CAMBRIDGE INTERNATIONAL EXAMINATIONS

GCE Advanced Level

MARK SCHEME for the May/June 2014 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 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. N.B. 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. N.B. If the issue stated in the question is **not** addressed, maximum 6 marks. N.B. 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 'cognitive applications to learning'. [2]

Typically: Emphasis placed on the individual learner's cognitive structure; how information is processed, organised and recalled. Applications concern how activities and teaching can be structured to facilitate cognitive processing.

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

Syllabus:

Cognitive applications to learning: Underlying theory (e.g. Piaget); applications such as discovery learning (Bruner); expository teaching/reception learning (Ausubel); zone of proximal development (Vygotsky).

Most likely:

Typically candidates will include the work of Piaget such as **readiness** for mathematics, reading, etc.

Gagne (1977) outlines a number of **cognitive strategies**;

Bruner (1966) has looked at **discovery learning**;

Ausubel (1977) proposes a **theory of meaningful verbal learning (subsumption)**;

Vygotsky outlines the **zone of proximal development** and scaffolding.

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Section B

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

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

Types, explanations and effects of disruptive behaviours: Types: conduct (e.g. distracting, attention-seeking, calling out, out-of-seat); immaturity and verbal and physical aggression (bullying), attention deficit hyperactivity disorder. Explanations and effects for one or more of above types. Poor teaching style.

Causes and effects of one disruptive behaviour: Any disruptive behaviour (e.g. one from above) but not attention deficit hyperactivity disorder.

Corrective and preventive strategies: Preventive: effective preventive discipline (Cotton, 1990); effective classroom management behaviour (Kounin, 1990). Corrective: behaviour modification techniques (Presland, 1990); cognitive behaviour modification techniques, e.g. self-instructional training (Meichenbaum, 1971).

(b) Evaluate what psychologists have found out about disruptive behaviour in schools, including a contrast between preventive and corrective strategies. [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, namely corrective versus preventive strategies, perhaps considering the strengths or weaknesses of each.

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Section C

3 Some people think that learning difficulties are caused by certain types of food or diet.

(a) Suggest how <u>you</u> would conduct an experiment to investigate whether a particular food is the cause of a learning difficulty. [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 an experiment, so inclusion of the type (laboratory, field), IV and DV, controls, and design are essential features. *Inclusion of 'data gathering techniques' such as observation is acceptable if used as part of the experimental method.*

(b) Describe the causes and effects of <u>one</u> learning difficulty or disability. [6]

Syllabus:

Causes and effects of one specific learning difficulty or disability: Most likely: dyslexia or attention deficit hyperactivity disorder, autistic spectrum disorder or any other need.

Expansion:

Research has found a strong **genetic link** for example, for ADHD. In identical twins, there is a 72–83% probability that both will have ADHD, but in non-identical same-sex twins the probability is 21–45%. **Owen** (**1978**) reported a concordance rate for monozygotic (identical) twins of 100% for dyslexia.

Difficulty or disability may be caused by a **chemical imbalance** such as dopamine and noradrenaline. Both these neurotransmitters are involved in 'executive' functions.

Other possibilities: **diet, poor parenting and family environment**.

A child is likely to show:

ADHD: Hyperactivity, impulsivity and inattention.

Dyslexics: Letter reversal or rotation – the letter 'd' may be shown as 'b' or 'p'; missing syllables – 'famel' for 'family'; transposition of letters – 'brid' for 'bird'; problems keeping place when reading; problems pronouncing unfamiliar words.

AS/HFA: Lack of theory of mind; empathy.

NB: Question requires one difficulty or disability, so only one best answer should receive credit.

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4 People don't just have intelligence, they have multiple intelligences.

(a) Suggest how <u>you</u> could design a questionnaire to determine which is the dominant intelligence in children. [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: Based on the introduction candidates should design a questionnaire that will determine the preferred (or dominant) intelligence. A form of an ASI (learning styles) could be devised. 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 Gardner's theory of multiple intelligences. [6]

Syllabus:

Theories of intelligence: Factor-analytic approach (Cattell, 1971); multiple intelligences (Gardner, 1983); triarchic theory (Sternberg, 1988).

Expansion:

Gardner (1983) proposes multiple intelligences which are: Spatial, Linguistic, Logical-mathematical, Bodily-kinesthetic, Musical, Interpersonal, Intrapersonal and Naturalistic.

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PSYCHOLOGY AND HEALTH

Section A

5 (a) Explain, in your own words, what is meant by 'individual' error to explain the cause of an accident. [2]

Typically: Accidents have many causes, but they can all be placed into two main types: system errors concerning technology, machinery, etc. and individual errors which are features of a person. In this case, the emphasis of the question is on the latter of these two.

