CAMBRIDGE INTERNATIONAL EXAMINATIONS

GCE Advanced Level

MARK SCHEME for the May/June 2014 series

9698 PSYCHOLOGY

9698/31 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 2014 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 applications 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, 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, which may or may not include the named issue, 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, which may or may not include the named issue, 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, including the named issue, 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, including the named issue, 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

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Section C: Application question (a) = 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

Section C: Application question (b) = 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

Section A

1 (a) Explain, in your own words, what is meant by 'need for achievement'. [2]

Typically: a basic human need based on the desire to achieve success and to accomplish and master skills.

(b) Describe <u>one</u> study of need for achievement. [4]

Syllabus:

- 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).

Most likely:

McClelland describes **achievement motivation (NACH)** which is characterised by:

- a preference for tasks with control and responsibility;
- a need to identify with the successful outcomes of actions;
- tasks that are challenging, capable of demonstrating expertise, and which will gain recognition;
- avoiding the likelihood and consequences of failure;
- requiring feedback on achievements to ensure that success is recognised.

NB: No marks for Maslow's hierarchy of needs unless the answer focuses specifically on the 'esteem need' and the answer is related to education.

Section B

2 (a) Describe what psychologists have discovered about intelligence. [8]

Candidates are likely to include some of the following details from the 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.
- **theories of intelligence**: Factor-analytic approach (Cattell, 1971); multiple intelligences (Gardner, 1983); triarchic theory (Sternberg, 1988).
- **alternatives to intelligence**: Emotional intelligence (e.g. Goleman, 1995); creativity and unusual uses test (e.g. Guilford, 1950); problem solving: means-end analysis, planning strategies and backwards searching.

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(b) Evaluate what psychologists have discovered about intelligence and include a discussion about reliability. [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: **reliability**: this is the consistency of the measurement or repeatability. If a test is given to the same person a couple of days later, a similar result should be achieved. Reliability of a questionnaire / test may be best tested using test re-test. Should get same result if tested 3 weeks later.

Section C

3 The Approaches to Study Inventory (ASI) has become the most widely used questionnaire in classifying student learning.

(a) Suggest how you would assess the reliability and validity of the ASI. [8]

General: In this question part each candidate is free to suggest a way in which the assessment request could be investigated; the 'you' is emphasised to show that in this question it is not *description* that is being assessed, but an individual *suggestion*. The question may be in the form of a suggestion for research, or an application. The question may allow a candidate a free choice of method to design their own study. It might be that a specific method is named in the question, and if it is this method must be addressed. Each answer should be considered individually as it applies to the mark scheme. Marks are awarded for methodological knowledge and how the methodology is applied to this topic area.

Specific: the reliability of the ASI can be tested in exactly the same way as any other questionnaire. This can be test-retest or split half. The validity of ASI can be tested in the same way as the validity of any other questionnaire: concurrent validity, criterion validity or predictive validity. Ways in which the ASI was assessed are not needed. Task is for candidate to **apply** these features to the ASI.

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(b) Describe the main features of the ASI. [6]

Syllabus:

- **measuring learning styles and teaching styles**: Learning: Approaches to Study Inventory (ASI) (Entwistle, 1981). Teaching: teacher-centred and student-centred styles (Kyriacou and Williams, 1993); Kolb's (1976) learning styles.

Expansion:
The Approaches to Study Inventory (ASI) Ramsden and Entwistle (1981) has 64 items in 16 subscales grouped under the four general headings of 'meaning orientation', 'reproducing orientation', 'achieving orientation' and 'styles and pathologies'. The Inventory uses a seven point scale ranging from 'very difficult' to 'very easy' to assess each of the 64 items. From the score achieved on each of the sub-sections the preferred learning orientation (one of the four above) can be determined.

4 When I was young I had a fear of swimming because I jumped into deep water and nearly drowned. When learning to swim at school my anxiety was so bad that on the mornings of swimming lessons I was so ill I avoided going to school.

