Cambridge Assessment International Education

Cambridge International AS & A Level

PSYCHOLOGY **9990/31**

Paper 3 Specialist Options: Theory **October/November 2021**

MARK SCHEME

Maximum Mark: 60

Published

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 International will not enter into discussions about these mark schemes.

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[Turn over

Generic Marking Principles

These general marking principles must be applied by all examiners when marking candidate answers. They should be applied alongside the specific content of the mark scheme or generic level descriptors for a question. Each question paper and mark scheme will also comply with these marking principles.

GENERIC MARKING PRINCIPLE 1:

Marks must be awarded in line with:

- the specific content of the mark scheme or the generic level descriptors for the question
- the specific skills defined in the mark scheme or in the generic level descriptors for the question
- the standard of response required by a candidate as exemplified by the standardisation scripts.

GENERIC MARKING PRINCIPLE 2:

Marks awarded are always **whole marks** (not half marks, or other fractions).

GENERIC MARKING PRINCIPLE 3:

Marks must be awarded **positively**:

- marks are awarded for correct/valid answers, as defined in the mark scheme. However, credit is given for valid answers which go beyond the scope of the syllabus and mark scheme, referring to your Team Leader as appropriate
- marks are awarded when candidates clearly demonstrate what they know and can do
- marks are not deducted for errors
- marks are not deducted for omissions
- answers should only be judged on the quality of spelling, punctuation and grammar when these features are specifically assessed by the question as indicated by the mark scheme. The meaning, however, should be unambiguous.

GENERIC MARKING PRINCIPLE 4:

Rules must be applied consistently, e.g. in situations where candidates have not followed instructions or in the application of generic level descriptors.

GENERIC MARKING PRINCIPLE 5:

Marks should be awarded using the full range of marks defined in the mark scheme for the question (however; the use of the full mark range may be limited according to the quality of the candidate responses seen).

GENERIC MARKING PRINCIPLE 6:

Marks awarded are based solely on the requirements as defined in the mark scheme. Marks should not be awarded with grade thresholds or grade descriptors in mind.

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Social Science-Specific Marking Principles
(for point-based marking)

1 Components using point-based marking:

- Point marking is often used to reward knowledge, understanding and application of skills. We give credit where the candidate's answer shows relevant knowledge, understanding and application of skills in answering the question. We do not give credit where the answer shows confusion.

From this it follows that we:

a DO credit answers which are worded differently from the mark scheme if they clearly convey the same meaning (unless the mark scheme requires a specific term)
b DO credit alternative answers/examples which are not written in the mark scheme if they are correct
c DO credit answers where candidates give more than one correct answer in one prompt/numbered/scaffolded space where extended writing is required rather than list-type answers. For example, questions that require *n* reasons (e.g. State two reasons …).
d DO NOT credit answers simply for using a 'key term' unless that is all that is required. (Check for evidence it is understood and not used wrongly.)
e DO NOT credit answers which are obviously self-contradicting or trying to cover all possibilities
f DO NOT give further credit for what is effectively repetition of a correct point already credited unless the language itself is being tested. This applies equally to 'mirror statements' (i.e. polluted/not polluted).
g DO NOT require spellings to be correct, unless this is part of the test. However spellings of syllabus terms must allow for clear and unambiguous separation from other syllabus terms with which they may be confused (e.g. Corrasion/Corrosion)

2 Presentation of mark scheme:

- Slashes (/) or the word 'or' separate alternative ways of making the same point.
- Semi colons (;) bullet points (•) or figures in brackets (1) separate different points.
- Content in the answer column in brackets is for examiner information/context to clarify the marking but is not required to earn the mark (except Accounting syllabuses where they indicate negative numbers).

3 Annotation:

- For point marking, ticks can be used to indicate correct answers and crosses can be used to indicate wrong answers. There is no direct relationship between ticks and marks. Ticks have no defined meaning for levels of response marking.
- For levels of response marking, the level awarded should be annotated on the script.
- Other annotations will be used by examiners as agreed during standardisation, and the meaning will be understood by all examiners who marked that paper.

