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Cambridge International Advanced Level

MARK SCHEME for the May/June 2015 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.

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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	
Suggestion is wrong.	0
Suggestion is largely appropriate to the question and is vaguely based on psychological knowledge. Answer is mainly inaccurate, often incoherent and lacks detail. Understanding is lacking. If applicable, methodological knowledge is basic or absent. For methodology question *description* of a study/other authors' work 2 marks max if related to question.	1–2
Suggestion is appropriate to the question and based on psychological knowledge. Answer has some accuracy, some coherence and some detail. Understanding is limited. If applicable, methodological knowledge is adequate. Max mark if no method is suggested (beyond identification).	3–4
Suggestion is appropriate to the question and is based on psychological knowledge. Answer is accurate, largely coherent and detailed. Understanding is good. If applicable, methodological knowledge is good.	5–6
Suggestion is appropriate to the question and is clearly based on psychological knowledge. Answer is accurate, is coherent and has appropriate detail. Terminology is used appropriately. Understanding is very good. Methodological knowledge 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 'bullying'. [2]

Typically: bullying is a distinctive pattern of deliberately harming and/or humiliating another person.

Marks: answers can include different aspects: actions, reasons and examples. 1 mark for any 2 aspects.

(b) Describe <u>two</u> explanations for bullying. [4]

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.

Most likely:
There are four main explanations for bullying (although any appropriate answer is acceptable):

1. Dysfunctional family where parents: set poor examples of behaviour; show little warmth or interest in their children; use force, threats, humiliation or intimidation with their children; ignore or do not punish when their child shows aggressive or violent behaviour.
2. Children with ADHD or oppositional defiant disorder are more likely to bully because they find it difficult to control their behaviour.
3. Peer influences and possible gang membership.
4. Desire for attention and control, or envy and resentment of another child.

Marks: 1 mark for identification of an appropriate explanation and 1 mark for description/elaboration of it.

Section B

2 (a) Describe what psychologists have discovered about learning and teaching styles. [8]

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

- **learning styles and teaching styles**: The onion model (Curry, 1983); Grasha's (1996) six styles of learning. Teaching styles: formal and informal styles (Bennett, 1976); High-initiative and low-initiative (Fontana, 1995)
- **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.
- **improving learning effectiveness (study skills)** the 4-mat system (McCarthy, 1990); PQRST method: learning from textbooks; Strategies for effective learning and thinking (SPELT) Mulcahy et al. (1986)

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(b) Evaluate what psychologists have discovered about learning and teaching styles, including a discussion about the reliability and validity of 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: **reliability**: this is the consistency of the measurement. Reliability of a questionnaire/test (e.g. ASI or Kolb's styles) may be best tested using test re-test. **Validity**: measures what it claims to measure: learning styles tests should measure learning styles!

Section C

3 You are helping in a classroom of six-year-old children and one child is being disruptive by walking around the classroom.

(a) Suggest how you would modify the behaviour of this disruptive child. [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: A strategy based on behaviourist principles is most likely (reinforcement and possibly punishment). Candidates are also likely to write about corrective strategies (rather than prevention).

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(b) Describe the behaviourist theory of learning on which your suggestion is based. [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:
One of the main assumptions of the **behaviourist perspective** is that all behaviour is learned. This is done through classical conditioning (Pavlov), operant conditioning (Skinner) and through observational learning (Bandura). The learning environment is crucial and determines what is learned and what is not (i.e. environmental determinism). Learning takes place through positive and negative reinforcement and negative punishment (and perhaps even positive punishment).

4 A mathematics teacher has devised a test he thinks assesses mathematical giftedness. You know that any test must be both reliable and valid.

(a) Suggest how <u>you</u> would investigate the reliability and validity of the mathematical test. [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: Candidates should know the difference between reliability and validity and must address both. Knowledge of test-retest should be evident and similarly one or more ways of assessing validity.

(b) Describe <u>two</u> ways in which special educational needs other than giftedness can be assessed. [6]

Syllabus:

- **definitions, types and assessment of special educational needs (including gifted children).** Definitions of special educational need and giftedness; types of special educational need (e.g. dyslexia, attention deficit hyperactivity disorder ADHD), autistic spectrum disorders and giftedness (e.g. Bridges, 1969).

