CAMBRIDGE INTERNATIONAL EXAMINATIONS

Cambridge International Advanced Level

MARK SCHEME for the October/November 2014 series

9698 PSYCHOLOGY

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

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SECTION A

Q	Description	Marks
(a)	No answer or incorrect answer.	0
	Basic or muddled explanation. Some understanding but brief and lacks clarity.	1
	Clear and accurate and explicit explanation of term.	2
(b)	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

Q	Description	Marks
(a)	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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(b)	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

Q	Description	Marks
(a)	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
(b)	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 'learning style'. [2]

Typically: the way in which a child learns best: may be formal or may be via discovery; it may be practically based or reflective. Learning styles are for learner and teaching styles are for teachers.

(b) Describe the onion model proposed by Curry (1983). [4]

Syllabus:

- **learning styles and teaching styles:** Learning 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).

Expansion:

Curry describes learning as having three layers, analogous to an onion.

- the outer layer '**instructional preference**' is a student's preferred way of learning and being taught;
- the middle layer '**informational processing style**' is the way in which a student processes information;
- the inner layer, '**cognitive personality style**', is the student's underlying approach to thinking.

Marks: onion and layers = 1 mark. 1 mark for identification of three layers plus 1 mark for quality of description.

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Section B

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

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

- **definitions, types and theories of motivation** Types such as extrinsic and intrinsic; theories: Behaviourist (e.g. Brophy, 1981); Humanistic (e.g. Maslow, 1970); Cognitive (e.g. McClelland,1953)

- **improving motivation** Behavioural: effective praise (e.g. Brophy, 1981); cognitive: McClelland (1953) need for achievement and need to avoid failure; cognitive-behavioural: self efficacy (Bandura, 1977)

- **motivation issues: attribution theory and learned helplessness** Attributing causes to behaviours (Weiner, 1984); learned helplessness (Dweck et al., 1978); changing attributions (e.g. Charms, 1972)

(b) Evaluate what psychologists have found out about motivation and educational performance and include a debate about humanistic explanations of motivation. [12]

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

Evaluation of theory:
Internal strengths and weaknesses.
Theoretical issues: reductionism, determinism, ethnocentrism.
Supporting/contradicting evidence.
Comparisons and contrasts with alternative theory.

Evaluation of research:
Strengths and weaknesses of methods, sample, controls, procedure.
Evaluation of and comparisons and/or contrasts with alternative methodologies.

Evaluation of issues and debates:
Any relevant debate can be raised, such as qualitative versus quantitative data, snapshot versus longitudinal studies, extent of ecological validity, nature versus nurture; freedom versus determinism; reductionism versus holism. Issues can be raised such as ethics, validity, ethnocentrism, effectiveness, application to real life.

Named issue:
Humanist perspective. Every individual is the centre of a continually changing world of experience. Four features are: **affect** (emphasis on thinking and feeling); **self concept** (being positive about themselves); **communication** (attention to positive human relationships) and **personal values** (recognition and development of positive values). Not all explanations of motivation are humanist; many are cognitive or behavioural.

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Section C

3 There are a number of co-operative learning techniques that children can use in a classroom.

(a) Suggest how <u>you</u> would investigate which co-operative learning technique was most effective for teaching. [8]

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

Specific: Most likely is to have two (or more) experimental groups to compare two (or more) different types of co-operative learning. The groups would be independent and a task could be set with the time taken for completion by the groups as the DV.

(b) Describe the main features of co-operative learning. [6]

Syllabus:

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

Expansion:

- co-operative learning involves pupils working in teams to solve a task.
- each child must be specifically responsible and accountable for his or her role.
- a task can only be solved when all pupils make a contribution.
- a task can only be completed when each child has contributed equally and all can share the same success.
- 5 essential elements are: positive interdependence, face-to-face promotive action, individual and group accountability, social skills and group processing.
- co-operative learning techniques include: the jigsaw technique, Jigsaw II and reverse jigsaw; the reciprocal teaching technique; The Williams; and Think Pair Share.

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4 Dyslexia causes learning difficulties and parents should be provided with information so they can look for signs of it developing in their child.

(a) Suggest what features a parent should look for (a check-list) to determine whether their child has dyslexia. [8]

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

Specific: Question requires (i) knowledge of the features of dyslexia and (ii) the construction of a check-list (although straight descriptions could receive full credit).