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Generic levels of response marking grids

Table A
The table should be used to mark the 8 mark part (a) 'Describe' questions (2, 4, 6 and 8).

Level	Marks	Level descriptor
4	7–8	• Description is accurate, coherent and detailed and use of psychological terminology is accurate and comprehensive. • The answer demonstrates excellent understanding of the material and the answer is competently organised.
3	5–6	• Description is mainly accurate, reasonably coherent and reasonably detailed and use of psychological terminology is accurate but may not be comprehensive. • The answer demonstrates good understanding of the material and the answer has some organisation.
2	3–4	• Description is sometimes accurate and coherent but lacks detail and use of psychological terminology is adequate. • The answer demonstrates reasonable (sufficient) understanding but is lacking in organisation.
1	1–2	• Description is largely inaccurate, lacks both detail and coherence and the use of psychological terminology is limited. • The answer demonstrates limited understanding of the material and there is little, if any, organisation.
0	0	• No response worthy of credit.

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Table B The table should be used to mark the 10 mark part (b) 'Evaluate' questions (2, 4, 6 and 8).

Level	Marks	Level descriptor
4	9–10	• Evaluation is comprehensive and the range of issues covered is highly relevant to the question. • The answer demonstrates evidence of careful planning, organisation and selection of material. • There is 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. • The answer demonstrates an excellent understanding of the material.
3	7–8	• Evaluation is good. There is a range of evaluative issues. • There is good organisation of evaluative issues (rather than 'study by study'). • There is good use of supporting examples which are related to the question. • Analysis is often evident. • The answer demonstrates a good understanding of the material.
2	4–6	• Evaluation is mostly accurate but limited. Range of issues (which may or may not include the named issue) is limited. • The answer may only hint at issues but there is little organisation or clarity. • Supporting examples may not be entirely relevant to the question. • Analysis is limited. • The answer lacks detail and demonstrates a limited understanding of the material. Note: If the named issue is not addressed, a maximum of 5 marks can be awarded. • If only the named issue is addressed, a maximum of 4 marks can be awarded.
1	1–3	• Evaluation is basic and the range of issues included is sparse. • There is little organisation and little, if any, use of supporting examples. • Analysis is limited or absent. • The answer demonstrates little understanding of the material.
0	0	• No response worthy of credit.

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Psychology and abnormality

Question	Answer	Marks
1(a)	**Outline <u>one</u> cognitive explanation of schizophrenia and delusional disorder.** Award 1 mark for a basic explanation of the term/concept. Award 2 marks for a detailed explanation of the term/concept. For example: Frith describes schizophrenia as an 'abnormality of self-monitoring' as patients fail to recognise that the hallucination of hearing voices is actually the schizophrenic's own inner voice but they believe it to be someone else's. (2) The delusions (inner speech) may not be recognised as being self-generated. (1) Other appropriate responses should also be credited.	**2**
1(b)	**Describe the procedure in the study by Sensky et al. (2000) of cognitive-behavioural therapy (CBT) for schizophrenia.** Award 1–2 marks for a basic answer with some understanding of the topic area. Award 3–4 marks for a detailed answer with clear understanding of the topic area. For example: Participants were referred by clinicians and eligibility confirmed by researchers using clinical interview. (1) 90 patients, 16-60 from 5 different venues – 2 West London, 1 Durham, 1 Cleveland, 1 Newcastle. CBT 46, Befriending 44. 67% CBT male, 50% male in befriending (2 marks max.) Patients were randomly assigned to a treatment and further assessments carried out approximately 9 months later, after intervention had completed and again at 9-month follow-up. (2) Antipsychotic medications were maintained. (1) Patients received individual treatment of CBT or befriending (this intervention was designed to give similar amount of therapist contact as CBT with an aim to be empathic and nondirective, focusing on neutral topics) (2) Done by experienced psychiatric nurses with each patient receiving at least 45 minutes of therapy per week. (1) After approximately 2 months, session frequency could be reduced, with the aim of completing therapy within 9 months. (1) Interviews were audiotaped. (1) Assessors were blind to patient's assigned group. (1) The Comprehensive Psychiatric Rating Scale (CPRS), Montgomery-Asberg Depression Rating Scale and the Scale for Assessment of Negative Symptoms (SANS) were all used to measure outcomes together with patients completing a 10-item questionnaire to elicit their satisfaction. (2 marks max for assessments given)	**4**