(a) Suggest how <u>you</u> could use a behavioural technique to reduce anxiety and avoidance behaviour of a school activity. [8]

General: In this question part each candidate is free to suggest a way in which the assessment request could be investigated; the 'you' is emphasised to show that in this question it is not *description* that is being assessed, but an individual *suggestion*. The question may be in the form of a suggestion for research, or an application. The question may allow a candidate a free choice of method to design their own study. It might be that a specific method is named in the question, and if it is this method must be addressed. Each answer should be considered individually as it applies to the mark scheme. Marks are awarded for methodological knowledge and how the methodology is applied to this topic area.

Most likely: Given the introduction concerning swimming the most likely technique is systematic desensitisation based on classical conditioning. Some candidates might mention flooding, although this would not be appropriate for this particular situation.

NB: behavioural or cognitive behavioural strategies are fine, but no credit for hypnosis or biochemical techniques.

(b) Describe an underlying theory which could explain the anxiety and avoidance behaviour. [6]

Syllabus:

- **behaviourist applications to learning**: Underlying theory (classical and operant conditioning); applications such as programmed learning and behaviour modification techniques (controlling disruptive behaviour).

Expansion:
Classical conditioning is where an association is formed between UCS and UCR, then CS and UCR leading to CS and CR.

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PSYCHOLOGY AND HEALTH

Section A

5 (a) Explain, in your own words, what is meant by a 'pain measure for children'. [2]

Typically: two components are required here for full marks: acknowledgement of a measure of pain AND acknowledgement of a measure of pain specifically for children. If an example is given then it must be applicable to children.

(b) Describe <u>one</u> pain measure for children. [4]

Syllabus:

- **measuring pain:** Self report measures (e.g. clinical interview); psychometric measures and visual rating scales
  (e.g. MPQ, visual analogue scale), behavioural / observational (e.g. UAB). Pain measures for children (e.g. paediatric pain questionnaire, Varni and Thompson, 1976).

Most likely:

- Children can use adult visual analogue scales but there are more specific scales such as
- Children's Comprehensive Pain Questionnaire (McGrath, 1987) which uses pictures of smiley and sad faces and a child's body on which the site of the pain can be drawn / pointed to. The Wong-Baker is similar.
- Paediatric pain questionnaire (Varni and Thompson, 1976)

Section B

6 (a) Describe what psychologists have learned about health and safety. [8]

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

- **definitions, causes and examples** Definitions of accidents; causes: theory A and theory B (Reason, 2000); examples of individual and system errors (e.g. Three mile island, 1979; Chernobyl, 1986).
- **accident proneness and personality** Accident prone personality; personality factors e.g. age, personality type. Human error (e.g. Riggio, 1990), illusion of invulnerability (e.g. The Titanic), cognitive overload (e.g. Barber, 1988).
- **reducing accidents and promoting safety behaviours** reducing accidents at work: token economy (e.g. Fox et al., 1987); reorganising shift work; safety promotion campaigns (e.g. Cowpe, 1989).

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(b) Evaluate what psychologists have learned about health and safety, and include a discussion about competing explanations. [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 explanations: Candidates should compare and/or contrast the different explanations or models of selection such as theory A and theory B (individual and system).

Section C

7 It has been found in one piece of research that people often do not understand medical jargon or even simple medical terms. You want to know if this is true.

(a) Design a new study to investigate how many medical terms people know. [8]

General: In this question part each candidate is free to suggest a way in which the assessment request could be investigated; the 'you' is emphasised to show that in this question it is not *description* that is being assessed, but an individual *suggestion*. The question may be in the form of a suggestion for research, or an application. The question may allow a candidate a free choice of method to design their own study. It might be that a specific method is named in the question, and if it is this method must be addressed. Each answer should be considered individually as it applies to the mark scheme. Marks are awarded for methodological knowledge and how the methodology is applied to this topic area.

Specific: Candidates are free to choose a method and then to suggest how they would investigate usage of medical terms using it. What isn't required is a replication or description of the study on usage of terms by McKinlay because that is question part **(b)**. If there is a replication of McKinlay no marks should be awarded. Marks awarded for methodological knowledge and how the methodology is applied to this topic area**.**

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(b) Describe research (e.g. McKinlay, 1975) which has looked at verbal communication in the patient-practitioner relationship. [6]

Syllabus:

- **practitioner and patient interpersonal skills** Non-verbal communications (e.g. McKinstry and Wang); Verbal communications (e.g. McKinlay, 1975; Ley, 1988).