(b) Describe <u>one</u> strategy for educating children with dyslexia. [6]

Syllabus:

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

Expansion:

- Candidates may focus on more general strategies such as enrichment and such answers must show a knowledge of dyslexia rather than just general strategies.
- Candidates may focus on preparing materials/worksheets: the font, size and use of lower case; paper should be light coloured and text dark; presentation should be in boxes with diagrams, bullets and numbers. Spacing should be 2 point.
- Selikowitz has a book about dyslexia and lists strategies for overcoming dyslexia, with specific strategies depending on whether the problem is a reading, spelling or writing error.
- The Alpha to Omega strategy is also fully creditworthy.

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PSYCHOLOGY AND HEALTH

Section A

5 (a) Explain, in your own words, what is meant by 'fear arousal' to promote health. [2]

Typically: fear arousal involves a message being presented to a target audience with the aim of scaring or creating fear in them in order to change their perceptions and motivate them to act.

(b) Briefly describe <u>two</u> studies which have tested the fear arousal technique to promote health. [4]

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. Later 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. Those in the high fear group were more likely to change their attitude than those in the low fear group, suggesting the stronger the fear the better.
- Any alternative study is acceptable (e.g. Cowpe and chip pan fires).

Marks: up to 2 marks for each study.

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Section B

6 (a) Describe what psychologists have learned about the patient-practitioner relationship. [8]

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

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

(b) Evaluate what psychologists have learned about the patient-practitioner relationship, including a discussion of the use of the observation method to gather data. [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:
Observation. Can be natural and so is 'true' behaviour; can include inter-rater data; can be unethical as practitioner is unaware.

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Section C

7 To improve attendance at medical appointment people could be sent a reminder by letter or by mobile/cell phone and given a reward if they attend.

(a) Design an experiment to test whether sending a reminder does improve attendance at a medical appointment. [8]

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

Specific: Candidates must use an experiment, so inclusion of the type (laboratory, field), IV and DV, controls, and design are essential features.

(b) Describe the psychological perspective on which behavioural techniques to improve adherence are based. [6]

Syllabus:

- **improving adherence**: Improve practitioner style (e.g. Ley, 1988), provide information (e.g. Lewin, 1992), behavioural techniques (e.g. Burke et al., 1997).

Most likely:

- the clue is 'behavioural technique' and so the basics of operant conditioning with positive and negative reinforcement and punishment are appropriate.

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8 Visual rating scales of pain often use a scale of numbers or words from low to high. This is not very helpful for children who may not understand the words or numbers.

(a) Design a visual rating scale that would be appropriate for a 5-year-old child and suggest how it would work. [8]

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

Specific: A number of scales already exist such as the 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. Description of these scores no marks. Modification and improvement of them, or the design of something similar is what is needed.

(b) Describe <u>two</u> visual rating scales that are designed for adults. [6]

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:

- **The Visual Analogue Scale** This has a 10 cm line with the descriptor 'no pain' at one end to 'pain as bad as it could be' at the other. This is very simple (a five-year-old could use it)
- **The box scale** is the same as the visual analogue but with numbers
- **The Category (verbal) Scale** uses a line with descriptors.

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PSYCHOLOGY AND ENVIRONMENT

Section A

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

Typically: to **design** is to formulate a systematic plan and **housing** refers to buildings or places where people live, and so the explanation required here must mention both these components for full marks. No credit for design of an individual house.

(b) Describe a successful housing design project (e.g. Newman) and an unsuccessful housing design project (e.g. Pruitt-Igoe). [4]

Syllabus:

- **urban renewal and housing design:** Renewal and building design: (e.g. Pruitt-Igoe, 1954–1972); Newman (e.g. Clason Point and Five Oaks, 1994).

Most likely:

- **Newman**: Clason Point in New York City or Five Oaks, Dayton, Ohio (1994) streets closed, improved lighting, introduced speed bumps and divided into 'mini-neighbourhoods'. Also encouraged sense of personal ownership.
- **Pruitt-Igoe project**: 43 buildings, 11 stories high, containing 2,762 apartments, and covering 57 acres. After 3 years = very high crime rate. By 1970, 27 of the 43 buildings were empty. Whole estate demolished in 1972.
- Any other study of housing design acceptable.

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Section B

10 (a) Describe what psychologists have learned about density and crowding. [8]

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

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

- **effects on human health, pro-social behaviour and performance**: Pro-social behaviour (e.g. Dukes and Jorgenson, 1976; Bickman et al., 1973). Health (e.g. Lundberg, 1976). Performance e.g. Mackintosh, 1975)

- **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)

(b) Evaluate what psychologists have learned about density and crowding. Consider the strengths and weaknesses of using physiological 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:
Physiological measures. In this case answers can include urine samples, salivary cortisol and could include GSR. Alternative is self-report measure to determine reason for experience of crowding.