Question	Answer	Marks
1(c)	**Explain <u>one</u> similarity and <u>one</u> difference between CBT and biochemical treatments for schizophrenia/delusional disorder.** Likely similarities will be • Both have good evidence for success e.g. Lindstrom et al, 1999 drug trials and Sensky • Both require intervention from a therapist so adding to time, expense and commitment Likely differences will be • CBT based on cognitive approach, biochemical on biological approach • CBT is more active. Drug therapy is passive treatment. • CBT not suited for patients who find it difficult to engage in therapy (lack of motivation, intellect etc.) • Drug therapy has side effects Mark according to the levels of response criteria below: Level 3 (5–6 marks) • Candidates will show a clear understanding of the question and will explain an appropriate similarity and an appropriate difference. • Candidates will provide a good explanation with clear detail. Level 2 (3–4 marks) • Candidates will show an understanding of the question and will explain an appropriate similarity/difference in detail or both a similarity and a difference in less detail. • Candidates will provide a good explanation. Level 1 (1–2 marks) • Candidates will show a basic understanding of the question and will attempt a similarity and/or difference. This could include both but just as an attempt. • Candidates will provide a limited explanation. Level 0 (0 marks) No response worthy of credit. Other appropriate responses should also be credited.	**6**

Question	Answer	Marks
2(a)	**Describe characteristics and measures of bipolar and related disorders.** Characteristics of bipolar and related disorders, including the following: • Definitions and characteristics of abnormal affect • Types: depression (unipolar) and depression and mania (bipolar) • Measures: Beck depression inventory **Definitions and characteristics of abnormal affect** Abnormal effect disorders are classified as 'mood disorders' in DSM-V. This is in contrast to brief feelings of sadness/joy. Here, emotions are beyond the usual ups and downs experienced by all and are amplified or enhanced, characterised by persistent negative or positive mood. Emotions may include despair, emptiness, anger or euphoria. The extreme and persistent nature of these moods is distinct from everyday experience. Disorders of abnormal affect significantly impair the individual's ability to function normally. **Types: depression (unipolar) and depression and mania (bipolar)** Unipolar depression, also known as major depressive disorder, or a depressive episode, includes having a depressed mood for an extended period of time. This includes a lack of pleasure in most activities, weight changes, changes in sleep patterns (sleeping too much (hypersomnia) or difficulty in sleeping (insomnia)), psychomotor agitation, fatigue, feelings of worthlessness and reduction in ability to concentrate. Bipolar disorder used to be known as manic depression. It is characterised by episodes of mania that cannot be accounted for in a physical way. Mania may include feelings of euphoria, rage or irritability. Behaviours associated with mania include racing thoughts or being easily distracted, over-confidence, speaking quickly, and engaging in risky behaviours (gambling or promiscuity, for example). Mania is one 'pole' of bipolarity. The other pole would be features of unipolar depression (although this is not essential for diagnosis). There must also be some change in polarity for a diagnosis of bipolar disorder to be made. **Measures: Beck depression inventory** This is a psychometric test used by professionals to measure level of depression. It contains 21 items and is used in questionnaire form. Each item includes at least 4 statements, the person taking the test must choose the one that best fits how they have been feeling during the past week or two weeks, depending on the version being used. Examples of items include: Satisfaction 0 I get as much satisfaction out of things as I used to 1 I don't enjoy things the way I used to 2 I don't get real satisfaction out of anything anymore 3 I am dissatisfied and bored with everything Unhappiness 0 I do not feel unhappy 1 I feel unhappy 2 I am unhappy 3 I am so unhappy that I can't stand it	**8**