Most likely:

- Ley (1988) investigated what people remember of actual 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 less than 40% of the women.

8 Habacuc is a famous cardiologist, but he still can't get his patients to follow his advice. He asks for your help in conducting a study to find out why his patients do not do what they are told.

(a) Design a study to investigate why Habacuc's patients do not adhere to medical advice about their heart conditions. [8]

General: In this question part each candidate is free to suggest a way in which the assessment request could be investigated; the 'you' is emphasised to show that in this question it is not *description* that is being assessed, but an individual *suggestion*. The question may be in the form of a suggestion for research, or an application. The question may allow a candidate a free choice of method to design their own study. It might be that a specific method is named in the question, and if it is this method must be addressed. Each answer should be considered individually as it applies to the mark scheme. Marks are awarded for methodological knowledge and how the methodology is applied to this topic area.

Specific: Candidates are free to choose a method and then to suggest how they would investigate adherence using it. Marks awarded for methodological knowledge and how the methodology is applied to this topic area.

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(b) Describe <u>two</u> reasons why people do not adhere to medical advice. [6]

Syllabus:

- **types of non-adherence and reasons why patients don't adhere:** Types and extent of non-adherence. Rational non-adherence (e.g. Bulpitt, 1988); customising treatment (e.g. Johnson and Bytheway, 2000).

Most likely:

There are a number of possibilities including:

- **Rational non-adherence:** The patient is making a rational decision not to comply. Bulpitt (1988) found that medication improved hypertension by reducing the symptoms of depression and headache. However it had side effects of increased sexual problems so some men decided this was not a price worth paying and made a rational decision not to take the medication.
- Leventhal's (1970) **parallel response model**. People have two beliefs 'danger control' (seek help because their health is in danger) or 'fear control' (seek ways to reduce fear or avoid treatment, get drunk, etc.).
- **Customising treatment:** Johnson and Bytheway (2000) found people took medicine to fit in with lifestyle and this often meant that more or less medication was taken.

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PSYCHOLOGY AND ENVIRONMENT

Section A

9 (a) Explain what is meant by the 'invasion of personal space'. [2]

Typically: personal space is the invisible boundary that surrounds us. If personal space or territory are invaded then the person will experience negative cognitions and affect, and their behaviour will be that they are more likely to seek escape from the invasion.

(b) Describe <u>one</u> study which involved the invasion of personal space. [4]

Syllabus:

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

Most likely:

- Felipe and Sommer (1966). At a 1500-bed mental institution, an experimental confederate approached and sat next to lone patients.
- **Middlemist, Knowles and 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 and Knowles (1979) stood close to pedestrians waiting to cross a road.
- **Brodsky et al.** (1999) conducted naturalistic observation in a courtroom and found that attorneys invaded the personal space of witnesses more during cross-examination compared to direct examination.
- **Fisher and Byrne** (1975) studied gender differences in the invasion of personal space in a library and how such invasions were defended.

Section B

10 (a) Describe what psychologists have found out about natural disaster and technological catastrophe. [8]

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

- **definitions, characteristics and examples:** Natural disaster and technological catastrophe. Real life examples of both.
- **behaviours during events, and methodology:** Contagion (LeBon, 1895); scripts (Shank and Abelson, 1977). Laboratory experiments (e.g. Mintz, 1951), simulations and real life examples.
- **psychological intervention before and after events:** Before: preparedness (e.g. Sattler et al., 2000), evacuation plans (e.g. Loftus, 1972), After: treating PTSD: Herald of Free Enterprise – Belgium (Hodgkinson and Stewart, 1991). London Bombing (Rubin et al., 2005).

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(b) Evaluate what psychologists have found out about natural disaster and technological catastrophe and include a discussion of the usefulness of laboratory experiments. **[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:
usefulness of laboratory experiments: can disaster / catastrophe be usefully studied in a laboratory? Mintz and Aginsky for example think it can. But it lacks ecological validity.