(b) Describe <u>one</u> example of an 'individual' error and <u>one</u> example of a 'system' error. [4]

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).

Most likely:

Individual: Barber (1988) quotes the case where an airplane crashed at Zagreb and the cause was said to be due to an air traffic controller who, because of cognitive overload, could not cope with the number of aircraft in his sector.

Individual: Illusion of invulnerability (e.g. The Titanic), or any example from accident prone personality.

Individual: Studies have been done related to age, personality (introverts and extraverts) and those influenced by lack of sleep.

System: Three Mile Island, 1979, and Chernobyl, 1986, where workers were working a rapidly rotating shift system, the 10pm to 6am shift and the poor design and layout of the technology meant that it was impossible for a worker to cope.

Many ambiguities of individual/system such as the Herald of Free Enterprise sinking. Workers blamed, but claimed the system/procedures were really at fault.

NB: Anecdotal answers receive 1 mark maximum.

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Section B

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

Candidates are likely to include some of the following details from the 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).

Measures of stress: Physiological measures: recording devices and sample tests (e.g. Geer and Maisel, 1972, e.g. Johansson, 1978), self-report questionnaires (Holmes and Rahe 1967, Friedman and Rosenman 1974, Lazarus 1981).

Management of stress: Medical techniques (e.g. chemical). Psychological techniques: biofeedback (e.g. Budzynski et al., 1973) and imagery (e.g. Bridge, 1988). Preventing stress (e.g. Meichenbaum, 1985).

(b) Evaluate what psychologists have discovered about stress and include a discussion about self report measures. [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: **Self reports:** A self report can be a questionnaire and stress has been measured extensively using questionnaires and so candidates should consider the strengths and weaknesses of self reports/questionnaires. The issue could be extended to contrast with physiological measures such as ECG, GSR and urine/saliva tests for cortisol.

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Section C

7 Some people delay seeking treatment from a medical practitioner. This is illogical because the longer the delay the worse the problem might become.

(a) Suggest how <u>you</u> could use a questionnaire to investigate the reasons why people delay seeking help from a medical practitioner. [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 (or use) 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> other ways in which people may misuse health services. [6]

Syllabus:

Misusing health services: Delay in seeking treatment (e.g. Safer, 1979). Misuse: hypochondriasis (e.g. Barlow and Durand, 1995), Munchausen syndrome (e.g. Aleem and Ajarim, 1995).

Most likely:

Munchausen syndrome, e.g. Aleem and Ajarim (1995) includes: pathologic lying (pseudologia fantastica); peregrination (traveling or wandering); recurrent, feigned or simulated illness. **Munchausen by proxy** can be credited as different from Munchausen syndrome.

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

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8 Some studies of health promotion strategies are snapshot because they take only a few hours to do. Often such studies claim the strategy they are testing is effective because when leaving the study, participants say they will change their behaviour. But how does anyone know if they really will change their behaviour?

(a) Design a study to test the long-term effectiveness of a strategy attempting to stop people from smoking. [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: Hopefully candidates will acknowledge the weakness of a snapshot study and answer the question by suggesting a longitudinal study. The design could then focus on two groups: those with a presentation and those without and then measure the long-term effectiveness.

(b) Describe <u>one</u> health promotion snapshot study. [6]

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).

Most likely:

Janis and Feshbach (1953) devised a study on oral hygiene with strong, moderate and minimal fear presentations. Participants showed greater conformity to the minimal fear presentation suggesting low levels of fear are best.

Leventhal et al. (1967) had smokers watch a high fear and a low fear presentation. The high fear group were more likely to change their attitude than the low fear group, suggesting the stronger the fear the better.

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PSYCHOLOGY AND ENVIRONMENT

Section A

9 (a) Explain, in your own words, what is meant by a 'theory of the effects of urban living on health'. [2]

Typically: Living (having a place of residence) in a relatively densely populated area and the effect that this might have on the health of a person.

(b) Briefly describe the 'adaptation level' and the 'overload' theories of the effects of architecture on behaviour. [4]

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:

Adaptation level: This is the idea that each person has an optimal level of stimulation. We can sometimes tolerate large crowds which overstimulate and sometimes tolerate too little stimulation (but too little means we get bored). We therefore regulate the amount of stimulation we have and adapt ourselves to the environment we are in.

Environmental stress and overload: Humans have a limited capacity and at times, when the amount of information coming in exceeds capacity, overload occurs. This creates an adaptive response to allow the individual to cope. Living in cities (rather than a rural setting) is said to create overload.