Question	Answer	Marks
2(a)	The total score is used to indicate the severity of the depression with a score of 10 as minimum for diagnosing mild depression, 19–29 for moderate depression, and a score of 30+ to indicate severe depression. Scoring does differ between the different versions. The Beck Depression Inventory has been revised twice since its initial introduction. Mark according to the levels of response descriptors in Table A. Other appropriate responses should also be credited.	
2(b)	**Evaluate characteristics and measures of bipolar and related disorders, including a discussion of validity.** A range of issues could be used for evaluation here. These include: • **Named issue** – **validity** – bipolar and related disorders include a variety of different symptoms and no one key symptom is needed for diagnosis. DSM-V and ICD-10 do not ask for the same criteria or longevity of symptoms. Two individuals with very different symptoms could both be diagnosed with major depressive disorder. The reliance on self-report measures of depressed individuals (by definition) may be invalid within potential exaggeration or minimalization of symptoms. Co-morbidity could also call validity into question in terms of symptom overlap with, say, schizophrenia. However, the Beck depression inventory has been used in one form or another for over 50 years and appears to capture the essence of depression so is thought to have high validity. • Reliability • Usefulness • Reductionist • Co-morbidity • Gender bias Mark according to the levels of response descriptors in Table B. Other appropriate responses should also be credited.	**10**

Psychology and consumer behaviour

Question	Answer	Marks
3(a)	**One stage in the consumer decision model when buying a product is 'recognition of need'.** **Identify <u>two</u> other stages from this model.** Award 1 mark for each correctly identified stage up to a maximum of 2 marks. For example: • Informational search • Evaluation of alternatives • Purchase decisions • Post-purchase reflection • Disposing of the product Other appropriate responses should also be credited.	**2**
3(b)	**Describe <u>two</u> ways to close a sale.** Award 1–2 marks for a basic answer with some understanding of the topic area. Award 3–4 marks for a detailed answer with clear understanding of the topic area. For example: 1 Reciprocity including giving free samples 2 Commitment including signing up to a newsletter 3 'Liking' including salesperson being friendly, store environment being inviting or celebrity product (e.g. perfumes) 4 Authority including advertisement of, for example, scientist in lab coat 5 Social proof including saying that it is the most popular product 6 Scarcity including using 'last few days' to encourage people to buy or Black Friday. 7 Salesperson to remain seated when customer is signing up for large purchase 8 Clear communication 9 Body language including making eye contact and smiling 10 Use of humour 11 Demeanour including confidence and positive 12 Use indirect closed questions – e.g. Do you think this is a good offer? Other appropriate responses should also be credited.	**4**

Question	Answer	Marks
3(c)	**For <u>one</u> of the ways you described in (b):** **Explain <u>one</u> advantage and <u>one</u> disadvantage of this way to close a sale.** Answers given will depend upon the method chosen but could include the following: **Advantages** • Customer feels valued and listened to • Customer leaves the salesperson with a product that meets their need • Customer is better informed about the product • Salesperson listening to the consumer's needs and helping them to construct a list of pros and cons so that they purchase the product they really want and need and will trust the salesperson/store in the future – issues of consent • Following up the purchase so acting as a debrief. **Disadvantages** • Customer's need not being met as salesperson is more interested in closing the sale than whether the product/service is suitable • Customer may feel uncomfortable by salesperson appearing 'pushy' or overly-friendly, potentially losing sale • Social pressures (social norms) preventing customer given consent to repeated sales techniques being used on them • Social pressures stopping customer withdrawing from the encounter. • Manipulation of customer by pressuring them by, for example, using techniques that encourage them to spend more money than they can afford so that their product is the most popular one in the range Mark according to the levels of response criteria below: Level 3 (5–6 marks) • Candidates will show a clear understanding of the question and will explain one advantage and one disadvantage. • Candidates will provide a good explanation with clear detail. Level 2 (3–4 marks) • Candidates will show an understanding of the question and will explain one appropriate advantage in detail or one appropriate disadvantage in detail. OR one advantage and one disadvantage in less detail. Level 1 (1–2 marks) • Candidates will show a basic understanding of the question and will attempt an explanation of either an advantage or a disadvantage. They could include both but just as an attempt. • Candidates will provide a limited explanation. Level 0 (0 marks) No response worthy of credit. Other appropriate responses should also be credited.	**6**