Most likely:

- **Intelligence tests:** Performance can be assessed by IQ (intelligence) test to determine low IQ.
- **Screening tests:** to provide an initial assessment for children who *might* need a more thorough test.
- **Specific assessment tests** for dyslexia, for example, such as 'Lucid Rapid', 'Dyslexia Screener' and the 'Lucid Programmes' (tests for children of different ages).
- **Comprehensive tests:** very specific tests of reading, spelling, and many other specific abilities.

Marks: 3 marks for each way of assessing special educational needs other than giftedness.

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PSYCHOLOGY AND HEALTH

Section A

5 (a) Explain, in your own words, what is meant by '<u>adherence</u> to medical advice'. [2]

Typically: adherence is the extent to which people carry out the instructions given to them by a medical practitioner.

Marks: basic statement = 1; some elaboration, e.g. example = 2 marks.

(b) Describe <u>two</u> studies that have investigated why people might <u>not</u> adhere to medical advice. [4]

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:

- **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.
- **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.

Marks: 1 mark for identification of an appropriate study and 1 mark for description/ elaboration of it.

NB: any appropriate study that may result in patient non-adherence can be credited.

Section B

6 (a) Describe what psychologists have found out about pain. [8]

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

- **types and theories of pain** Definitions of pain. Acute and chronic organic pain; psychogenic pain (e.g. phantom limb pain). Theories of pain: specificity theory, gate control theory (Melzack, 1965)
- **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)
- **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)

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(b) Evaluate what psychologists have found out about pain and include a discussion about the interaction of physiological and psychological factors. [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: **Physiological and psychological factors**: Candidates should consider how both physiological and psychological factors interact in the experience of pain; for example, how they interact in the gate control theory.

Section C

7 The disclosure of medical information, where people tell a practitioner details about their illness, varies quite significantly between individuals.

(a) Suggest how you would would use an interview to investigate which people give more information, and which people give less, to 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: The question states 'interview' and so this is what candidates must use. Knowledge of interview techniques should be evident (telephone or face-to-face; structured or unstructured, etc.).

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(b) Describe <u>one</u> study which has investigated the disclosure of patient information to a practitioner. [6]

Syllabus:

- **patient and practitioner diagnosis and style** Practitioner style: doctor and patient centred (Byrne and Long, 1976; Savage and Armstrong, 1990). Practitioner diagnosis: type I and type II errors. Disclosure of information (e.g. Robinson and West, 1992)

Most likely (any appropriate study to receive credit):

- Robinson and West (1992) studied people attending a centre for sexually transmitted diseases and found more information about symptoms and undesirable behaviours were given to a computer (e.g. the number of sexual partners) than a face-to-face consultation with a doctor.

8 Some students experience stress, but not all.

(a) Suggest how <u>you</u> would investigate why some students experience stress. [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 students and stress using it. Marks awarded for methodological knowledge and how the methodology is applied to this topic area.

(b) Describe 'daily hassles' as a cause of stress. [6]

Syllabus:

- **causes/sources of stress.** Physiology of stress and effects on health. The GAS Model (Selye, 1936). 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:

- The daily hassles view is that stress is caused by the small everyday frustrations, such as the filling falling out of your sandwich, or the school bus being late. Kanner et al. (1981) called such events daily hassles. In the original study 100 adults completed the hassle scale once a month for 10 months and it was found that 'concerns about weight' and 'too many things to do' were at the top of the hassles list. The modified hassles scale now has 117 items.

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PSYCHOLOGY AND ENVIRONMENT

Section A

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

Typically: According to Kitchin (1994) a cognitive map is a pictorial and semantic image in our head of how places are arranged. Candidates do not need the quote for full marks.

(b) Describe <u>two</u> studies that have investigated cognitive maps in animals. [4]

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

Most likely:
- **Jacobs and Linman** (1991) investigated the role of the cognitive map in allowing squirrels to search for food that they had stored themselves. Results suggest that they were using cognitive maps.
- **Capaldi** (2000) bees learn their environment by flying around.
- **Walcott et al.** (1979) involved the systematic manipulation of magnetic cues (including fitting pigeons with a Helmholtz coil to disrupt magnetic signals). Found pigeon has sensitivity to magnetic fields of earth – has the substance magnetite in its brain.

Marks: 1 mark for identification and description of an appropriate example and 1 mark for elaboration/detail

NB: any appropriate study of cognitive maps in animals (e.g. Tolman) can be credited.

Section B

10 (a) Describe what psychologists have discovered 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).