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Section B

10 (a) Describe what psychologists have learned about environmental cognition. [8]

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

Definitions, measures, errors and individual differences in cognitive map: Definitions, measures: sketch maps (Lynch, 1960); multidimensional scaling (e.g. Moar, 1987); errors and individual differences (e.g. Malinowski, 2001).

Cognitive maps in animals: Cognitive maps in: squirrels (Jacobs and Linman, 1991); bees (Capaldi, 2000); pigeons and magnetite (Walcott, 1979).

Designing better maps: Wayfinding. Map design (Levine, 1982); wayfinding (Maguire et al., 1997); virtual wayfinding (Janzen et al., 2001).

(b) Evaluate what psychologists have learned about environmental cognition and include a discussion of the issue of generalisation from animals to humans. [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: **Generalisations**. This is the extent to which we can generalise to most people most of the time. However, not all people all of the time because of individual and cultural differences. So what about generalising from animals to humans?

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Section C

11 A number of laboratory studies have investigated the effects of crowding in animals. You decide to conduct a <u>field</u> experiment using an animal of your choice.

(a) Suggest how <u>you</u> would investigate the effects of crowding in animals using a field experiment. [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 as well as the participants are essential features.

NB: Answers must focus on crowding as distinct from density.

(b) Describe <u>one</u> non-laboratory study of animal crowding behaviour. [6]

Syllabus:

Definitions, measurements and animal studies: Social and spatial density; crowding. Animal studies (e.g. lemmings: Dubos, 1965; deer: Christian, 1960; rats: Calhoun, 1962).

Most likely:

Dubos (1965) observed lemmings who were said to jump of the edge of a cliff.

Christian (1960): deer died on James Island due to stress caused by crowding.

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12 A number of people are not respecting your primary territory and you want to find out who they are.

(a) Suggest how the observation method could be used to study individual differences in who respects and who invades your primary territory. [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) Using examples, describe types of territory such as those outlined by Altman (1975). [6]

Syllabus:

Definitions, types and measures: Defining space (e.g. Hall, 1966) and territory (e.g. Altman, 1975). Alpha space and beta space. Measuring space: simulation (e.g. Little, 1968); stop-distance; space invasions (see below).

Defending territory and space: Defending primary territory (e.g. Newman, 1976) and public territory (e.g. Ruback, 1997); territorial markers (e.g. Hoppe et al., 1972).

Most likely:

Altman (1975): **Types of territory**

Primary territory: "A private area owned by an individual", such as a house/private property.

Secondary territory: "An area that is used regularly but is shared with others", such as a seat in a classroom.

Public territory: "Can only be occupied temporarily on a first come first served basis", such as a seat on a bus or train.

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PSYCHOLOGY AND ABNORMALITY

Section A

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

Typically: An explanation is a statement that makes something comprehensible and in this case it is applied to schizophrenia. As defining explanation is complex, the description of an explanation or example will be sufficient for the second available mark.

(b) Briefly describe <u>two</u> explanations of schizophrenia. [4]

Syllabus:

Explanations of schizophrenia: Genetic (e.g. Gottesman and Shields, 1972); biochemical (dopamine hypothesis); cognitive (e.g. Frith, 1992).

Most likely:

Although those above are more likely to be mentioned, additional explanations could appear. All to be credited.

Behavioural: Due to conditioning and observational learning;

Biochemical: (Dopamine hypothesis);

Psychodynamic: Regression to oral stage;

Families also blamed for schizophrenia; as are twins;

Cognitive: Breakdown in ability to selectively attend to stimuli in language, etc., e.g. Frith, 1992;

Genetics also play a role, e.g. Gottesman and Shields, 1972.

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Section B

14 (a) Describe what psychologists have discovered about obsessions and compulsions. [8]

Candidates are likely to include some of the following details from the 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.

Explanations of obsessive/compulsive disorder: Biomedical; cognitive-behavioural; psychodynamic.

Treatments for obsessive/compulsive disorder: Drug therapy; cognitive-behaviour therapy; psychoanalytic therapy.

(b) Evaluate what psychologists have discovered about obsessions and compulsions and include a discussion about the use of case studies. [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: **Case studies**. A case study may give 'rich' data allowing rare or unique behaviour to be studied. However, generalising from one person (who may be abnormal) is problematic.

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Section C

15 The highs and lows, and ups and downs of life.

(a) Design an experimental study to investigate sex differences in depression. [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 an experiment, so inclusion of the type (laboratory, field), IV and DV, controls, and design are essential features.

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

Syllabus:

Types, characteristics, examples and sex differences: Types: depression (unipolar) and mania (bipolar); causes and treatments for manic depression; sex differences in depression.

Expansion:

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 (unipolar): 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.