Question	Answer	Marks
4(a)	**Describe what psychologists have discovered about lighting, colour, and smell in the physical environment.** Could include the following: • Models of the effects of ambience: pleasure-arousal and cognition-emotion • Lighting and colour in retail stores (Kutlu et al, 2013) • Effects of colour on shopper arousal and emotion (Chebat & Michon, 2003) **Models of the effects of ambience: pleasure-arousal and cognition-emotion** Pleasure arousal model – Mood is a mediating factor between environmental cues and behaviour. We react to environment with approach or avoidance. A positive response to music, smell, etc. increase length of time a consumer spends in a shop, increasing the amount of money spent. Cognition-emotion model – Zajonc & Markus (1984) propose emotion can be generated by biological, sensory, and cognitive events. So cognition may produce emotion but does not necessarily cause emotion. Lazarus (1966) suggests that cognitions are necessary but not sufficient precursor to emotions. **Lighting and colour in retail stores (Kutlu et al, 2013)** 121 (15-60, 15% male, 85% female) participants in an 8-question questionnaire on the influence of colour and light on perception of retail design in 4 retail stores in Istanbul, Turkey. They answered questions which evaluated the store's image. 75% thought lighting had an effect on brand image, 31% found the lighting relaxing. Concluded perceived image and identity of the store/brand influenced by both lighting and colour scheme with light coloured and highly reflective colour scheme contributed to the 'exclusive' brand image. **Effects of odour on shopper arousal and emotion (Chebat & Michon, 2003)** Field experient in a shopping mall in Canada over two weeks. Week 1 was a control week/group where no scent was put into the mall. In the second week a pleasing scent (citrus) was put into the mall's main corridor. 145 participants during the scent week (447 in the control week). Self-administered questionnaire given to participants by graduate marketing students not wearing any perfume. This questionnaire asked the participants about their shopping trip on product quality, the shopping environment, and the pleasure and arousal felt while shopping. Found a more favourable perception of the product quality and shopping environment was reported. Mark according to the levels of response descriptors in Table A.	**8**

Question	Answer	Marks
4(b)	**Evaluate what psychologists have discovered about lighting, colour, and smell in the physical environment, including a discussion about control of variables.** A range of issues could be used for evaluation here. These include: • **Named issue – Control of variables** Both Kutlu et al. and Chebat and Michon's studies were conducted in real environments (actual stores) so giving rise to problems with controlling variables. Kutlu et al. did not manipulate variables so arguably is subject to less control. Chebat and Michon did control some of the environmental factors including shopping mall director cancelling any special promotions during the two weeks of the study. There was a control condition of the first week when no odours were changed. When the odour was used during week two the scent was produced for a controlled amount (3 seconds every 6 minutes) to keep scent at constant intensity. When variables are controlled it allows us to be more confident of the cause and effect as extraneous variables rules out. However, it creates a somewhat artificial situation that may not reflect real life and lack practicality. • Ecological validity • Validity • Research support • Problems with self-reports (of customer satisfaction). • Models could be said to be reductionist. • Ethics • Generalisability Mark according to the levels of response descriptors in Table B. Other appropriate responses should also be credited.	**10**