Section C

11 It has been claimed that listening to the classical music of Mozart 'makes you smarter'.

(a) Design a laboratory experiment to test whether listening to the music of Mozart does indeed make a person smarter. **[8]**

General: In this question part each candidate is free to suggest a way in which the assessment request could be investigated; the 'you' is emphasised to show that in this question it is not *description* that is being assessed, but an individual *suggestion*. The question may be in the form of a suggestion for research, or an application. The question may allow a candidate a free choice of method to design their own study. It might be that a specific method is named in the question, and if it is this method must be addressed. Each answer should be considered individually as it applies to the mark scheme. Marks are awarded for methodological knowledge and how the methodology is applied to this topic area.

Specific: Candidates must use a laboratory experiment, so inclusion of IV and DV, controls, and design, task to be completed and sample for example are essential features.

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(b) Describe evidence suggesting that music improves performance. [6]

Syllabus:

- **positive uses of sound (music):** Consumer behaviour (e.g. North, 2003; North, 1999); stress reduction (e.g. Chafin, 2004); performance (e.g. Mozart effect).

Most likely:

- Rauscher et al. (1999) showed that listening to a Mozart piano sonata produced significant short-term enhancement of spatial-temporal reasoning in college students. This led to the widespread claim that listening to Mozart's music would make people more intelligent.
- Some research has supported these findings, but many other studies have not, such as Steele et al. (1999).

12 You own a coffee shop in the corner of a shopping mall. You want more customers. You wonder if the smell of coffee when people enter the mall would bring more customers to your shop.

(a) Design a field experiment to test the whether the smell of coffee at the shopping mall entrance will increase the number of customers who visit your shop. [8]

General: In this question part each candidate is free to suggest a way in which the assessment request could be investigated; the 'you' is emphasised to show that in this question it is not *description* that is being assessed, but an individual *suggestion*. The question may be in the form of a suggestion for research, or an application. The question may allow a candidate a free choice of method to design their own study. It might be that a specific method is named in the question, and if it is this method must be addressed. Each answer should be considered individually as it applies to the mark scheme. Marks are awarded for methodological knowledge and how the methodology is applied to this topic area.

Specific: Candidates must use a field experiment, so inclusion of the setting, IV and DV, controls, and design are essential features.

(b) Describe research on shopping mall atmospherics such as that outlined by Michon et al. (2003). [6]

Syllabus:

- **community environmental design:** Shopping mall atmospherics (e.g. Michon et al., 2003); casino environments (Finlay et al., 2006); public places (e.g. Whyte, 1980 or Brower, 1983).

Most likely:

- Michon et al. (2003) investigated the moderating effects of ambient odours on shoppers' emotions, perceptions of the retail environment, and perceptions of product quality under various levels of retail density. The results shows that odours and mall perception adopts an inverted U-shape. Ambient odours positively influence shoppers' perceptions only under the medium retail density conditions.

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PSYCHOLOGY AND ABNORMALITY

Section A

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

Typically: collection of assumptions concerning the way abnormality is caused and treated. Includes medical, psychological (behavioural, psychodynamic, etc.).

NB: no credit for definitions of abnormality (deviation from social norms, etc.).

(b) Describe <u>one</u> study which has investigated defining and diagnosing abnormality. [4]

Syllabus:

- **definitions of abnormality:** Definitions: deviation from statistical norms, social norms, ideal mental health, failure to function adequately. Problems with defining and diagnosing abnormality.

Most likely:

- Rosenhan (1973) and his stooges faked symptoms and gained access to eight different mental institutions because they were diagnosed with a mental illness.
- Freud (1909) and little Hans receives credit because Freud diagnosed Hans' phobia of horses.
- Thigpen and Cleckley (1954) receives credit because Eve was diagnosed with multiple personality disorder.

NB: no credit for Watson (1923) and little Albert. Watson did not *diagnose* an abnormality. No marks if no study is referred to. No marks for explanations of schizophrenia.

Section B

14 (a) Describe what psychologists have discovered about addiction and impulse control disorders. [8]

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

- **definitions, types and characteristics of addictions:** Definitions (e.g. Griffiths, 1995); types, e.g. alcoholism; impulse control (e.g. kleptomania, pyromania, compulsive gambling); physical and psychological dependence.
- **causes of addiction and impulse control disorders:** Genetic (alcohol): Schuckit, 1985; Peters and Preedy, 2002; Biochemical: dopamine; behavioural: positive reinforcement; cognitive / personality.
- **coping with and reducing addiction and impulse control disorders:** Behavioural, e.g. token economy; aversion therapy (for alcoholism). Cognitive behaviour therapy (e.g. Kohn, 2000) for kleptomania.