Bipolar: Manic-depressive.

Seasonal affective disorder: Summer and winter versions also may be mentioned (and credited).

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16 When I see blood I faint (pass-out). I am told it is called blood injury phobia.

(a) Suggest how my blood injury phobia could be treated. [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: Most likely would be application of applied tension, i.e. raising blood pressure by tensing muscles when they are around blood or injuries to prevent low blood pressure which the phobia causes. Some candidates may suggest cognitive-behaviour therapy which is also appropriate.

NB: Answers must address blood injury phobia.

(b) Describe the symptoms of <u>one</u> phobia. [6]

Syllabus:

Definitions, types/examples (case studies) of phobias: Types: e.g. agoraphobia, blood phobia, dog phobia.

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).

Expansion:

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

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PSYCHOLOGY AND ORGANISATIONS

Section A

17 (a) Explain, in your own words, what is meant by the term 'cognitive/rational theory of motivation'. [2]

Typically: Cognitive/rational theory of motivation views workers as rational, decision-making beings who cognitively assess the costs and benefits of the work process. Answers must be related to 'work' to score maximum marks.

(b) Describe the expectancy theory of motivation proposed by Vroom (1964). [4]

Syllabus:

Motivation and goal-setting: Theories: goal setting theory (Latham and Locke, 1984), setting effective goals. Cognitive/rational theories: VIE (expectancy) theory (Vroom, 1964). Managerial applications of expectancy theory.

Expansion:

VIE theory (or expectancy) (Vroom, 1964): workers are rational and decision making and are guided by potential costs (negative outcomes) and rewards (positive outcomes). The theory is summarised by $M = E \times I \times V$ or motivation = expectancy $\times$ instrumentality $\times$ valence.
M (motivation) is the amount a person will be motivated by the situation they find themselves in. It is a function of E (expectancy), the person's perception that effort will result in performance. I (instrumentality) is the person's perception that performance will be rewarded/punished. V (valence) is the perceived strength of the reward or punishment that will result from the performance.

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Section B

18 (a) Describe what psychologists have found out about leadership and management. [8]

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

Theories of leadership: Universalist: great person theory, charismatic and transformational leaders. Behavioural: Ohio State studies (initiating structure and consideration), University of Michigan studies (task and relationship oriented behaviours).

Leadership style and effectiveness: Effectiveness: contingency theory (Fiedler, 1976); situational leadership (Hersey and Blanchard, 1988), path-goal theory (House, 1979). Styles: permissive versus autocratic (e.g. Muczyk and Reimann, 1987). Leadership training and characteristics of effective leaders.

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

(b) Evaluate what psychologists have found out about leadership and management, including a discussion about the issue of individual versus situational 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: **Individual versus situational explanations.** An individual (dispositional) explanation for an event will look to some feature or characteristic of the person. A situational explanation will look at the wider context – the social group, the physical environment.

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Section C

19 There are many team building exercises but some may lead to more successful team performance and cohesiveness than others.

(a) Suggest how <u>you</u> would investigate whether one team building exercise is more successful than another. [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. An experiment comparing different exercises is possible, or a long-term review to determine whether a team is actually more successful.

(b) Describe <u>one</u> theory of group development. [6]

Syllabus:

Group dynamics, cohesiveness and teamwork: Group development (e.g. Tuckman, 1965; Woodcock, 1979). Group cohesiveness, teambuilding and team performance. Characteristics of successful teams.

Most likely:

Tuckman (1965) outlines four stages (forming, storming, norming, and performing) that a group will go through in its development. A fifth stage (adjourning) was added in 1977.

Woodcock (1979) suggests nine building blocks: Clear objectives and agreed goals; Openness and confrontation; Support and trust; Co-operation and conflict; Sound working and decision-making procedures; Appropriate leadership; Regular review; Individual development; Sound inter-group relations.

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20 You are concerned about worker absenteeism.

(a) Design a study to investigate why workers are absent from work. [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 absenteeism using it. It could simply be a 'head-count' of those absent and/or it could involve a questionnaire or interview to determine the reasons for absence.

(b) Describe <u>one</u> theory of job satisfaction/dissatisfaction. [6]

Syllabus:

Attitudes to work: Theories of job satisfaction and dissatisfaction (e.g. Herzberg, 1959). Job withdrawal, absenteeism and sabotage. Organisational commitment. Promoting job satisfaction.

Most likely:
Herzberg's **two factor theory** (1966): Job satisfaction and job dissatisfaction are two separate factors. Motivators: responsibility, achievement, recognition, etc. lead to job satisfaction. Hygienes: supervision, salary, conditions, etc. result in job dissatisfaction.

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