Psychology and health

Question	Answer	Marks
5(a)	**Outline the Yale model of communication in relation to health promotion**. Award 1 mark for a basic explanation of the term/concept. Award 2 marks for a detailed explanation of the term/concept. For example: There are 3 main stages in the Yale model of communication. These are attention (the message must be attention-grabbing so person reads health advice), (2) comprehension (message must be understood so people understand health advice given) (2), and acceptance (although the recipient does not need to believe the message, they do need to accept it and change health behaviours accordingly). (2) Other appropriate responses should also be credited.	**2**
5(b)	**Describe the study by Lau et al. (1990) on health change in adolescents.** Award 1–2 marks for a basic answer with some understanding of the topic area. Award 3–4 marks for a detailed answer with clear understanding of the topic area. For example: A longitudinal study that aimed to explore the influences (peers and/or parents) and changes in young people's preventive health beliefs and behaviours regarding drinking, diet, exercise and wearing seatbelts. (1) Participants were over 1000 students from Carnegie Mellon University. (1) Data gathered via questionnaire from student and their parents (baseline views) and again in the Spring of both Year 2 and Year 3 at university. (1) The findings were that parents provided the greatest influence on young peoples' health preventive beliefs and practices (with modelling being the most powerful influence). (1) Views changed significantly during the study as the influence of peers increased. (1) Once the young person leaves home, their peers have a stronger influence over their health behaviour. (1) Other appropriate responses should also be credited.	**4**

Question	Answer	Marks
5(c)	**Explain <u>one</u> strength and <u>one</u> weakness of the study by Lau et al.** Likely strengths are • Longitudinal study allows change to be seen in specific participants • Use of questionnaires to collect a large amount of data easily • Data from both parent and student (rather than simply asking student what they think their parent's views are) • Variety of health prevention measures looked at (drinking, diet, exercise and wearing seatbelts) Likely weaknesses are • Unrepresentative nature of sample (well-educated and affluent students on the whole; significant imbalance in gender with far fewer females than males) • Reliance on self-report as students may lie, particularly with regard to reporting amount of drinking. • Attrition rate high with 1029 at outset, 635 in year 2 and 532 in year 3. • Lack of temporal validity (adolescents in study are now in their mid 50s) Mark according to the levels of response criteria below: Level 3 (5–6 marks) • Candidates will show a clear understanding of the question and will explain one strength and one weakness. • Candidates will provide a good explanation with clear detail. Level 2 (3–4 marks) • Candidates will show an understanding of the question and will explain one appropriate weakness in detail or one appropriate strength in detail. OR one weakness and one strength in less detail. Level 1 (1–2 marks) • Candidates will show a basic understanding of the question and will attempt an explanation of either a strength or a weakness. They could include both but just as an attempt. • Candidates will provide a limited explanation. Level 0 (0 marks) No response worthy of credit. Other appropriate responses should also be credited.	**6**

Question	Answer	Marks
6(a)	**Describe what psychologists have discovered about measuring pain.** Measuring pain, including the following: • Self-report measures (clinical interview) • Psychometric measures and visual rating scales (McGill pain questionnaire, visual analogue scale) • Behavioural/observational measures (UAB pain behaviour scale) • Pain measures for children (paediatric pain questionnaire, Varni and Thompson, 1976; Wong-Baker scale, 1987) **Clinical Interview** A self-report technique involving a dialogue between practitioner and patient to help with diagnosis. This can be in the form of a semi-structured or unstructured interview. Patient is able to elaborate on their symptoms and describe in their own words. **McGill pain questionnaire (MPQ)** Standardised psychometric measure with 4 sections. Location of pain – diagram of body where patient can mark location of pain. What does your pain feel like? – Patient has to select one word from each of 20 sub-categories to describe pain (e.g. spreading, radiating, penetrating or piercing). How does your pain change with time? – selecting words and open questions about what relieves or increases the pain. How strong is your pain – rating scales to describe current pain and compare with previous pain experienced. **Visual Analogue Scale (VAS)** Used over continuum of values. Patient marks point on 10cm line with descriptors at either end showing alternative ends of the spectrum. As point can be measured, gives a psychometric measure of pain. **Behavioural/observational measures (UAB Pain behavioural scale)** Only interested in behavioural features (not subjective reports). UAB records frequency of various measures such as body language, vocal complaints, grimaces, mobility etc.). Scoring is done by clinician and each time it is undertaken a score out of 10 is obtained. **Pain measures for children:** **Paediatric Pain Questionnaire (Varni & Thompson, 1987)** Multi-dimensional questionnaire for assessing pain in children with separate forms for patient, parent and clinician. Based on MPQ, it measures perceptions of pain intensity, location, affective factors etc. Young children can use colours and descriptive items for adolescents (different forms for different ages). **Wong-Baker Scale** Wong-Maker FACES Rating Scale uses a series of faces ranging from happy face at 0 (no hurt) to a crying fact at 10 (hurts worst). Child chooses the face corresponding to their perceived pain. Mark according to the levels of response descriptors in Table A. Other appropriate responses should also be credited.	**8**