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(b) Evaluate what psychologists have discovered about addiction and impulse control disorders and include a discussion about nature and nurture. [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 (or addiction / impulse control) is due to nature (i.e. inherited, genetic, innate) or whether it is due to nurture (i.e. learning, environment, upbringing, etc.).

Section C

15 Joe has a phobia.

(a) Design a study to investigate whether Joe's phobia is caused by cognitive or behavioural factors. [8]

General: In this question part each candidate is free to suggest a way in which the assessment request could be investigated; the 'you' is emphasised to show that in this question it is not *description* that is being assessed, but an individual *suggestion*. The question may be in the form of a suggestion for research, or an application. The question may allow a candidate a free choice of method to design their own study. It might be that a specific method is named in the question, and if it is this method must be addressed. Each answer should be considered individually as it applies to the mark scheme. Marks are awarded for methodological knowledge and how the methodology is applied to this topic area.

Specific: An **interview** is required so candidates should show some knowledge of interview techniques. Fixed questions could be asked (structured interview) to determine numbers of participants experiencing particular circumstances or it could be open-ended to gain specific information about the cause of a phobia.

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(b) Describe <u>one</u> study supporting the cognitive explanation for phobias. [6]

Syllabus:

- **explanations of phobias:** Behavioural (classical conditioning, e.g. Watson, 1920); Psychoanalytic (Freud, 1909); biomedical / genetic (e.g. Ost, 1992); cognitive (e.g. DiNardo et al., 1988).

Most likely:

DiNardo et al. (1988) found that only half of all people who had a traumatic experience with a dog, even when pain was inflicted, went on to develop a phobia of dogs. They also found that a comparable group of people who did not have a phobia of dogs reported that they had experienced a traumatic experience with a dog. This would suggest a cognitive rather than behavioural explanation. DiNardo et al. (1988) believe that people who have a traumatic experience (e.g. with dogs) but do not develop a phobia must ***interpret*** the event differently from those who develop a phobia.

NB: no marks for little Albert or little Hans. Neither explanation was cognitive.

16 Mark Twain once said "I ought to know, I've done it a thousand times". Maybe it was a compulsion!

(a) Suggest how <u>you</u> could use observation to find out whether a person has compulsions. [8]

General: In this question part each candidate is free to suggest a way in which the assessment request could be investigated; the 'you' is emphasised to show that in this question it is not *description* that is being assessed, but an individual *suggestion*. The question may be in the form of a suggestion for research, or an application. The question may allow a candidate a free choice of method to design their own study. It might be that a specific method is named in the question, and if it is this method must be addressed. Each answer should be considered individually as it applies to the mark scheme. Marks are awarded for methodological knowledge and how the methodology is applied to this topic area.

Specific: Candidates must use observation, so inclusion of the type (controlled, natural, participant, etc.), coding / response categories and sampling type (event, time, etc.) and whether or not there are two or more observers are essential features.

(b) Describe <u>one</u> case study of a person with obsessive-compulsive disorder. [6]

Syllabus:

- **definitions, measures and examples of obsessions and compulsions:** Defining obsessions and compulsions; case studies of / examples (e.g. 'Charles' by Rappaport, 1989); measures: e.g. Maudsley obsessive-compulsive inventory.

Most likely:

- The case of 'Charles' by Rappaport (1989). Aged 12, Charles started to wash compulsively. He followed the same ritual each day in the shower and it would take up to three hours. Getting dressed would take another two hours. Charles was treated by Rappaport who prescribed Anafranil and for a while the symptoms disappeared. With behavioural management, such as washing in the evening, Charles went on to cope with his disorder.

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PSYCHOLOGY AND ORGANISATIONS

Section A

17 (a) Explain, in your own words, what is meant by the term 'universalist theory of leadership'. [2]

Typically: universalist theories look at the major characteristics that are common in all effective leaders. The *great man-woman* theory for example argues that "great leaders are born, not made". Such leaders possess personal qualities and abilities to make them great.