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Section C

11 It has been claimed that certain types of music influence consumer behaviour.

(a) Describe evidence suggesting that music influences consumer behaviour. [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:

- Muzak, used in shops, supermarkets, etc. to encourage people to buy certain products.
- North and Hargreaves (1998) played various types of music in a student cafeteria. It was found that classical music led to the belief that more money would be spent.
- North et al. (2003) found classical music led to more profit in restaurant.
- Studies on animals show cows produce more milk and hens lay more eggs.

(b) Design a field experiment to test whether certain types of music influence consumer behaviour differently. [8]

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

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

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12 Billington et al. distinguish between empathisers and systemisers. Perhaps empathisers find it more difficult to read maps and to way-find.

(a) Using your knowledge of psychology, design a study to investigate the relationship between using maps and the ability to systemise. [8]

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

Specific: Logically candidates will link their knowledge of cognitive maps with the core study by Billington et al. on empathisers and systemisers. There could be an initial questionnaire to determine type and then a further 'map' test to see which style is more successful.

(b) Describe <u>two</u> important features of a good 'you-are-here' map design. [6]

Syllabus:

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

Most likely:

Levine (1982) looked at you-are-here maps. Suggests two aspects which significantly improve map:

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

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PSYCHOLOGY AND ABNORMALITY

Section A

13 (a) Explain, in your own words, what is meant by the term '<u>unipolar</u> abnormal affect'. [2]

Typically: unipolar considers only one side (i.e. not bipolar) and is usually depression. However, as the question is ambiguous and refers to abnormal affect, credit should also be given for mania.

Depression (unipolar) is where a person is extremely despondent, melancholic and self-deprecating.

(b) Briefly describe <u>bipolar</u> abnormal affect. [4]

Syllabus:

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

Most likely:

- bipolar involves mood swings between depression and mania.
- **mania** – person displays spontaneity, activity, has outbursts of exuberance, has heightened good humour and talkative and entertaining. They are often full of good ideas, plans and have grand visions. They are full of energy; appear to be physically inexhaustible.
- **Depression:** person is extremely despondent, melancholic and self-deprecating. They may be physically lethargic; struggle to think out simple problems. They believe they are utterly worthless and have hopeless guilt.

Marks: normally 2+2 but in this case 3+1 if depression or mania is very good.

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Section B

14 (a) Describe what psychologists have found out about phobias. [8]

Candidates are likely to include some of the following details from the 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)
- **treating phobias**: Systematic desensitisation (Wolpe, 1958); flooding; applied tension (Ost et al., 1989); cognitive-behaviour therapy (Ost and Westling, 1995)

(b) Evaluate what psychologists have found out about phobias and include a discussion of the psychoanalytic explanation of phobias. [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:
Psychoanalytic explanation. Phobias are the product of unresolved conflicts between the id and the superego. Little Hans is classic example. Alternative explanations are behavioural and Little Albert.

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Section C

15 There are different models of abnormality, but which model is most commonly known to the general public?

(a) Suggest how <u>you</u> could use a questionnaire to find out which model of abnormality is most commonly known. [8]

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

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 the assumptions and treatments of the medical/biological model of abnormality. [6]

Syllabus:

- **models of abnormality:** Medical/biological, behavioural, psychodynamic, cognitive. Assumptions and applications of models.

- **treatments of abnormality:** Treatments derived from models: biological/medical; psychotherapies; cognitive-behavioural. Effectiveness and appropriateness of treatments.

Expansion:

Assumptions

- The biomedical model is based on the assumption that dysfunctional behaviour has a biological cause
- Mental disorders are the same as physical illnesses just located in a different part of the body
- Mental illnesses can be diagnosed and treated in the same ways as physical illnesses: mainly with drugs, but with the options of surgery or electro-convulsive therapy

Treatments

- Drugs: for depression: Tricyclics; MAOIs (monoamine oxidase inhibitors); SSRIs (selective serotonin reuptake inhibitors); SNRIs (serotonin and noradrenaline reuptake inhibitors). **Antipsychotics** (or neuroleptics), **atypical anti-psychotics** which act mainly by blocking dopamine receptors. Medications for **anxiety** include benzodiazepines, such as alprazolam and diazepam.
- **ECT** (electroconvulsive therapy)/electroplexy also.

Marks: any other model receives 0 marks. 3 marks for assumptions and 3 marks treatments.

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16 There are different types of schizophrenia and there are different treatments. It may be that some treatments work better with certain types of schizophrenia.