Question	Answer	Marks
6(b)	**Evaluate what psychologists have discovered about measuring pain, including a discussion of psychometrics.** A range of issues could be used including: • **Named issue – psychometrics –** All of the measures described will yield a psychometric measure except clinical interview (though could be included if the practitioner wants). VAS, UAB and Wong-Baker scale score out of 10. MPQ and Paediatric Pain questionnaire yield multiple scores. Strengths of psychometric measures include analysis/ comparisons, reliable and valid. Weaknesses include lack of descriptive detail (though MPQ does also manage this) and can argue that they also lack validity and reliability. • Self-report • Reductionism • Objective/Subjective • Reliability/validity • Generalisability • Usefulness Mark according to the levels of response descriptors in Table B. Other appropriate responses should also be credited.	**10**

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Psychology and organisations

<table>
<tr><th>Question</th><th>Answer</th><th>Marks</th></tr>
<tr><td>7(a)</td><td>Kouzes and Posner (1987) produced the Leadership Practices Inventory (LPI) which measures five practices of exemplary leadership.
Identify <u>two</u> of these practices.

Award 1 mark for each

For example
• Model the way
• Inspire a shared vision
• Challenge the process
• Enable others to act
• Encourage the heart

Other appropriate responses should also be credited.</td><td>2</td></tr>
<tr><td>7(b)</td><td>Describe the styles of leader behaviour proposed by Muczyk and Reimann (1987).

Award 1–2 marks for a basic answer with some understanding of the topic area.
Award 3–4 marks for a detailed answer with clear understanding of the topic area.

For example:
Styles/types of leaders include – directive autocrat, directive democrat, permissive autocrat and permissive democrat. These are the styles of leader behaviour. (2 marks max for identify styles/types)

<table>
<tr><td></td><td></td><td colspan="2">Degree of participation in decision making</td></tr>
<tr><td></td><td></td><td>Low</td><td>High</td></tr>
<tr><td rowspan="2">Amount of leader direction</td><td>High</td><td>Directive autocrat
Closely supervises and makes unilateral decisions</td><td>Directive democrat
Encourages strong participation in decisions and monitors closely</td></tr>
<tr><td>Low</td><td>Permissive autocrat
Unilateral decisions but allows staff to choose how to implement these decisions</td><td>Permissive democrat
Invites high degree of participation in decisions and allows for autonomy of implementation. Seen as ‘ideal’ leader (within West)</td></tr>
</table>

Other appropriate responses should also be credited.</td><td>4</td></tr>
</table>