(b) Describe the leader-member exchange model. [4]

Syllabus:

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

Expansion:

- **Dansereau et al.** (1975) proposed the *leader-member exchange model* suggesting 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. For example, 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.

Section B

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

Candidates are likely to include some of the following details from the 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.
- **Temporal conditions of work environments:** Shiftwork: rapid rotation theory (e.g. metropolitan rota and continental rota); slow rotation theory. Compressed work weeks and flexitime.
- **Ergonomics:** Operator-machine systems: visual and auditory displays, controls. Errors and accidents in operator-machine systems. Reducing errors: theory A and theory B (Reason, 2000).

NB: many candidates will write anecdotally without reference to psychological knowledge. Such marks should receive a maximum of 4 marks.

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(b) Evaluate what psychologists have found out about organisational work conditions and include a discussion about how the effects of work conditions could be measured. [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:
measurement: issue designed to allow candidates to consider various ways in which work conditions can be *measured*. Could be field experiment, observation, questionnaire, interview, etc.

Section C

19 Performance appraisal involves both performance assessment and performance feedback. Performance feedback is usually done through an interview.

(a) Describe two performance appraisal techniques. [6]

Syllabus:
- **performance appraisal:** Performance appraisal: reasons for it and performance appraisal techniques (e.g. rating scales, rankings, check-lists). Appraisers, problems with appraisal and improving appraisal (e.g. effective feedback interviews).

Most likely:
Appraisals can best be improved by avoiding biases. Typical biases include: Primacy effects (or first impression); halo effects; averageness; personal bias and a 'spill-over' effect. Appraisals can be improved specifically by (i) using more than one appraiser and using inter-rater reliability checks; (ii) using rating scales, checklists or rankings which are more formalised rather than an unstructured interview.

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(b) Suggest how <u>you</u> would conduct a performance feedback interview for a worker whose performance you wish to improve. [8]

General: In this question part each candidate is free to suggest a way in which the assessment request could be investigated; the 'you' is emphasised to show that in this question it is not *description* that is being assessed, but an individual *suggestion*. The question may be in the form of a suggestion for research, or an application. The question may allow a candidate a free choice of method to design their own study. It might be that a specific method is named in the question, and if it is this method must be addressed. Each answer should be considered individually as it applies to the mark scheme. Marks are awarded for methodological knowledge and how the methodology is applied to this topic area.

Specific: An interview is required so candidates should show some knowledge of interview techniques. Fixed questions could be asked (structured interview) or could be open-ended to gain specific information about the cause of a poor performance. Knowledge of **performance feedback** should also be evident (awareness of psychological and emotional aspects of what is being said) along with input from the worker of how to improve performance.

20 As a manager you have just rotated the jobs of the workers on your production line. Has this change made the workers happier or not? You need to find out.

(a) Design a questionnaire to assess the happiness levels of your workers. [8]

General: In this question part each candidate is free to suggest a way in which the assessment request could be investigated; the 'you' is emphasised to show that in this question it is not *description* that is being assessed, but an individual *suggestion*. The question may be in the form of a suggestion for research, or an application. The question may allow a candidate a free choice of method to design their own study. It might be that a specific method is named in the question, and if it is this method must be addressed. Each answer should be considered individually as it applies to the mark scheme. Marks are awarded for methodological knowledge and how the methodology is applied to this topic area.

Specific: Candidates must design a questionnaire, so inclusion of question type (open ended, closed, etc.), answer format (yes / no, rating scale, etc.) and scoring (meanings of points scored) are essential features.

(b) Describe <u>two</u> ways in which job design can be changed. [6]

Syllabus:
- **job design:** Job characteristics (e.g. Hackman and Oldham, 1980). Job design: enrichment, rotation and enlargement. Designing jobs that motivate.

Most likely:
- **job rotation** – moving workers from one specialised job to another; no change in responsibility or involvement.
- **job enlargement** – allowing workers to take on additional and more varied tasks. No change in responsibility or involvement but an increase in work-load.
- **job enrichment** – giving workers more responsibility such as in planning and doing the job. Increases in responsibility and involvement.

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