(a) Design an experimental study to investigate which type of schizophrenia is best treated with cognitive behaviour therapy (CBT). [8]

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

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> different types of schizophrenia. [6]

Syllabus:
- **types, symptoms and characteristics of schizophrenia:** Types (e.g. catatonic, paranoid); characteristics; case studies/examples.

Most likely:
There are fve main types:
- **hebephrenic**: incoherence, disorganised behaviour, disorganised delusions and vivid hallucinations.
- **simple**: gradual withdrawal from reality.
- **catatonic**: impairment of motor activity, often holding same position for hours/days.
- **paranoid**: well organised, delusional thoughts (and hallucinations), but high level of awareness.
- **undifferentiated/untypical**: for all the others who do not fit the above.

NB some candidates may suggest that there are no types. The syllabus for this examination includes types.

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PSYCHOLOGY AND ORGANISATIONS

Section A

17 (a) Explain, in your own words, what is meant by the term 'psychological work conditions'. **[2]**

Typically: work conditions relate to the factors that affect the overall atmosphere of the workplace environment.

Marks: no marks for physical conditions.

(b) Describe <u>two</u> examples of psychological work conditions. **[4]**

Syllabus:

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

Expansion:

- feelings of privacy or crowding,
- excessive or absence of social interaction,
- sense of status or importance/anonymity or unimportance.

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Section B

18 (a) Describe what psychologists have found out about motivation to work. [8]

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

- **Need theories of motivation:** Need theories: Needs-hierarchy (Maslow, 1970), ERG theory (Aldefer, 1972), achievement motivation (McClelland, 1965).

- **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.

- **Motivators at work:** Intrinsic and extrinsic motivation. Types of rewards systems: e.g. pay, bonuses, profit sharing. Performance-related pay. Non-monetary rewards: praise, respect, recognition, empowerment and a sense of belonging. Career structure and promotion prospects.

(b) Evaluate what psychologists have found out about motivation to work and include comparisons and contrasts between need theories of motivation and cognitive/rational theories of motivation. [12]

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

Evaluation of theory:
Internal strengths and weaknesses.
Theoretical issues: reductionism, determinism, ethnocentrism.
Supporting/contradicting evidence.
Comparisons and contrasts with alternative theory.

Evaluation of research:
Strengths and weaknesses of methods, sample, controls, procedure.
Evaluation of and comparisons and/or contrasts with alternative methodologies.

Evaluation of issues and debates:
Any relevant debate can be raised, such as qualitative versus quantitative data, snapshot versus longitudinal studies, extent of ecological validity, nature versus nurture; freedom versus determinism; reductionism versus holism. Issues can be raised such as ethics, validity, ethnocentrism, effectiveness, application to real life.

Named issue:
Comparisons and contrasts. Candidates should look at the similarities and/or differences between need and cognitive/rational theories of motivation.

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Section C

19 Your company uses Psychometric Test X to select workers. However, the same test is used to assess every single worker whatever their job. Maybe this test isn't valid because it can't assess the relevant skills for *all* jobs.

(a) Suggest how <u>you</u> would test the validity of Psychometric Test X. [8]

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

Specific: The validity of Psychometric test X can be tested in the same way as the validity of any other questionnaire/test: concurrent validity, criterion validity or predictive validity. The task is for the candidate to **apply** these features to test X.

(b) Describe <u>two</u> psychometric tests used to select people for work. [6]

Syllabus:

- **selection of people for work:** Selection procedures: applications (e.g. weighted application blanks and biographical inventories i.e. a curriculum vitae). Selection interviews: structured and unstructured. Personnel selection decision-making. Use of psychometric tests.

Most likely:

- tests of (a) cognitive ability, (b) mechanical ability, (c) motor/sensory ability, (d) job skills/knowledge, (e) personality such as MMPI, (f) test specific to job/organisation, (g) IQ test is acceptable.

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20 There was a lot of group conflict within your organisation so you brought in a specialist to manage the problem. Now that the specialist has left you want to find out if the strategy used resolved the conflict successfully.

(a) Suggest how <u>you</u> could investigate whether the conflict has been successfully resolved. [8]

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

Specific: Candidates are free to choose a method and then to suggest how they would investigate conflict resolution using it. An interview or questionnaire given to each side is one option.

(b) Describe <u>one</u> study of group conflict management. [6]

Syllabus:

- **group conflict:** Major causes of group conflict: organisational and interpersonal. Positive and negative effects of conflict. Managing group conflict (e.g. Thomas, 1976).

Expansion:

- **Thomas** (1976) suggests five conflict resolution strategies: competition (one wins, the other loses); accommodation (one side 'gives-in'); compromise; collaboration (co-operation to reach an agreed solution); avoidance (withdrawing or backing-down from the conflict).

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