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10 (b) Evaluate what psychologists have discovered about noise and include a discussion about the reductionist nature of some 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: **reductionism**: some studies are performed in a laboratory; some studies isolate one variable (such as the type of noise, e.g. use white noise) and some studies control many other variables. Doing this has advantages, but it also has disadvantages – which the candidate will hopefully discuss.

Section C

11 Cognitive techniques are often used to help people cope with the negative effects of crowding.

(a) Suggest how you would conduct a field experiment to investigate a cognitive coping strategy to reduce the negative effects of crowding. [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 setting, IV and DV, controls, design, task to be completed and sample are essential features.

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(b) Describe <u>two</u> studies that have looked at ways in which people can cope with the effects of crowding. [6]

Syllabus:
- **preventing and coping with effects of crowding.** Preventing: modify architecture; visual escape (e.g. Baum et al., 1976) and other aspects. Coping: (e.g. Langer and Saegert, 1977; Karlin et al., 1979).

Most likely:
- Langer and Saegert (1975) suggest coping by increasing cognitive control. They found telling people what to expect led to a more positive emotional experience than participants who were provided with no information.
- Karlin et al. (1979) trained people in various relaxation techniques and found that those in the cognitive reappraisal group reported less stressful experiences than those in the other groups.

Marks: 3 marks for each description.

12 It is impossible for psychologists to investigate a disastrous or catastrophic event when it is actually taking place, but we do need to know how people behave in emergency situations.

(a) Suggest how <u>you</u> would investigate how people behave in an emergency situation. [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 any method. This could be through a simulation (e.g. Drury et al.); it could be by interviews with survivors (or a questionnaire to survivors); it could be something creative!

(b) Describe <u>one</u> natural disaster and describe <u>one</u> technological catastrophe. [6]

Syllabus:
- **definitions, characteristics and examples.** Natural disaster and technological catastrophe. Real life examples of both.

Most likely:
- We are looking for known events (and published reports) rather than anecdotal stories. However, credit can be given for correctly identifying an event as natural or technological and then further marks awarded for the detail included in the answer.
- The syllabus lists 'The Herald of Free Enterprise' catastrophe along with those at 'Three Mile Island' and 'Chernobyl'.

Marks: 3 marks for natural disaster and 3 marks for technological catastrophe.

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PSYCHOLOGY AND ABNORMALITY

Section A

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

Typically: an explanation is a statement that makes something comprehensible and in this case 'genetics' explain the cause of schizophrenia. An awareness of what genetics are will score 1 mark, and an example or an awareness of what an explanation is will score the second available mark.

(b) Using examples, describe evidence to support the genetic explanation of schizophrenia. [4]

Syllabus:

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

Most likely:

- Studies show that 1 in 10 people with schizophrenia have a parent with the illness. Whilst this does not provide proof of a genetic link for schizophrenia, such figures add support. Twin studies are also important. Gottesman and Shields (1972) examined the records of 57 schizophrenics (40% monozygotic and 60% dizygotic) twins. They found concordance rates (the probability of a twin having schizophrenia if the other twin has it) of 42% for monozygotic twins and 9% for dizygotic twins. This provides evidence for a genetic link for schizophrenia.

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/examples (e.g. 'Charles' by Rapoport, 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-behavioural therapy; psychoanalytic therapy.

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(b) Evaluate what psychologists have discovered about obsessions and compulsions and include a discussion about biochemical (drug) treatments. [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: **biochemical treatments**: The use of biochemicals (drugs) to treat OCD is controversial. Drugs such as clomipramine are used. Patients do improve with medication but a high dose of the drug is needed and when the drug is no longer taken all the symptoms return. The drug is not a cure; just short-term remission.

Section C

15 When diagnosing abnormality, medical practitioners sometimes make a type one or a type two error.

(a) Using an example, describe what is meant by a type one and a type two error. [6]

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:
A medical practitioner (e.g. psychiatrist) wants to make the correct diagnosis decision. However, sometimes errors do occur. A type 2 error is to diagnose a person as ill when they are not. A type 1 error is to diagnose an ill patient as being well. If in any doubt a practitioner should make a type 2 error and admit for further tests. If no illness is discovered, at least the person is well and has the knowledge that he or she is not ill. Type 1 is worst because it is negligence and a person may become seriously ill or die. The Psychiatrists in the study by Rosenhan made a type 2 error; the correct diagnosis was to admit the pseudo-patient.

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(b) Suggest how <u>you</u> would investigate the decision-making process of 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: A candidate can use any method here. This could be use of a questionnaire or an interview. We are specifically interested in the decision-making process, so straight replications of the Rosenhan study receive no credit because this looks at the outcome rather than at the process itself.

