methodology is applied to this topic area.

(b) Describe the Vroom and Yetton normative decision theory. [6]

Syllabus:
- **Leaders and followers**: Leader-member exchange model (e.g. Danserau, 1994). Normative decision theory (Vroom & Yetton, 1973).

Most likely:
Originally Vroom & Yetton (1973) and updated in 1988 to Vroom-Yetton-Jago. Assumes that no one leadership style or decision making process fits all situations. Three factors determine:
- **Decision Quality** – how important is it to make the correct decision?
- **Subordinate Commitment** – how important is it that the followers are involved in the decision?
- **Time Constraints** – How much time is there to make the decision?

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20 Correct lighting is important in any work environment and psychologists often debate the importance of brightness and colour in the environment. The colour of lighting may increase production, for example.

(a) Suggest how you could conduct a field experiment to determine whether the colour of lighting increases production. [8]

In this question part candidates are free to suggest any way in which the assessment request could be investigated. This may be in the form of a number of suggestions for research, application or development of a theoretical approach, or it may be that candidates design their own study to investigate the assessment request. Such an approach can include any appropriate method. Each answer should be considered individually as it applies to the mark scheme. Marks awarded for methodological knowledge and how the methodology is applied to this topic area.

(b) Describe what psychologists know about any <u>two</u> physical work conditions. [6]

Syllabus:

- **Physical and psychological work conditions**: Physical: illumination, temperature, noise, motion (vibration), pollution, aesthetic factors. Psychological: feelings of privacy or crowding, excessive or absence of social interaction, sense of status or importance/ anonymity or unimportance.

Expansion:
Any two of the above factors could be chosen. 1 mark should be given for an anecdotal comment and full marks can only be achieved if there is some supporting psychological knowledge in the answer.

Marks: 3 marks for each condition.

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