Question	Answer	Marks
7(c)	**Explain <u>one</u> similarity and <u>one</u> difference between styles of leader behaviour (Muczyk and Reimann, 1987) and situational leadership (Hersey and Blanchard, 1988).** Likely similarities include • Both theoretical models rather than measured dimensions so lack direct practical examples which could be said to limit usefulness • Both assert that the type/style of leadership should depend on the situation; Muczyk and Reimann state direction and participation are different dimensions that need to be considered whereas Hersey and Blanchard assert the need for leaders to adapt their leadership style • Both assert that there is no one perfect leadership style • Both require the leader to be adaptive Likely differences include • Based on different principles – situational leadership looks at telling, selling, participating and delegating; styles of leader behaviour looks at participation and direction • Styles of leader behaviour sees a distinction between making decisions and carrying them through; situational leadership does not Mark according to the levels of response criteria below: Level 3 (5–6 marks) • Candidates will show a clear understanding of the question and will explain an appropriate similarity and an appropriate difference. • Candidates will provide a good explanation with clear detail. Level 2 (3–4 marks) • Candidates will show an understanding of the question and will explain an appropriate similarity/difference in detail or both a similarity and a difference in less detail. • Candidates will provide a good explanation. Level 1 (1–2 marks) • Candidates will show a basic understanding of the question and will attempt a similarity and/or difference. This could include both but just as an attempt. • Candidates will provide a limited explanation. Level 0 (0 marks) No response worthy of credit.	**6**

Question	Answer	Marks
8(a)	**Describe what psychologists have discovered about group development and roles in organisations.** Group development and roles in organisations, including the following: • group development (Tuckman, 1965) • team roles (Belbin, 1981) • measuring team roles: Belbin team inventory **Group development (Tuckman, 1965)** Tuckman and Jensen noted five stages – forming, storming, norming, performing and adjourning which are creditworthy. Tuckman also proposed a four stage development procedure for a group – orientation to the task, intra-group conflict, development of group cohesion and functional role-relatedness (group begins to tackle the task at hand). **Team roles (Belbin, 1981)** Belbin identifies nine roles within a team divided into 3 categories– *Cerebral (thought related)* plant (creative problem solvers), specialist (skill and knowledge specialists), monitor evaluator (strategic thinkers), *Action related roles* shaper (risk takers and thrive on pressure), implementer (turn ideas into practical action), teamworker (work together and avoid friction within team), *People related roles* resource investigator (explore opportunities for the team), coordinator (good chairperson for the team), and completer finisher (good at finding errors and finishing projects on time). **Measuring team roles: Belbin team inventory** These reports identify which of the nine key clusters of behaviour (or Team Roles) crucial to the success of a team or project individuals prefer, and pinpoint strengths and weaknesses. The starting point is the Belbin Individual Report which identifies which combination of the nine Team Roles an individual exhibits. To enhance the value of the Individual Reports, other people are invited to share their observations too (we call these Observer Assessments) via a quick five-minute online questionnaire. The Inventory assesses how an individual behaves in a team environment. The assessment includes 360-degree feedback from observers as well as the individual's own evaluation of their behaviour, and contrasts how they see their behaviour with how their colleagues do. The Belbin Inventory scores people on how strongly they express behavioural traits from nine different Team Roles. A person may and often does exhibit strong tendencies towards multiple roles. Mark according to the levels of response descriptors in Table A. Other appropriate responses should also be credited.	**8**

Question	Answer	Marks
8(b)	**Evaluate what psychologists have discovered about group development and roles in organisations, including a discussion of practical applications.** A range of issues could be used for evaluation here. These include: • **Named issue – Practical applications –** Tuckman's theory is useful to organisations as they can be aware of the stages of group development. Groups can be given time to go through the 'forming' and 'storming' stages before given tasks to complete once they reach the 'norming' stage. However, it could be difficult to identify which stage the group is at and an outside expert might need to be brought in. The Belbin team inventory also has practical applications as it can be used to identify the best role for an individual worker within an organisation. Companies could use this at the interview stage to determine the best candidate for the role that they need (based on Belbin's team role theory). Belbin's team role theory might be less useful to smaller companies that do not have the capacity for all of the roles outlined. However, Belbin has adjusted the theory to suit smaller companies and suggests at a minimum a company should have one coordinator, one implementer and one plant. • Reductionism (vs holism) • evaluation of the Belbin team inventory • Individual versus situational debate • Determinism versus freewill Mark according to the levels of response descriptors in Table B. Other appropriate responses should also be credited.	**10**

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