16 Depression can be explained by learned helplessness/attributional style.

(a) Suggest how <u>you</u> would investigate learned helplessness/attributional style using a questionnaire. [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 questionnaire, so questionnaire design (open/closed) scales and scoring should be included in addition to examples of questions, should be included. Knowledge of attributional style/learned helplessness should be evident but specific descriptions should appear in part **(b)**.

(b) Describe the learned helplessness/attributional style explanation of depression. [6]

Syllabus:

- **explanations of depression.** Biological: genetic and neurochemical; cognitive: Beck's cognitive theory; learned helplessness/attributional style (Seligman, 1979).

Most likely:

- Seligman originally discovered that dogs became helpless and depressed. He found that learned helplessness failed to account for people's varying reactions to situations. Seligman (1979) suggested that a person's attributional style was the key to understanding why people responded differently to adverse events.
- Seligman et al. (1988) If a person makes an internal attribution (they are the cause) and if they believe that this is stable and global (the cause is consistent and this applies everywhere) then they may feel helpless and may experience depression.

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PSYCHOLOGY AND ORGANISATIONS

Section A

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

Typically: This theory suggests that effective goal setting is motivating, particularly when it is linked with task performance. If a goal is specific, clear and achievable then an individual will be motivated to work toward and achieve that goal.

(b) Describe the goal-setting theory of motivation proposed by Latham and Locke. [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:

- Locke originally suggested that working toward a goal provided a major source of motivation to reach the goal. With appropriate feedback this improved performance. Latham proposed similar ideas and when the two combined, the goal-setting theory by Latham and Locke became popular. They believe goal-setting has five principles: clarity, challenge, commitment, be effective, and be achievable.

Section B

18 (a) Describe what psychologists have learned about satisfaction at work. [8]

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

- **job design.** Job characteristics (e.g. Hackman and Oldham, 1980). Job design: enrichment, rotation and enlargement. Designing jobs that motivate.
- **measuring job satisfaction.** Rating scales and questionnaires: e.g. job description index, Minnesota satisfaction questionnaire. Critical incidents: e.g. critical incidents technique. Interviews.
- **attitudes to work.** Theories of job satisfaction and dissatisfaction (e.g. Herzberg, 1959). Job withdrawal, absenteeism and sabotage. Organisational commitment. Promoting job satisfaction.

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(b) Evaluate what psychologists have learned about satisfaction at work and include a discussion of the use of psychometric tests. [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: **psychometric tests**: psychometric tests are commonly used to assess levels of job satisfaction. Indeed there is a whole 'bullet point' of the syllabus (as detailed above) allocated to 'measures of job satisfaction'. Candidates can discuss the use of specific tests or they could extend the discussion more widely to consider the usefulness of psychometric tests.

Section C

19 Accidents can occur in operator-machine systems because of a machine malfunction or because of some unsafe behaviour of the person operating the machine.

(a) Suggest how you would investigate types of unsafe behaviour by people operating machinery. [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: No specific method is included in the question so each candidate is free to choose an appropriate method. This may be an observation or it could be a questionnaire. Analysis of accident rates is also possible. Methodological knowledge receives credit as does the design of the suggested investigation.

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(b) Using examples, describe types of human decision-making error. [6]

Specific: Riggio (1990) suggests when operating machines there can be errors of:
- **Omission**: failing to do something, such as forgetting to turn something off;
- **Commission**: performing an act incorrectly, i.e. doing something wrong;
- **Sequence errors**: doing something out of order; and
- **Timing errors**: doing something too quickly, or too slowly.

20 Behavioural theories of leadership distinguish between two *types* of behaviour.

(a) Describe <u>two</u> behavioural *theories* of leadership. [6]

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).

Most likely:
- Researchers at Ohio State University Halpin and Winer (1957) suggested *initiating structure* and *consideration*
- Researchers at the University of Michigan identified *task-oriented behaviours* and *relationship-oriented behaviours.* This extended into Blake and Moulton's (1985) *Managerial Grid*.

Marks: 3 marks for a description of each behavioural theory.

(b) Suggest how <u>you</u> would use an observation to investigate the *types* of behaviour shown by a leader. [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 observation must be used, so a candidate should show knowledge of types of behaviour a leader is likely to exhibit, and also show a knowledge of observational methodology. In this instance either participant observation or naturalistic observation is most logical.

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